

**Oregon Educators Benefit Board
Strategies on Evidence and Outcomes Workgroup
April 5, 2016
Meeting Synopsis**

The Strategies on Evidence and Outcomes Workgroup (SEOW) of the Oregon Educators Benefit Board held a meeting on April 5, 2016 (9:00 a.m. to noon) in the PEBB/OEBB Boardroom, 1225 Ferry Street SE, Salem, Oregon.

Attendees:

Workgroup Members:

Ron Gallinat
Cherie Maas-Anderson
Nancy MacMorris-Adix
Geoff Brown

Staff/Consultant:

Heidi Williams, OEBB
Glenn Baly, OEBB
Claudia Grimm, OEBB
Brian Olson, PEBB
Cindy Bowman, PEBB/OEBB
Jenny Marks, Willis Towers Watson
Steve Carlson, Willis Towers Watson

Carrier/Other Representatives:

Dr. Keith Bachman, Kaiser
Dr. Neal Mills, Moda

1. March 2016 SEOW Meeting Synopsis (SEOW Attachment 1)

SEOW approved the March 2016 SEOW Meeting Synopsis without changes.

**2. 2016-17 Plan Renewals – Benefit & Plan Design Considerations
(SEOW Exhibit A)**

Jenny Marks reviewed proposed benefit/plan design changes for the 2016-17 dental and vision plan renewals, including:

- Coverage of athletic mouth guards (Moda & Kaiser)
- Coverage of night guards (Moda, Kaiser & Willamette Dental)
- Benefit Maximum (Kaiser)
- Consolidation of vision plans (Moda & Kaiser)

Nancy MacMorris-Adix & Ron Gallinat– asked why Willamette Dental is unable to cover athletic guards. **Sally Kallianas** – said that Willamette Dental would need to go through the clinical vetting process to cover athletic mouth guards. Coverage probably couldn't start until sometime during the 2016-17 plan year or later.

SEOW Action/Decision (Dental/Vision)

- Night Guards – SEOW recommended that night guards be included in the 2016-17 renewal negotiations for Moda, Kaiser and Willamette Dental.
- Athletic Guards – SEOW recommended that Athletic Guards be priced for Moda and Kaiser and timing and rate impact determined for Willamette Dental. The final recommendation will be made at the April 26th SEOW Meeting. [Note: the OEBC Board deferred the addition of athletic mouth guard coverage to the 2017-18 plan year.
- Kaiser Benefit Maximum – SEOW recommended that the \$4,000 benefit maximum be included in the 2016-17 renewal negotiations for Kaiser dental plans.
- Vision Plans – SEOW recommended that three Moda vision plans (\$250, \$400, and \$600 reimbursement) and vision reimbursement plans for Kaiser be included in the 2016-17 renewal negotiations. Kaiser reimbursement plans will start at \$250 and WTW will come back to SEOW with a maximum recommendation. [Note: the OEBC Board included a \$250 reimbursement vision plan for Kaiser 2016-17 renewal negotiations at its April 5th meeting.]

3. 2016-17 Plan Renewals – Medical/Rx Plan Design Considerations (SEOW Handout A)

Jenny Marks reviewed proposed benefit/plan design changes for the 2016-17 medical plan renewals, including:

- Recap of potential framework approved by SEOW/Board
- Medical plan design options
- Plan design recommendations
- Individual medical/pharmacy benefit design proposals
- Benefit design recommendations

Nancy MacMorris-Adix asked what the minimum enrollment should be for medical plans. **Geoff Brown** proposed that SEOW consider guidelines for minimum enrollment in OEBC medical plans in the next working year.

Ron Gallinat asked what limitations Moda would place on transition of care if a new benefit design was adopted.

Ron Gallinat suggested that Willis Towers Watson provide a proposed surcharge for HDHP with HRAs to account for poor experience. **Geoff Brown** asked how we would police this since HRA usage isn't monitored by OEGB. **James Raussen** said that OEGB doesn't currently have the resources to effectively collect HRA data.

Geoff Brown proposed, and SEOW agreed, that the HRA issue be tabled until after enrollment data is available for the 2016-17 plan year so SEOW can understand the potential usage of the HDHPs.

SEOW Action/Decision

- Change the highest deductible on Scenario B from \$1,750 to \$1,600
- SEOW recommended that all three scenarios be priced as part of the 2016-17 renewal negotiations
- SEOW recommended that the following medical plan design changes be included in the 2016-17 renewal negotiations:
 - Self-administered medications must be obtained through the pharmacy plan versus provider.
 - Surrogacy arrangements are treated the same as other third party liability arrangements.
 - Separate out-of-network deductible for each medical plan.
- SEOW recommended that the Moda Pharmacy Plan Design Change (Option 3) be included in the 2016-17 renewal negotiations with the Specialty (30 day) non-preferred cost sharing for the PPO adjusted to 50% up to \$450.
- Development of guidelines for minimum enrollment in OEGB medical plans over the next 12 months.

4. Moda Care Management Program Update

Dr. Neal Mills provided an update on Moda's care management programs, including:

- Eligible conditions and program operations
- Engagement and outcome measures
- Integration with medical homes and providers
- Participating health systems/providers

Geoff Brown asked if Moda could report on the pharmacy practice patterns within the PPO and Synergy/Summit networks. **Dr. Neal Mills** said the data is available and could be provided to SEOW.

SEOW Action/Decision

No decision required

5. 2017-18 OEBC RFP – Proposed Evaluation and Selection Process (SEOW Exhibit B)

Jenny Marks reviewed the proposed evaluation and selection process for the 2017-18 OEBC RFP, including:

- RFP overview
- Types of proposals that will be evaluated
- How proposals will be evaluated
- Involvement of selection committee
- Contract negotiations

SEOW Actions/Decisions

SEOW approved the proposed RFP evaluation and selection process with the need for regional PPO rates as discretionary upon Board approval.

6. 2017-18 OEBC RFP – Proposed Board Questions (SEOW Exhibit C)

Jenny Marks reviewed the proposed RFP questions that the Board would score.

SEOW Actions/Decisions

SEOW approved the proposed RFP Board questions with the Health Engagement/Wellness and Technology questions also scored by the Board.

No public comment.

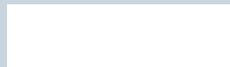
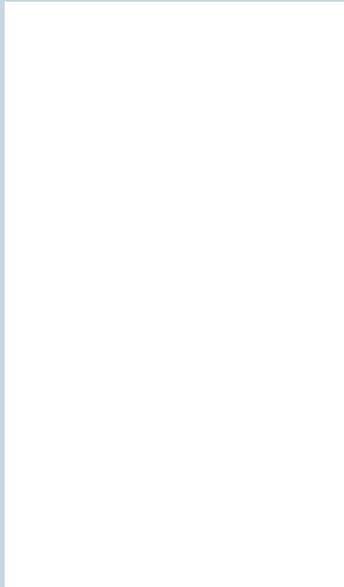
Proposed regions for OSC proposers

Presentation to SEOW

Medical/pharmacy/vision RFP

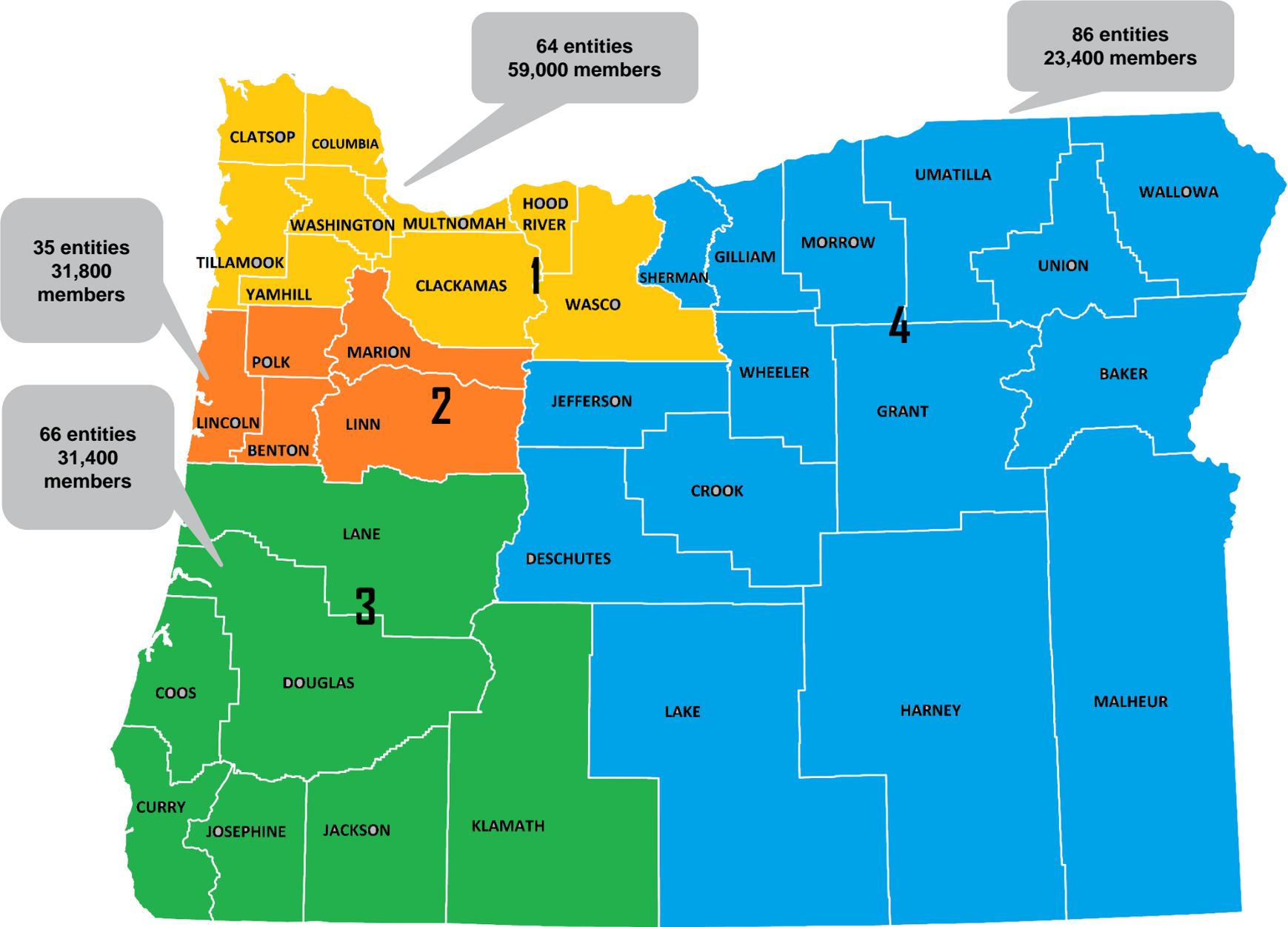
SEOW Attachment 2

April 26, 2016



Proposed regions for OSC proposer evaluation

- As outlined in the proposed selection process for the medical, pharmacy and vision RFP, staff and consultants recommend establishing specific regions for Organized Systems of Care (OSC) proposals
- Proposed regions were established based on review of:
 - Regions established in the original OEGB RFP
 - Current numbers of entities and OEGB membership by county
 - Patterns of healthcare typically received in Oregon



Reference Price Program for Major Joint Replacement

Dr. Neal Mills M.D, MBA

Medical Director, Healthcare Services and Provider Relations

Bill Dwyer

Manager, Corporate Data Analytics & Reporting

SEOW Attachment 3

April 26, 2016



Agenda

- Description of the Reference Price Program
- Clinical Overview
 - > Member Experience
- Analytics Overview
- Measures of Success
- Q & A

History and Overview of the Reference Price Program for Major Joint Surgery



Price correlation with quality

Indicator	Best-In-Class Cost Hospitals	Low-cost hospitals	High-cost hospitals
Number of Hospitals*	4	18	18
Average Hospital Volume (Total cases)	510	293	258
Average Length of Stay (Moda cases)	2.2	2.2	2.5
# Indicators with above avg. score (out of 13 indicators)	8.8	6.8	5.9
<u>Sample of Medicare Quality Indicators</u>			
Death in patients with serious complications	112.4	111.6	120.3
Infection from Urinary Catheter	1.805	1.038	1.286
Standard Infection Ratio (knee replacement)	0.279	0.835	0.840
Blood clots after surgery	3.07	4.45	3.60
Falls and Injuries	0.20	0.55	0.69
Average Patient Satisfaction (% giving a "9" or "10")	0.73	0.72	0.69
Average Price (Moda Allowed Amount)	<\$25,000	\$29,066	\$40,906

* Includes Oregon hospitals and nearby WA-ID hospitals. Not all metrics are available for all hospitals.

Major joint surgery

Variables

- Member Preference Sensitive
- Provider Preference Sensitive
- Implant device
- Price Variation
- Geography
- Quality

Approach

- Online Decision Support Tools
- Prior authorization
- Facility payment
- Coinsurance
- Travel Benefit
- Analytics

Major joint surgery

Variables

- Member Preference Sensitive
- Provider Preference Sensitive
- Implant device
- Price Variation
- Geography
- Quality

Approach

- Online Decision Support Tools
- Prior authorization
- Facility payment
- Coinsurance + **reference price**
- Travel Benefit + **reference price**
- Analytics + **reference price**

Benefit design

The Plan will pay up to a fixed amount for major joint replacement

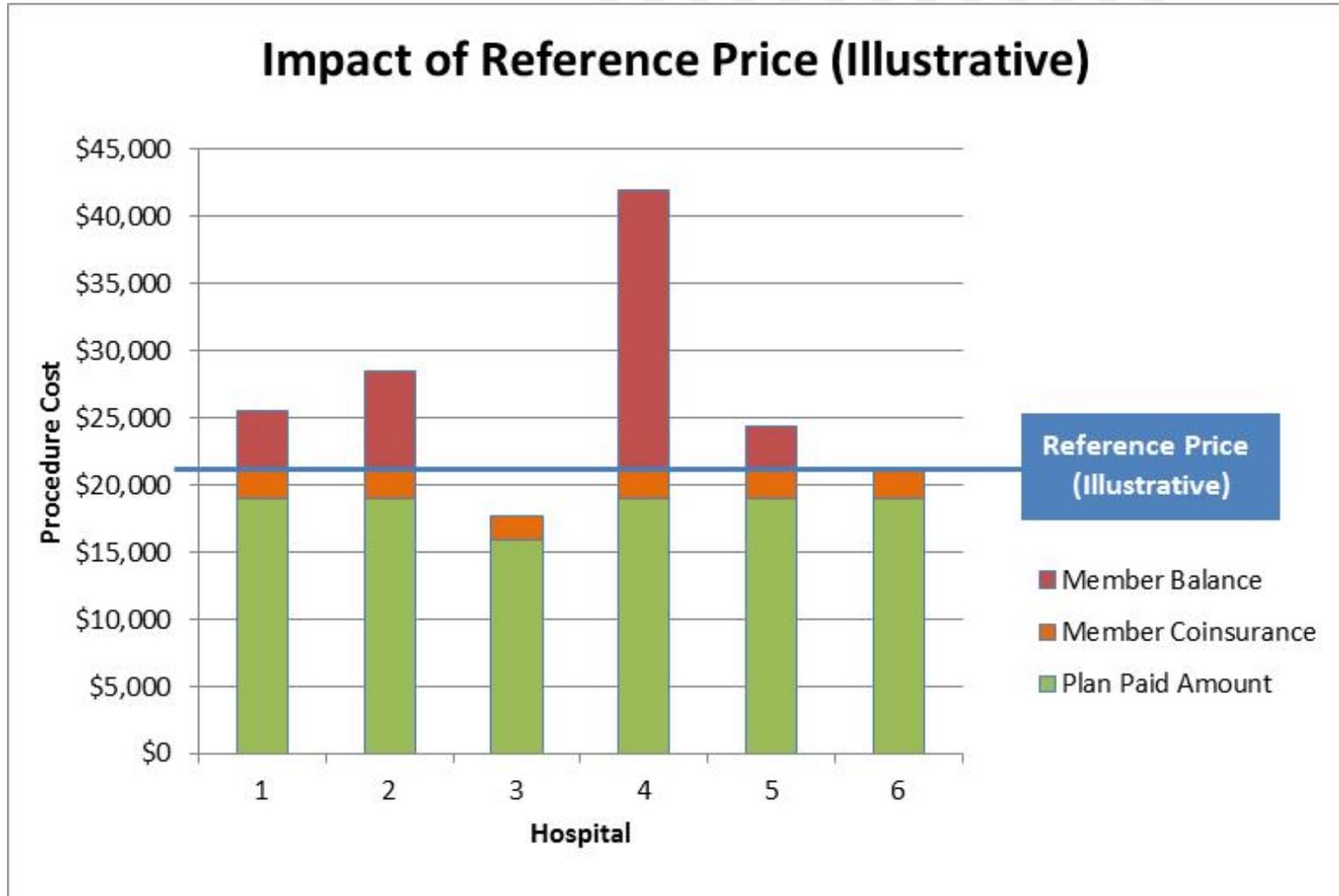
Members are free to choose any facility

If the facility's price is above the reference price, the member pays the difference

The above patient cost share will not accrue to the Plan out-of-pocket maximum

The plan pays travel expenses up to \$2,600 if there is no local facility willing to meet the reference price

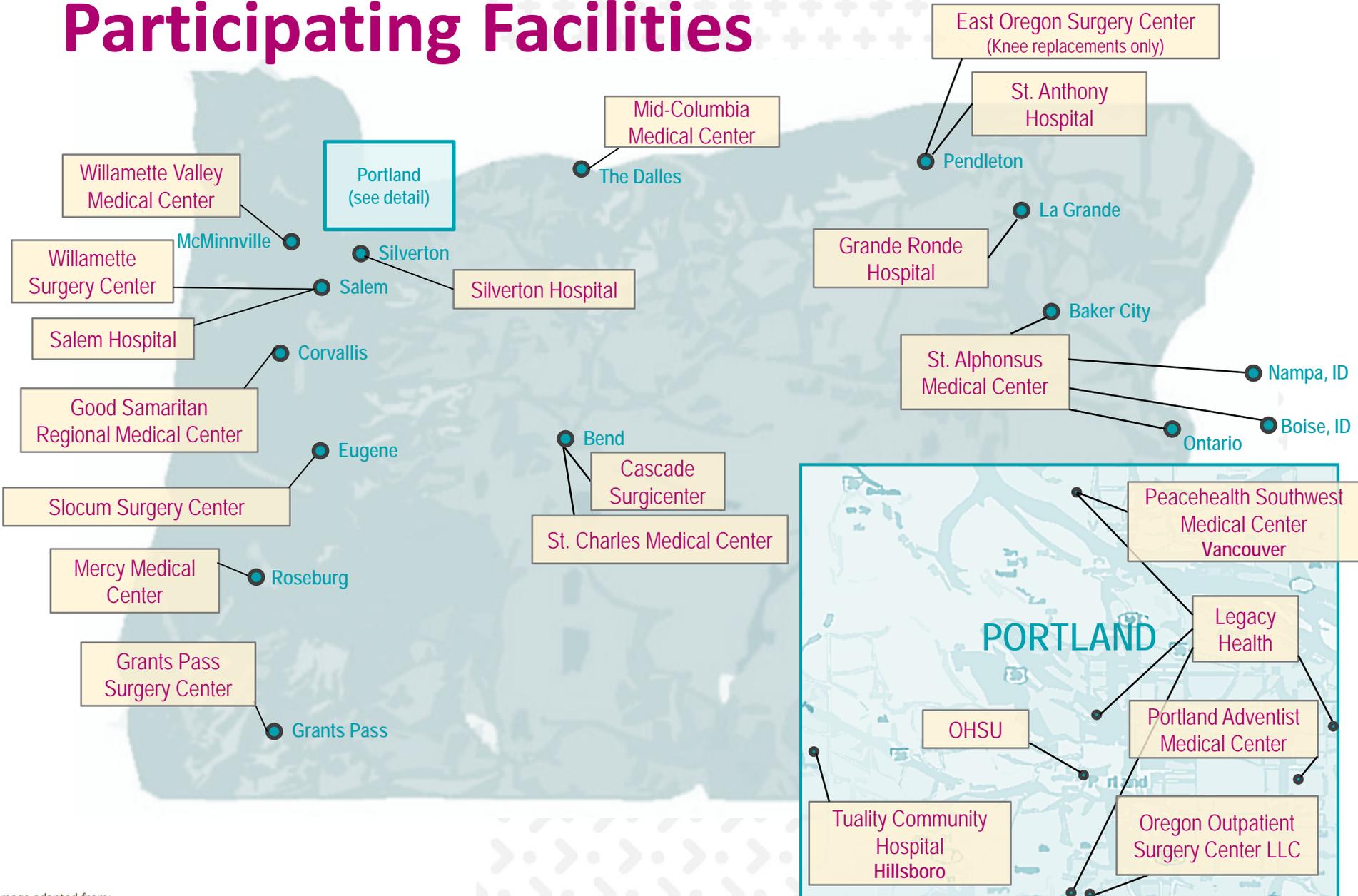
Out of pocket expenses: member impact



Education & communication

- OEBC Board approved Reference Price Program for Major Joint Surgery beginning with 2014-15 Plan Year. Hard go live date was 1/1/2015.
- **Member:**
 - > Handbook
 - > Dedicated web site
 - > Care Coordination
 - > Phone/mail outreach to members affected
- **Provider:**
 - > Road show
 - > Webinars

Participating Facilities

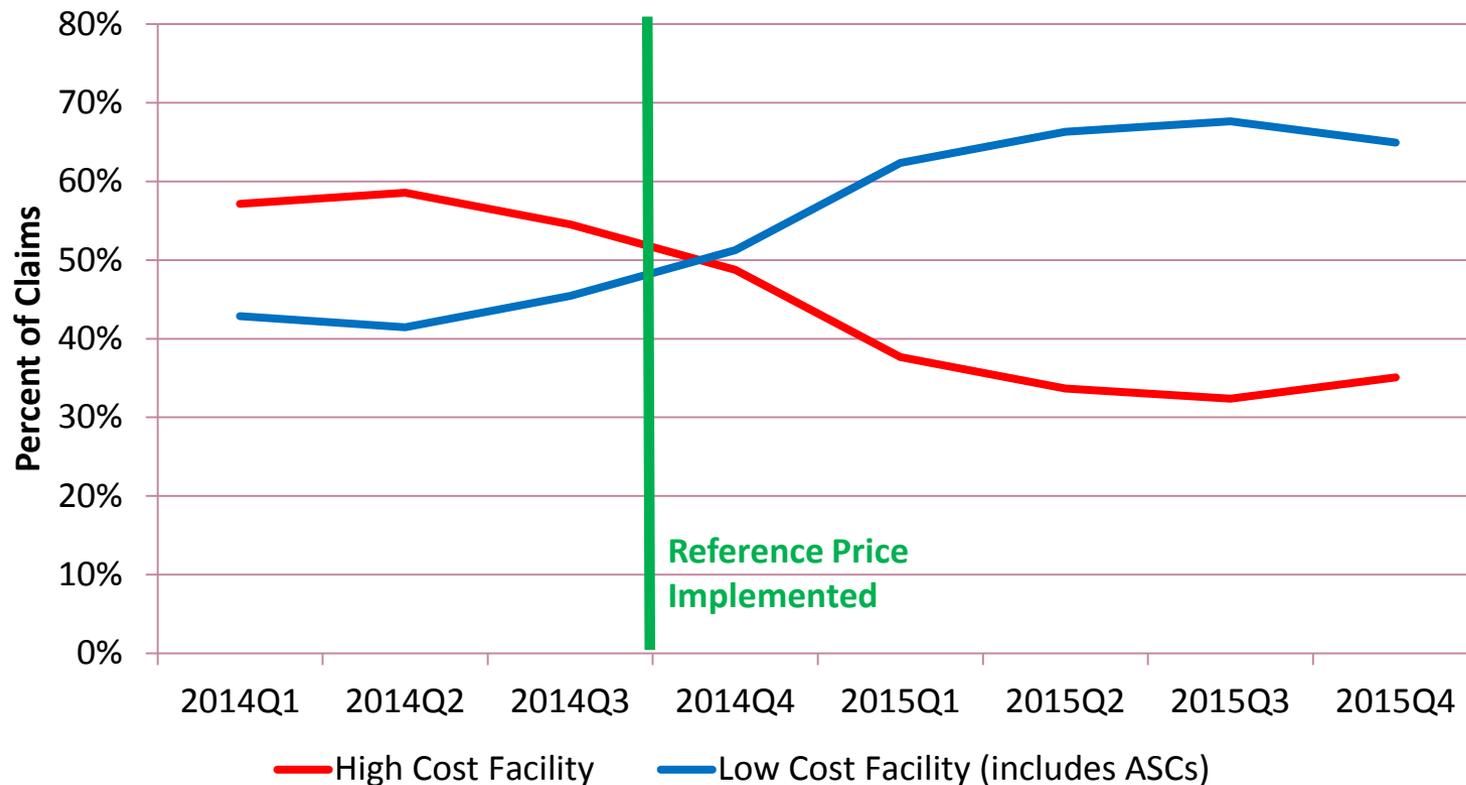


Analytics Overview and Measures of Success



Measures of success

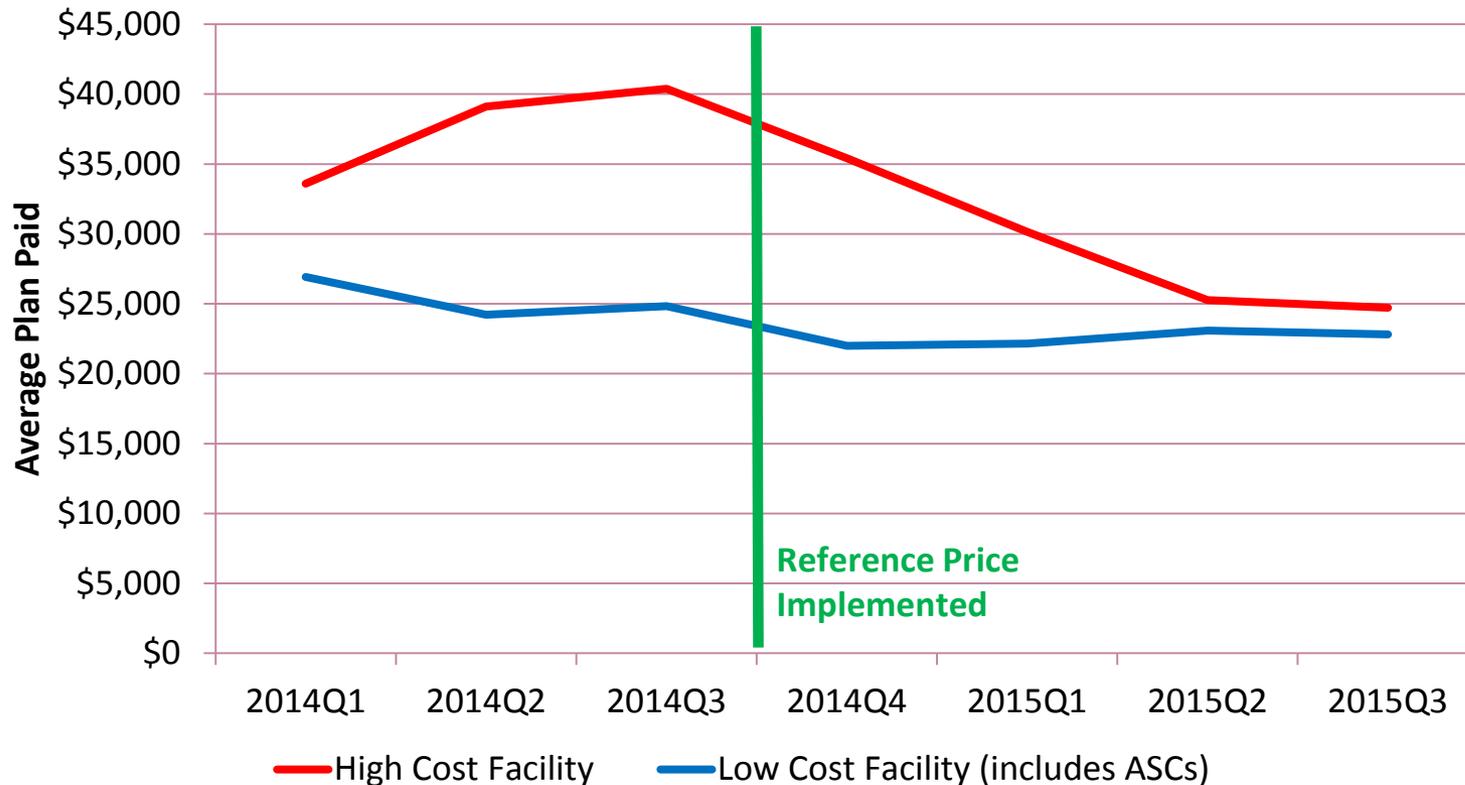
OEBB Joint Replacements By High vs. Low Cost Facilities*



* Facility categories defined by 2014 average cost

Measures of success cont....

OEBB Joint Replacements *By High vs. Low Cost Facilities**



Facility categories defined by 2014 average cost

Measures of success cont...

Year	Procedure Count	Average Paid
2014	10	\$15,552
2015	36	\$16,060

- In 2015, approximately 11% of all major joint replacements were performed at ASCs
- Based on claims paid thru January 2016, no member was admitted to a hospital following an ASC joint replacement

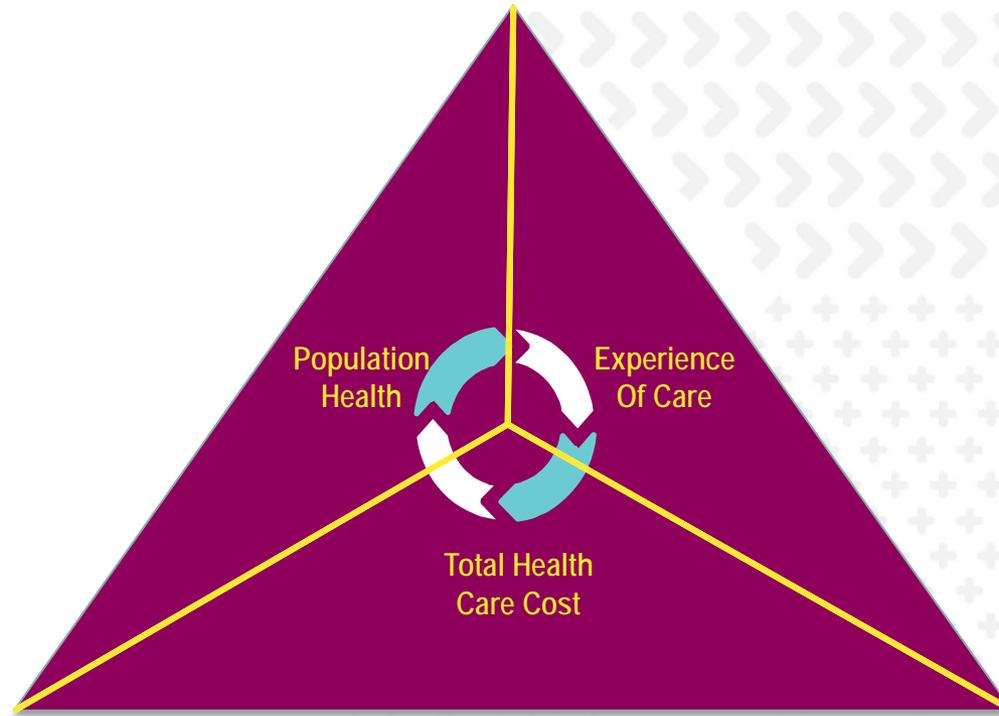
Reference price savings

- The Reference Price Program for major joint surgery has achieved over **\$3,000,000** in savings to date.

Take aways

- Moda's reference price programs:
 - › Adopted statewide
 - › Drove members to high value delivery systems
 - › Demonstrated success in savings and quality
 - › Set foundation for bundled payment methodology

Reference Price and The Triple Aim



moda

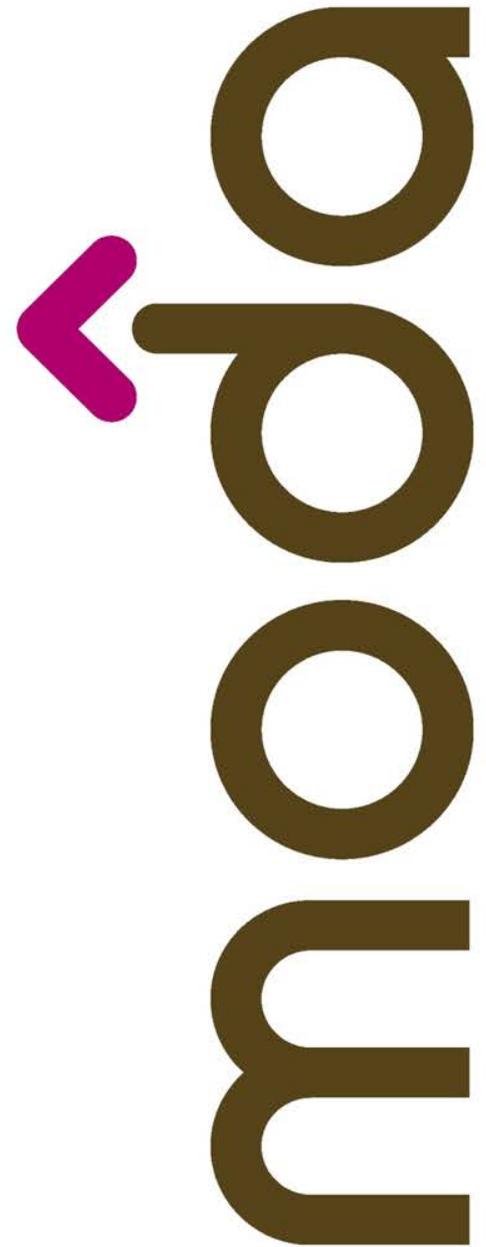
modahealth.com

OEBS Screening, Brief Intervention and Referral to Treatment (SBIRT)

Dan Thoma

Manager of Behavioral Health, Case Management and Credentialing, Health Care Services

SEOW Attachment 4
April 26, 2016



Overview



SBIRT

- What it is
 - › **S**creening annually in primary care for alcohol misuse
 - › **B**rief **I**ntervention for risky users
 - › **R**eferral to **T**reatment for substance use disorder
 - › Clinic based intervention/workflow
- Why SBIRT
 - › Evidence Based
 - › Reduced morbidity—accidents, chronic disease burden
 - › ROI 5:1
- Dovetails with Healthcare Reform
 - › Triple Aim
 - › CCO Incentive Measure



Survey Tool

- Online Survey for clinic managers
 - › Commercial & Medicaid, PCPs, of various sizes
 - › 3 outreach blasts 2015, 60 clinics in Connexus, Summit and Synergy
 - › 26.6% response rate, 16 clinics
- Question topics
 - › Assess clinic practices & workflow
 - › Barriers and Needs
 - › Clinic priority
 - › Training

Results

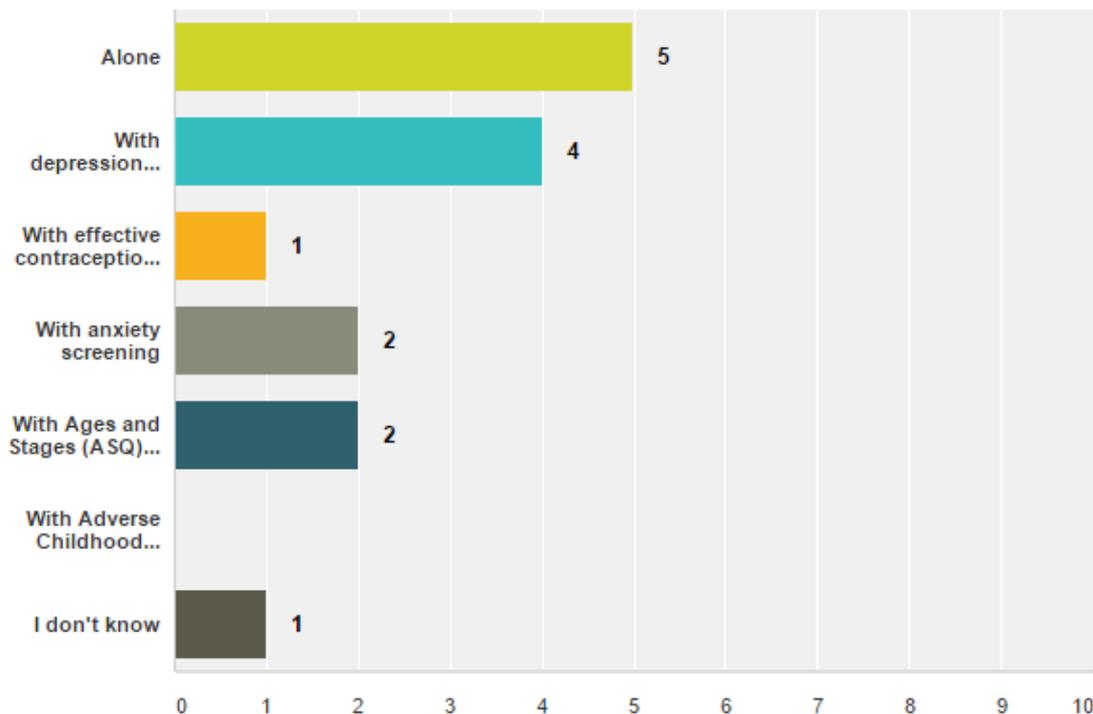


Clinics performing SBIRT

■ Results

- 72.2% perform SBIRT (80% implemented within the last year)
- 76% perform on both adults & adolescents, 7% only adults & 15% only adolescents

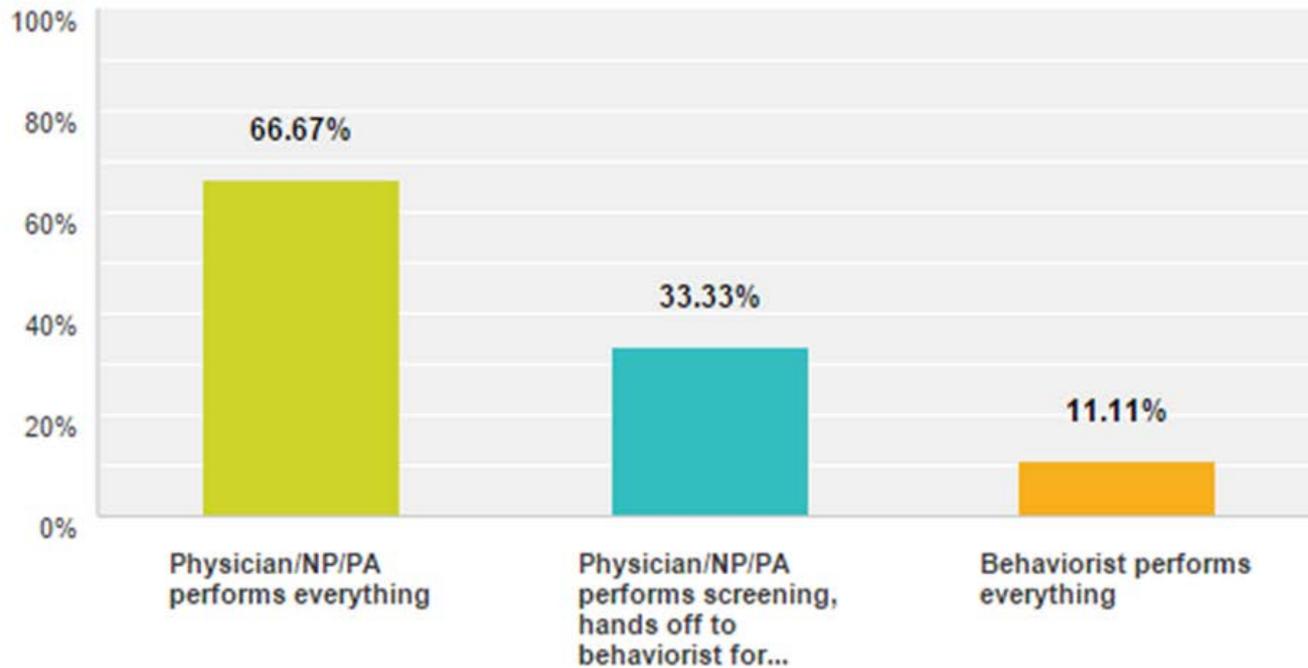
■ SBIRT performed alone or with other screenings





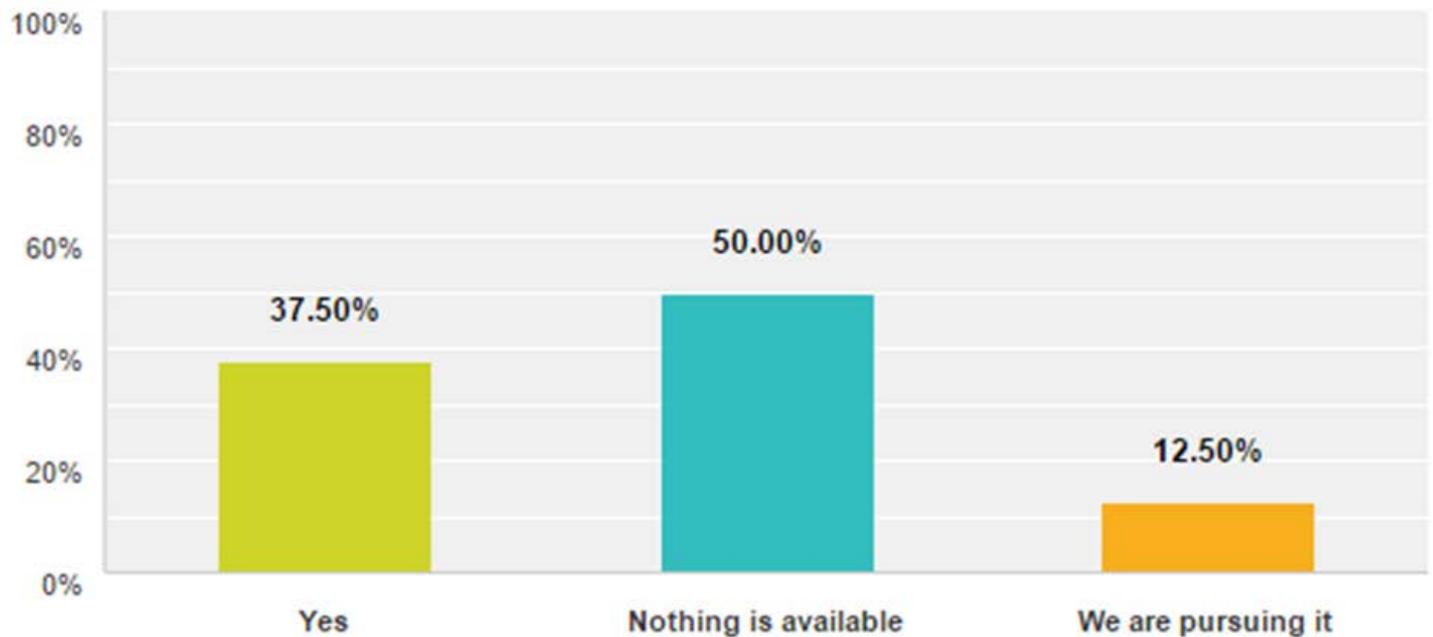
Workflow

Provider types performing SBIRT



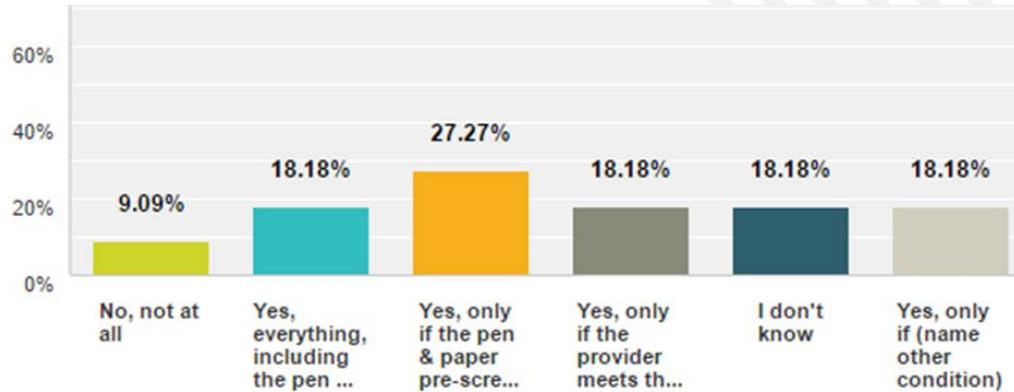
EHRs

- SBIRT specific EHR modules?
- EHRs
- 70% able to pull SBIRT specific report from EHR

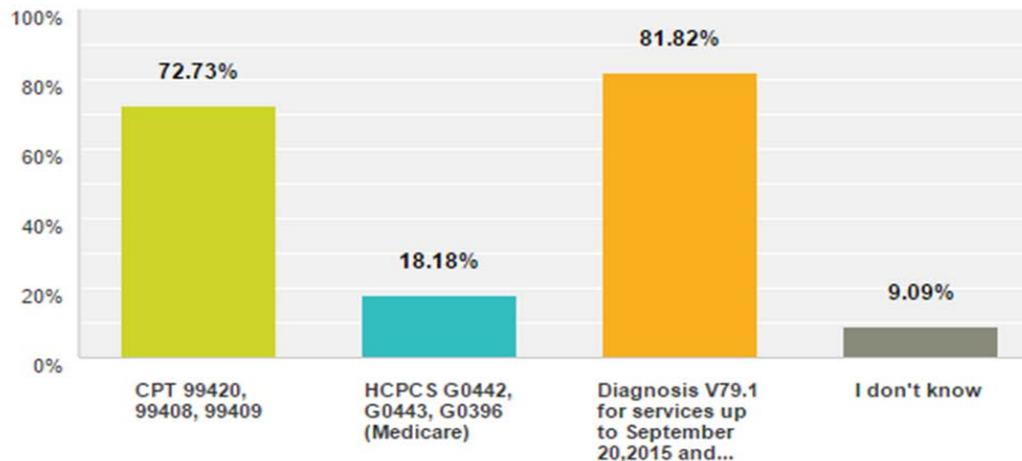


Billing

Do you bill for SBIRT services?



What codes are used to bill?



Billing continued

- **Billing knowledge**
 - › 90% of participants knew that if they bill 99420, must bill with DX codes Z13.89 or Z13.9
- **Barriers to billing**



 I don't experience barriers to billing

 Worry about patients having to pay a co-pay/co-insurance for the SBIRT

 I don't get paid even when I do bill  Screenings don't reach the 15 minute threshold

 The screening is performed by an ineligible provider



Non- SBIRT performers

- 27.8% of respondents are not currently conducting SBIRT
 - 100% state it's “somewhat of a priority” compared to not at all or high priority
 - 60% are “definitely” planning to implement in the next year, and 40% are likely

Barriers to Implementation

- Confusion about billing practices
- Concern about referral resources
- Need for training
- Time

“Need project management and workflow development support “

“EHR is not optimized to make this workflow easy”

Resources

**20% of clinics don't feel they have adequate resources to implement.
20% have "all the resources needed"
60% report having "some resources"**

"Mostly worried about where to refer these kids after their visit with us. What are our resources in our area?"

"We plan on having training in Nov and then full implementation in Dec. It just takes a lot of time to get projects like this going."

"I'm confused." [billing]



Identified issues/needs

▪ Performing SBIRTs

On-going maintenance training post initial training

- Education on using nurses in workflow
- Consistency across populations (Medicaid/Medicare/commercial etc.)
- Cross training from Behavioral health
- Billing workflow description/ training
 - Including multiple screening scenarios
 - Address 15 minute threshold & payments
- Clinic progress reports
 - “Reminders of how we are doing and where we can improve”

▪ Not performing SBIRTs

Education/ Resources

- Referral resources when screenings are positive
- Motivational interviewing training (30%)
- Understanding billing processes and provider eligibility



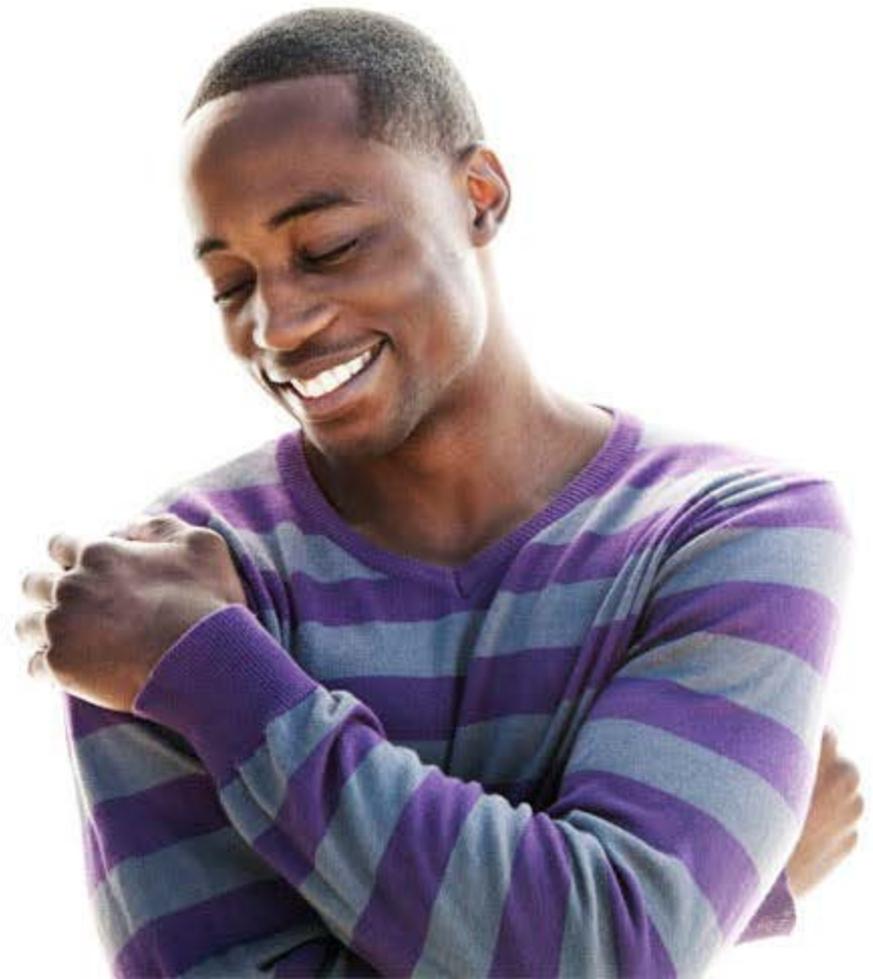
Next Steps/Status

- Leverage Partnerships
 - › State SBIRT Coordinator
 - › OHSU/SBIRT Oregon
 - › CCOs
 - › State Work Group

- Continue to facilitate training
 - › Providers and office staff
 - › Motivational Interviewing
 - › Workflow and billing

- Ongoing Consultation
 - › Claims feedback and problem-solving

- Focus on Synergy and Summit Clinics



moda

modahealth.com