

Progress Report from the Delivery Systems Committee
Oregon Health Fund Board Meeting
3/20/2008

The Delivery Systems Committee has developed a framework for delivery system reform with the ultimate goal of creating a system that provides all Oregonians with integrated and coordinated patient-centered care that is safe, effective, efficient, timely and equitable. In developing this framework, the Committee has been guided by the concurrent goals of the Institute for Healthcare Improvement's "Triple Aim" (See Figure 1):

- Continuously improve the health of the population;
- Improve patient experience of care; and
- Control costs.

In developing recommendations within this framework, the Delivery Systems Committee has focused on four strategies (See Figure 1):

- Revitalizing primary care and enhancing chronic disease management services using the integrated health home model
- Strengthening public health, population health and wellness
- Improving quality and transparency by establishing a Quality Institute for Oregon (through the work of a Quality Institute Work Group)
- Containing costs and increasing accountability by:
 - Restructuring the health care delivery system into accountable care districts;
 - Administrative simplification;
 - Reducing pharmaceutical spending;
 - Hospital and/or health plan regulation(?)

Integrated Health Home Model

The Delivery Systems Committee acknowledges the need to radically transform Oregon's primary health care delivery system in an effort to improve individual and population health and recommends that this transformation be guided by the integrated health home model. Preliminary integrated health home recommendations from the Delivery Committee include:

- Promote and support patient-centered integrated health homes to be available for all participants in the Oregon Health Fund Board Program, with eventual statewide adoption to ensure integrated health homes are available to all Oregonians;
- Create and support interactive systems of care (real and virtual) which connect integrated health homes with community-based services, public health, behavioral health, oral health, and social services to improve population health;

- Provide Oregon's health care workforce with technical assistance, resources, training and support needed to transform practices into integrated health homes;
- Develop and evaluate strategies to empower consumers to become more involved in their own health and health care by partnering and engaging with integrated health homes; and
- Develop reimbursement and funding strategies that promote and sustain integrated health homes and other system of care partners. This must be a phased process with the following steps:
 - Acknowledge and support initial pilots underway across the state and use the lessons and best practices to continue to rollout and improve the integrated health home model.
 - Develop standard policies that tie reimbursement to requirements to report on common measures of integrated health home process and performance and system performance measures.
 - Design a simple and standard process to designate primary care practices as integrated health home.
 - Develop long-term sustainable payment policies that appropriately compensate providers and other partners involved in integrated health home systems of care for developing capacity to provide integrated health home services and providing these services to Oregonians in a high-quality and high-value manner.

Public Health, Health Promotion and Wellness

The Delivery Systems Committee acknowledges that health reform cannot be successful without robust efforts to strengthen public health, health promotion and wellness activities. The Committee is currently developing recommendations to integrate public health into health care reform by:

- Funding evidence-based, population-based health promotion activities, focusing on conditions and behaviors most detrimental to the health of Oregonians;
- Building a culture of health for state employees;
- Requiring employers, schools and community organizations to take steps to reduce absenteeism, decrease disability and increase productivity of the community;
- Supporting local communities in developing culturally and socially appropriate solutions to local population health problems; and
- Integrating public health into wider delivery reform (integrated health homes, accountable care districts, systematic measurement of population health, etc.)

Quality Institute for Oregon

(Note: The following recommendations from the Delivery Systems Committee Quality Institute Work Group have not yet been presented to the Delivery Systems Committee)

The Quality Institute Work Group recommends that a Quality Institute for Oregon be established by public charter and structured as a public corporation to give the Quality Institute legitimacy and a well-defined mission, while allowing for flexibility in operations and funding. The Quality Institute will:

- Lead Oregon towards a higher performing health care delivery system by initiating, championing and aligning efforts to improve the quality and transparency of health care delivered to Oregonians;
- Coordinate and convene stakeholders to establish common quality goals and metrics;
- Ensure the collection and timely dissemination of meaningful and accurate data about providers, health plans and consumers that provides comparable information about quality of care and utilization of health care resources;
- Support providers in efforts to improve the quality of clinical care.
- Support efforts to engage consumers in using data to make health care decision; and
- Advise the Legislature on an ongoing basis on policy changes/regulations to improve quality and transparency.

Containing Costs and Increasing Accountability

The Delivery Systems Committee is exploring opportunities to restructure the health care delivery system into accountable care districts (ACD) to foster local accountability for quality and the utilization of health care resources. Each accountable care districts could be comprised of integrated health homes, hospitals and other provider and community-based services serving Oregonians within a defined region. Accountable care districts could:

- Allow for meaningful aggregation of quality and utilization data that provides opportunities to compare resources use among different sites, measure total spending per beneficiary and promote coordination between physicians, hospitals and clinics;
- Promote local accountability and collaborative health resource planning;
- Create a framework in which new reimbursement models that encourage high-quality, efficient care could be developed; and
- Create a framework for cost containment targets.

Other cost containment strategies under consideration include:

- Administrative simplification
- Reducing pharmaceutical spending
- Hospital and/or health plan regulation(?)