OHA Health Policy 2015 – 2017
Governor’s Budget

Presented to the Human Services Legislative Subcommittee
On Ways and Means
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Health policy: Enterprise services helping power health system transformation
Health policy goals

Health policy provides enterprise services helping power health system transformation to achieve the triple aim of better health, better care and lower costs.

1. Inform decision making through accurate and timely analysis.
2. Improve health care through provision of evidence-based practices and achieve client level outcomes and results for Oregonians.
3. Support timely and secure information sharing for effective care coordination.
4. Promote the sharing of health delivery best practices.
5. Promote health equity, increase cultural competency and reduce health disparities.
Health policy: Organized to achieve the triple aim

Historically, many health policy functions were embedded throughout the organization = previously siloed, redundant and not coordinated.

Currently, organized to improve alignment, standardize and more efficiently support programs.

- New Chief Medical Office is repurposed with leadership of all medical directors and quality improvement.
- Health Analytics centralizes leadership of program analysis, metrics management, and dashboard development.
- Office of Health IT focuses on health system transformation supports and tools.
Oregon Health Policy and Research Overview

- Policy analysis, development and waiver evaluation.

- Supports the Oregon Health Policy Board, and the Medicaid Advisory Committee

- Provides technical assistance to other OHA programs, responds to legislative requests for policy research and engages stakeholders in public discussion.

- Supports the coordinated care model implementation
Office of the Chief Medical Officer

OHA Clinical Services Oversight

- Clinical leadership integration
- Directs collaborative quality improvement
- Establishes and maintains effective health care professional relationships

- Oversees:
  - Patient-Centered Primary Care Home Program
  - The Health Evidence Review Commission
  - The OHA Quality Improvement Council
  - Oregon’s $45 million State Innovation Model (SIM) grant and activities
**Office of Chief Medical Officer outcomes**

**IMPROVED ACCESS** to primary care while OHP added 400K new enrollees to coverage!

- More than 80 percent of CCO enrollees receive care through a patient-centered primary care home
- Patient are receiving more preventive services
- Satisfaction with care has improved

**FOCUS:**

- Integrated quality care provided in the right place at the right time and the right cost.
- Repurposed existing resources to hire NEW Dental Director to reflect importance of oral health’s impact to overall health.
- NEW Quality Improvement Director hired to coordinate agency-wide focus on outcomes.
- Spread the coordinated care model
Office of Health Analytics

“What gets measured, gets managed.”
Peter Drucker
Health Analytics

Supports data-driven and informed decision making by:

- Utilization, financial and quality data
- Quality and access metrics, member surveys and cost trends
- Serving as a single point of accountability for data coordination and integration across OHA, CCOs and other health care systems

2014 Mid-Year Health System Transformation Report can be found at: http://www.oregon.gov/oha/analytics/Pages/index.aspx
Health Analytic outcomes

PAYING for outcomes:
- Statewide performance on 33 measures
- Protocols to ensure data integrity
- Payments for CCO performance on 17 metrics

PAYING for quality:
- Oregon’s first hospital performance program

ESTABLISHED PERFORMANCE TOOL:
- Created the first interactive CCO dashboard

TOOLS for agency performance:
- Created interactive Addictions and Mental Health dashboard
Health Analytic outcomes

FOCUS:

• Methodology to identify total health care spending at a sustainable rate
• All-Payer, All-Claims dashboard
• Identifying and monitoring high risk/high costs
• Provided regular, transparent reporting on state and CCO performance, as well as racial and ethnic disparities
• Demonstrated improvements over 2011 baseline across CCOs on:
  – Patient-Centered Primary Care Home enrollment: Increased 55%
  – Emergency Department utilization: Decreased 21%
  – Alcohol and drug misuse screening (SBIRT): Improved for all CCOs
  – Developmental screening: Continues to improve for all CCOs
**Oregon Health Information Technology (OHIT)**

<table>
<thead>
<tr>
<th>HIT customers</th>
<th>OHIT goals</th>
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<tbody>
<tr>
<td>Providers</td>
<td>Access to the right patient information to coordinate and deliver “whole person” care.</td>
</tr>
<tr>
<td>Health systems</td>
<td>Systems effectively and efficiently collect and use aggregated clinical data for quality improvement, population management and incentivizing health and prevention.</td>
</tr>
<tr>
<td>Patients</td>
<td>Individuals access their clinical information and use it as a tool to improve their health and engage with their providers.</td>
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</tbody>
</table>

- “**Having an integrated shared care plan will transform care coordination.**”
  Terry Coplin, CEO, Trillium CCO

- “**We are moving toward using technology as a foundation to make decisions about care.**”
  Phil Greenhill, CEO, WOAH CCO

- “**Investing in Jefferson HIE is important. The number one frustration of our case managers is the wasted duplication of services and tests.**”
  Bill Guest, CEO, formerly of Cascade and now WVCH CCO
The role of the state in health IT

Community and organizational HIT/HIE efforts

• Oregon Health Leadership Council: A statewide council comprised of 35 senior level executives of Oregon medical groups, hospitals, health systems and health plans

• Oregon Health information Technology: A statewide oversight committee of 11 members appointed by the Governor who bring diverse experience in HIT as well as in health care delivery, policy and research

• Health Information Technology Advisory Group: a statewide technology advisory group charged with advising OHA about the implementation of delivery system tools
OHIT outcomes

• Emergency Department Information Exchange (EDIE)
  – Improving coordination of care, reducing unnecessary utilization and reducing costs
  – Currently 92 percent of Oregon hospitals are receiving hospital notifications

• Medicaid Electronic Health Record Incentive Program
  – Total of $62.6 million paid to 56 Oregon hospitals
  – Total of $54.6 million paid to 3,372 eligible professional providers

• CareAccord, the state’s Health Information Exchange, offering direct secure messaging at no cost for all care team members
  – Nearly 1,100 users in 138 active organizations including 48 percent ambulatory care, 19 percent behavioral health, nine percent dental
  – More than 1,600 direct secure messages

FOCUS:
Providing a centralized repository of practitioner credentialing information, acquiring a state-level provider directory and clinical quality metrics registry system.
Promotes good health and wellness for all Oregonians by:

- Promoting best practices for diversity development in recruitment, hiring, retention, performance management, contracting and employee development
- Identifying and educating key stakeholders about health disparities and promoting health equity
Health Equity and Inclusion outcomes: Addressing health inequities across Oregon

- Established five health care interpreter certification tests to better serve consumers
- Created the Traditional Health Worker Commission
- Developed health information and resources for migrant farmworkers and their families during the harvest season
- Collaborated on diversity recruitment and supplier diversity policies
- Supported behavioral system integration efforts by fostering access to traditional health workers and health care interpreters for African and African Americans
**Transformation Center**

Funded by the State Innovation Model (SIM) Grant

Hub for health system innovation and learning for Oregon’s health system transformation.

- Champion transformation
- Build and support effective continuous learning networks
- Foster the spread of transformation across the delivery system

Some of the tools the Transformation Center uses to achieve the triple aim include:

- Learning collaboratives
- Council of clinical innovators
- Technical assistance
- Transformation fund grants
- Transformation plan and community health improvement plan support
- Annual coordinated care model summit (Best Practices Summit)
Transformation Center Outcomes

• **54 CCO Learning Collaborative sessions/events held since 2013**
  – Outcomes for select Learning Collaboratives:

<table>
<thead>
<tr>
<th>Learning Collaborative (LC)</th>
<th>Number of sessions since 2013</th>
<th>Average number of participants</th>
<th>Percent who found sessions valuable/very valuable</th>
<th>Percent who planned to take action based on LC</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCO Statewide LC (focused on incentive metrics)</td>
<td>18</td>
<td>69</td>
<td>84%</td>
<td>50%</td>
</tr>
<tr>
<td>Community Advisory Council LC</td>
<td>21</td>
<td>27</td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>Complex Care LC</td>
<td>3</td>
<td>173</td>
<td>72%</td>
<td>40%</td>
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• **2014 Coordinated Care Model Conference**
  • 1,200 attendees
  • 88% of respondents planned to implement an innovative practice from the summit
Health Policy
15–17 Governor’s budget

Health policy by fund type
$138.6 million

- Federal Funds: $20.4 million (15%)
- General Fund: $115.1 million (83%)
- Other Funds: $3.1 million (2%)

162 pos./135.18 FTE
Health Policy
15–17 Governor’s budget

Health Policy Total Fund by Office
$138.6 million

$41.4
Office of Health Policy and Research
30%
Chief Medical Office

$76
Office of Health Information Technology
55%

$10.3
Office of Health Analytics
8%

$3.4
Transformation Center
2%

$7.2
Office of Equity and Inclusion
5%

$0.3
Chief of Policy and Program
0%
Major budget drivers and environmental factors

• Building and modifying infrastructure to support implementation of health care transformation beyond the start-up phase for CCOs requires the development of more sophisticated tools to evaluate and measure performance, particularly ensuring oral, physical, and behavioral health integration.

• Changes in federal and state health policy that change reporting and system requirements.
Continuation of Health Systems Transformation

• Continues critical functions for the All-Payer, All-Claims Reporting, Patient-Centered Primary Care Home and Health Evidence Review Commission programs currently funded through the Centers for Medicare and Medicaid Services’ (CMS) State Innovation Model (SIM) grant, which is set to end on September 30, 2016.

• Sustaining this work supports CCOs, OHA, Public Employees’ Benefit Board, Oregon Educators’ Benefit Board, and other stakeholders, and will help achieve the triple aim of improving health outcomes, providing better care and lowering costs.
Governor’s Budget Investments

“REAL+D” Data Collection

• Establishes uniform standards and practices in OHA and DHS for the collection of data on race, ethnicity, preferred spoken or signed language, preferred written language and disability status.

• Designs, builds and uses a tool to collect, report and analyze this data, which the agencies need to comply with new health and service equity standards for all Oregonians.
Summary of proposed legislation

**HB 2419 — Updates statutory language and definitions**
Primarily a housekeeping bill. Updates language to reflect current OHA organizational structure and committees. Permits new data collection. Modifies definition of health care interpreter (HCI). Eliminates existing fee to register as a HCI.

**SB 230 — Expands Oregon’s health care workforce database**
Requires several additional health care licensing boards (including social workers, psychologists, naturopaths and others) to participate in data collection to better understand Oregon’s health care workforce. Extends existing fee to new boards.

**SB 231 — Creates multi-payer collaborative for primary care services**
Creates a collaborative to determine a limited set of alternative payment methods for primary care services that would be used by all participating carriers.
Health policy’s role in achieving healthy people outcomes

The offices in health policy help establish the common vision, define outcomes, ensure fiscal accountability, measure the effects of investment in various health care strategies, and inform decisions and policy making around all aspects of health care within OHA. Recent focus has been on:

- Reducing per capita costs
- Reducing the number of uninsured Oregonians (95% of Oregonians now insured!)
- Improving specific health measures tracked by the CCOs
Thank you.

Questions?