

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. 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

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

- Currently working in collaboration with the Oregon Health Authority on implementation of the Common Credentialing Solution and Provider Directory. Will engage in efforts to enhance industry adoption. Serves as an information exchange forum for other topics such as CMS requirements for Medicare Advantage plans, EDIE and PreManage, Data aggregation, and others.
- Completed statewide implementation of Provider Directory process to fulfill CMS quarterly update requirements for Medicare Advantage plans. Process will be used for other commercial directory updates too. Positive response from Providers for this singular implementation adopted by almost all Health Plans operating in the state.

EDI Workgroup

- Initiatives based on the 2015 EDI Survey currently being implemented by Health Plans to improve the business environment for the Provider Practices. These improvements will be validated during the first half of 2017.
- During 2017 the workgroup will focus on improving quality and service support for key transactions associated with member eligibility and financial reimbursement to Providers.
- Tracking progress and providing input to CAQH/CORE phase IV rules and HIPAA X12 transactions version 7030.
- Continuing to function as a center for information exchange and consensus.
- Concluded the process of collecting metrics for Healthcare EDI transactions in use within the state. The trends associated with increasing use of these electronic transactions are firmly established and in many cases almost all transactions between Providers and Health Plans are now electronic. Team believes that EDI is well established and headroom for incremental increases is limited.

Claims Eligibility Workgroup

- Addressing improvements in the use of codes sets related to Provider remittances. Group will work with the OMA, OMGMA and leverage work being done in Washington State.
- Group will increase cooperation with Washington state in 2017 to leverage additional influence on national initiatives sponsored by organizations such as CAQH and X12. The combined efforts of Oregon and Washington will be more effective than individual state actions. Planning for this joint effort will be addressed with Washington representatives in March 2017.
- Concluded the process of benchmarking Health Plan websites as they are all mature in their development and meet the needs of Providers. Provider representatives believe benchmarking is no longer necessary and are satisfied with the level of online services being provided by Health Plans.

SUSTAIN EVIDENCE BASED BEST PRACTICE WORK

Identifying 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)

- Ongoing work supporting EDIE Operations Workgroup and the Advanced Care Planning initiatives.
- New workgroup being formed to address specific opioid prescribing reduction strategies
- Working on 2017 priorities

Opioid Prescription Workgroup

- Supporting the development of legislation to permit PDMP access to medical directors with clinical oversight responsibilities, streamline PDMP registration for providers by incorporating in the provider licensing process, and permit the multi-state sharing of PDMP information.

Advance Care Planning Payment Pilot

- The data analysis for the pilot is complete.
- Compass Oncology is documenting the work processes, communication and training required for practice-wide implementation of ACP conversations by RNs and MSWs.
- One additional payer who did not participate in the pilot has adopted the Medicare ACP conversation codes and is in the process of implementing the codes across all lines of business.
- The full report will be available at end of year and will be communicated in early 2017.

Oregon's Advance Care Directives

- Since last spring, the Work Group sponsored by Senator Floyd Prozanski, has generated more widespread support and expects the new bill (in draft form known as LC0930) to be passed.
- The Work Group meets in January to work out the strategy for the upcoming legislative session.
- The Work Group will continue to work with participation and support from the OHLC Advocacy Roundtable, who is coordinating support with OHLC members.

Goal #2:

Develop accurate health cost forecasts with aim of creating a sustainable system

CHITO: DEVELOP VALUE PERFORMANCE DATA AND ANALYTICS

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

Statewide Provider Directory

- Our efforts to develop a provider directory technology service for Oregon have been superseded by efforts driven by the Oregon Health Authority. Our initiative could be resurrected but are currently on hold until OHA efforts are further evaluated.
- OHLC is working with OHA on developing a public-private governance model for future health technology initiatives in Oregon. This work will be completed in Q2 2017. Sensing sessions with stakeholders are being held through January to evaluate models in place in other states and possible options in Oregon.

Goal #3:

Develop and implement shared services to jointly serve the needs of high-risk populations

DEVELOP AND IMPLEMENT EDIE UTILITY

Improving quality and cost markers associated with emergency department utilization

- OHLC in partnership with CMT recently completed a survey of nearly every hospital in Oregon to assess the use of EDIE, including benefits, workflows and ideas and suggestions for improvement. Nearly everyone interviewed expressed finding significant value in the EDIE notifications to support care of patients in the emergency department. We will be working in partnership with EDIE users to develop plans to address the identified opportunities for improvement.
- OHLC has launched an EDIE/PreManage online Learning Community. The purpose of the Learning Community is to improve statewide communication of best practices and workflows, as well as providing a forum for peer to peer networking and sharing.
- Several Behavioral Health organizations across the state have adopted PreManage. They express significant value in knowing real time about their patient's ED and IP utilization. This information has enabled them to improve care transitions and coordination with other care providers. A statewide EDIE/PreManage Behavioral Health user community has been formed to share best practices and identify additional opportunities to leverage the use of these tools to support their high needs individuals.

Goal #4

Develop and implement plan to understand and align consumer/cultural expectations to new models of care

MEDICAID SUSTAINABILITY WORK

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

- The Governor's proposed budget recognizes the approximate \$1 Billion-dollar deficit in the Oregon Health Plan as a result of diminishing federal match rate for ACA expansion population, end of federal transformation grant, and change in case mix of Medicaid members. OHLC will develop financing strategies and work with legislative leadership to bridge this significant gap.