Medicaid Advisory Committee

June 26, 2013

General Services Building
Salem, Oregon

Oregon Health Authority

Time	Item	Presenter
9:00	Opening Remarks	Co-Chairs
9:05	Approval of Minutes – April & May 2013	MAC Members
9:10	Oregon Health Authority – Update • CCOs and Health System Transformation (HST)	Rhonda Busek, OHA
9:20	Person- and Family- Centered Engagement in Health • Review Committee's preliminary recommendations • Draft letter to Oregon Health Policy Board • Finalize Committee recommendations	Co-Chairs, Committee
10:30	Break	
10:45	Cover Oregon Application • Review proposed application • Input and feedback	Leslie Clement, OHA; Committee
11:45	Public Comment or Testimony	
11:55	Closing comments	
12:00	Adjourn	Co-Chairs

Oregon Health Authority Update

Rhonda Busek

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Person- and Family- Centered Care and Engagement in Health

- Review and finalize:
  - Draft letter to Oregon Health Policy Board
  - Recommended set of strategies and actions
  - Review final report

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Committee Process

- Began by examining consumer-directed health care approaches
  - Manipulate benefit design, use financial levers or other incentives/disincentives
  - Aimed at encouraging individuals to take ownership of their health and health care by promoting personal responsibility and quality- and cost-conscious decision-making
  - Most examples from commercial and Medicare markets
  - Dearth of evidence on effectiveness/cost-effectiveness of such approaches within state Medicaid programs
  - Federal cost-sharing limitations under ACA imposed on Medicaid programs restrict the use of such approaches in Oregon's current health care environment

Committee Process, cont.

- Shifted to examining evidence and best practices re person- and family centered approaches to care to improve engagement

- Adopted use of person-first language is critical to health system transformation to better support person- and family-centeredness

- Discovered evidence that supports individuals' engagement in their health and health care, resulting in the experience of better health outcomes and incurring lower medical costs
  - Research consistently finds those more activated engage in more preventive, healthy, disease-specific self-management and health information seeking behaviors.
  - Particularly evident when services and supports are tailored individual needs, goals, preferences and circumstances

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Committee Process, cont.

- Finalize guidance and set of strategies and actions for the Oregon Health Policy Board to consider that:
  - Capitalize on federal and state reform efforts and leverage evidence-based best practices
  - Coordinate, align and promote activities statewide aimed at engaging OHP members and their families in their health and health care across Oregon
  - Support the goal of further realizing OHP members' full potential to maintain and improve their health
  - Use of preferred terminology "person and family," transcends varying roles & responsibilities individuals and their families have regarding their health and well-being

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Committee Process, cont.

Preliminary Committee Feedback on Draft Cover Letter and Executive Summary

- Overall feedback was minor, i.e., language edits
- Suggestions offered to strengthened language for clarity
- Several specific revisions to 1-2 strategies and actions

Person- and Family-Centered Care Principles

- People are treated with respect and dignity.
- Health care providers constructively share complete and unbiased information with individuals and families.
- Collaboration and engagement among individuals, families and providers occurs at four levels: clinical encounter, practice/organizational level, community and policy levels.
- Individuals and families are encouraged and supported to participate in care and decision-making at the level they choose.

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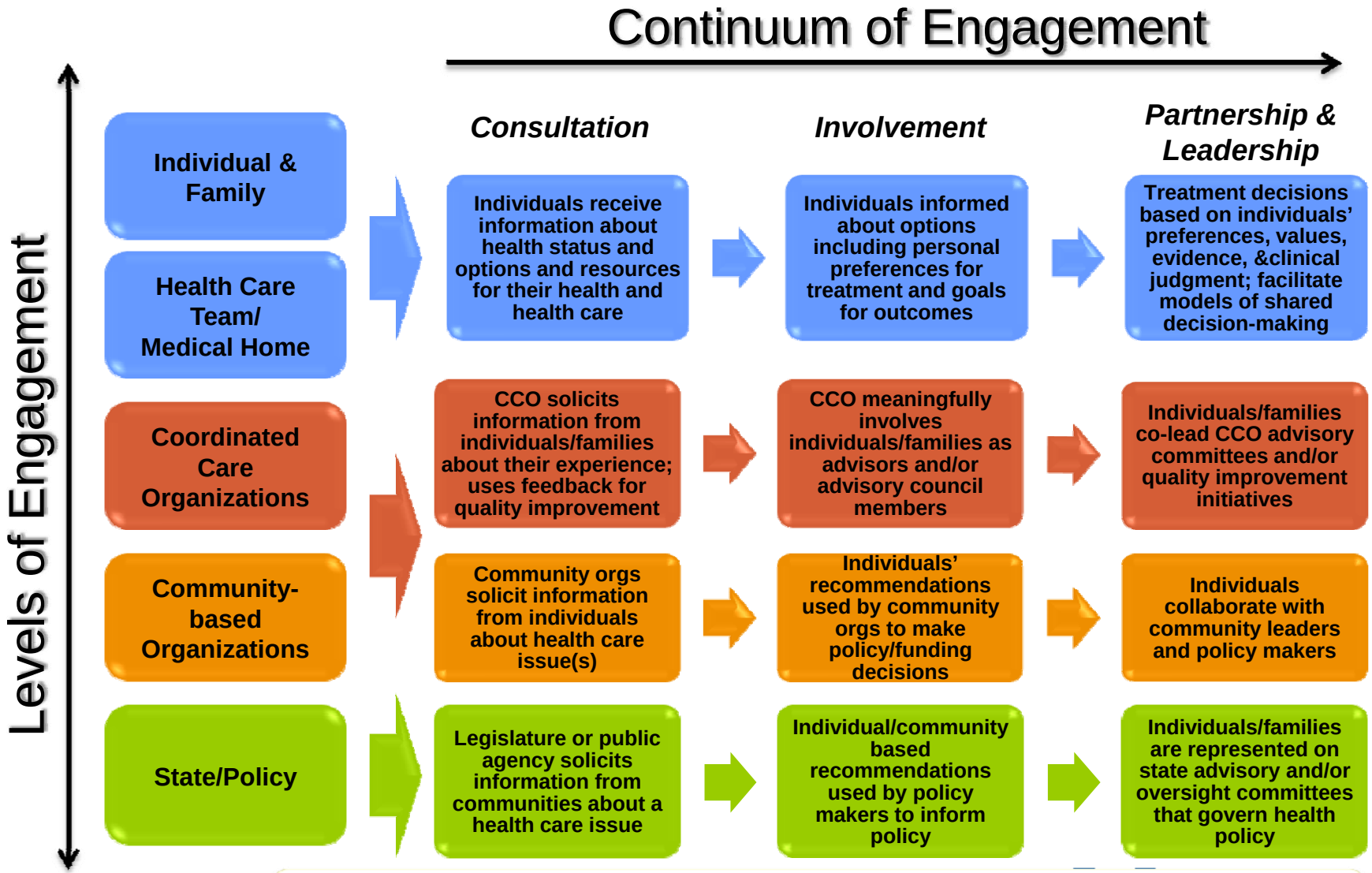
A Multidimensional Framework for Individual And Family Engagement In Oregon



Factors influencing engagement:

- Individual (beliefs about role/activation level, health status, self-sufficiency, health literacy, education)
- Organization (policies, practices, language, terminology, and culture)
- Society (social norms, regulations, policy, language and terminology)

Adapted from Carman K L et al. Health Aff 2013;32:223-231

Proposed Strategies & Actions

- **Strategy #1:** OHP members provide information to providers and OHP about how to effectively address barriers to individual and family engagement and improve the health system.
- **Strategy #2:** Ensure ongoing education and training on evidence-based best practices for person- and family- centered engagement in health and health care.
- **Strategy #3:** Leverage resources that support evidence-based best practices for person- and family- centered engagement and activation in health and health care.
- **Strategy #4:** Create opportunities across all levels of the health system to support OHP members as integral partners in Oregon's Health System Transformation.
- **Strategy #5:** Adopt and spread evidence-based best practices for person- and family-centered engagement in health and health care**.**

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Strategy #1: OHP members provide information to providers and OHP about how to effectively address barriers to individual and family engagement and improve the health system.

Rationale: To better understand how best to support individuals' efforts to participate in their health, there is a need to systematically and regularly collect information from OHP members on their experience of care and satisfaction. This will identify specific opportunities, facilitators, and barriers for individuals to improve and maintain their health. The goal is to solicit information and understand members' barriers to accessing care, performing self-management and fostering shared responsibility for health.

- Action: Providers routinely and consistently engage OHP members and their families as key partners and participants in the health care process by providing timely, complete and understandable information on health conditions and treatment options, factoring in cultural and linguistic factors.
- Action: Practices recognize and utilize members' experiences through outreach reach efforts including surveys, focus and advisory groups, and social media to guide practice level improvement.
- Action: OHP members and families directly partner with care teams, non-traditional health care workers, and community-based organizations to access and engage in community-based self-management programs.

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Strategy #2: Ensure ongoing education and training on evidence-based best practices for person- and family- centered engagement in health and health care.

Rationale: To fully support OHP members and their families in their own health and health care, practices and health care professionals, including community-based organizations, require education and sustained training in this arena. Such efforts should focus on effective use of techniques and best practices that create opportunities for individuals to make informed decisions and support health improvement of OHP members in their communities across Oregon.

- Action: Practices and providers receive ongoing education and training from the OHA Transformation Center, the Patient-Centered Primary Care Institute (PCPCI), technical experts, or other learning forums on approaches to support person- and family-centered care. Examples include use of the Patient Activation Measure (PAM), shared decision-making and the use of decision aids, how to address low literacy and health literacy skills, and support for community-based self management and wellness programs.
- Action: CCOs receive ongoing training and technical assistance from the OHA Transformation Center on how to use patient experience to inform practice and system level improvements.

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Strategy #3: Leverage resources that support evidence-based best practices for person- and family- centered engagement and activation in health and health care.

Rationale: The Committee concluded that several evidence-based tools necessary to sustain engagement efforts at a practice might not be affordable, individually, particularly for resource-limited small or rural practices. OHA should work with CCOs and their delivery system partners to achieve economies of scale by combining purchasing efforts in order to make evidence-based tools more affordable and available to practices of all sizes throughout the state.

- Action: PCPCI develops and disseminates practice level tools for providers to routinely ask members and their families about their values, needs, knowledge, preferences and circumstances in culturally and linguistically appropriate ways; this will allow greater member feedback that can be integrated into individually tailored and appropriate care plans.

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Strategy #3: Leverage resources that support evidence-based best practices for person- and family- centered engagement and activation in health and health care.

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- Action: Practices work with their CCOs, delivery system partners and Transformation Center to achieve economies of scale and conduct bulk purchasing for tools.
- Action: OHA works with community stakeholders to develop a sustainable system for evidence-based self-management program delivery and financing to ensure broader availability of community-based programs across the state. The work should ensure linkages with PCPCHs and CCOs to the extent possible, working with the PCPCI and through the Transformation Center to coordinate and align resources, provide targeted technical assistance and learning collaboratives.

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Strategy #4: Create opportunities across all levels of the health system to support OHP members as integral partners in Oregon's Health System Transformation.

Rationale: A comprehensive person-centered transformed health system will need to encompass patients, families, their representatives, health professionals, and community partners working in active partnership at various levels across the system—direct care, organizational design and governance, and policy making—to improve members' health and health care.

- Action: CCOs must systematically and meaningfully engage representatives of culturally, linguistically, and diverse populations and community stakeholders to develop their community health assessments (CHAs) and community health improvement plans (CHIPs).
- Action: OHP members and their families serve as "equal and active partners" by fostering meaningfully and sustained participation in CCO advisory panels, provider/practice level advisory groups, and in local and state committees, councils, and boards, serving as OHP member advocates.

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Strategy #5: Adopt and spread evidence-based best practices for person- and family-centered engagement in health and health care.

Rationale: OHA should work to ensure coordination and alignment of person- and family-centered models of care across the OHA and work with partners such as Cover Oregon and other payers. The goal is for OHA to leverage resources and activities statewide to disseminate best practices appropriate for OHP members and their families. Critical to this effort will be the promotion and alignment of multi-payer approaches to increase success of spread across provider practices and communities.

- Action: OHA through the Transformation Center coordinates with Innovator Agents, CCOs, regional learning collaboratives, and recognized PCPCHs to incentivize and disseminate the use of evidence-based best-practices for person- and family-care models of care that are sensitive to and account for the needs of diverse communities.
- Action: OHA works with CCOs to increase the number of recognized PCPCH practices; modifies existing PCPCH standards to encourage and enhance support of more robust person- and family-centered care models; and considers alternative payment methodologies to incentivize practices with resources to adopt and sustain patient engagement activities.

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Cover Oregon Application

Leslie Clement, OHA

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Public Comment

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Closing Comments

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