



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 workgroups. The committee serves as a place where plans and providers can identify opportunities for sharing information or collaborating on administrative simplification projects. The committee works closely with OHA on its implementation of Common Credentialing and is currently collaborating on the implementation of a Provider Directory.

- OHLC has been collaborating and sharing information with the Oregon Medical Association (OMA) and OneHealthport (OHP) of Washington state on priority areas such as Pre-Service and Pre-Authorization. These areas are administratively challenging and burdensome for Oregon stakeholders (Providers and Health Plans). We hope to learn from Washington State who have already begun to address such process areas.
- The workgroups continue to provide regulatory updates relating to the healthcare industry on a regular basis.
- We continue with regular discussions within the workgroups on various subjects of interest relating to Administrative Simplification and continue to meet twice a year. Members are engaged for specific projects as necessary, in smaller focused teams.

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

DECREASE OPIOID PRESCRIBING

Develop policies, procedures and recommendations that support reduction of opioid prescribing in Oregon.

- EBBP is developing acute opioid prescribing guidelines in partnership with OHA and key expert stakeholders. Consensus recommendation and final guidelines adoption is anticipated by this fall.
- EBBP will continue to explore other opportunities to lead and support strategies in reducing opioid prescribing.

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+

Provide financial support and strategic input to CPC+ participants

In 2018 the Comprehensive Primary Care Plus (CPC+) Payer Group, convened by OHLC, HealthInsight Oregon and Artemis Consulting, has worked on key initiatives to support CPC+ implementation in Oregon:

- Nine of the 14 payers participating CPC+ have committed to providing data and financial support to share aggregated performance data with CPC+ practices through the Q Corp/HealthInsight practice portal. For practices, aggregated data provides a more comprehensive view of their quality, utilization and costs, making it easier to identify areas for meaningful improvement. With strong local support for this effort, Oregon is being considered by CMS as a region to receive financial support for data aggregation – the Oregon Payer Group

expects a decision from CMS about joining this effort in June. In the meantime, Q Corp/HealthInsight has started working with practices to identify specific types of analysis that would help them take meaningful action to improve quality and reduce costs. We also hope and expect that aggregated data will inform any type of shared evaluation effort undertaken by the payers.

- The CPC+ Payer Group is working closely with the CPC+ technical assistance team at OHSU to identify ways they can collaborate to help practices be successful in CPC+. The OHSU CPC+ Project Manager has started attending Payer Group meetings to share insights from their work with practices, and better understand the payer experience implementing CPC+.
- Over the next several months, CPC+ Payers will share information with one another about key aspects of their alternative payment implementation, including attribution, calculation and timing of care management fees and performance-based incentives, quality measures and payment administration. With detailed information about each payer's approach, the group will identify areas for alignment – a summary of this information and discussion will be shared with CPC+ practices at their fall learning session to get their feedback and input.

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 is leading the Medicaid Funding work group on Medicaid Financing. Several OHLC members are participating. The Work Group has reviewed savings opportunities, high-level modeling of several potential revenue sources and other state strategies. The timeline for completion is Oct. 1st to get a proposal to the Governor for inclusion in her budget, which is to be submitted November 30.

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

HIT COMMONS

Accelerate and advance statewide HIT optimized health care delivery

EDIE Utility

- 2017 ED utilization report:
 - The total number of ED visits **fell by 2%**
 - The number of High Utilizer visits **fell by 6%**
 - **Visits decreased by 36%** in the 90 days following an initial care guideline developed in EDIE/PreManage
- Regional Leadership workgroup convened and will serve as a forum for peer networking, sharing of best practices and support for leveraging the use of EDIE/PreManage as a community tool.

PDMP Gateway Subscription

- **20 Oregon hospital Emergency Departments** (503 ED prescribers), across Oregon, are LIVE and receiving PDMP data via EDIE. ED physicians report PDMP data pushed to them within their clinical workflow is extremely valuable and results in more informed prescribing practices
- Successfully negotiated a statewide subscription with Appriss Health to allow all Oregon authorized prescribers and pharmacists access to OR PDMP data through their health IT systems. Funding for the contract is largely from 90/10 funding secured by OHA which will support approximately 82% of the costs of this initiative.
- The PDMP Integration initiative is now working towards PDMP integration with electronic health records (EHRs) and pharmacy management systems.
- PDMP Integration Steering Council recommends rollout strategy of implementing across common EHR vendors on a first come/first serve basis. Kaiser, Providence, OHSU, Legacy, OCHIN, and COIPA have requested EHR integration, leveraging Epic regional user group to coordinate first go-live's.