Why OHA

What OHA Does

Strategies and Successes

Challenges

Proposed Budget
The US Spends *Twice As Much* on Health Care as Other Wealthy Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Health Expenditures per Capita, U.S. dollars, PPP adjusted, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>$10,348</td>
</tr>
<tr>
<td>Switzerland</td>
<td>$7,919</td>
</tr>
<tr>
<td>Germany</td>
<td>$5,551</td>
</tr>
<tr>
<td>Sweden</td>
<td>$5,488</td>
</tr>
<tr>
<td>Netherlands</td>
<td>$5,385</td>
</tr>
<tr>
<td>Austria</td>
<td>$5,227</td>
</tr>
<tr>
<td><strong>Comparable county average</strong></td>
<td>$5,198</td>
</tr>
<tr>
<td>Belgium</td>
<td>$4,840</td>
</tr>
<tr>
<td>Canada</td>
<td>$4,753</td>
</tr>
<tr>
<td>Australia</td>
<td>$4,708</td>
</tr>
<tr>
<td>France</td>
<td>$4,600</td>
</tr>
<tr>
<td>Japan</td>
<td>$4,519</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>$4,192</td>
</tr>
</tbody>
</table>
For All That Spending, We Often Don’t Get Better Outcomes Nor Better Health

Disease burden is higher
Age standardized disability adjusted life year (DALY) rate per 100,000 population, 2015

<table>
<thead>
<tr>
<th>Country</th>
<th>DALY Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>23,104</td>
</tr>
<tr>
<td>Bel</td>
<td>19,747</td>
</tr>
<tr>
<td>Ger</td>
<td>19,399</td>
</tr>
<tr>
<td>UK</td>
<td>19,324</td>
</tr>
<tr>
<td>Can</td>
<td>19,119</td>
</tr>
<tr>
<td>Aus</td>
<td>18,961</td>
</tr>
<tr>
<td>Neth</td>
<td>18,795</td>
</tr>
<tr>
<td>Aust</td>
<td>18,758</td>
</tr>
<tr>
<td>Fra</td>
<td>18,746</td>
</tr>
<tr>
<td>Swe</td>
<td>17,749</td>
</tr>
<tr>
<td>Switz</td>
<td>17,468</td>
</tr>
<tr>
<td>Jap</td>
<td>16,012</td>
</tr>
</tbody>
</table>

Hospital admissions for preventable diseases are higher
Age standardized hospital admission rate per 100,000 population for asthma, congestive heart failure, hypertension, and diabetes, ages 15+, 2012

<table>
<thead>
<tr>
<th>Condition</th>
<th>US</th>
<th>Other comparable countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congestive heart failure</td>
<td>367</td>
<td>218</td>
</tr>
<tr>
<td>Asthma</td>
<td>109</td>
<td>35</td>
</tr>
<tr>
<td>Diabetes</td>
<td>198</td>
<td>144</td>
</tr>
</tbody>
</table>
The Social Determinants of Health

Impact of different factors on risk of premature death

- Health Care: 10%
- Individual Behavior: 40%
- Social and Environmental Factors: 20%
- Genetics: 30%

Health and Wellbeing

The Triple Aim Vision for Oregon

1. Better health
2. Better care
3. Lower costs
Oregon Health Authority’s Job

- Policymaking
- Purchasing
- Regulation
Why OHA

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OHA Organizational Structure

Oregon Health Authority Director

- Central Operations
- Equity and Inclusion
- Health Systems Division
- Health Policy and Analytics
- Public Health
- Tribal Affairs
- Oregon State Hospital
OHA Vision, Mission, and Values

**VISION**
A Healthy Oregon

**MISSION**
Ensuring all people and communities can achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality, affordable health care.

**VALUES**
- Health Equity
- Innovation
- Partnership
- Service Excellence
- Integrity
- Transparency
- Leadership

<table>
<thead>
<tr>
<th>Effective Partnerships</th>
<th>Operational Excellence</th>
<th>Equity and Inclusion</th>
<th>Engaged &amp; Supported Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better Health</td>
<td>Better Care</td>
<td>Lower Cost</td>
<td></td>
</tr>
</tbody>
</table>

**Key Goals**
OHA Serves Everyone in Oregon

Mission:
• Ensuring all people and communities can achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality affordable health care
Health Coverage

1 In 3 Oregonians get health care coverage directly from OHA

- Oregon Health Plan (Medicaid): 26%
- Employer/group market: 41%
- Individual market: 5%
- Medicare: 15%
- Uninsured: 6%
- PEBB/OEBA: 7%
Health Coverage

Percentage of county population receiving Medicaid benefits

- 35–40% covered
- 30–34% covered
- 25–29% covered
- 24% or less covered
Emergency Response

Events that triggered Agency Operations Center Activation or Monitoring, 2014-2018

[Map showing various events across Oregon state with icons representing different types of events like Wildfire, Disease Outbreak, Drinking Water Hazard, Major Accident, Environmental Hazard, Major Storm, and Eclipse.]
Behavioral Health

Patients admitted to Oregon State Hospital by county, 2016-2018
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Strategy: Expand Access to Health Care

Everyone should have access to affordable, equitable health care coverage
Success: Health Coverage

The percent of Oregonians without insurance dropped ten percentage points with the ACA expansion.
(that’s about 400,000 people)

Dotted line: Methodology change
Success: More Health Coverage

Legislative action led to health coverage for even more Oregonians

• Reproductive Health Program
  – 4,400 uninsured women enrolled in 2018

• Cover All Kids
  – 3,600 kids transferred from limited program into full OHP coverage (“OHP now covers me!”)
  – 1,600 more uninsured kids newly enrolled in OHP in 2018

• 98% of all kids in Oregon now have health covered, and 100% are eligible for coverage
Strategy: Transform Health Care

Oregon created CCOs to improve health care delivery in the Oregon Health Plan

- Improve health
- Reduce waste and costs
- Create local accountability
- Align financial incentives
- Pay for better quality and better health
- Coordinate care
- Maintain sustainable spending
- Measure performance
Success: CCOs Improved Health

Oregonians Reporting Good or Better Health
- 2011: 56%
- 2017: 69%

Hospital Admissions for COPD or Asthma
- Adults per 100,000 Member Years
  - 2011: 110
  - 2017: 2

Children Screened for Developmental Delays
- First 36 Months
  - 2011: 21%
  - 2017: 69%
Success: CCOs Improved Care

- **Oregonians Enrolled in Patient-Centered Primary Care Homes**
  - 2012: 58%
  - 2017: 92%

- **Adolescents and Young Adults Who Had Annual Well-Care Visit**
  - 2011: 27%
  - 2017: 49%

- **Emergency Department Visits Per 1000 Member Months**
  - 2011: 61
  - 2017: 47
Success: CCOs Cut Costs

Before Oregon’s transformation of Medicaid, we forecast health care cost inflation at 5.4%; since 2013, with CCOs, it has been only 3.4%
Success: Unified Policy Structure

We are better able to view and drive Oregon’s entire health care system strategically

Examples:
• Creating an incentive metric for CCOs to improve screening of children for developmental delays contributed to providers increasing screening for all the children they serve, not only those on Medicaid
• Constraining PEBB and OEBB to the same cost caps as Medicaid systems
• Engaging non-governmental partners to reach communities most affected by health disparities to help inform the next State Health Improvement Plan
Strategy: Transform the State Hospital

• Serving adults needing intensive psychiatric treatment for severe mental illness
• Providing hospital level of care, with 24-hour on-site nursing and psychiatric care
• Helping patients achieve a level of functioning that allows them to successfully transition back to the community
Success: Revitalized State Hospital

“You are far beyond the curve, even compared with larger hospital systems. You have made a number of significant improvements.”

The buildings are “very conducive to therapy and treatment … It is clear that a lot of thought has gone into the design.”

Among the “top 5 percent of hospitals in the nation for environment of care and life-safety issues.”

"I did not realize I had been here six years ago, this is a completely different and better hospital!"

All quotes from members of Joint Commission on Accreditation of Healthcare Organizations, 2018
Strategy: Modernize Public Health

The landscape for public health has changed dramatically in recent years, and our public health system must adapt.
Success: Tobacco Use

Percentage of teens who currently smoke cigarettes

- **8th Graders**
  - 2001: 20%
  - 2011: 8%
  - 2017: 3%

- **11th Graders**
  - 2001: 12%
  - 2011: 8%
  - 2017: 3%

Oregon Health Authority
Concern: Vaping

Percentage of teens who currently smoke cigarettes and/or use e-cigarettes

- 11th Graders:
  - 2001: 12%
  - 2011: 7%
  - 2017: 16%

- 8th Graders:
  - 2001: 8%
  - 2017: 8%
Success: Cancer Screening

Percentage of adults aged 50 to 75 years old who are current on recommended colorectal cancer screening

59% 73%
2010 2017
Success: Prescription Opioids

- Number of patients receiving a high dose opioid fill decreased 52% since first quarter of 2014
- Prescription opioid-related deaths decreased 45% between 2006 and 2016
- New opioid treatment programs opened in three rural communities in 2018
  - Two more proposed for 2019, including in the North Coast
Strategy: Address Health Disparities

Infant death by race/ethnicity, Oregon, 2013-2015 (average)

Notes: All other groups exclude Hispanic ethnicity
Source: Oregon Linked Birth/Death Certificate Data & NCHS (U.S.)
Success: Incomplete

Critical steps towards progress

- Acknowledging health disparities exist and our role to address them
- Engaging with our communities to address these disparities
- Dedicating resources to addressing systemic inequities deriving from a history of marginalization and oppression
- Community organizations already doing this work
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Challenge: Medicaid Funding

How do we close the gap in the six-year state Medicaid budget, due to reduced federal funding, expiring revenue sources, and inflation?
Challenge: Transforming Health Care

How do we **continue** to transform health care and lower costs in Oregon when nationally health care expenditures are projected to grow 5.8% per year?
Challenge: Healthier Starts

How do we help families give their children a healthier start in life?
Challenge: Behavioral Health

How do we ensure that everyone who needs behavioral health services can access the right service in the right place at the right time?

Age-Adjusted Suicide Rate Per 100,000


United States

Oregon
Challenge: Public Health Modernization

How do we **continue** to modernize our public health system, to keep Oregon communities healthy and safe?

- Toxic algae report and map pinpoint Oregon's summer blooms
- Health officials identify first sexually-transmitted case of Zika in Oregon
- Oregon's obesity rate remains high despite plenty of activity
- 4 Confirmed Measles Cases In Oregon
- Oregon's largest wildfire flares up, prompting new evacuations
- Oregon leads U.S. in seniors hospitalized for opioids
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Proposed Budget
2019-21 Governor’s Budget by Division

Oregon Health Authority
$22,048 million Total Funds

- $16,183 million (73%)
  Health Systems
- $2,100 million (10%)
  Public Employees Benefit Board
- $1,740 million (8%)
  Oregon Educators Benefit Board
- $725 million (3%)
  Public Health
- $608 million (3%)
  Oregon State Hospital
- $496 million (2%)
  Central & Shared Services, State Assessments & Enterprise-wide Costs
- $195 million (1%)
  Health Policy & Analytics
2019-21 Governor’s Budget by Fund Type

Oregon Health Authority
$22,048 million Total Funds

- $11,828 million (54%) Federal Funds
- $2,442 million (11%) General Fund
- $7,766 million (35%) Other Funds
- $13 million (<1%) Lottery Funds
OHA’s 2019 Budget and Policy Priorities

- Set Medicaid funding on a sustainable path for the next six years
  - Medicaid funding components (HB 2010)
  - Increase the price of tobacco and vaping (POP 406, HB 2270)

- Transform health care delivery and reduce costs (POP 422)
  - Support implementation of CCO 2.0 contracts and performance monitoring (POP 416)
  - Improve CCO financial reporting and solvency
  - Expand hepatitis C treatment (POP 415)
  - Hospital emergency department discharge data collection (SB 23)

- Help families give their children a healthier start in life (POP 404)
  - Provide universal home visiting after birth (POP 401)
  - Expand mental health access in schools (POP 402)
  - Invest in suicide intervention and prevention (POP 402)
  - Provide intensive in-home behavioral health services for kids (POP 403)
OHA’s 2019 Budget and Policy Priorities

✓ Provide access to behavioral health services in the right place at the right time (POP 409, POP 413)
  • Improve mental health outcomes through supportive housing
  • Invest in a more connected behavioral system (POP 411, POP 414)
  • Expand community services for mentally ill misdemeanor defendants (POP 410)
  • Establish a statewide Behavioral Health Home program
  • Continue to support development of behavioral health medication treatment algorithms (HB 2035)

✓ Create a modern public health system that will keep communities safe and healthy (POP 419, POP 420)
  • Improve communicable disease protection and emergency preparedness (POP 405)
  • Protect drinking water systems (POP 418)
  • Strengthen local health infrastructure (POP 417)
Thank You