

OHA Quality Incentive Program Study

Oregon’s Quality Incentive Program (QIP) rewards Coordinated Care Organizations (CCOs) with bonus money when they show annual improvement on a set of health care quality measures. In 2023, the Oregon Legislature passed [Senate Bill \(SB\) 966](#), which directed the Oregon Health Authority (OHA) to study how the program could be used to help eliminate health inequities.

OHA partnered with Portland State University’s Regional Research Institute to 1) gather feedback about the QIP and 2) recommend changes to the program to address health inequities. The study was conducted in May-June 2024, and a [final report](#) was published in September.

[Read the Report](#)

[Learn About the QIP](#)

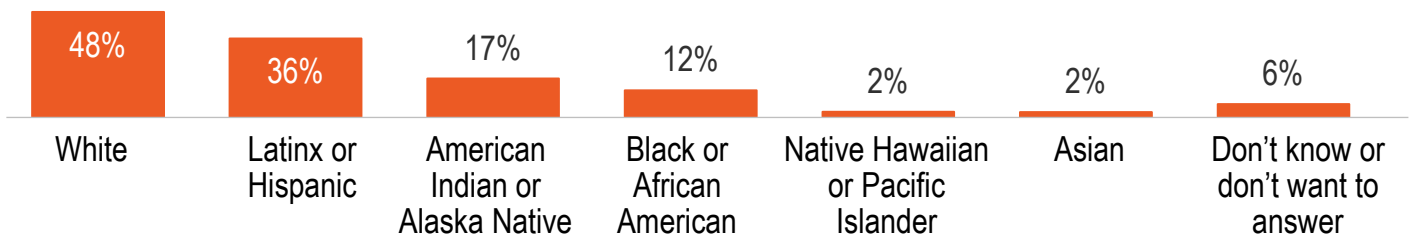
Who participated in the study?

728 Oregon Health Plan (OHP) members completed an online or paper survey. *The survey was offered in English or Spanish, with other languages available upon request.*

60 health system representatives participated in group interviews. *Health system partners included CCOs, Community Based Organizations (CBOs), providers, and relevant committees.*

Race and ethnicity of OHP members surveyed:

Percentages sum to more than 100 because people can choose more than one language.



Quality Incentive Program 101

Coordinated Care Organizations (CCOs) are the local health plans that serve Oregon Health Plan (OHP) members. OHP is Oregon’s version of Medicaid.

Each month the Oregon Health Authority (OHA) pays CCOs a set amount of money for OHP members enrolled in their plan. **In addition to these regular payments, CCOs can earn bonus “incentive” money each year through the Quality Incentive Program.**

To earn these bonuses, CCOs must improve on a set of [health care quality measures](#). The measures are selected annually by a public group called the [Metrics and Scoring Committee](#).

Summary of Recommendations and Findings

Below is a brief summary of some of the main findings and recommendations in the QIP Study Report. The [full report](#) includes much more information and nuanced takeaways. Click the buttons below to jump directly to the complete findings and recommendations.

[Findings: OHP Member Survey](#)[Findings: Health System Partners](#)[Recommendations & Next Steps](#)

Increase OHP member representation and support.



Both OHP members and health system partners expressed that members themselves are the best people to understand how to improve their healthcare and address health inequities they experience. Specifically, the study recommends including OHP members and CBOs that work with OHP members on the Metrics and Scoring Committee.

Communicate more clearly and openly about the program.



OHA should communicate in plain, easy-to-understand language and through multiple channels. Information about the Metrics and Scoring Committee decision-making process and opportunities for engagement should be shared proactively with OHP members and other representatives so they can meaningfully contribute.

Improve Metrics and Scoring Committee public comment process.



OHP members need more accessible, varied, and welcoming ways to share public comment, such as online and confidentially. They also want to see evidence that their testimony is taken seriously and has an impact on the committee's decision-making.

“Public comment can be intimidating, but it’s a powerful way to amplify marginalized voices” [survey respondent]

Create opportunities for member and community feedback.



Members and health system partners recommended engaging with the community through town halls, events, and meetings so that members feel safe, build trust, and have time to openly share feedback and talk about their experiences. OHP members also shared that surveys are a useful tool for learning information and sharing input.

Adjust the measure selection process.



Health system partners expressed a need for more time to collaborate in the measure selection process. Specific recommendations include holding more “open discussion” committee meetings and extending the timeline for changing metrics to two years or more.

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