



Oregon Health Leadership Council

Q1 Progress Report

March 2018

Creating 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. 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 Administrative Simplification Executive Committee oversees the work of all Administrative Simplification work groups. The committee serves as a place where plans and providers can identify opportunities for sharing information or collaborating on administrative simplification projects. The committee maintains awareness of other activities of the OHLC that may have operational impacts. Over the last several years the Committee has served as a place for discussion and collaboration with the Oregon Health Authority on several of its initiatives. The committee works closely with OHA on its implementation of Common Credentialing and is currently collaborating on the implementation of a Provider Directory.

- Key issues have been identified through various surveys and discussions with providers and health plans over the past twelve months. The areas identified are Pre-Services and Pre-Authorizations, coordination of benefits processing, and implementation of a web-based application to improve connections between providers and health Plans for specific functions (known as Workflow Navigator).
 - OHLC will collaborate with the Oregon Medical Association (OMA) and OneHealthPort (OHP) of Washington to agree on specific strategies. Teams will then be established from the workgroups membership and OMA.
 - OneHealthPort is currently meeting with provider groups in Washington to better understand current issues and future goals. The outcomes of these discussions will be shared with Oregon stakeholders for the purpose of identifying similarities and challenges facing the industry in both states.
- The workgroups continue to provide regulatory updates on a regular basis. NVCHS recommendations on the 7030 version of transactions have been delayed and will probably be released latter half of this year.

Goal #2: Improve quality and increase value through implementation of evidenced based best practices

DECREASE OPIOID PRESCRIBING

Provide financial support and strategic input to CPC+ participants

- OHLC is supporting the Oregon Conference on Opioids, Pain and Addictions Treatment in May
- EBBP is working with OHA and other key stakeholders to align and support statewide opioid reduction efforts, as well as identifying opportunities to develop policies, procedures and recommendations for payment and benefit methodology.

DEVELOP VALUE PERFORMANCE DATA AND ANALYTICS

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

Total Cost of Care

OHLC has committed to collaborate with QCorp /HealthInsights to support Total Cost of Care for a pilot project to develop a prototype of value-based tools to improve the overall cost and quality of healthcare in Oregon.

CPC+

The CPC+ Payer Group, aided by co-conveners OHLC, Q Corp (HealthInsight) and Artemis Consulting, has made strong progress since the group first convened in May 2017. In the past eight months, the Payer Group has engaged in the following activities:

-

- Reached agreement on shared code sets for Track 2 payment methodologies, as well as knowledge sharing and learning around general approaches to Track 2.
- Explored a data aggregation solution through convener information gathering and presentations from key potential partners, including OHA, Q Corp/HealthInsight, EDIE / PreManage and practices.
- Outlined payer interests in and a framework for a data aggregation solution.

Over the next several months, the Payer group will:

- Reach a decision about a data aggregation solution
- Consider how to streamline the delivery of cost, utilization and quality data for practices

OHLC has committed to strategically and financially support the CPC+ initiative for two more years.

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

- OHLC will continue to work the Oregon Business Council on the larger Oregon fiscal plan including healthcare. Complementary to the fiscal plan, will be emphasis on Oregon’s Healthiest State initiative which aligns our healthcare industry commitment to address social determinants of health, and healthy living that ultimately effects the cost of healthcare, especially in communities of social and health disparities.
- Tina Edlund, Health Policy Advisor to Governor Brown will head a work group on Medicaid Financing. Several OHLC members are participating. OHLC will provide input to the process and support communication role for dialogue among members.

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

HIT COMMONS

Accelerate and advance statewide HIT optimized health care delivery

EDIE Utility

- Community cross-organizational work leveraging EDIE/PreManage tools continues to grow. In Portland the PCCA Collaborative is expanding to include additional organizations (Kaiser, Legacy, Care Oregon, PMG and Tri-County 911).
- A statewide workgroup has been convened for CCO ED Disparity metric to leverage the use of PreManage information to identify workflows and best practices for this population.
- AAA/APD are expanding their use of PreManage to enhance care coordination and support transitions of care
- Pilots are underway to evaluate the use of PreManage in SNF’s to improve transitions in care

PDMP Gateway Subscription

Phase 1 (EDIE/PDMP) of the PDMP Statewide Integration project is gaining momentum (16 hospitals “Live”)

- Those with ‘Live’ status report strong satisfaction and notes benefits of EDIE notices pushed to them in their clinical workflow.
- Hospitals/health systems ‘In Process’ include OHSU, Salem and PeaceHealth.
- Hospitals must have EDIE integrated before they can integrate PDMP

Phase 2 (PDMP Integration) Will allow all authorized OR prescribers and dispensers “One Click” access to PDMP data from within their clinical workflows

- Contract negotiation under way with Appriss
- Project launch expected by end of 2Q18