

OREGON HEALTH LEADERSHIP COUNCIL PROGRESS REPORT – March 2016

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 administrative efficiency and lower cost across Oregon’s healthcare system

1. **Enhance Administrative Simplification** (OHLC Lead: Greg Van Pelt / Co-Chairs: Erik Doolen / Stephanie Dreyfuss /OHLC consulting staff: Paul Krissell, 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.

Update:

This work group is primarily in a monitoring phase, following metrics designed to track the success of administrative simplification initiatives. Metrics through December 2015 were gathered and reviewed in early March. Results demonstrate continuing improvements in adoption of single sign-on and EDI HIPAA transactions.

The team decided that we will continue to collect EDI transaction and OneHealthPort single sign-on metrics. Metrics for payer web site traffic will no longer be collected, as the sites are quite mature at this time. EDI metrics will continue to be collected given the several initiatives underway with the OMA to further improve EDI traffic and usage.

OneHealthPort continues to show strong growth in subscribers during this quarter, adding 349 organizations (15%) and almost 2000 subscribers (20%) for a total of 9945 and 42,345 respectively over the same quarter last year. Authentications have soared to a new record high of just over 1.33 million, an increase of 34% over 12 months. EDI transactions showed consistent growth and now payers receive almost 95% of all claims electronically. All payers except Kaiser, UnitedHealthCare and the Oregon Health Plan are currently participating. Talks are in progress with Kaiser. We are also in conversation with the OHA about including OHP clients.

The workgroup met in February to discuss codes sets and spun off a sub-team to address CARC and RARC related issues. The sub-team will consult with the OMA and EDI Workgroup to simplify the application of these codes and make their use consistent across Oregon payers. The CPT codes will also be addressed with these groups.

The full Claims and Eligibility team will continue to meet twice a year.

EDI Workgroup

The EDI workgroup, in collaboration with the Oregon Medical Association (OMA), completed the ‘Oregon Healthcare – Electronic Transactions Usage Survey’ with healthcare provider organizations. We presented the results to the Executive Committee and are now developing solution strategies around the various issues and recommendations that were raised as a result of the survey. Given the multiple organizations involved we hope to have broad agreement on improvements by early summer. These improvements should encourage increasing use of EDI transaction across the industry within Oregon State. 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 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.

2. **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

Update:

The Evidence-based Best Practices Committee (EBBP) will continue 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 EBBP agreed to explore models used by community partners in which healthcare organizations collaborate with the education system to support vulnerable children. Throughout 2016, the committee will be considering various ideas and making any recommendations to the Council.

Advance Care Planning Payment Pilot

The workgroup reported that Compass enrolled 143 patients and had 27 deaths as of March 15th. New enrollees are being added through March 31st. (Many more non-billable conversations took place as a favorable consequence of this initiative and are not a part of this study.) Data will be collected and evaluated on the patients enrolled in the pilot over the next several months to evaluate the effects of the conversations on a number of measures predetermined by the workgroup.

In January, four additional oncology practices joined the pilot. These practices began billing for ACP conversation throughout the 1st quarter but less than 10 patients had been billed out of 125 conversations. This is due, in part, to the release of the Medicare CPT codes for advance care planning conversations by CMS and the uncertainty of how the new codes would be implemented.

The workgroup evaluated the new Medicare codes and determined that the new codes (99497 and 99498) meet nearly all of the criteria for payment of ACP conversations which the workgroup thought was necessary for the adoption of conversations by practices. Three of the four health plans participating in the pilot decided, independently, to adopt the new Medicare codes as of 4/1/2016 and cease using the ACP payment model developed in 2015 (the fourth health plan is in the process of making their decision). The health plans made a few minor changes to the implementation of the codes based upon the learnings of the pilot.

The workgroup agreed to continue to follow the 143 patients as data compilation and collection takes place for the pilot in April and May. A report summarizing the results of the pilot will be completed in June or July.

Goals of Care Conversation Training

Data collection will begin in April to assess the benefit of the Goals of Care Conversation training which took place on Oct. 30, 2015. This training was made available to selected oncology 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 nurse seeking reimbursement. The workgroup will assess the value of the training to health plans for certification of proficiency and determine recommendations. At this time, the new Medicare codes do not require any provider conversation certification or training.

Update Oregon's Advance Care Directives

This last legislative session the Oregon Advance Directive (SB 1552) bill, supported by many OHLC members, never got out of Committee. The work group behind this legislation is still being supported by Senator Floyd Prozanski and will meet in the afternoon on April 14 to consider suggestions made during the session and to plan for reintroduction of a revised bill in the next session. 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

3. **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.

Update:

CHITO Pilot # 1 Statewide Provider Directory –The business plan has been completed and will be presented to both the OHLC April 14 meeting for input and among interested stakeholders for pilot implementation during the second quarter on 2016. We plan for this work to complement the work of OHA as it continues its work for statewide common credentialing and provider directory.

CHITO Pilot # 2 Alignment of Metrics and Measures – As a result of the listening sessions and continued work with OHA, a white paper has been completed and will be 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.

CHITO 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 Qcorp 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

4. **Develop and implement EDIE Utility** (OHLC Leads: Susan Kirchoff/Laureen O’Brien)
Goal: Improve quality and cost markers associated with emergency department utilization

Update:

PreManage Adoption

The number of CCO’s/health plans and primary care practices that have adopted PreManage has continued to grow.

CCO’s:

Family Care, Pacific Source, Columbia Pacific, Jackson Care Connect, Willamette Valley, Yamhill, Health Share. There are also discussions underway with Trillium (Centene), Eastern Oregon, Umpqua Health Alliance and Western Oregon Advanced Health.

Commercial Plans:

Kaiser, Humana, Providence, Centene and United Health. There are ongoing discussions with Regence, Moda and Cigna

HB 4124—PDMP Legislation Approved

House Bill 4124, sponsored by Representative Knute Bueller, passed with strong bipartisan support. This legislation permits authorized users of the Prescription Drug Monitoring Program (PDMP) to efficiently check the information available in PDMP by integrating this information into existing health technology systems, including EDIE. We have strong evidence that EDIE notifications fit the ED providers’ existing work flow, specifically for ED patients that are high utilizers of ED services. Using EDIE to deliver PDMP information will help to ensure that ED care is informed, the PDMP data is used in these situations as intended by Oregon’s PDMP, and could lead to a reduction of duplicative or inappropriate opiate prescriptions in Oregon emergency rooms. The Oregon Health Authority will be convening a Rules Advisory Committee to develop the requirements for the process, including addressing IT security and establishing notification thresholds.

Behavioral Health PreManage Use Case

A number of Behavioral Health organizations in Oregon have implemented PreManage and are receiving IP and ED notifications for their clients. It is anticipated these notifications will greatly enhance the ability of to coordinate care for high needs individuals with serious and persistent mental illness. A meeting of the PreManage Behavioral Health User Community is scheduled in early April to explore opportunities for collaborative development of the Behavioral Use Case, and to identify opportunities to leverage learning across organizations to promote the most effective use of the tools for improving care.

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

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

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

Update:

Medicaid Waiver

OHA and Governor Brown's office continues to work on CMS 1115 Waiver request. The latest information is attached in the following link:

<http://www.oregon.gov/oha/OHPB/Documents/OnePageWaiverRenewalSummary.pdf>

Price Transparency

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 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 will be presented at the April 14 OHLC meeting for member feedback to be followed by education and communication tactics for health care partners, e.g., hospitals, physician offices, health plans and consumers on the sites availability and functionality.