

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: Reduce costs and increase efficiency of administrative processes

ENHANCE ADMINISTRATIVE SIMPLIFICATION

Reduce cost and increase efficiency of administrative processes.

- The OHLC has worked with Washington based OneHealthPort to put together a collaboration strategy between the two states around Administrative Simplification. We will share business and information technology oriented best practices to improve the function between payers and providers operating in Oregon. We will also collaborate on straw polls for CORE and other initiatives – such collaboration will give us more regional clout in industry-wide decision making.
- The workgroups decided to implement Workflow Navigator (WN) for Oregon. This application has been developed by the OHP and is operational in Washington. It provides detailed information to providers on various administrative subjects primarily associated with pre-authorizations and several other pre-services. Given the large health plan organizations, this is a key issue and inconvenience for providers. WN allows Providers to easily identify the contact information associated with health plans so that communications can be directed to the right place. Washington has seen significant success with this implementation and we hope to realize the same. We expect this application will be in production for Oregon during the first quarter of 2018.
The current implementation of Workflow Navigator (with Washington information) may be accessed here - <https://www.onehealthport.com/workflow-navigator>
- On October 19th OHLC team members from Regence will present to the OMA Practice Roundtable to discuss reimbursement codes and associated issues. The objective is to provide education and insight in this area, so Providers easily understand the remarks provided with the Remittance Advice (835 transaction).
- The workgroups continue to provide regulatory updates relating to the healthcare industry on a regular basis.

Goal #2: Improve quality and reduce costs through implementation of evidenced based best practices

REDUCE EMERGENCY DEPARTMENT UTILIZATION

Improve quality and cost markers associated with emergency department utilization.

- THE EDIE Utility evaluation has been completed. The utility model and governance structure is generally viewed as having worked very well. The public-private partnership, the inclusion of broad stakeholder representation and an equitable financing model were described as significant contributing factors.
- Broad reduction in ED visits was not achieved. ED visits increased by approximately 12% between 2013-2015. However, from 2015-2016 the rate of increase was much smaller (0.5%) suggesting that efforts to reduce ED utilization may be beginning to have an impact. ED high utilizers with a care recommendation developed in EDIE/PreManage, had a subsequent 10% reduction in ED visits.
- Most ED providers reported that the care they can provide is greatly enhanced by EDIE notifications, particularly when accompanied by brief patient-specific care recommendations. The inclusion of PDMP information into EDIE notifications is viewed as very helpful in efforts to reduce opioid prescribing.
- There has been widespread adoption of PreManage by CCO's, commercial health plans, primary care practices and behavioral health organizations. PreManage users describe the early identification of high utilizers and the ability to coordinate care and communicate across care settings as greatly enhanced. Several communities have begun collaborating to leverage the use of EDIE and PreManage to streamline and standardize processes for addressing high

needs, high utilizing patients. Community adoption of EDIE/PreManage is viewed as an opportunity to improve care coordination and reduced duplication between hospitals, health plans, primary care and behavioral health.

- Many organizations describe benefits in the use of EDIE and PreManage beyond reducing ED utilization. This includes efforts to improve transitions of care and reduce readmissions, combining utilization and clinical information to identify patients at highest risk, and having the ability to communicate important patient information (e.g. POLST, high risk medications).
- Key recommendations supported by the EDIE Governance Board include: Maintaining the EDIE utility model and tiered financing structure as is for hospitals and health plans for an additional (3) year period; incorporating the governance of the EDIE utility into the proposed HIT Commons structure; development of strategic objectives and aligned operations metrics to guide future work; continued development of data reporting to evaluate progress in reducing ED utilization and to support performance improvement activities; support for community collaborative efforts and mechanisms for peer networking and sharing of best practices related to reducing ED utilization; identification of opportunities to leverage the use of EDIE and PreManage to support specific initiatives (e.g. Opioid prescribing reduction).

DECREASE OPIOID PRESCRIBING

Support the reduction of opioid prescribing in Oregon.

- The integration of PDMP/EDIE notifications in hospital emergency departments is underway. Having this information readily available will support reduction in opioid prescribing.
- Initial work has begun to explore the implementation of a statewide subscription for the PDMP gateway which would allow prescribing providers to have this information incorporated in their EMR's
- EBBP is partnering with leaders in the state in ongoing support for policies and implementation of key initiatives related to reducing ED prescribing.

DEVELOP VALUE PERFORMANCE DATA AND ANALYTICS

Develop methodology and analytics capability to capture and report meaningful performance data across multiple systems and settings

CPC+

To date, the CPC+ Payer Group has engaged in the following activities:

- Solicited an update from the practice technical assistance team at OHSU and is exploring ways payers can augment and align with the OHSU-led technical assistance activities to provide additional or complementary support to practices.
- Knowledge sharing and learning around the approach to Track 2 payment methodologies, including discussion around percentage of payments converted into the Comprehensive Primary Care Payment and aligning code sets for the fee-for-service reduction.

Over the next several months, the Payer Group plans to:

- Discuss how the group might align on the delivery of cost, utilization and quality data for practices, including data analytics through a data aggregator or other means
- Establish regular communication with the OHSU practice facilitation team to address practice barriers and proactively communicate about payer process to increase understanding
- Ongoing knowledge sharing around implementing Track 2 payments.
- Continue tracking on other initiatives, including the Primary Care Payment Reform Collaborative, the Health Plan Quality Metrics Committee and Metrics and Scoring to identify opportunities for alignment and reduce duplication of effort.

Goal #3: Develop and implement strategies for sustainable health care funding

ENSURE MEDICAID SUSTAINABILITY

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

- Though significant effort was committed to coordinate Medicaid budget strategies among OHLC members and the business community, OHLC members ultimately decided to conduct legislative input to the budget on their own. The OHLC continues to communicate among members and the business community as directed by the OHLC board.

Goal #4: Enhance IT infrastructure to support health care transformation

DEVELOP HIT UTILITY GOVERNANCE MODEL

Accelerate and advance statewide HIT goals.

- Over the year, a joint Oregon Health Authority (OHA)/Oregon Health Leadership Council (OHLC) team explored whether the success of the statewide Emergency Department Information Exchange (EDIE) initiative could be leveraged to develop an HIT Commons. As envisioned, an HIT Commons would govern EDIE along with other priority statewide HIT initiatives, with the express purpose of accelerating and advancing OHA's vision of an HIT-optimized health care delivery system in Oregon.
- An interim advisory group unanimously agreed on a mid-range management structure option that would establish an umbrella governance structure to oversee select HIT initiatives. The interim advisory group agreed to serve as the interim governance body to work on reviewing/selecting members of the ongoing HIT Commons and further development of common principles, expectations, and criteria for selecting future projects. Projects will be funded and staffed as they are initiated. This model allows Oregon to build on and expand collective efforts without setting up a formal new organization before the value has been proven.
- The interim advisory group recommended that Oregon should leverage the experience gained from the OHLC/OHA EDIE governance partnership model initially, with the intent to move to a more formal, independent legal and management structure as experience warrants. This has been referred to as a "crawl, walk, run" strategy to build on what has worked and provide flexibility for future effective execution of statewide health information technology efforts.
- Initial implementation of an HIT Commons would begin in late 2017, transitioning the EDIE Governance Board to the new HIT Commons Board. Initial management of the Commons would be under the auspices of the OHLC and a management contractor. Initial projects for the Commons would be EDIE, Prescription Drug Monitoring Program (PDMP) Gateway, and HIE/network of networks. As the governance structure develops and matures, additional initiatives could be taken on by the Commons.