Oregon's State Innovation Model Project
Progress Report
July 1, 2015–September 31, 2015

Oregon State Innovation Model Project
Quarterly Report
July - September 2015

Overview

Oregon made significant progress this reporting period – highlights include completion of Oregon's State Health Improvement Plan (SHIP), selection of the Coordinated Care Organizations' (CCOs') 2016 incentive measures, release of the second report in a series presenting leading indicators for Oregon's health system transformation and formally adopting the Oregon Health Information Technology Program (OHIT) within the Oregon Health Authority (OHA).

Oregon's SHIP includes seven priority areas and improvement strategies that are the foundation for improving health in Oregon over the next five years. These outcomes will be achieved by forming strong community connections, aligning with health system transformation efforts and comprehensively implementing strategies laid out in this plan.

In July 2015, the Metrics & Scoring Committee selected 2 new incentive measures for CCOs that increase the focus on population health and health outcomes. These new measures align with OHA's SHIP priority areas and are likely to drive increased coordination between CCOs and local public health.

In September 2015, OHA released the second report in a series presenting leading indicators for Oregon's health system transformation using data from the OHA's All-Payer, All-Claims Reporting Program (APAC). The dashboard will enable policymakers, health care providers, insurers, purchasers and individuals to better navigate and improve Oregon's health system.

In this period, Oregon formally established OHIT within OHA. The program will encompass work already in place or underway and expands this work to serve all Oregonians, not just those covered by Medicaid or other OHA programs. Together, OHIT and the Health Information Technology Oversight Council (HITOC) can ensure that our stakeholders have the right technology tools, guidance and information to support their efforts, and a forum for supporting and promoting the effective use of health information technology for all Oregonians.

Success Story/Best Practice

The unprecedented change of Oregon's health system transformation requires a bold vision for improving the health of everyone in the state. During this quarter, the OHA's Public Health Division completed its SHIP, which includes seven priority areas: tobacco, obesity, oral health, substance use, suicide, immunizations and communicable disease control. Each priority area includes strategies that work to improve population-wide

health; strategies that are designed for implementation within the health care delivery system; and strategies that specifically target one or more groups that face a disproportionate burden of disease in each of the priority areas. In the coming quarter, the Public Health Division will be working with partners to develop action plans for each priority area. The population health plan has been shared with the Public Health Advisory Board, the Oregon Health Policy Board (OHPB), the Oregon Association of Hospitals and Health Systems and other stakeholders that are instrumental in helping to achieve the outcomes associated with each priority area.

The OHA is using quality health metrics to track how well CCOs are improving care, making quality care accessible, eliminating health disparities, and curbing the rising cost of health care. In July 2015, the Metrics & Scoring Committee, which is responsible for identifying outcome and quality measures, selected two new incentive measures (childhood immunization status and tobacco use prevalence) and eliminated one measure (electronic health record adoption) for the 2016 CCO incentive measures. The 2016 Measures Set is available at http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx.

These new measures align with OHA's SHIP priority areas and are likely to drive increased coordination between CCOs and local public health, as well as influence future measure selection and focus for other payers, such as Oregon's Public Employee Benefit Board and Oregon's Educators Benefit Board.

Challenges Encountered and Plan to Address

OHA has continued to experience transitions in executive leadership through this period with the resignation of the Chief Medical Officer and lead of Oregon's SIM grant, Dr. Jeanene Smith. She departed OHA for the opportunity to work at a national level with other states in their transformation efforts. Chris DeMars, Director of Health Systems Innovation within the OHA's Transformation Center, has assumed the lead role for Oregon's SIM grant.

Ms. DeMars has led the Transformation Center throughout most of the previous two years and has played a lead role in the Center's transformation efforts since it was created at the beginning of Oregon's SIM grant. The changes in leadership have been smooth, thanks to a great deal of supportive guidance and collaboration amongst staff, current and previous leadership

Ms. DeMars continues to work with the SIM Steering Committee, comprised of Leslie Clement (Director of Health Policy and Analytics Division), Lori Coyner (Director of Health Analytics) and Matt Betts (Business Supports Director).

In addition to this executive-level oversight, the SIM project director, Lisa Krois and SIM Business Manager, Jenny Nones, convene a monthly SIM operations team meeting to

coordinate activities and actively problem solve as necessary to maintain progress on SIM milestones.

Payer Engagement Activities

In September 2014, the second report in a series presenting leading indicators for Oregon's health system transformation was released. It uses data from the OHA's APAC Reporting Program to examine how well Oregon's health system transformation is achieving its goals.
This report builds on the first Leading Indicators for Health Care Transformation report with more complete enrollment data and a first look at health care utilization and spending under the ACA. It focuses on changes in enrollment, utilization, and spending between 2013 and 2014, the first year of expanded coverage under the ACA. Highlights include:

- From June 2013 to June 2014, enrollment in commercial plans, Medicaid, Medicare Advantage, and OEBB and PEBB plans increased by 15 percent, with 422,549 more individuals having health care coverage than in June 2013. Enrollment in Medicaid drove this increase, with 363,267 people enrolling in the program.
- In the first half of 2014, the number of emergency department visits per 1,000 member months among Medicaid, Medicare Advantage, and PEBB members decreased from the first half of 2013.
- In the first half of 2014, per member, per month spending on Medicaid and OEBB members decreased in all spending categories.

Oregon is one of 11 states with an all-payer claims database. Legislatively created, Oregon's major health payers began reporting payments made to providers to APAC in 2010. As of June 2014, APAC contains information about enrollment, utilization, and spending for 81 percent of Oregon's four million residents.
This quarterly report, available at http://www.oregon.gov/oha/OHPR/RSCH/DashboardDocs/Leading%20Indicators%20Report%20September%202015.pdf, will continue to guide policymakers with data on leading health system indicators. It will help Oregonians understand where we are and where we are heading as health system transformation progresses and the coordinated care model spreads across the health care system.

Policy Activities

Oregon's leadership in health system transformation requires a strong governmental public health system that can support Oregonians where they live, work and play. In July 2015, the Oregon legislature passed House Bill 3100, which implements the recommendations made by the Task Force on the Future of Public Health Services in its September 2014 report titled, "Modernizing Oregon's Public Health System." HB 3100

sets forth a path to modernize Oregon's public health system so that it can more proactively meet the needs of Oregonians.

The next two years will focus on the assessment and planning work related to implementing the report recommendations. Once that work is complete, local public health authorities will implement the new framework with structures that allow local communities to create efficiencies and establish new partnerships while better protecting the public's health across Oregon. The SHIP is a vital step in this element of Oregon's transformation efforts.

House Bill 2294 advances the state's HIT efforts, by establishing the Oregon HIT Program within OHA. HB 2294 has three main components:

- Expands the reach of OHA's health IT services through the Oregon HIT Program, allowing the agency to offer services beyond Medicaid to the private sector. Service participation will be voluntary and OHA may charge user fees for such services to cover costs and ensure sustainability.
- Provides OHA greater flexibility in working with stakeholders and partners. It gives OHA the opportunity to enter into partnerships or collaboratives when other entities in Oregon are establishing statewide HIT infrastructure tools. An example of this is the Emergency Department Information Exchange utility (EDIE), a statewide hospital notification system developed by the Oregon Health Leadership Council in partnership with OHA.
- Updates the original 2009 HIT legislation by moving HITOC under the OHPB to ensure statewide HIT efforts align and support health system transformation.

Coordination with Other Efforts

The Child and Family Well-Being Measures Workgroup completed its charge to develop a shared measurement strategy to inform program planning, policy decisions, and allocation of resources for child and family well-being in Oregon. The final report and recommendations were presented to the joint subcommittee of the Oregon Health Policy Board and the Early Learning Council in September. Recommendations include: Implementing the 15-item child and family well-being measure dashboard for high-level monitoring and encouraging the Oregon Metrics & Scoring Committee, OHA, Early Learning Council, and the Early Learning Division of the Department of Education to consider the child and family well-being measures in the accountability measure sets for their management and contracting arrangements with CCOs and early learning hubs.

The final report and recommendations are available online here:
http://www.oregon.gov/oha/elcohpbdocs/Joint%20Subcommittee%20Meeting%20Materials%20-%20Sept.%2014,%202015.pdf

OHA was selected in September 2015 to participate in CMS's Innovator Accelerator Program (IAP), aimed at providing support to state Medicaid agency efforts targeted to

beneficiaries with complex needs and high costs (BCNs). Working with Oregon Health and Science University, Center for Health Systems Effectiveness, OHA's project goals are to link Medicare and Medicaid claims for dual-eligibles and to use this data to examine the influence of CCOs on cost and quality of care for dual-eligibles. The ways in which access, utilization, and the quality of care varies for dual-eligibles in CCOs vs. those enrolled in fee-for-service plans will also be assessed.

Self Evaluation

The following evaluation progress occurred this reporting period. Providence Center for Outcomes Research and Education (CORE) delivered a data set and analytic report on activities planned and carried out by CCOs to transform the health care delivery system. For the project, CORE reviewed and entered data on activities described in a variety of documents that CCOs submit to OHA, including transformation plans, community health improvement plans, and Transformation Fund grant reports. CORE then analyzed the data to describe where CCOs are focusing their efforts and what kinds of successes and challenges CCOs are experiencing. CORE found that CCOs focused heavily on physical, mental, and dental integration and workforce development. Relative to other areas, CCOs focused less on the related areas of alternative payment methods and health IT transformation. Overall, CCOs achieved three-quarters of their goals for activities in their transformation plans. OHA will update the data set as new documents are received. The data will be analyzed to evaluate CCOs' transformation activities, assess contract compliance, identify and spread promising practices, and better support CCOs.

In October 2014, the Transformation Center expanded technical assistance offered to CCOs across a wide menu of topics to help foster health system transformation. This resource, the Technical Assistance (TA) Bank, now provides consultation on more than 15 topic areas. The Transformation Center has fulfilled 27 CCO TA Bank requests as of September 2015.

Slightly over half of these requests focused on Community Advisory Councils' development, including the community health assessments and community health improvement plans. Other requests focused on health equity, quality improvement and measurement, program evaluation and alternative payment methods. A new allocation of 35 hours per CCO was made available beginning October 2015 and must be used by September 2016.

Additional Information

The following data notes pertain to Q3 2015 metrics. Please see Metrics Reference Guide on Salesforce for all other data notes.

Because Salesforce does not allow entry of decimals, all metrics are rounded up to the nearest whole number.

LTSS accountability tasks: Data are related to new MOUs effective July 1, 2015 and represent percentage of total tasks across all 2015–2016 MOUs that were completed. There is one vacant innovator agent position and work on the MOU for that region has been stalled.

Proportion of PEBB payments that are non-FFS: Work is in progress on a reporting mechanism to capture non-FFS payments by PEBB plans. OHA is developing a survey to determine which APMs PEBB carriers are currently using. This information will help OHA design the reporting mechanism.

Sustainable health care growth methodology: OHA and Oregon Health & Science University established a work plan for 2015–2016. The work will extend existing analyses to include data from 2011–2014 and incorporate Medicaid fee-for-service data into the model. Forthcoming analyses will also categorize spending by Berenson Eggers Type of Service and place of service, explore variation in per member spending by county, and explain what proportion of spending growth is due to changes in price versus utilization. These new analyses will be accompanied with recommendations for potential accountability mechanisms aimed at containing or lowering health care cost.