



**Oregon's State Innovation Model Project
Progress Report
October 1, 2015–December 31, 2015**

Oregon State Innovation Model Project
Quarterly Report
Oct - Dec 2015

Overview

Significant progress has been made this reporting period – noteworthy accomplishments include the Oregon Health Authority (OHA)’s third Coordinated Care Model Summit and the release of the Patient-Centered Primary Care Home (PCPCH) Program and the OHA Learning Collaboratives Annual reports.

The Transformation Center held its third Coordinated Care Model Summit on November 17, 2015, titled, “Oregon’s Coordinated Care Model: Highlighting Outcomes and Promoting Excellence.” Nearly 850 Coordinated Care Organization (CCO) staff, other public and private health care purchasers, providers and clinicians, Community Advisory Council (CAC) members, community stakeholders, health leaders, lawmakers, policymakers and funders came together to share outcomes and lessons learned from innovative strategies for implementing health system transformation. More details included below under Success Story / Best Practice.

The PCPCH Program released their annual report during this period. This report is a comprehensive description of the program, chronicling the PCPCH model development, program operations, PCPCH characteristics, program evaluation and future direction of the program. This report is available at <http://www.oregon.gov/oha/pcpch/Documents/2014-2015%20PCPCH%20Program%20Annual%20Report.pdf>.

The Transformation Center supports CCOs through learning collaboratives in which CCO representatives – from medical directors to CAC members – and other stakeholders learn from recognized experts and each other. These learning communities create opportunities for peer-to-peer learning and networking, identify and share information on evidence-based and emerging best practices, and help advance innovation in health system transformation. This report highlights the successes of the Transformation Center’s second year of learning collaboratives convened from July 2014 through June 2015. More information is included below.

Success Story/Best Practice

The Transformation Center held its third CCM Summit for health system transformation partners to come together to share and learn about work happening around the state. Highlights include:

- Keynote presentation by Soma Stout, MD, who emphasized partnering with entities beyond the health care system – such as schools, social services and public health – to improve health, well-being and equity.

- Thirty-seven project posters from clinical innovation fellows and CCOs, nonprofit, public and academic partners
- Twelve breakout sessions on behavioral / oral health integration, community engagement, patient experience, health information technology, patient empowerment, traditional health workers, complex care, county leader reflections, trauma-informed care, opioids and social determinants of health
- Launch of OHA's Reducing Opioid Overdose and Misuse website

Materials from the summit are available online at

<http://www.oregon.gov/oha/Transformation-Center/Pages/Coordinated-Care-Model-Summit.aspx>.

In its second year, the Transformation Center facilitated 41 learning collaborative sessions and three large events (statewide CCO and CAC Summits and the Innovation Cafe). Highlights include:

- The Council of Clinical Innovators graduated its first 13 Clinical Innovation Fellows.
- The Quality Improvement Community of Practice hosted a three-month training, Leading Quality Improvement: Essentials for Managers, through the Institute for Healthcare Improvement. All CCOs participated in at least one session.
- The Health Equity Learning Collaborative launched and held its first 4 meetings.
- The Oregon Health System Innovation Café created space for deeper dives into priority topics from previous Complex Care Collaborative sessions.
- 10 CCO Learning Collaboratives completed.
- 21 CAC Learning Collaborative with CAC leadership.

The Learning Collaboratives Annual Report is available online at

<https://www.oregon.gov/oha/Transformation-Center/Documents/LCAnnualRept2014-15-FINAL.pdf>

Challenges Encountered and Plan to Address

The broad reorganization that OHA undertook led to change management initiatives to more fully align the functions and resources of the agency to accomplish health transformation.

In addition, this quarter, we are pleased to report some key leadership positions that will help us meet our SIM goals and continue health systems transformation efforts in Oregon.

- Lori Coyner, who has served in several leadership roles at OHA since 2013, is Oregon's new state Medicaid director. She is the point of contact with the Centers for Medicare and Medicaid Services (CMS) and manages policy conversations regarding the state's contract with the federal government. She oversees all Medicaid policy changes related to Oregon's waiver as well as providing oversight of all Medicaid home and community based waiver policies. Ms.

Coyner will work across OHA and the Department of Human Services to ensure Medicaid agency implementation is aligned with policy. She will report to Leslie Clement, OHA's Director of Health Policy and Analytics.

- Dr. Jim Rickards is the new Chief Medical Officer. He has significant experience working with Oregon's health system transformation and reform. He has served as the Health Strategy Officer with Yamhill Community Care Organization (YCCO) and served on OHA's Council of Clinical Innovators. While serving as one of the first group of clinical fellows, he led the implementation of a primary care-based tele-dermatology consult platform throughout YCCO's provider network. He will be leading OHA's clinical leadership team, which will include our new Behavioral Health Policy Director (recruitment underway), our Dental Director, Bruce Austin, and our Medicaid Medical Director, Kim Wentz. Dr. Rickards will also oversee the Health Evidence Review Commission, PCPCH, the Quality Improvement Council and the Transformation Center.
- James Raussen, a former government consultant specializing in insurance, is the new Oregon Educators' Benefit Board (OEBB) administrator.

Payer Engagement Activities

OHA has engaged the Center for Evidence-based Policy to provide CCOs advanced technical assistance to identify and implement alternative payment methods (APMs). Based on an application process, three CCOs have been selected and will be focusing on the following projects.

- Health Share of Oregon – Project Nurture integrates maternity care and substance use disorder treatment to improve health outcomes and decrease long-term complications. Started as a pilot, the Health Share of Oregon partners will receive assistance in developing a sustainable finance model for the program.
- Cascade Health Alliance – Over the past two years Cascade Health Alliance has developed innovative projects to address population health needs in Klamath County. The CCO will receive assistance for the following areas: population health risk management, enhanced risk stratification and value-based incentives for appropriate care.
- PacificSource Columbia Gorge – The Columbia Gorge CCO has successfully implemented alternative payment methods in primary care, and will receive support in aligning primary care with behavioral health and oral health to establish a more unified, sustainable approach to value-based payment methods in the region.

Other CCOs may request APM technical assistance through the Technical Assistance Bank.

Building upon the successful Public Employee Benefit Board (PEBB)'s Request for Proposal (RFP) process and technical assistance provided through SIM, OEBB is preparing to release their RFP in September 2016. Effective October 1, 2015, the board

aligned its contracts with CCO metrics and is developing baseline year data for establishing benchmarks and performance targets.

New contracts that further strengthen coordinated care principles will take effect October 1, 2017. OEBC covers 190 of 197 school districts, 20 educational service districts, 14 community colleges, as well as a few charter schools, counties and special districts for a total of 147,000 covered lives.

Policy Activities

Senate Bill (SB) 231 (2015) requires OHA and the Department of Consumer and Business Services (DCBS) to report on the percentage of medical spending allocated to primary care by the following healthcare payers:

- Prominent carriers, defined as health insurance carriers with annual premium income of \$200 million or more.
- Health insurance plans contracted by PEBB and OEBC.
- Medicaid CCOs.

Since the passage of SB 231, OHA and DCBS have collected data and are developing a report that will be presented to the Legislature in February 2016. It will include information about primary care spending in calendar year 2014. It excludes prescription drug claims, health care payers not covered by SB 231 and health care spending by people who pay out of pocket, including people without insurance.

The Transformation Center has been tasked with convening the stakeholder collaborative as mandated by SB 231. The objective of the collaborative is to allow participants to share best practices that support innovation and improvement in primary care and to work together to seek alignment and agreement around primary care reimbursement to help improve population health patient care, and control health care costs across Oregon.

The bill requires the OHA to invite a broad array of organizations and individuals to participate in the collaborative (e.g. primary care and behavioral health providers, consumers, contracting and reimbursement experts, CMS, FQHCs, hospital and health systems). All members of OHA's Patient-center Primary Care Home Standards Advisory Committee were invited to participate in the collaborative and many have chosen to do so. Prior to the first committee meeting, the collaborative facilitator will conduct brief pre-interviews with participants to obtain their perspective about the collaborative and how it can help move transformation forward. The first collaborative meeting will likely be held in late March 2016, with four to six monthly committee meetings thereafter.

Coordination with Other Efforts

In early 2015, OHA's Child Well-being Team administered three small grants (\$40,000 each) using SIM funds to support innovative projects that promote cross-sector collaboration between health and education. Two of the three grants were completed this quarter and described below (the third was completed last quarter).

- Lane County HealthCare Workforce Project: Issued to PSU/Oregon Solutions Network (OSN) to promote and facilitate coordination between Trillium Community Health Plan CCO and University of Oregon, Lane Community College, and a wide variety of other partners to address shortages in the healthcare workforce in Lane County. OSN facilitated a workgroup of representatives from over 20 organizations to develop a Community Action Plan for addressing a clinical rotations bottleneck, incentivizing Nurse Practitioner and Physician's Assistant students to study in Lane County and addressing other barriers to recruitment and retention. The project was designated as an Oregon Solutions Project by Governor Brown in May of 2015, and the final Declaration of Cooperation signing ceremony between the participating entities is anticipated to take place in early December.
- Klamath County School-Based Health Center Project (SBHC): Issued to PSU/OSN to support a collaborative team working to develop a SBHC at Klamath Union High School. Intended to facilitate and enhance collaborative partnerships between Cascade Health Alliance CCO, Klamath School District, Klamath County Public Health, primary care providers, Klamath County Commissioners and others to develop an SBHC and improve health and academic outcomes for youth in Klamath County. As a result of this grant, medical providers and other key partners are committed to the project, a plan and activities to integrate services is in place, MOU agreements are outlined, a leadership team is carrying the process forward, and the team is poised to apply for funding for Phase II planning through a Ford Family Foundation grant.

Self Evaluation

The recently released PCPCH Program annual report included the following evaluation activities and findings from external researchers:

- Oregon Health Care Quality Corporation compared PCPCHs and non-PCPCH clinics on 5 quality measures. They found PCPCHs achieved significantly higher scores on all measures.
- Portland State University (PSU) surveyed 573 PCPCHs in 2012–2013 on implementation of the PCPCH model. Among key findings, they found almost all PCPCHs offer same-day appointments; 90% have a quality improvement team; and primary care and behavioral health providers work together at about two-thirds of practices.
- PSU estimated the effect of PCPCH recognition on utilization and spending using 2010–12 data from OHA's all-payer claims database. Among key findings, they found increased preventive care procedures and decreased specialty care visits, pharmacy claims and spending on primary care and specialty office visits resulting from PCPCH recognition.

- In 2013, PSU interviewed key stakeholders to identify factors that facilitated or impeded PCPCH implementation. OHA staff will leverage findings to develop a strategic plan that will improve communication of program goals to stakeholders.
- OHA contracted with Providence Center for Outcomes Research and Education (CORE) to analyze reports from OHA's PCPCH site visits and assess changes in access, quality, and health outcomes for PCPCH patients. CORE used patient survey data to estimate the effect of receiving care from a PCPCH. They found that the PCPCH model did not affect access, utilization or preventative screenings. However, PCPCH patients were more likely to receive assistance with food, transportation and housing when needed.

Also in this reporting period, CORE delivered advanced drafts of payer, provider, and employer surveys and interview guides for the SIM evaluation. Survey administration will begin February 2016.

Additional Information

These data notes pertain to Q4 2015 metrics. Please see Metrics Reference Guide on Salesforce for all other data notes. All metrics are rounded to the nearest tenth of 1%.

Beneficiaries impacted, statewide population: Calculation was updated to include percentage of Oregonians with commercial coverage from OHSU's February 2015 report, *Impacts of the Affordable Care Act on Health Insurance Coverage in Oregon*, and OR certified population estimate for July 1, 2015 from PSU's Population Research Center.

ED Visits: Due to data issues, this metric excludes data from one prominent insurance carrier representing approx. 3% of Oregon's commercial enrollment in 2014. As with prior reports, this metric also includes Medicare FFS data. Medicare FFS data for Q1 2015 were not available by the deadline for this report.

LTSS Accountability Tasks: Two areas did not report number of tasks completed and are excluded from this metric.

Proportion of PEBB payments that are non-FFS: Work on a reporting mechanism to capture PEBB payments that are non-FFS was placed on hold until data collection for SB 231 is completed. For SB 231, OHA and the Oregon Insurance Division are collecting data on non-claims-based primary care spending and total medical spending by CCOs and commercial, Medicare Advantage, and PEBB and OEGB plans. This will inform future efforts to collect PEBB payments that are non-FFS and limit duplication of requests.

Sustainable health care growth methodology: OHA and OHSU established a work plan for 2015-16. The work will extend existing analyses to include data from 2011-14 and incorporate Medicaid FFS data. Future analyses will also categorize spending by place and type of service, explore variation in per member spending by county, and explain

proportion of spending growth due to changes in price versus utilization. These new analyses will be used by the CCM Alignment workgroup to inform recommendations for potential accountability mechanisms aimed lowering health care costs.