

## OREGON HEALTH LEADERSHIP COUNCIL PROGRESS REPORT – June 2016

*Our 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 significant amount of good work is under way across partner organizations. More information is available on our website: [www.ORHealthLeadershipCouncil.org](http://www.ORHealthLeadershipCouncil.org). The following goals represent the body of work focused on by our members.

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

**Enhance Administrative Simplification** (OHLC Lead: Greg Van Pelt / Co-Chairs: Erick Doolen / Stephanie Dreyfuss /OHLC consulting staff: Paul Krissel, Thuky Thukral)

*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.*

#### Executive Committee update

- Oversees the work of the claims eligibility workgroup and the EDI workgroup. These are the two permanent workgroups established by the committee.
- Discusses other issues involving administrative simplification that arise from time to time.
- Maintains a working relationship with the Oregon Health Authority (OHA). Currently the committee is staying up to date on the work of OHA toward implementing the Common Credentialing Solution, with several members of the committee serving on the Common Credentialing Advisory Group within OHA.
- Stays abreast of the work of OHA in implementing the Provider Directory solution. Several members of the committee serve on the Provider Directory Advisory Group within OHA.
- Discusses other topics that include a problem statement offered by OHA regarding provider requests for claims data from CCO's. This is to support care management and risk based contracting arrangements. In addition, the committee is developing a coordinated way for payers and providers to respond to the new requirements by CMS on provider directories maintained by plans.

#### EDI Workgroup update

- The workgroup identified and agreed on several strategies to resolve issues raised by Providers in the recently completed EDI Survey - conducted in collaboration with the Oregon Medical Association (OMA). Health Plans have agreed to implement these improvements in the next few months. A team will present the resolution strategy to the OMA Practice Roundtable in the near future. Progress will be reviewed on implementation of these strategies via a survey in 2017.
- Continues to track progress and provide input to CAQH/CORE phase IV rules and HIPAA X12 transactions version 7030.
- Continues to be a center for information exchange and consensus relating to EDI across the Oregon-based health care industry.
- The EDI Survey activities are near completion and the group plans to reduce meetings to twice a year.

#### Claims Eligibility Workgroup update

- The workgroup is primarily in a monitoring phase, following metrics designed to track the success of administrative simplification initiatives. A sub-team from the group will be joining discussions with the OMA Practice Roundtable to help improve codes sets reporting specifically relating to Claims Adjustment and Procedure codes.

- OneHealthPort continues to show strong growth in subscribers during this quarter, adding 301 organizations and almost 2000 subscribers for a total of 10,246 and 44,329 respectively. Authentications dropped to 999,696 after spiking to 1.3 million last quarter. The decline may be attributed to settling into new policy arrangements (following open enrollment), and also the OHLC efforts to educate Providers on conducting multiple functions per authentication. Since tracking these metrics, it appears authentications tend to spike during the first quarter of every year.
- The workgroup will meet in September to discuss codes sets and follow-up action on related issues. The full Claims and Eligibility team will continue to meet twice a year.

**Sustain Evidence Based Best Practice work** (OHLC Lead: Sharon Fox/Greg Van Pelt)

*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. 2016 Focus Areas: Advance care planning and emergency care*

**Evidence Based Best Practices Committee (EBBP) update**

- The EBBP continues to focus on supporting the work of the EDIE Operations Workgroup and the Advanced Care Planning initiatives in 2016. The EBBP is also following a number of other initiatives of 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.
- In March, the committee agreed to explore models used by community partners in which health care organizations collaborate with the education system to support vulnerable children. Throughout 2016, the committee will be considering various ideas and will make recommendations to the Council.

**Opioid Prescription Guidelines update**

- The EBBP recommended to OHLC general support for the adoption of statewide Opioid prescribing guidelines consistent with CDC and next steps as defined below:
  1. Support the adoption of CDC opioid prescription guidelines and support and guide the legislation that includes a communication and implementation plan.
  2. Representatives of the Opioid Guidelines Committee (Kevin Ewanchyna, MD and Amit Shah, MD) will update the EBBP committee as they develop specific policy ideas.

**Advance Care Planning Payment Pilot update**

- The pilot has been closed to new participants and the data analysis is under way. The workgroup agreed to continue to follow the 143 patients as data compilation and collection takes place for the pilot in July and August.
- A report summarizing the results of the pilot will be completed in October. The workgroup meets again in September to review the results.

**Oregon's Advance Care Directives update**

- During the last legislative session, the Oregon Advance Directive (SB 1552) bill supported by many OHLC members never moved past the Committee. Senator Floyd Prozanski is still supporting the workgroup behind this legislation. The workgroup met on April 14 to revise its strategy that will be to bring more bipartisan support behind the bill and to educate a larger circle of affected groups. It recommended only minor improvements in the bill's language so that it conforms to existing and related laws and regulations. No substantial changes are envisioned. Several members are to engage additional legislators and interested parties over the summer.
- The workgroup will likely reconvene at the end of the summer. OHLC members collaborated to develop this bill and will execute a strategy for navigating the bill through the next legislative session.

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

### CHITO: Develop Value Performance data and analytics (OHLC Lead: Greg Van Pelt)

*Goal: Through evolving with Qcorp, Apprise, OCHIN, develop methodology and analytics capability to capture and report meaningful performance data across multiple systems and settings.*

#### **Pilot #1 Statewide Provider Directory update**

- The business plan is complete and has been presented to interested stakeholders for pilot implementation during the second quarter of 2016. This work will complement the work of the Administrative Simplification Executive Committee that is addressing Medicare Provider Network Verification regulations and the OHA. The OHA continues its work for statewide common credentialing and provider directory.

#### **Pilot #2 Alignment of Metrics and Measures update**

- As a result of the listening sessions and continued work with OHA, a white paper is complete and has been presented to numerous stakeholders during Q2, 2016. Qcorp will be providing support to OHA to expedite stakeholder input to meet SB440 metric alignment and ideally this will complement the work accomplished through the listening sessions.

#### **Pilot #3 Dashboards and Tools update**

- 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, working in collaboration with Qcorp, implemented the Price Transparency Advisory Workgroup recommendations for a consumer focused website on out-of-pocket costs for the insured and hospital cost estimates for the uninsured. (See below - Goal #4)

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

### Develop and implement EDIE Utility (OHLC Leads: Susan Kirchoff/Laureen O'Brien)

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

#### **PreManage Adoption update**

- The rate of adoption of EDIE/PreManage in Oregon is quickly expanding. In addition to CCO's, several commercial health plans have recently implemented PreManage. There are over 200 primary care practices and a number of behavioral health organizations that have also adopted PreManage tools. With this rapid expansion there is an opportunity to align and coordinate efforts to maximize the benefits of the tools.
- Some communities are adopting EDIE/PreManage as a community resource with the goal of using the EDIE and PreManage tools to:
  1. Collaboratively develop workflows that reduce unnecessary ED utilization and hospital readmissions.
  2. Clarify roles and enhance cross-organizational care coordination to reduce duplication of care management efforts.

- The benefits cited by these groups include:
  1. Reduced duplication of efforts.
  2. Better insight into who is involved with the patient.
  3. Improved relationships/collaboration between health plan, hospitals, clinics and long-term care.
  4. Ability to see the same information, to discuss specific cases, and assist each other.
- Based on these experiences, EDIE Operations Committee has recommended continuing to promote and support the community adoption model to facilitate the optimal use of EDIE/PreManage tools with a goal of reducing unnecessary ED utilization and expanding cross-organizational care coordination.

#### **EDIE/PreManage Learning Collaborative *update***

- The OHLC in partnership with the OHA and Collective Medical Technologies will be sponsoring a statewide EDIE/PreManage Learning Collaborative on **Friday, Sept. 23, 2016 at 8:00 a.m. to 5:00 p.m. at Ambridge Center**. This will be an opportunity for peer-to-peer networking, to learn about new use cases and innovative practices in the use of EDIE/PreManage tools, and to understand how communities (hospitals, health plans and clinics) are working together to enable cross-organizational care coordination.

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

#### **Continue Medicaid sustainability work** (Lead: Greg Van Pelt)

*Goal: Continue to synchronize state Medicaid budget strategy, business interests and public transparency initiatives*

#### **Price Transparency *update***

- In the fall of 2015, OHLC established the Price Transparency Advisory Group to provide recommendations to the OHLC that address methods to enhance and to better promote insured patient access to out-of-pocket cost estimates for medical procedures, with the goal of widespread adoption and implementation by Oregon health insurers. An outcome of this initiative is the development of [WhatsMyCost.org](http://WhatsMyCost.org). This site provides commercially insured consumers easy access to direct contact information to obtain cost estimates for medical procedures; and for uninsured consumers access to hospital service cost estimates through the Oregon Association of Hospitals and Health Systems. A soft launch in June will allow for further testing with providers, health plans, hospitals and consumers. The feedback will be used to improve site usability before implementing a larger promotion plan.