Quality & Health Outcomes Committee (QHOC)

Monday, November 4, 2019

10:00a.m. – 3:00p.m.

1-888-278-0296,,310477#

Please mute your phones if you aren’t speaking.

Do not put your phone on hold.

It is better if you drop off the call and rejoin if needed.

Welcome & Introductions

Andy Luther, MD

Agenda

Clinical Director Workgroup 10:00 a.m. – 12:30 p.m.		
TIME	**TOPIC**	**OWNER**
10:00 a.m.	Welcome/Introductions	Andy Luther
10:10 a.m.	General Updates	Lisa Bui
10:20 a.m.	HERC Update	Cat Livingston Ariel Smits
10:35 a.m.	Ombuds Program	Sarah Dobra
11:00 a.m.	Medicaid Update	Lori Coyner
11:30 a.m.	ORPRN PINPOINT and ANTECEDENT	Brigit Hatch Caitlin Dickinson
12:00 p.m.	Oregon HIV / Hepatitis	Todd Korthuis Ann Thomas
12:30 p.m.	Lunch	

General Updates

Lisa Bui

HERC Update

Ariel Smits

Cat Livingston

Oregon Health Authority Ombuds Program

Integral to Oregon Health Plan (OHP) client service and leadership understanding of Oregon Health Plan and Medicaid access and quality trends

QHOC Community Presentation

What is an Ombudsperson???

OMBUDSMAN

The word “ombudsman” is Swedish, and it means someone whose role is to respond to complaints about government.

Two type: Impartial and Advocacy

- OHA Statue sets our Ombuds program up as an **advocacy program**

Why does the Oregon Health Authority have an Ombuds Program?

Oregon Revised Statute (ORS) 414.712 requires OHA to have one

Scope

The Oregon Health Authority shall provide:

- Ombudsman services for
  - Oregon Medicaid recipients
- An ombudsman shall serve as a recipient's *advocate* whenever there are concerns about
  - access to, quality of or limitations on care

Noteworthy Elements

- Recipients must be informed of availability
- Under the OHA Director's supervision and control
- Reports to the Governor and the Oregon Health Policy Board quarterly

Members come first: Monitoring complaints improves individual & overall system care

Ombuds walk alongside Oregon Health Plan members, step into their shoes to understand their care challenges

Reconnect member with those equipped to meet their needs: CCO, care coordinators, providers, community

Elevate member voice & experience to inform policies, programs, and operations

Partner with OHA, contractors, DHS and community to support improved health and improved patient experience

The OHA Ombuds Program is here to serve members

How do OHP Members get to the Ombuds program?

Many different doors:

- All CCO's required to include Ombuds contact information on *Notices of Complaint Resolution.*
- Advocacy organizations, Oregon Law Center & government officials
- Referred to program by
  - CCOs
  - Providers
  - OHA/ DHS staff

What sort of complaints does the Ombuds program receive?

My NEMT provider didn't pick me up on time. My doctor's office is going to fire me because I've missed so many appointments as a result.

I received a medical bill and have been sent to collections. I thought that this was covered.

My child is in mental health crisis and has been in the emergency department for the past 10 days. Help me!

My dentures don't fit. I've been told I can't get new ones.

Mental Health 8.6% (47)

Dental 4.9% (27)

Enrollment and Eligibility 11.9% (65)

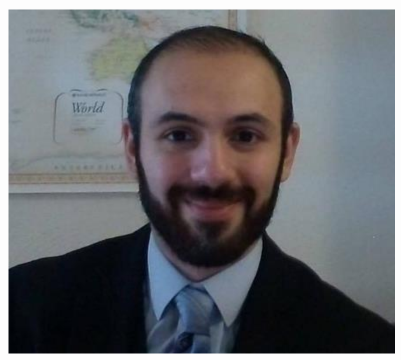
Non-Emergency Medical Transpiration NEMT 10.8% (59)

Billing 10.8% (59)

Top Oregon Health Plan and Medicaid Related Concerns, Queries, and Complaints to the Oregon Health Authority Ombuds Program
January 1, 2019 - June 30, 2019: 548 Total Concerns

Our Team

Awab Al-Rawe



Jaime Niño

Cate Drinan

Ellen Pinney

Libbie Rascon

Sarah Dobra

Contact Us

877-642-0450

OHA.OmbudsOffice@dhsoha.state.or.us

Questions, Collaboration Opportunities, & Contact Information

The Ombudsprogram is reaching out to all CCO's to strengthen collaboration with member service, grievance & care teams

Contact Us

877-642-0450

503-947-2346

OHA.OmbudsOffice@dhsoha.state.or.us

Medicaid Update

Lori Coyner

The Oregon Rural Practice-based Research Network:
Unhealthy alcohol use, opioid use, and chronic pain management in primary care

Presenter Name: Brigit Hatch, MD, MPH

Presentation Date: Monday, November 4, 2019

Presentation Outline

1. ORPRN and research partners
2. Unhealthy alcohol use (ANTECEDENT)
3. Chronic pain management and opioid use (PINPOINT)
4. Participation in both projects
5. Brief takeaway

Research Partners

ANTECEDENT
Unhealthy Alcohol Use

PINPOINT
Chronic Pain Management & Opioid Use

SBIRT OREGON

Oregon Health Authority

ORPRN
Oregon Rural Practice-Based Research Network
www.ohsu.edu/orprn

Comagine Health

SYNERGY HEALTH CONSULTING

Funded by:

AHRQ Agency for Healthcare Research and Quality

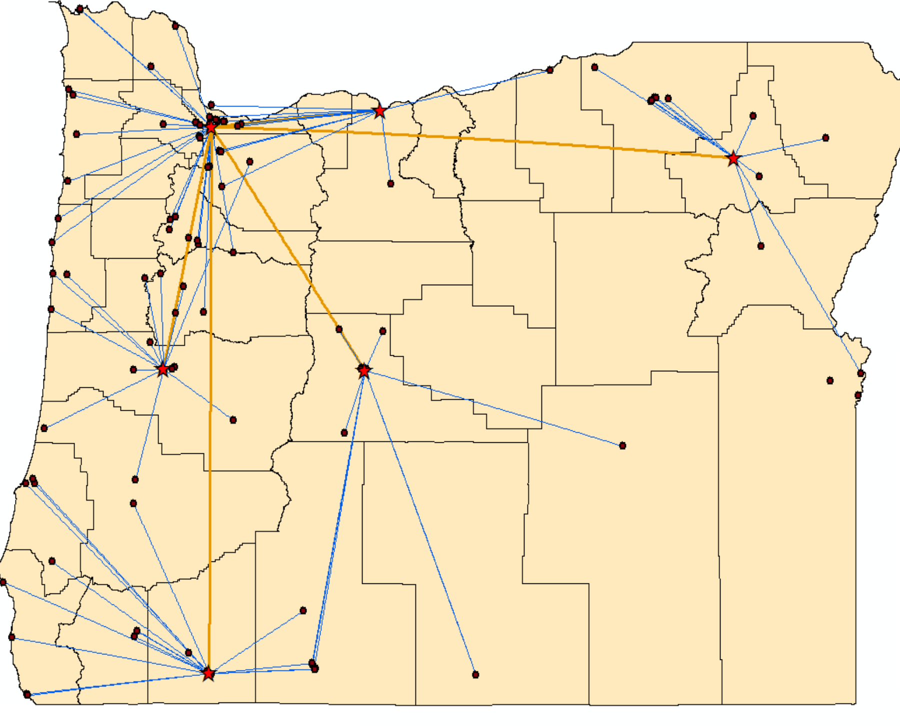
Funded by:

CDC Centers for Disease Control and Prevention

What is ORPRN?

ORPRN's mission is to improve health outcomes and equity for all Oregonians.

ORPRN Network



Practice Facilitators (PERCs)

- Who are they?

Trained ORPRN practice facilitators, based throughout Oregon.

Portland

Bend

Medford

Portland

La Grande

Portland

- What do they do?

  - Build the internal capacity of primary care clinics, and support them in reaching improvement goals
  - Foster lasting relationships while using their skills to meet clinics' unique needs

Why practice facilitation?

Primary care clinics are

2.76 times more likely

to adopt evidence-based guidelines through practice facilitation.[1]

[1]Baskerville, N. B., Liddy, C., & Hogg, W. (2012). Systematic review and meta-analysis of practice facilitation within primary care settings. *The Annals of Family Medicine*, *10*(1), 63-74.

ANTECEDENT

pArtNerships To Enhance alCohol scrEening, treatment, anD intErveNTion

Addressing unhealthy alcohol use in Oregon

Unhealthy Alcohol Use in the US

- **4th** leading cause of death in the United States
- **88,129** alcohol-attributable deaths due to excessive alcohol use (2006-2010)
- **2.1 million** people misused opioids and were binge drinkers (2012-2014)
- **$249 billion** spent for excessive alcohol consumption (2010)

Source: Alcohol and Public Health: Alcohol-Related Disease Impact (ARDI); Centers for Disease Control and Prevention Esser et al / Am J Prev Med 2019;57(2):197−208.

- Oregon ranks **8th nationally** in per capita costs of alcohol misuse
- **$919** -- annual cost of alcohol misuse per Oregonian

What is ANTECEDENT?

- Addresses screening and interventions for unhealthy alcohol use
- Aligned with the CCO incentive metric for SBIRT
- Free for clinics and will be tailored to meet clinics' needs
- 15 months of support to improve data reporting, clinical workflows, and integrating SBIRT into routine care

What to Expect from ANTECEDENT?

Foundational support (required):

- Baseline and exit assessments
- Access to SBIRT Oregon intervention and e-screening tools

Supplemental support (optional):

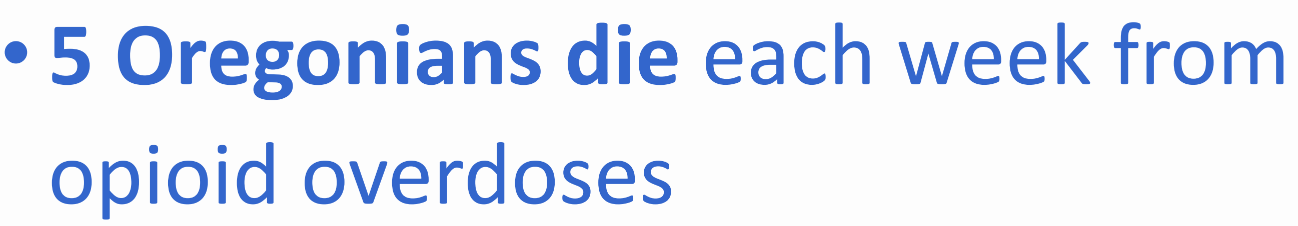
- Monthly quality improvement coaching for up to 12 months (MOC part IV credit available)
- Access to webinars, office hours, motivational interviewing training, and academic detailing
- Health IT support for SBIRT tracking and reporting

Foundational support: baseline assessment (all clinics)	Supplemental support (optional and customizable)	Foundational support: exit assessment (all clinics)
Quarter 1	Quarters 2 - 4	Quarter 5

PINPOINT

PaIn aNd oPiOId maNagemenT

Addressing chronic pain and opioid use in Oregon



- **5 Oregonians die** each week from opioid overdoses
- Oregon has one of the **highest rates** of prescription opioid misuse in the U.S.

Source: Oregon Health Authority

What is PINPOINT?

- PINPOINT addresses chronic pain management and the opioid epidemic in Oregon
- Participation in PINPOINT is free for clinics and will be tailored to meet your clinic's needs
- 15 months of support to improve chronic pain management and opioid prescribing practices

What to Expect from PINPOINT

Foundational support (required):

- Baseline and exit assessments
- Regional quality improvement training (lunch and CME credit included)

Supplemental support (optional):

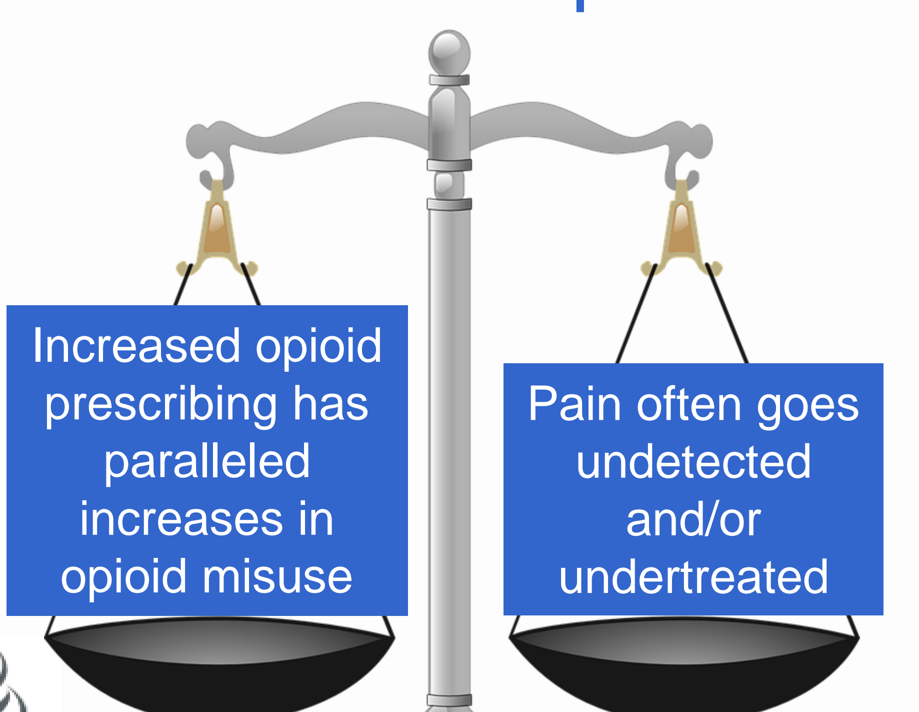
- Monthly quality improvement coaching for up to 12 months (MOC Part IV credit available)
- Engagement with a quarterly learning collaborative
- Access to Oregon ECHO Network opioid prescribing tele-mentoring program
- Academic detailing (e.g. expert consultation, HIT support, etc.)

Foundational support: regional training & baseline assessment (all clinics)	Supplemental support (optional and customizable)	Foundational support: exit assessment (all clinics)
Quarter 1	Quarters 2 - 4	Quarter 5

Oregon Health Authority

ANTECEDENT & PINPOINT in Primary Care

Primary care clinicians are often the **only** medical professionals that patients with an alcohol or opioid use disorder encounter.



Screening rates for risky drinking with:

- standard instruments (13%)
- brief intervention (18%)
- use of MAT (1.3%)

are **very low** in primary care settings.

OHSU

Sources: J Gen Intern Med 2011;26:951–2.; J Prim Care Community Health 2011;2:37– 44.

Participation in Both Projects

- ANTECEDENT and PINPOINT are designed for clinics to engage in both concurrently – **dual enrollment is strongly encouraged!**
- The timeline for both projects are aligned with 2020 metric reporting
  - ANTECEDENT:
    - Flexible start dates from February 2020 – February 2021
  - PINPOINT:
    - Flexible start dates from May 2020 - August 2020

The Bottom Line

– Through ANTECEDENT and PINPOINT, our team will provide the support you need to:

- ❖ Provide high quality patient-centered care
- ❖ Achieve the OHA SBIRT incentive metric
- ❖ Train clinical staff and providers to conduct this work sustainably
- ❖ Make an impact on addiction health in Oregon

Contact

For more information about ANTECEDENT, contact: ANTECEDENT@ohsu.edu

For more information about PINPOINT, contact: summerca@ohsu.edu

Oregon-HOPE

Oregon HIV/Hepatitis and Opioid Prevention and Engagement

QHOC Meeting, November 4, 2019

Presentation Objectives

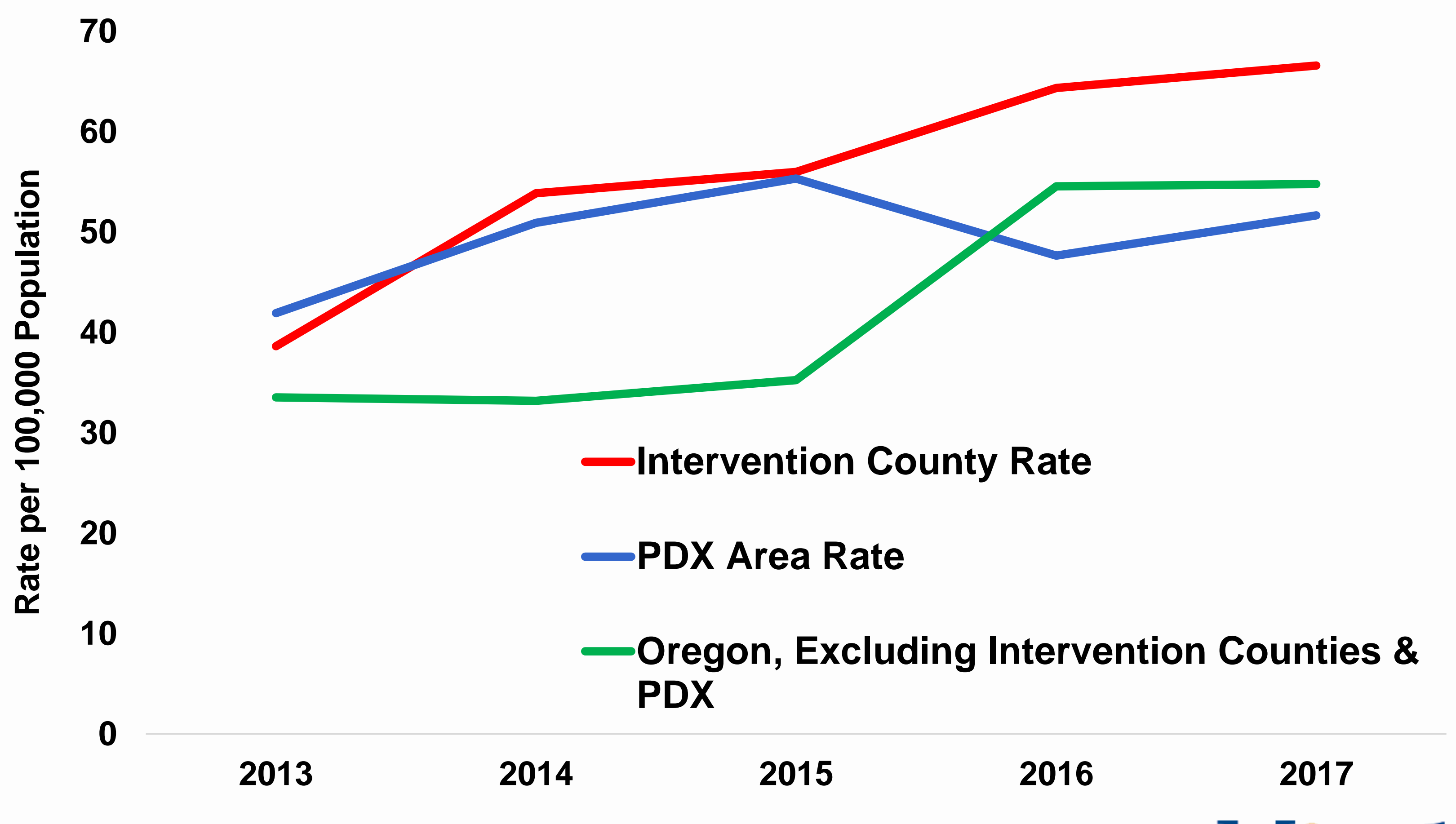
- Provide background on pilot project in Lane and Douglas counties that has been successful in recruiting out-of-services people who inject drugs to receive HCV screening and engage in SUDs treatment
- Ask for support from CCOs
  - Brainstorm about processes to ensure that telehealth services for HCV treatment and MAT are covered by CCOs
  - CCO support for peer services so that upcoming project can be scaled up from 5 counties to additional north coast counties

Statewide Rates of chronic HCV in persons < 30

2013-2017

≤22 per 100,000
≤44 per 100,000
≤66 per 100,000
≤88 per 100,000
>88 per 100,000

Chronic HCV cases in persons < 30 years
87% increase in intervention counties



Oregon Health Authority

OR-HOPE Multi-level Interventions

Community Level

- Community action teams

Provider Level

- Buprenorphine waiver trainings
- Addiction Medicine and HCV ECHO
- HOPE curriculum with AETC

Patient/Individual Level

- Syringe exchange, mobile outreach
- Peer support specialists providing HCV/HIV testing, naloxone, fentanyl test strips, sterile syringes, linkage to treatment

Oregon Health Authority

Pilot Peer Intervention

Who are they?

- Lived experience with SUD
- Completed Peer Support certification
- Supported by HIV Alliance

Joanna

Larry

What do they do?

- **Build relationships**
- Harm reduction "gift bags"
- Rapid HCV/HIV/syphilis testing
- CCO registration
- Link to treatment
- Transportation
- Housing assistance

SUD Initiation & Engagement

18% of peer-outreach clients engaged in substance use disorder treatment within 3 months.

New:
Peer-facilitated Telemedicine HCV Treatment

TeleHCV Innovation

- Gaps:
  - Rural areas lack HCV prescribers
  - HCV elimination requires reaching people who use drugs
- Opportunities:
  - Telemedicine can expand services to rural areas
  - Community-based peer support specialists can engage and retain people with HCV

Benefits to CCOs

- Opportunity to streamline care and save costs
  - Peers expand the reach of CCOs
  - Cost-efficient support for care engagement

- Help meet CCO 2.0 Incentive Metric:
  - "Initiation & engagement in substance use treatment"

Tele-HCV Study Design

- Participants with HCV randomized to peer-facilitated telehealth vs. referral to local HCV prescribers
- Data collection
  - Survey & UDS: baseline, 4, 8, and 12 weeks post tx
  - HCV labs: baseline and 12 weeks post tx
- Outcomes
  - Primary: HCV sustained viral response 12 weeks post tx
  - Secondary: 1) HCV treatment Initiation; 2) HCV treatment completion 3) Perceived stigma; 4) Treatment satisfaction; 5) Harm reduction engagement, and 6) Substance use.

Inclusion / Exclusion

Inclusion Criteria:

1) Age > 18
2) Past 90 day injection drug use
3) Hepatitis C RNA positive
4) Seeking treatment for HCV

Exclusion criteria:

1) Laboratory evidence of decompensated cirrhosis (Childs Pugh B or greater)
2) History of hepatic decompensation, ascites, or encephalopathy
3) Pregnant/breastfeeding

Tele-HCV Process

- Participants enrolled with local CCO
- Peer facilitate confirmatory HCV screening and evaluation labs (standing order)
- Peer link participants to tele-HC provider session to review labs and assess for decompensated cirrhosis
- Telemedicine provider sends prescription for HCV directing acting antivirals (DAA) to local pharmacy
- Peers assist participant in picking up medication and encourage treatment adherence.

Recommended Lab Work-up

If HCV rapid antibody+:

- -HCV RNA
- -HIV Ag/Ab
- -HBV sAg, sAb, cAb
- -HAV Ab, Total
- -Complete Metabolic Panel
- -Platelets
- -INR

Safety

- FDA black box warning for liver decompensation during treatment for patients with *decompensated cirrhosis;* demonstrated safe compensated cirrhosis
- Childs-Pugh scoring performed by HCV clinician in telemedicine visit
  - Current/past history of ascites or encephalopathy
  - Physical exam adds little negative predictive value for decompensated cirrhosis

Simel DL. The Rational Clinical Examination: Evidence-Based Clinical Diagnosis New York, NY: McGraw-Hill; 2009.

OR-HOPE Informs Dissemination

- OHA launching a CDC-funded pilot using peer services for HCV outreach in Eastern Oregon
  - Klamath, Malheur, and Umatilla
  - Hospital-based peers providing HCV screening and linkage
  - Will create Business Associate Agreements between hospitals and SUDs/HCV tx providers

- TeleHCV potential sustainable model for rural areas lacking HCV prescribers

Questions

- Clarify HCV telemedicine reimbursement, standardization between CCOs?
- How to reimburse providers outside of the CCO catchment area?
- CCO support for outreach peers to
  - Engage people in community with harm reduction strategies
  - Support enrollment or re-engagement of people with CCO systems of care
  - Set engagement in substance use treatment and medical care as goals for CCO members

Contact Oregon HOPE

Principal Investigator, **Todd Korthuis**
korthuis@ohsu.edu

Co-Investigator, **Ann Thomas**
Ann.R.Thomas@dhsoha.state.or.us

QPI Workgroup

Quality and Performance Improvement Session 1:00 p.m. – 3:00 p.m.		
1:00 p.m.	Welcome / Announcements	Jennifer Johnstun Lisa Bui
1:10 p.m.	Statewide PIP Update	Lisa Bui
1:40 p.m.	OHA Ombuds Program	Sarah Dobra Ellen Pinney
2:40 p.m.	Items from the Floor	All
3:00 p.m.	Adjourn	

Statewide PIP Update

Lisa Bui

Oregon Health Authority
Ombuds Program

Integral to Oregon Health Plan (OHP) client service and leadership understanding of Oregon Health Plan and Medicaid access and quality trends

QHOC Data Presentation

Today's Presentation

1. Provide overview of Ombuds complaints & concerns process
2. Discuss Ombuds data tracking & use
3. Highlight shared member access to & quality of care issues and themes

Why does the Oregon Health Authority have an Ombuds Program?

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Scope

The Oregon Health Authority shall provide:

- Ombudsman services for
  - Oregon Medicaid recipients
- An ombudsman shall serve as a recipient's *advocate* whenever there are concerns about
  - access to, quality of or limitations on care

Noteworthy Elements

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- Under the OHA Director's supervision and control
- Reports to the Governor and the Oregon Health Policy Board quarterly

How do OHP Members get to the Ombuds program?

Many different doors:

- All CCO’s required to include Ombuds contact information on *Notices of Complaint Resolution.*
- Advocacy organizations, Oregon Law Center & government officials
- Referred to program by
  - CCOs
  - Providers
  - OHA/ DHS staff

Ombuds Intake and Service Process Overview

The Ombuds program considers each caller an engaged client. Engaged clients:

- Are actively involved in efforts to improve their health
- Want to be part of their own care team
- Offer insights into how OHA efforts to improve health, improve care and lower cost are experienced by those we serve.

Ombuds Complaint & Concerns Process Overview

Ombuds walk alongside Oregon Health Plan members, step into their shoes to understand their care challenges

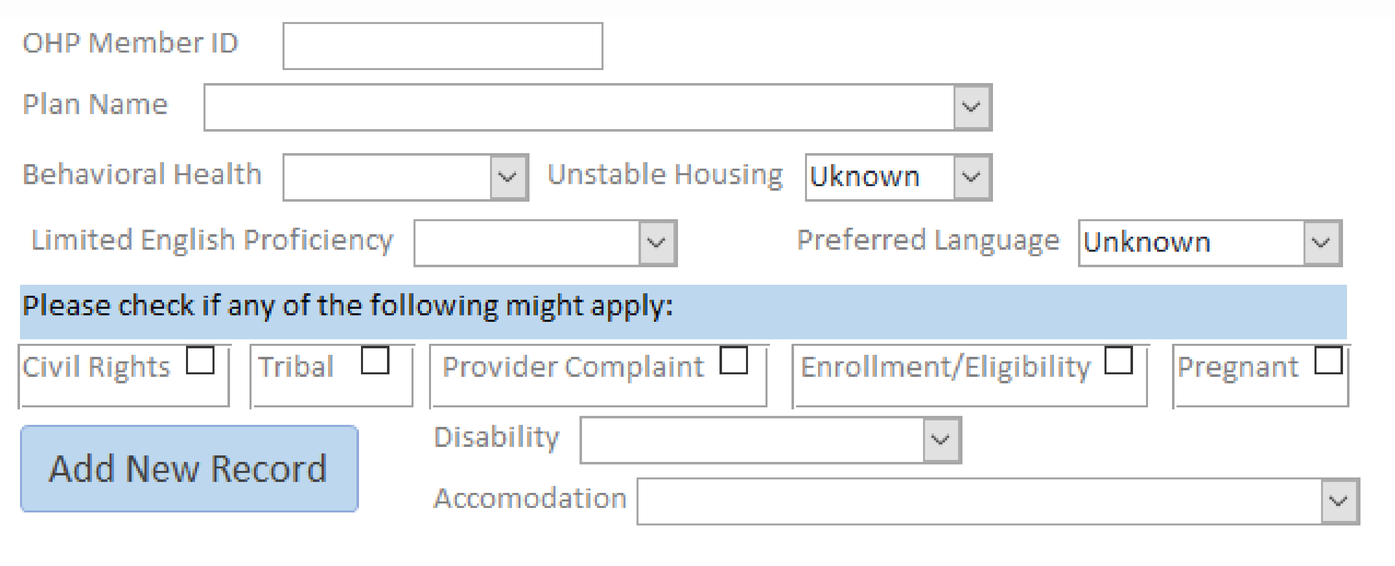
Reconnect member with those equipped to meet their needs: CCO, care coordinators providers, DHS, community

Elevate member voice & experience to inform policies, programs, and operations

Partner with OHA, contractors, DHS and community to support improved health and improved patient experience

Ombuds Data Tracking & Use

- Data to know who we are serving and their needs
- Data to inform member care & understand how to best support their needs
- Data identifies systems issues impacting member access & quality



Ombuds Data Tracking & Use

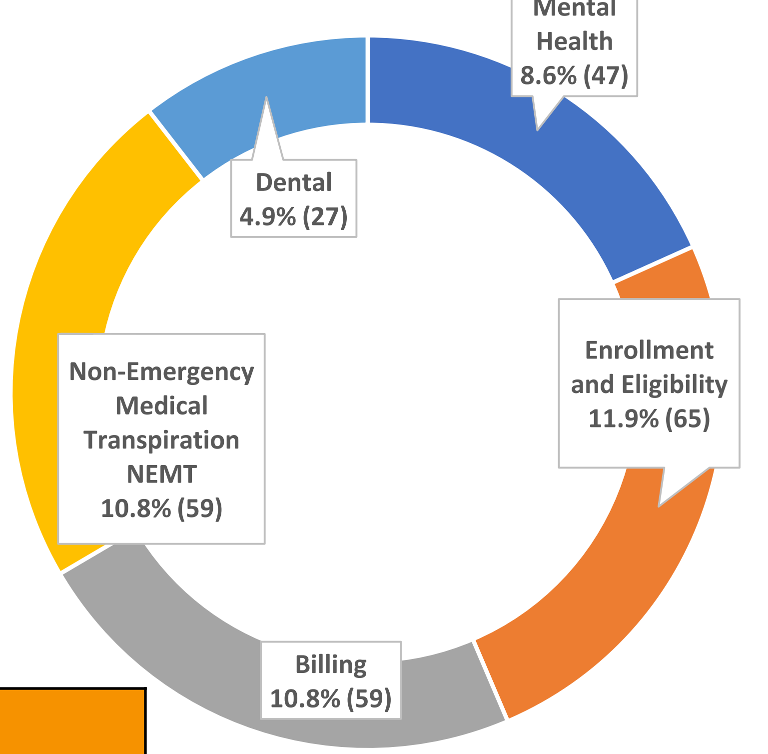
Concerns, Queries, and Complaints to the Oregon Health Authority Ombuds Program

January 1 - June 30, 2019: 740 Total Program Queries

Category	Count	Percent
Total Oregon Health Plan / Medicaid Complaints	548	80.1%
Total Other OHA and other government agency concerns	136	19.9%
No Ombuds Work*	56	7.6%

3rd Q 2019: Approximately 200 Ombuds queries per month, representing 300+ distinct concerns

Ombuds Data Tracking & Use



Top Oregon Health Plan and Medicaid Related Concerns, Queries, and Complaints to the Oregon Health Authority Ombuds Program January 1, 2019 - June 30, 2019: 548 Total Concerns	**Total**	**Percentage**
OHP Enrollment and Eligibility	65	11.9%
Billing	59	10.8%
Non-Emergency Medical Transpiration (NEMT)	59	10.8%
Mental Health *	47	8.6%
Dental	27	4.9%

** Access to services, quality of service, 1915i in-home supports, Continuity of Care request, and other mental health related concerns*

Highlight shared member access to & quality of care issues and themes

Data Purpose/ Use

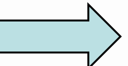
- Hear from members/ understand member needs
- Every caller who makes it through to us is a voice for others who do not
- Ombuds Reports to the Governor and the Health Policy Board are intended to call out system themes, not specific CCOs

Themes for Collaborative Conversation

Care Transition Challenges

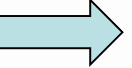
– Medicaid – Medicare transition challenges.
– Delays in enrolling in new CCO after address updates.

Access to Care Challenges



- Mental health capacity
- Dentures issues
- Accessing care/ case management

Administrative Challenges



- The power of a well-written complaint letter
- Complaint process vs. Issues resolution
- Notices of Action – member understanding of content

Next Meeting:

January 13, 2020

10:00 a.m. - 3:00 p.m.

QHOC will be canceled for December 2019