

OREGON HEALTH LEADERSHIP COUNCIL PROGRESS REPORT – December 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 workgroup, in collaboration with the Oregon Medical Association (OMA), completed the *Oregon Healthcare – Electronic Transactions Usage Survey* with healthcare provider organizations. The effort is aimed to improve EDI transaction-related services available to the community, within the State of Oregon. Based on the results, we are in the process of developing recommendations that will address some of the issues and problems raised, and outline an action plan, during the first quarter of 2016. The overall goal of this and related efforts is to automate processes by maximizing usage of EDI transactions across all industry trading partners. We continue to track progress and provide input to CAQH/CORE phase IV rules and HIPAA X12 transactions version 7030.

The EDI workgroup addressed several OHLC strategic priorities during the year. The full workgroup meets once a quarter but members volunteering for specific research or implementation assignments meet more frequently, as necessary. The following were some of the key areas of the workgroup's focus in 2015.

- Provided a forum for information exchange, consensus building, and high-level education on several aspects of the healthcare industry's EDI domain. These include HIPAA, X.12, CAQH+CORE, and numerous regulatory actions that affect the industry. The group's members are represented in several national and local industry groups and promote the Oregon consensus outlook where applicable.
- Collaborated and cooperated with key stakeholders, such as the Oregon Medical Association and regional groups, to increase the use of EDI transactions across the state. We engage with industry participants in identifying hurdles and recommend process improvements.

The ongoing success of these efforts is reflected in the consistent increase in the use of HIPAA standard EDI transaction usage, as per metrics gathered by the OHLC.

In 2015 we completed a survey to identify potential improvements in EDI services within the state. We expect the results will help us improve processes and resolve issues that were reported. The workgroup, in collaboration with the OMA, will make appropriate recommendations for implementation in 2016 and thereafter.

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 through December 2016 will be gathered and analyzed by March 9, 2016. Use of Single Sign-On authentication through OneHealthPort continues to steadily increase. As of Dec. 31, 2015, 9596 organizations with 40,435 individuals were registered. This represents an increase of 14 percent and 20 percent, respectively, from December 2014. 1,078,931 authentications were processed in the fourth quarter of 2015 – a 25 percent increase over the same period last year.

United Health Care and Kaiser are the only two plans doing business in Oregon that have not signed agreements to use OneHealthPort. We are hopeful that we can begin conversations with the Oregon Health Authority about bringing access to Medicaid clients onto the portal, as is the case in Washington.

The work group will be meeting in February to assess a potential new area of activity. We will be looking at RARC, CARC and CPT codes to determine if there is a productive scope of work we could take on as an industry during 2016.

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.

UPDATE:

The Evidence-based Best Practices Committee (EBBP) focused on supporting the work of the EDIE Operations Workgroup and the Advanced Care Planning initiatives in 2015. In addition, the EBBP vetted a number of other initiatives by community partners to determine if there is a fit with the OHLC's goals and strategies and a role for the OHLC in the successful implementation of their initiative.

Advance Care Planning Payment Pilot

The Advanced Care Planning Payment Model Pilot completed its first year. The workgroup estimates it will have enrolled around 120 patients during 2015. Data will be collected and evaluated on these patients over the next several months to evaluate the effects of the conversations on a number of measures predetermined by the workgroup.

In January, several additional oncology practices and one additional health plan will join the pilot. The health plan, CareOregon, will pilot the payment for advance care planning conversations with patients covered by Medicaid. Currently, only patients covered by Medicare Advantage and commercial health plans are participating in the pilot. The oncology practices that are joining the pilot participated in the Goals of Care Conversation Training Pilot held in October. Adding these new practices will help evaluate the training and expansion of the payment to other practices.

Starting Jan. 1, 2016, Medicare will begin to cover advance care planning conversations. The workgroup will determine the impact of this change on their payment model pilot over the next couple of months.

Goals of Care Conversation Training

On Oct. 30, 2015, the ACP Committee piloted a training curriculum for goals of care conversations for registered nurses and social workers. The objectives of the training were to prepare the caregivers for effective goals of care conversations, to develop a template for medical record notes, and to provide assurance to health plans of the proficiency of the social worker or RN seeking reimbursement. The training curriculum was developed in collaboration with Tony Back, MD, from the University of

Washington Medical School using his program, Vital Talk. The training was well attended by clinics that provide the vast majority of oncology care in the state. The training received very high satisfaction rates by its participants. The workgroup will assess the value of the training to health plans for certification of proficiency and determine next steps over the next several months.

Update Oregon's Advance Care Directives

SB 193 was introduced in the 2015 legislative session to update the Advance Directive Statute. Currently, the Oregon Revised Statutes stipulates the only form that Oregonians must utilize when completing an advance directive. This form is 24 years old and needs to be updated. A workgroup was formed by State Senator Floyd Prozanski, the Chair of the Senate Judiciary Committee, and is charged with developing consensus legislation for the upcoming 2016 legislative session. Woody English, MD, Co-Chair of the OHLC Advance Care Planning Committee is representing the OHLC on the workgroup.

The discussions have focused on the following issues:

1. High Level Conceptual Changes
 - a. The Advance Directive will emphasize the role of the Health Care Representative and a person's principles for health care decision making.
 - b. The Oregon Advance Directive needs to be taken out of statute so that the form can be updated without requiring new legislation each time.
2. Appointment of the Health Care Representative and Witnessing Requirements
3. Establishment of a Rules Adoption Committee (RAC)
4. Time Frame: The new Oregon Advance Directive created by the RAC may be recognized after Jan. 1, 2018, allowing for a two-year window during which time two Oregon Advance Directives can be utilized until the interim document is retired on Jan 1, 2020.

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

Develop Value Performance Data and Analytics (CHITO: Collaborative Health Information Technology of Oregon)

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

UPDATE: The CHITO leadership team (OHLC, Qcorp, OAHHS and OCHIN) have maintained momentum through several strategies:

Multiple outreach presentations – These presentations have been made to potential partners and user groups including: OHLC Administration Simplification Committee, Oregon Business Council metric coordination, Oregon Health Authority, Oregon Healthiest State project and Portland Coordinated Care Association.

CHITO Pilot # 1 Statewide Provider Directory – The development team has been active throughout the year, and a new prototype model has been developed and tested by OCHIN and Q Corp staff. The team launched into a business planning process to describe the utility model concept for the Provider Directory, which would be available to many public and private stakeholders. As the project has progressed and stakeholder conversations continue, the details of the project reveal new complexities before the business plan can be completed - including relationships with OHA statewide credentialing initiative, federal health plan network adequacy compliance, existing resource relationships with OneHealthPort, and incremental

implementation strategy verses larger vision. Ideally, the first quarter of 2016 will bring resolution to these multiple, overlapping interests.

CHITO Pilot # 2 Alignment of Metrics and Measures – This topic has consistently emerged as a critical issue with almost universal agreement about its priority status. In addition to the hundreds of measures already in place, there are over three-dozen new regional and national initiatives focused on new measures and new core measure sets. Stakeholders have expressed overwhelming concerns about the volume, distraction and unintended consequences caused by the proliferation of metrics. CHITO and partner organizations are working to evaluate the alignment of a parsimonious subset that allows statewide improvements to be targeted on Oregon priority improvement areas. Listening sessions revealed great, common interest in this topic. As a result of the listening sessions and continued work with OHA, a white paper and possible strategies on the topic will be completed early in the first quarter of 2016.

Pilot Project #3 – CHITO is exploring opportunities to build dashboards and tools that aggregate multiple sources of data including clinical, claims, EDIE, etc. CHITO representatives have been researching possible options for consideration. Most notably, OHLC will be working with Q Corp to implement the Price Transparency Advisory Workgroup recommendations for a consumer-focused website on consumer costs for insured healthcare services and hospital cost estimates for the uninsured.

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

All 59 hospitals are currently receiving EDIE notifications including all Emergency Department visits and Inpatient admissions in Oregon, Washington and portions of California. The Oregon College of Emergency Physicians (OCEP) has identified two priorities related to EDIE/PreManage for 2016. The first priority is to identify of specific strategies that support the effective use of EDIE in all emergency departments. The second priority is to use EDIE/PreManage tools to increase communication and collaboration with primary care providers.

PreManage Adoption

There continues to be rapid expansion in the number of CCO’s, health plans and primary care practices that have adopted PreManage or are in the process of adoption. Several pilots are underway to test the use of PreManage to enhance the ability to coordinate care across settings and reduce unnecessary ED utilization.

Community adoption of PreManage (hospitals, health plans and clinics): Central Oregon and Salem are testing the community adoption of PreManage (hospitals, health plans, clinics) to clarify roles, increase coordination and reduce duplication of care management efforts.

Assertive Community Transition (ACT) teams: The individuals served by the ACT teams are affected by serious and persistent mental illness. OHA has sponsored a PreManage subscription for a number of these teams across the state over the past several months. The teams have reported the access to PreManage

has significantly increased their ability to coordinate care for these high needs, high utilizing patients and avoid unnecessary ED visits and hospital admissions.

Community Mental Health: Health Share is extending PreManage access to selected community mental health organizations. This will enable mental health providers to receive ED and inpatients notifications for their patients to enable timely follow-up care and support improved care coordination.

Care Guidelines

There has been a significant increase in in the fourth quarter of 2015 in the development of care guidelines for high needs high utilizing clients. More than 3,000 guidelines have been developed by hospitals, health plans and clinics. A care guidelines workgroup has been established to identify and support strategies that promote the most effective use of care guidelines through creating consistent messaging and disseminating tools and best practices.

Opioid Prescribing

OHLC is sponsoring an Opioid Prescribing Workgroup to support efforts aimed at reducing opioid prescribing. In partnership with OMA, OHA and key stakeholders, proposed legislation has been developed that would permit the information from the Prescription Drug Monitoring Program (PDMP) to be included in EDIE notifications. This process is currently in place in the state of Washington and has enabled a significant reduction in opioid prescribing in emergency departments.

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:

Oregon Health Plan sustainability

With challenges on the horizon as ACA expansion evolves and market dynamics change, OHLC is involved in two fronts regarding future financial sustainability:

The OHLC / OBC Health Roundtable “Reset” work has been completed (final report available on the Oregon Health Leadership Council website) and presented at the Oregon Business Plan summit in December.

Summary Recommendations include:

- Maintain the momentum for health system reform, including the continued integration of physical, behavioral, and dental care through Oregon’s Medicaid Coordinated Care Organizations, as well as the cost and quality initiatives spearheaded by the Oregon Health leadership Council.
- Work across sectors to find sustainable short and long-term funding strategies to support Oregon’s Medicaid program and other essential state services.
- Evaluate the impact of the Affordable Care Act on insurance coverage options and affordability and develop targeted initiatives and policies to further Oregon’s health reform progress, including a high-value small business health insurance exchange in 2017.

- Engage employers, schools, civic organizations, health care entities and other partners in community level collaborative efforts across Oregon to maximize efforts targeting the underlying causes of poor health and health disparities among Oregonians.
- Maximize the efforts between Oregon's education and health care systems to improve the health of our children and their readiness to learn.

In addition, OHLC continues to coordinate with OHA and the governor's office on health policy to provide support, where helpful, with respect to the CMS waiver for healthcare transformation in Oregon and the 2017-2019 state budget for healthcare.

Price Transparency

In the fall of 2015, OHLC established the Price Transparency Advisory Group to provide recommendations that address methods to enhance and better promote insured patients' access to out-of-pocket price estimates for health care services, with the goal of widespread adoption and implementation by Oregon health insurers.

The Advisory Group has completed its work and plans implementation of the "What's My Cost" initiative website to provide commercially insured consumers easy access to health service cost estimates, and for uninsured consumers' access to hospital service cost estimates through the Oregon Association of Hospitals and Health Systems. The website is expected to be live within the first quarter of 2016 and will include education and communication tactics for health care partners, e.g., hospitals, physician offices, health plans and consumers on the site's availability and functionality.