



Fourth Quarter Progress Report January 2015

The Oregon Health Leadership Council (OHLC) is pleased to report on the progress of our initiatives. More information is available on our website: www.ORHealthLeadershipCouncil.org

We welcome the Oregon Medical Association as the newest member of the OHLC. The Oregon Medical Association serves and supports physicians in their efforts to improve the health of Oregonians and was formerly a member of the OHLC.

This quarter was full of activity at the OHLC, with significant attention on the Emergency Department Information Exchange, developmental work on the Data Aggregation Initiative and wrapping up revenue recommendations for the Medicaid work group in time for the 2015 legislative session. Read on for further information about these and other initiatives at the OHLC.

Data Aggregation

This 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). Several organizations, including Oregon Health Care Quality Organization (Q Corp), Apprise, OCHIN, Oregon Health Authority (OHA), Center for Outcomes Research and Education (CORE) and Oregon Health and Science University (OHSU), have significant investments in health care data collection and reporting, often resulting in duplication among collection and reporting sources. Ideally, working together we can create an aligned vision for priorities and better use our collective resources. It is clear that each organization has its unique competencies, and together we could create a very powerful, coordinated resource.

At the December meeting, the OHLC Board approved moving forward with the concept as described and to participate in the data aggregation task force to complete a business plan by end of first quarter, 2015. Subsequent meetings of the data aggregation task force resulted in the decision to engage an outside consultant to assist with the development of the business plan within this timeline.



Medicaid Funding Work Group Update

Several important dynamics are at work with Medicaid funding. To fund the Oregon Health Plan (OHP) the State has historically relied on federal funding (both stimulus funding pre-2011 and federal waiver grant funding for 2013-2015) and hospital provider tax strategy matched by the Centers for Medicare and Medicaid Services (CMS) in a 2:1 ratio. The stimulus money has expired and waiver grant dollars are diminishing significantly in the 2015-2017 biennium. The hospital provider tax is now paying a sizable portion of OHP funding and is under significant scrutiny by CMS. Neither strategy may be a reliable source of revenue in the long run.

That said, CCOs are enjoying early success, but a surge in demand for services from new membership is expected in 2015. In addition, new high-tech drugs, e.g., Sovaldi to treat Hepatitis C, are not calculated into projected cost trends and could have a dramatic impact on pharmacy costs. Finally, it may be difficult to achieve the spending cap on the OHP imposed by the federal grant waiver without additional State spending.

The work group's recommended strategy includes continued investment in transformation work for all providers and CCOs to bend the medical cost curve; continued use of the hospital provider tax, to the extent possible, with a commitment to the transformation efforts; and increased State general fund support by at least 5 percent more than the current level. Ideally, these recommendations, along with the continued use of tobacco settlement funds for the OHP, will get the State funding level close to the federal waiver grant spending cap, which includes a proposed 3.4 percent funding increase to CCO total funding. This also reflects a 2-percent improvement in the medical cost curve from the 2011-2013 budget.

The Governor's budget was released in December and reflects the recommendations of OHLC working with OHA and the governor's office. The OHLC will be providing communication tools for our stakeholders and planned legislative contacts to assist in passing the Governor's state budget for healthcare.

Evidence-Based Best Practices Committee

The Evidence Based Best Practice (EBBP) committee has interviewed a number of clinical research and evaluation experts in the community to identify new opportunities for the EBBP committee. The results from these interviews will be reviewed by the EBBP committee in January and will set their agenda for 2015 and beyond.



The Advanced Care Planning committee, a sub-committee of the EBBP committee, is considering several new opportunities to support Advanced Care Planning conversations among providers. Several of these were identified through the work of the Advanced Care Planning Payment Pilot work group and others were identified through community partners. In December and January, work will be done to further develop these opportunities so they may be brought back for consideration by the committee in February.

The Advanced Care Planning Payment Pilot work group has developed a health plan payment model for patient advanced care planning and evidence-based tools to assist providers in facilitating these conversations. The pilot began in December with a small sample of patients within the oncology practice partner in the work group. After assessing the sample patient workflows and claims processes, the work group will expand the pilot to other patients with a goal of 150 patient participants in the pilot through 2015. An evaluation is scheduled to be completed by June 2016.

Emergency Department Information Exchange (EDIE)

Description

The Emergency Department Information Exchange is a Web-based communication technology that enables intra- and inter-emergency department communication. The technology allows emergency department clinicians to identify patients who visit the emergency department (ED) more than five times in a 12-month period or patients with complex care needs, so these patients can be directed to the right setting of care. EDIE alerts hospitals in real time when a patient is visiting the emergency room. The OHLC worked with Oregon hospitals' emergency department staff and other community partners to implement EDIE across the state.

Hospital Adoption Status

As of December 31, all but five Oregon hospitals (including the Veteran Administration Hospital) are operational with outbound data submission to Certified Medical Technologies and receive emergency department notifications. A detailed [EDIE implementation progress report is available](#) on the OHLC website, and is sent monthly to EDIE stakeholders throughout the state.

The EDIE Utility Description

The EDIE technology provides a communication infrastructure that can serve expanded purposes. In July, the OHLC approved a business plan



([available on the OHLC website](#)) for the expansion of EDIE, called the “EDIE Utility,” and the financing of the utility. The EDIE Utility will enable providers to share information about patient hospital events taking place throughout the state.

The EDIE Utility is financially supported by commercial health plans, coordinated care organizations and hospitals in a three-year pilot. It is governed by the EDIE governance committee, whose members represent CCOs, commercial health plans, hospitals, emergency physicians, medical groups and sponsors. The first meeting of the newly established governance committee is in January.

About PreManage

PreManage is a complementary product to EDIE that allows hospital event data to be pushed to health plan, CCO and provider groups on a real-time basis for specified member or patient populations. The notification enables timely and informed care coordination, population management and discharge planning. PreManage provides the mechanism to connect and share notifications directly with those responsible for the care of the patient.

PreManage Community Adoption

Organizations will purchase PreManage directly from CMT. However, over the next several months, the OHLC will be convening parties interested in exploring opportunities for collaboration in the adoption of PreManage by health plans and medical groups. For example, in November the OHLC hosted an educational forum about PreManage and identified organizations interested in having further conversations about PreManage in their communities. There are plans underway to have the first community PreManage forum in February.

Administrative Simplification

The Administrative Simplification work group continues its concentration on several key initiatives: increasing the use of electronic data exchange, secure single sign on, website best practices for payer provider portals, prior authorization and credentialing. The work group is primarily engaged in monitoring existing activities and is not taking on new initiatives.

Health Plans and Providers Using Secure Single Sign-On

We continue to see high use of the secure single sign-on service in Oregon. Plans currently offering this service for Oregon providers are: Aetna, CIGNA, First Choice Health, LifeWise Health Plan of Oregon, Moda, PacificSource Health Plans, Providence Health Plans, Regence

Blue Cross Blue Shield of Oregon, HealthNet, Samaritan Health Plans and CareOregon.

Conversations have begun with DMAP to determine how providers might have access to the Medicaid population (served through CCOs) through the single sign on.

As of December 2014, 8,411 Oregon provider organizations with 33,662 individuals were subscribed to the service. This is an increase of 13 percent for organizations and 18 percent for individuals since December 2013. These numbers continue to show a dramatic increase in adoption by providers. In the fourth quarter of 2014, 864,099 transactions were completed – an even more dramatic increase of 32 percent over the fourth quarter of 2013. Total transactions are continuing to trend upward. Though transactions vary over the course of a year, this new high is 16 percent higher than the previous peak of transactions reached in Q1 2014.



Advancing Common Credentialing

The Oregon Health Authority (OHA) is responsible for implementation of SB 604, a common credentialing platform that all providers would be required to use beginning January 2016. Several members of the OHLC Administrative Simplification committee serve on the advisory committee that is assisting the OHA in its planning. Erick Doolen (PacificSource) serves as co-chair. Andre Fortin (LifeWise) and Debra Bartel (OMGMA and Portland Diabetes and Endocrinology) are also on the committee and represent the OHLC, as well as their industry groups.

OHA planned to issue an RFP by the end of July. By law, it was to be issued by September 2014. However, separate legislation created tighter requirements for review for RFPs. The OHA has been delayed in selecting a QI vendor to review the RFP. Once a QI vendor is selected and reviews the RFP, the resulting modifications will then need to be reviewed by the Department of Justice. The legislature will consider pushing back the implementation date due to this delay in issuing the RFP.

Metrics and Website Best Practices

The work group is currently collecting data to update metrics through Q4 2014. That report will be ready by mid-March. Plan members of the work group are also engaged in the annual update of their website capabilities in line with the adopted Website Best Practices. These capabilities will then be evaluated by providers during the spring.



Electronic Data Transactions (EDI)

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 and related operations across the Oregon-based health care industry.

The work group recently published a list of EDI support resources available within payer organizations. In 2015 the work group will continue to provide a forum for EDI related information exchange and drive collaborative efforts to benefit industry entities within the state of Oregon.