Oregon Cost Growth Target Program

Medical Pharmacy Data Collection Pilot Summary

Background

Pharmacy spending is a key driver for Oregon's health care cost growth. The Sustainable Health Care Cost Growth Target (CGT) Program monitors and reports on health care cost growth for multiple categories of spending, including pharmacy, with the goal of guiding future policymaking to curb cost growth and make health care more affordable for people in Oregon.

Currently, drug spending is collected from payers depending on whether the payment is made under the patient's prescription drug benefit or their medical benefit:

- Drug spending provided under the patient's **prescription drug benefit** (i.e., obtained by a patient in a **retail setting**) is included in the *Retail Pharmacy* claims category.
- Drug spending provided under the medical benefit is included to the location in which it was delivered (e.g., pharmaceuticals delivered in a hospital inpatient setting should be included in the Hospital Inpatient claims category)

Thus, when reporting on CGT pharmacy spending trends, we can only view **Retail Pharmacy** spending. Without a way to break out drug spending covered under a person's medical benefit, our understanding of pharmacy cost growth in Oregon is incomplete. This data collection pilot was borne from CGT TAG discussions and will explore the feasibility of collecting this data from payers' claims data systems.

Participants

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Time commitment

OHA anticipates ~3 meetings in early 2024 plus time outside (for OHA and payer staff) for internal testing and analysis.

Deliverable

The workgroup will ultimately decide whether it is feasible to identify these payments in health care claims data. If successful, the pilot will produce methodology (e.g., instructions, code sets) which OHA will refine to be included in the upcoming 2024 CGT Data Submission Manual and Data Template for all data reporters (payers) to use.

If the group finds it is too burdensome to collect this data, no changes will be made to the CGT data submission methodology.