

OREGON HEALTH LEADERSHIP COUNCIL PROGRESS REPORT – April 2015

VISION: To create a nation leading, high-value, and sustainable health care system accessible to all Oregonians

The Oregon Health Leadership Council is pleased to report on the progress of our strategic priorities and initiatives. A tremendous amount of good work is underway across partner organizations. More information is available on our website: www.ORHealthLeadershipCouncil.org. The following goals represent the body of work focused on by our members.

GOAL #1: Increase efficiency and lower cost across Oregon's health care system

Enhance Administrative Simplification

Goal: Reduce cost and increase efficiency of administrative processes. Maintain awareness of and participate in state legislative and state agency activities related to administrative simplification.

UPDATE:

Electronic Data Interchange Work Group

The EDI work group addressed several subjects of current interest to the industry and OHLC membership. We reviewed the metrics and were pleased to note that our efforts are having the desired effect, and the adoption of standard HIPAA transactions has been increasing consistently over the last couple of years. The workgroup will be working with providers and the Oregon Medical Association (OMA) in the summer months to address service gaps in the offerings of Clearinghouses. We also continue to track progress and provide input to CAQH/CORE phase IV rules that are in development. We will be educating health plan membership in our group on the certification requirements that are expected for release summer 2015.

The EDI work group has reduced its meeting frequency this year as many products and initiatives identified in the original scope have been completed. The group continues to be a center for information exchange and consensus relating to EDI across the Oregon-based health care industry.

Claims/Eligibility Work Group

This work group is primarily in a monitoring phase, following metrics designed to track the success of administrative simplification initiatives. Metrics have been compiled and evaluated through 2014. They show steadily increasing use of electronic transactions. The number of 270/271 (eligibility) transactions has risen more than 10 percent during 2014 and more than 38 percent during the last two years combined. The percentage of claims received as 837 electronic transactions now stands at 93 percent, which may be close to the maximum we can expect. Some small offices still do not have this capability and some complex claims that still must be handled manually.

As electronic transactions increase, we have seen traffic to payer websites level off since the peak in 2012. Prior to that, payer website best practices promoted by the work group had resulted in increased traffic to payer websites by providers. New Oregon Companion Guides published in 2012 resulted in greater use of electronic claims and eligibility transactions.

Claims/Eligibility Work Group cont....

Use of Single Sign On authentication through OneHealthPort continues to steadily increase. As of March 31, 2015, more than 8,600 organizations with more than 35,100 individual subscribers were registered. This represents an increase of 12 percent and 18 percent, respectively, from March 2014. More than 1,070,000 authentications were processed in the first quarter of 2015, a 44 percent increase over the same period last year. Moda came on in the interim, and we have now passed the one million mark in authentications for the first time. The work group is working to increase provider education on how to use this resource in the most efficient manner, to reduce payer costs for authentications. Some providers have not yet signed up to use this service and the work group is promoting its use.

Sustain Evidence-based Best Practice Work

Goal: To identify best practices that will have a significant impact on cost and quality across Oregon and facilitate their implementation across health plans and delivery systems.

2015 Focus Areas: Emergency Department Utilization and Advance Care Planning

UPDATE:

The Evidence-based Best Practices committee (EBBP) will support the EDIE Utility Operations work group as they identify system-wide issues causing inappropriate emergency department utilization or/and poor transitions of care and policy setting and/or adoption collaboration. The committee is exploring different areas with the work group that will develop throughout 2015.

Two new initiatives are in development by the Advance Care Planning committee in collaboration with community partners. One initiative is to update the advance care planning directives form that would require legislative action. The other is to implement an advance care planning conversations training program for social workers and registered nurses that would be a requirement to be reimbursed by health plans.

The Advance Care Planning Payment Pilot work group has begun the implementation of the payment pilot. Three health plans and a large oncology practice are collaborating to develop a fee-for-service payment method for advance care planning conversations with patients by trained social workers and registered nurses.

GOAL #2: Develop accurate health cost forecasts with the aim of creating a sustainable system

Develop Value Performance Data and Analytics

Goal: Through multiple partnerships, develop methodology and analytics capability to capture and report meaningful performance data across multiple systems and settings.

UPDATE:

The data aggregation and analytics project, now being referred to as the Collaborative for Health Information Technology in Oregon (CHITO) initiative, builds a community approach to the many disparate data collection and analytic services that can confuse and compete for time and resources among providers, health plans and coordinated care organizations (CCOs). OHLC and several organizations, including Oregon Health Care Quality Organization (Q Corp), Apprise (Oregon Association of Hospitals and Health Systems) and OCHIN, are working together to create an aligned vision for information priorities.

Develop Value Performance Data and Analytics cont...

Our objective is to better use collective resources and partnership structures that allows for greater collaboration. Each organization has its unique competencies, and together we could create a very powerful, coordinated resource.

Following OHLC Board approval to move forward with the concept, the leadership of OHLC, QCorp, Apprise and OCHIN have selected the Intercase consulting firm to assist the leadership in defining the vision, business case and strategy for next steps. This work will be complete by the end of second quarter 2015.

GOAL #3: Develop and implement shared services to jointly serve the needs of high-risk populations

Develop and Implement the EDIE Utility

Goal: Improve quality and cost markers associated with emergency department utilization

UPDATE:

Hospital Adoption Update

- 93 percent of hospitals are receiving notifications. The remaining four hospitals are in process.
- 77 percent of hospitals are sending IP ADT information. Collective Medical Technologies is actively working with the remaining organizations and it is anticipated that we will reach the goal of 95 percent by the end of the second quarter of 2015.

Care Guidelines

A number of hospitals have implemented and are actively using care guidelines, and many others are in the process of implementation. A work group comprised of multiple stakeholders in the Portland area has developed a proposed standard template for care guidelines. OHLC and CMT staff is soliciting input from key stakeholders across the state and expect to have agreement on a standard template early in the second quarter of 2015. The EDIE Operations Committee will be identifying strategies to support and expand meaningful use of care guidelines for ED high utilizers.

PreManage

OHA has developed a statewide PreManage subscription intended to support care coordination for Medicaid members across Oregon. The subscription will be available to serve CCO's care coordinators in the FFS population, ACT teams and potentially long term care staff in APD/AAA field offices.

Hospital ED Report

The first Hospital ED reports are being distributed in early April. These reports include four components: overall ED statistics, high utilizer statistics (individuals who have visited ED more than five times in the past 12 months); 60-day patients (individuals who have visited three different EDs in the past 60 days); and statewide comparisons. Both statewide and hospital level EDIE reports are being offered. These reports are intended to be used by hospital and statewide leadership to identify priority areas of focus to reduce unnecessary ED utilization.

GOAL #4: Develop and implement a plan to understand and align consumer/cultural expectations to new models

Continue Medicaid Sustainability Work

***Goal:* Pass Oregon Health Authority Medicaid Budget legislation consistent with OHLC/Governor's office recommendations**

UPDATE:

Working in partnership with the Governor's office, Oregon Health Authority and the OHLC advocacy roundtable, the proposed recommendations for the 2015-17 healthcare funding has passed both the House of Representatives and Senate and has been signed by the governor. The key features of the funding strategy include extending the hospital tax provisions for four years and subsequent federal matching dollars, use of tobacco tax settlement dollars and general funds. Of particular interest to our collaborative efforts is the hospital tax performance pool of 1 percent that will be split between hospitals and CCOs to align performance metrics and achieve improved performance.