

OREGON HEALTH LEADERSHIP COUNCIL PROGRESS REPORT – July 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 work group is collaborating with the Oregon Medical Association (OMA) to address gaps in service offerings by EDI intermediaries (e.g., Clearinghouses). We will also address gaps in provider knowledge or health plan services that may need to be addressed, to support the entire range of HIPAA standard EDI transactions. Once the issues are identified we will make appropriate recommendations to the Executive Committee for further action.

We also continue to track progress and provide input to CAQH/CORE phase IV rules in development. We will be educating health plan membership in our group on the certification requirements expected for release in 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 through June 2015 will be gathered during July and August and will be updated in the next progress report.

Use of Single Sign On authentication through OneHealthPort continues to steadily increase. As of June 30, 2015, more than 8,900 organizations with more than 36,000 individual subscribers were registered. This represents an increase of 13 percent and 19 percent, respectively, from June 2014. More than 993,000 authentications were processed in the second quarter of 2015, a 33 percent increase over the same period last year. 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.

UPDATE:

The Evidence-based Best Practices Committee (EBBP) is focused on supporting the work of the EDIE Operations work group and the Advanced Care Planning (ACP) initiatives in 2015. In addition, the EBBP has 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 for the successful implementation of their initiative. In addition to supporting the ACP and EDIE Operations work groups, the EBBP is exploring its role to help sustain Unity Behavioral Health, which will provide acute psychiatric care in the community needed to decrease psychiatric boarding and transition patients to a more effective care setting.

The Advance Care Planning Committee

1) Evaluate and update the Advance Care Directives

[SB 193](#) was introduced this legislative session to update the Advance Directive Statute. Currently, the Oregon Revised Statutes include a form that Oregonians must use when completing an advance directive. A work group formed by State Senator Floyd Prozanski, the Chair of the Senate Judiciary Committee, is charged with developing consensus legislation for the 2016 legislative session. Woody English, MD, Co-Chair of the OHLC Advance Care Planning Committee is representing the OHLC on the work group. The work group is meeting to further discuss possible modifications to the current process and requirements.

The discussions thus far have focused on the following issues:

- The overlap of the POLST and Advance Care Directive forms and the role of each. The role of the POLST would focus on life prolonging care and the role of the Advance Directive would focus on values and reasons for care long term.
- Separate the form into two distinct sections. The form would be separated into the appointment of a health care representative and health care instructions.
- Separate the Advanced Care Directive form from the Statute. The form(s) would be developed and approved by a separate entity with appropriate representation.
- Consideration of different formats and use of technology to administer the form.

In collaboration with the Oregon Medical Association, the work group will be administering a survey of specialists including pulmonary intensivists, palliative care hospitalists, geriatric specialists, hospitalists and emergency physicians, social workers and registered nurses to obtain input about the form. The results will be tallied and presented in late July to the Advance Directive work group.

2) Advance Care Planning Conversation Training Pilot

As a corollary to the payment pilot and in preparation to expand the payment pilot to other practices, the ACP Committee will pilot a training curriculum for goals of care conversations for registered nurses and social workers. The objectives of the training are to develop a template for medical record notes, to prepare the caregivers for effective goals of care conversations and to provide a certification to assure health plans of the proficiency of the social worker or RN seeking reimbursement. The training curriculum is being developed in collaboration with University of Washington Medical School and the pilot is slated to take place in the fall.

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 work team focused on developing value performance data and analytics has established a shared vision and a set of goals for the collaborative to increase transparency of Oregon health care costs, quality and performance.

Following OHLC Board approval to move forward with the concept, the leadership of OHLC, QCorp, Apprise and OCHIN engaged Intercase consulting to identify and test our theory. Together, we now refer to this work as CHITO (Collaborative Health Information Technology of Oregon). Following the Intercase report and in consultation with each organization’s board, we are encouraged to move forward with specific pilot projects including developing a provider directory, working with OHA and statewide stakeholders to align public and private performance metrics, and piloting a dashboard for providers to support work toward performance metrics. Next steps include more specific scopes and deliverables for each pilot project.

On a related topic, in anticipation of the passage of SB 900 (Hospital Price Transparency), OHLC will sponsor a Hospital Transparency Advisory Group to serve as the venue to support the coordination among hospitals and health plans to build easy-to-use, consumer-centric information on hospital pricing on common procedures, including out-of-pocket costs for consumers with insurance.

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

- 98 percent of hospitals are receiving EDIE notifications. The remaining two hospitals will be receiving notifications by the end of July.
- 92 percent of hospitals are sending IP ADT information. Collective Medical Technologies is working with the remaining organizations to reach the goal of 95 percent by the end of July.

Care Guidelines

The EDIE Governance Committee has identified the implementation of EDIE care guidelines for ED high utilizers as the priority area of focus. Cross-organizational care coordination is recognized as the best opportunity to improve the quality of care and reduce unnecessary ED utilization. A standard care guideline template has been developed and is in the process of statewide implementation. A Care Guidelines work group has been formed, which includes key stakeholders to identify strategies to promote widespread adoption and meaningful use of care guidelines. The work group will also develop processes for identifying and spreading useful workflows and innovative practices related to care guidelines.

Develop and Implement the EDIE Utility cont....

PreManage

A number of CCOs, health plans and provider groups have adopted PreManage, or are in the process of adoption. Demand is increasing as organizations are learning of the benefits. The early adopters of PreManage report that receiving EDIE notifications and the incorporation of care guidelines have enabled them to be much more effective in care coordination, as well as seeing reduction in ED utilization among many of their high utilizing/high needs patients.

Some benefits they cited include: knowing all the EDs the patient has visited (including those in Washington), having the ability to facilitate care directly from the Emergency Department, and knowing when the patient has been discharged from the hospital in real time, which enables them to reach out to the patient on the same day.

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:

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

OHLC is working in partnership with the OBC Healthcare Roundtable to assess our statewide health care transformation efforts to date. This work will provide important context for what has been accomplished toward our original objectives, what challenges lay ahead and what actions we need to take to proactively address those challenges. This work will be concluded by the end of 2015.

Second, OHLC will begin conversations with OHA and governor's office health care leadership to begin planning for the 2017-2019 state biennium budget planning. This is particularly important given transition to greater state financial responsibility for the ACA expansion population and wind down of the CMS waiver grant provided to Oregon as a part of ACA implementation in Oregon.