



**Oregon's State Innovation Model Project
Progress Report
July 1, 2016–September 30, 2016**

Oregon State Innovation Model Project
Quarterly Report
July – September 2016

Overview

This period includes several key reports and achievements – highlights include the release of the Oregon Health Insurance Survey briefs, Oregon’s approval to take part in the Comprehensive Primary Care Plus (CPC+) program, and the launch of the Behavioral Health Integration Resource Library.

The Oregon Health Insurance Survey (OHIS) is an important source of information about health care coverage in the State. The survey provides detailed information about the impacts of health system reform efforts on health care coverage, access to care, and utilization. Data from the 2015 survey provides an early look at the impact of the Affordable Care Act. OHA released a series of fact sheets, <https://www.oregon.gov/oha/analytics/Pages/Insurance-Data.aspx>, this reporting period as a part of a series exploring health insurance coverage using data from this survey & presents information about Oregonians’ coverage, access and utilization to health care. More information regarding Oregon’s rates of insurance coverage are included in the Success Story section below.

Oregon is one of 14 regions selected to implement CPC+, which builds on primary care payment reform, and serves as a critical piece in transforming Oregon’s health care system. More information regarding Oregon’s involvement is included below, in the Payer Engagement section.

The Patient-Centered Primary Care Institute (PCPCI), in partnership with the OHA’s Transformation Center, launched the Behavioral Health Integration Resource Library this reporting period. The BH Library is a comprehensive repository for information, tools, and examples of integrated care solutions - including virtual clinic visits, expert interview videos, webinars, toolkits, screeners, checklists, and more - to support integrated care implementation and quality improvement. The library, located at www.PCPCI.org/BHRL, will continue to grow, add resources and videos. More details included in the Coordination with other Efforts section.

Success Story or Best Practice

The Oregon Health Insurance Survey (OHIS) is an important source of information about health care coverage in the State. The survey provides detailed information about the impacts of health system reform efforts on health care coverage, access to care, and utilization. OHA released a fact sheet this reporting period, as a part of a series, exploring health insurance coverage using data from this survey.

Almost 95% of Oregonians we surveyed said they had health insurance coverage at the time of the survey. This represents approximately 3.64 million people with coverage, a large increase from 2011 and 2013 estimates (85.4% and 85.5%, respectively). The

uninsurance rate in 2015 was 5.3%. The increase in insurance coverage is an expected outcome of the Affordable Care Act changes. In 2014, Oregon expanded eligibility for the Oregon Health Plan (OHP), providing coverage for low-income individuals and families. The insurance exchange was also implemented, increasing access to health care coverage for individuals without other sources of coverage.

The overall insurance coverage increase in 2015 is driven by many more adults between ages 19 and 64 gaining health insurance coverage. Rates of coverage for adults 65 and older remained flat, as Medicare provides nearly universal coverage for older adults. Major expansions to Healthy Kids, Oregon's Medicaid program for children, happened in 2009, so smaller gains were seen for Oregon teens and children in 2015.

Gaps in insurance coverage can affect access and quality of care. We asked Oregonians if they had health insurance for all of the last 12 months. In 2015, 10.7% reported that they had not had coverage for all 12 months, compared with 19.5% in 2013 and 22.3% in 2011. In 2011, gaps in coverage were especially common among adults ages 19-64. In 2015, fewer than a quarter of adults ages 19-34 had coverage gaps, compared with 40% in 2011.

Challenges Encountered & Plan to Address

Oregon will continue its transformation of the delivery system and gains it has made. Sustainability planning has been occurring with each program area and will help OHA prioritize transformation activities and identify alternate funding models and/or partnerships, post SIM. OHA has contracted with consultants for this project who are working with each program that has received SIM funding to identify the next steps and potential source of alternate funding of each of their SIM activities and/or initiatives. At minimum, completed sustainability work plans will be developed for the Patient Centered Primary Care Home Program, Health Information and Technology, the Office of Health Policy and Analytics, the Office of Equity and Inclusion and the Transformation Center.

Given that Oregon has executed over 350 individual contracting actions for SIM-related activities and work, the significant amount of contracting actions is an on-going challenge. Clarification around allowable expenses and consistent processing time for release of funds requests would be beneficial for planning and execution of work.

SIM Engagement Activities

Oregon is one of 14 regions selected to implement CPC+. The model furthers Oregon's commitment and progress to align providers and payers or insurers in changing the way health care is paid. By moving away from fee-for-service reimbursement to one that rewards value, Oregon has made great strides toward achieving better health, better care and lower costs.

The CPC+ initiative brings Medicare, commercial insurers and coordinated care organizations together under a common model that aligns payment methods, engages patients and allows for better coordination.

“The CPC+ model strengthens the foundation of primary care by aligning payment options and giving providers the flexibility they need to provide the best care to patients,” said Leslie Clement, OHA’s director of health policy and programs. “In the past, a health care provider may have been limited in the type of care they could provide based on a patient’s coverage or how they would be reimbursed for their services.”

“The CPC+ primary care home model builds on our momentum toward providing better health, better care and lower costs,” said Jim Rickards, M.D., OHA’s chief medical officer. “Being chosen to implement this model speaks to our success in working together toward solutions while propelling work already underway.”

Building on the initial Comprehensive Primary Care Initiative in which Oregon participated, launched in late 2012, the CPC+ model will benefit patients by helping primary care practices, ensure patient access, engage patients and their families in their own care and supporting connections between hospitals and other clinicians to provide better coordinated care.

CPC+ is aligned with Oregon’s Primary Care payment reform work outlined by the Oregon Legislature in Senate Bill 231 (see below). The CPC+ program begins in January 2017. The Transformation Center is developing the plan for Medicaid fee-for-service CPC+ implementation.

Policy Activities

The Oregon Health Policy Board (OHPB), a nine-member group appointed by the Governor to oversee health policy at OHA, has just completed a series of community meetings across the state to gather public input about Oregon’s CCOs and how they deliver services to Oregon’s most vulnerable citizens. The board gathered input from consumers, advocates, primary care providers and other stakeholders. Recognizing that not everyone maybe able to attend a meeting, the Board is also soliciting feedback through a survey. English and Spanish online surveys are available until early November for those unable to attend and to supplement listening session responses:

- English: <https://www.surveymonkey.com/r/OHPB>
- Spanish: www.surveymonkey.com/r/ND7NC99

The Board will be using this information to develop an Action Plan for Health that will be shared with Governor, the Legislature and OHA in January 2017 for continued system improvements toward the goal of providing Oregonians with better health and better care at a lower cost. The Primary Care Payment Reform Collaborative, whose members are moving forward Oregon’s primary care payment reform efforts as outlined by the Oregon Legislature in Senate Bill 231, met for the sixth time this period and is developing recommendations to the OHPB related to a payment model, governance model, technical assistance, measurement, data aggregation and behavioral health integration. More information about this group, its members and work can be found at <http://www.oregon.gov/oha/Transformation-Center/Pages/SB231-Primary-Care-Payment-Reform-Collaborative.aspx>

State Health Care Innovation Activities

The Behavioral Health Integration Resource Library is a comprehensive repository for information, tools, and examples of integrated care solutions. Resources in the library have been suggested from behavioral health experts around Oregon, and are organized under several topics:

- Behavioral health homes, including standards and best practices for integrating primary care in community mental health settings
- Clinical practice, including screening, assessment and treatment and specific topics like substance use, suicide prevention and trauma-informed care
- Integration/implementation, including CCO Transformation Plans, integrated models, telehealth
- Policy and regulation, including certification and standards, sustainability, and information sharing guidance
- Care for specific populations, including children and adolescents, cultural competence, women's health and older adults
- Integrated care roles, such as behavioral health consultants, psychiatry, team development and traditional health workers

OHA and the Center for Evidence-based Policy published the initial content of the web based toolkit for the promotion of patient decision support tools at www.decisionsupporttoolkit.com. This toolkit is designed to be used by anyone who wants to promote the use of patient decision support tools. Some of the tools are focused on the medical directors of Oregon's CCOs, while others are more likely to be useful at the individual practice level. For example, CCO medical directors may be particularly interested in the information on existing decision support tools that correspond to Health Evidence Review Commission coverage guidance and CCO incentive metrics, while practices may be more interested in tools for implementation and measuring the effects of decision support tools.

This website will be further enhanced with additional case studies before its official release at a presentation to the Quality & Health Outcomes Committee next period.

Self-Evaluation Findings

During this reporting period, Providence Center for Outcomes Research and Education (CORE) and Oregon Health & Science University's Center for Health Systems Effectiveness (CHSE) continued their analysis on the SIM self-evaluation report. This work includes surveys and interviews from payers and providers, and health care claims and encounters data to examine the adoption, spread, and spillover of the Coordinated Care Model. The final report is due to OHA at the end of October 2016.

CHSE continued their analysis of dental integration to better understand how access to, utilization of, and expenditures for dental and related services has affected Oregon's Medicaid population. The final report will be due to OHA in December 2016.

In addition, Portland State University (PSU) continued their analysis of 20 high-functioning Patient Centered Primary Care Homes (PCPCHs). The final report will be published October 2016. Further, the Oregon Academy of Family Physicians continued their analysis of the parallel evaluation examining high functioning clinics not included in the PSU evaluation to determine the overall cost for implementing and maintaining the PCPCH model.

Finally, PSU and CORE continued their analysis of the Housing with Services (HWS) program, which uses two self-administered surveys and health care claims and encounters data to better understand how HWSs promotes optimal use of health and social services, and improves access to long-term services and support, housing stability, and resident's quality of life. This report is due to OHA at the end of October 2016.

Additional Information

The following data notes pertain to Q3 2016 metrics. Please see Metrics Reference Guide on Salesforce for all other data notes.

All percentages are rounded to the nearest tenth of 1%.

CORE BMI 64 and Over; CORE BMI under 65; CORE HRQL; CORE Smoking Rate: All measures are based on annual reporting; therefore, results haven't changed.

CORE Cost of Care Commercial: Increase due to new payer submissions and existing payers resolved some enrollment data problem. Reporting more accurate.

CORE ED visits: Payers updated data, which no longer includes self-insured insured. Reporting more accurate.

Core% enabled for HIE via CareAccord and CORE % enabled for HIE via either CareAccord or PreManage: Increase due to the remaining OCHIN clinics were brought on board CareAccord.

Health Care Interpreter Training: The training part of the program has been completed. Focus is now on testing.

Proportion of PEBB payments that are non-FFS: This work continues to be on hold.
LTSS Accountability Tasks: Not all staff in charge of MOU tasks responded, and those tasks were counted as not completed.

Sustainable Health Care Growth Methodology: OHSU revised the January 2016 SHEW report to include OHA's feedback. Final report was submitted to OHA on June 30, 2016, and details overall health spending, categorizes spending by place and type of service, analyzes per-member-per-month spending across payers and types of service, and displays spending trends from 2011 to 2014.