

OREGON HEALTH LEADERSHIP COUNCIL PROGRESS REPORT – October 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 is collaborating with the Oregon Medical Association (OMA) to address gaps in service offerings by EDI intermediaries. We also intend to address gaps in provider knowledge or health plan services that may be inhibiting full productive use of key HIPAA standard EDI transactions.

To gather information from the trading partner community (primarily health care providers), the OMA and EDI work group have jointly released a survey with the title 'Oregon Healthcare – Electronic Transactions Usage Survey' that closed at the end of September. Based on the results and the issues identified, we will develop recommendations aimed at further improving the use and coverage of EDI transactions.

We will 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 the fall 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 were gathered during July and August and the report has been updated. Data show a continued rise in the use of electronic transactions over time, and a stabilization of the utilization of payer websites as electronic transactions increase.

Use of Single Sign On authentication through OneHealthPort continues to steadily increase. As of September 30, 2015, 9295 organizations with 38,698 individual subscribers were registered. This represents an increase of **14** percent and **20** percent, respectively, from September 2014. 1,048,386 authentications were processed in the third quarter of 2015, a **41** percent increase over the same period last year! With Moda now live on the site, UnitedHealthCare and Kaiser are the only plans doing business in Oregon that are not available on the

site. We are beginning conversations about bringing access to Medicare clients onto the portal, as is the case in Washington.

Administrative Simplification Executive Committee

This group oversees the work of the above work groups, and is also staying updated on OHA implementation of the common credentialing platform and the provider directory initiative required by legislation. Members of the committee also serve on the state advisory groups for these two initiatives.

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)

This team is focused on supporting the work of the EDIE Operations work group and the Advanced Care Planning 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 the initiative.

Advance Care Planning Goals of Care Conversations Payment Model Pilot

This program for social workers and registered nurses has been a good experience both for the health plans and for the oncology practice having the conversations. There are close to 70 unique patients in the pilot as of August and there has been much learning, both administrative and clinical. The work group hopes to have 120 to 150 patients by March 2016.

The Advance Care Planning Committee

This group has added two additional initiatives this year to improve end of life care for Oregonians.

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 discussions 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 the 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.

The work group presented a progress report to the joint Senate and House committees on September 30 and is recommending that at least the instructions part of the advance directive be written and managed by an appointed committee working under an agency and following guidelines set out in statute. There are a number of challenges to work out in the governance of this, but there is now widespread agreement to take much of the Advance Directive language out of statute, which has been our primary objective.

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,
- prepare the caregivers for effective goals of care conversations and
- 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 Tony Back, MD, from the University of Washington Medical School using his program, Vital Talk. The training will take place on Oct. 30, 2015, at the OMA. Four oncology practices have signed up for this and represent the vast majority of the oncology specialized service provided in the state.

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 CHITO leadership team (OHLC, Qcorp, OAHHS and OCHIN) has 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 over the summer and a new prototype model has been developed and tested by OCHIN and Q Corp staff. The team is now creating a business plan to describe the utility model concept for the Provider Directory that would be available to many public and private stakeholders. The initial pilot will focus on the highest priority use case for analytics and metrics and then add additional functionality

over time. The design team has met with the OHLC Administration Simplification Committee, and has invited OHA representatives to the next planning meeting to learn more about the OHA efforts and to optimize communication and coordination of efforts as much as possible. The business plan completion is targeted for the end of September and will be shared with OHLC and other potential sponsors.

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 more than 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 will be held in September and October and leadership from a diverse group of stakeholders will be engaged in the strategy. CHITO representatives are working on the development of a white paper for wide circulation to frame the issues by gathering an inventory of current metric efforts and synthesizing feedback from the fall listening sessions.

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. Examples have included combining Total Cost of Care Measures with EDIE and ED readmissions data. Another example is developing a composite measure for well-baby visits, immunization, kindergarten readiness, dental and adolescent well child screening visits. No decisions or agreements have been reached to date.

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

As of Sept. 1, all 59 hospitals in Oregon are receiving EDIE notifications including all Emergency Department visits and Inpatient Admissions in Oregon and Washington.

PreManage

Several CCO's and Health Plans have adopted PreManage or are in the process of adoption. More than 100 primary care practices are beginning to use PreManage. Early adopters have shared the information provided has facilitated their ability to implement and strengthen care coordination processes and ED utilization in their high needs, high utilizing population. One primary care practice has reported a significant reduction in readmissions which is attributed to ability to know "real time" when a patient has been discharged from the hospital and following up same day with the patient.

Care Guidelines

Several hospitals and primary care practices are actively adding care guidelines to EDIE notifications. These guidelines are intended to provide brief, patient-specific care histories and recommendations and frequently include key contacts for individuals involved in the patient's care. ED providers are reporting this information allows them to better understand the patient's needs, reduce unnecessary testing and reduce opiate prescribing. Primary care and health plan staff report this information has facilitated greater opportunities for cross-organizational care coordination, reducing duplication and better meeting patient's needs.

EDIE Reporting

The August EDIE report has been distributed to hospitals and other key stakeholders. This report has been revised to provide a more streamlined view of ED utilization, both aggregate ED visits and for high utilizers. Added components include: ED visits by Payer, Number of high utilizers that have a care guideline in place, Regional ED utilization normalized by number of ED visits per 1000 population.

Opiate Prescribing

The Evidence Based Best Practice committee has recommended leveraging the implementation of EDIE to support opioid prescription management efforts. OHLC is supporting these efforts by serving as a forum for coordination of efforts among key stakeholders and supporting the development of legislation to allow connecting the state Prescription Drug Monitoring Program (PDMP) with EDIE.

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.

Price Transparency Advisory Group (PTAG)

The OHLC Price Transparency Advisory Group has held its first meeting. Tom Holt of Cambia has agreed to chair the group. The group will provide recommendations to the Oregon Health Leadership Council that address methods to enhance and to better promote insured patient access to out-of-pocket price estimates for health care services, with the goal of widespread adoption and implementation by Oregon health insurers including:

- Understanding the political and consumer environment driving the need for enhanced health care pricing transparency.

- Review recommendations and best practices on health care pricing transparency advanced by content experts and national groups including but not limited to the Healthcare Financial Management Association and state-based organizations engaged in this work.
- Collaboratively develop forward-looking recommendations to improve consumer clarity of health care pricing for out-of-pocket expenses; bring recommendations to the OHLC no later than February 2016.
- Recommend an implementation strategy for advisory group recommendations, including communication strategy for hospitals, health plans and physician offices.
- Ensure that policy objectives and solutions are aligned with OHLC's strategic vision.
- Provide regular updates on its work to the OHLC Board.