



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 also continues to oversee work groups addressing the following areas:

- Executive Committee reviewed and approved implementation of OneHealthPort multi-factor authentication (MFA) solution to provide enhanced security and protection of patient information. Work underway to finalize implementation plan and communications strategy. Live date is set for May 4, 2020.
- A small team of health Plan and provider representatives, drawn from OHLC Workgroups, made specific recommendations to improve eligibility reporting under the current EDI process. The health plans are in the process of upgrading the quality of information transmitted to providers as detailed in these recommendations. OHLC will validate results at a future date to confirm compliance with the recommendations. At this time, we expect all Health Plans in Oregon to implement the identified improvements by the 2nd quarter of 2020.
- Working with Evidenced Based Best Practice Committee to determine opportunities for the Administrative Simplification committees to assist with non-clinical components of streamlined pre-authorization. Initial focus will be on advanced imaging in response to clinical decision support requirements effective in 2020.

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

DECREASE OPIOID-RELATED MORBIDITY AND MORTALITY

Develop policies, procedures and recommendations that decrease opioid-related morbidity and mortality

- The EBBP Opioid Prescribing workgroup continues to identify opportunities to align benefits and reduce barriers for treatment of complex pain patients, medication assisted treatment and non-opioid therapies.
- In partnership with health systems and providers are working on development of Acute Opioid Prescribing Surgical Guidelines.

REDUCE UNNECESSARY OVERUSE OF HEALTH CARE SERVICES

Analyze data and develop aligned strategies to reduce unnecessary, low value services

- The EBBP Eliminating Waste workgroup has developed a Vitamin D Testing Clinical Guideline that was disseminated to OHLC member organizations in 4th Quarter. A broader dissemination is planned for early 2020.
- OHLC/EBBP are partnering with the Oregon Health Authority to utilize the Milliman Waste Calculator to analyze claims data to identify and quantify potentially overused health care services. This analysis (available in 1stQ 2020) will serve as the foundation for identifying specific opportunities for reducing unnecessary testing and procedures.

SUPPORT COMPREHENSIVE PRIMARY CARE (CPC+) INITIATIVE

Provide financial support and strategic input to CPC+ participants in Oregon

- 14 payers; 150+ medical groups; 500,000+ Medicaid, Medicare and Medicare Advantage members participating
- The Oregon CPC+ participants will be publishing both quality and utilization “Data Bytes” planned for Q1, 2020
- To learn more about CPC+ in Oregon and to view the complete results of this analysis, go to <https://cpcplusoregon.org/>.

Goal #3: Accelerate and advance HIT optimized health care delivery

HIT COMMONS

Provide management services and operational infrastructure to support identified HIT Commons initiatives

- Dues Assessment invoices sent to members in late November. Excellent response rate.
- MOUs with all CCOs executed.
- Continued to provide oversight to projects in development (Oregon Provider Directory, Community Information Exchange).

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) INTEGRATION

Increase the use of PDMP data at the point of care by enabling access to PDMP information within prescriber's and dispensing pharmacist's clinical workflow

- There are now over 150 entities, over 20,000 providers and 367 retail pharmacy sites that are LIVE with PDMP integrated into their electronic health record.
- All multi-hospitals systems are now live with PDMP integration into their respective EHRs.
- Targeted outreach and communication efforts are continuing to promote adoption by primary care, behavioral health and dental providers.

EMERGENCY DEPARTMENT INFORMATION EXCHANGE

Leverage the use of real-time ED and IP utilization information to support efforts aimed at reducing unnecessary emergency department utilization and improving cross-organizational care coordination

- Collective Platform Technical Workgroup (operating throughout 2019) forwarded recommendations to EDIE Steering Committee for continued efforts in 2020, including hospital data feed improvement efforts.
- Community Collaboratives continue, including Lane County and emerging efforts in Marion/Polk and Yamhill CCO.
- Technical assistance continues to be provided through webinars, quarterly newsletter and in-person collaboratives.

COMMUNITY INFORMATION EXCHANGE (CIE)

Assess the potential for a common technical infrastructure for social needs screening and referrals among clinical providers and community-based organizations (CBOs)

- CIE efforts continue on two fronts:
 - HIT Commons launched in Oregon CIE Advisory Group in Q4 2019 chartered to develop a statewide CIE Roadmap over the next 12 months.
 - OHLC continues to support early adopter efforts on the Unite Us platform, including development of a statewide pricing model and engagement with interested partners through CIE Whiteboard sessions
- To learn more, go to HIT Commons web page <http://www.orhealthleadershipcouncil.org/oregon-community-information-exchange-ocie/>

Goal #4: 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, OAHHS and Comagine are completing phase 2 of work to support Total Cost of Care value-based performance in Oregon. Phase 2 includes assessing information that will bring greatest value to hospital partners in participating in Oregon Data Collaborative.
- OHLC will work with OHA in ways to leverage existing OHLC work (e.g., EBBP Reducing Ineffective Care) to support implementation of SB 889.