Oregon Business Plan Health Care Strategy Reset, 2015

Working Document for Discussion and Input – Subject to Change

Proposed Oregon Business Plan Health Vision-- 2020

By 2020, the citizens of Oregon and our communities will be the healthiest in the nation because we all view our health and well being as a core value, embracing healthy lifestyles and committing personal and common resources to that end.

Oregon will have an efficient and financially sustainable health care system that supports the health of all Oregonians and delivers high quality health care at an affordable price.

In turn, the Oregon business climate is enhanced and more competitive because Oregonians are healthier, employees are more productive, and the overall per capita cost of health care is one of the lowest in the nation and increasing at a financially sustainable rate.

Proposed Goals to Reach our Vision

1) Affordable insurance coverage for all Oregonians.

2) A healthy, competitive market where everyone is motivated to improve health, deliver quality, and controls costs.

3) All Oregonians have access to high quality, coordinated care when they need it that supports their physical health, as well as mental health and social well-being.

4) Consumers have the right tools and information to make the best decisions for their health and health care. Employers, providers, and insurers will have the right data to make educated purchasing, clinical, and coverage decisions

5) Oregon's communities work together to embrace healthy lifestyles.

6) Oregon's businesses provide leadership in health reform, collaborating on initiatives and advocating for policies and funding that support and further these goals.

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Goal 1. Affordable insurance coverage for all Oregonians.

Oregon Business Plan Strategies	Oregon's Progress	Oregon's Challenges	2016-2020 Priorities?
Require individuals to have health care coverage. Subsidize private insurance for low-income workers and individuals Expand access to care through Medicaid expansion to reduce cost-shift to private employers. Establish a sustainable funding source for Medicaid that grows at a predictable rate. Create a public exchange to allow a one stop shopping for health insurance.	Hospitals, insurers, the state worked together to implement various taxes to sustain the Oregon Health Plan and expand coverage to children. With funding under federal health reform, approximately 440,000 Oregonians enrolled in coverage through Medicaid or Cover Oregon. Federal health reform created tax credits to make coverage more affordable and modified insurance rules to reduce previous barriers to coverage (e.g., pre-existing coverage exclusions) Oregon's rate of uninsured has gone from 14.5 % to 5.6%. Additionally, Medicaid's new Coordinated Care Organizations are continuing to hold down costs within the budget commitments to the federal government.	Health insurance exchange is in transition, with the closing of Cover Oregon and moving functions to the Oregon Insurance Division. Individual market rates increased substantially this year. Full impact of ACA not clear. State structural budget deficit beginning in 2015 when federal funding for the new Medicaid enrollees begins to decline (Est. shortfall $2 billion in 15-17, $5 billion in 17-19).	Get the Exchange running effectively for Oregonians and small business Develop sustainable funding approaches to address short and long term state funding concerns (reduction of federal Medicaid funding beginning in 2015-2017). Evaluate reform implementation and identify areas for possible policy change that could improve the effectiveness of expansions and the exchange (e.g. churning) Ensure sustainable growth and structure in both the individual and group insurance markets.

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Goal 2. A competitive market where everyone is motivated to improve health, deliver quality, and controls costs.

Oregon Business Plan Strategies	Oregon's Progress	Oregon's Challenges	2016-2020 Priorities?
Offer value-based, evidence-based benefit designs that require cost sharing at the time of service while avoiding financial barriers for preventive services and chronic diseases management. Implement new payment mechanisms that support improved quality and lower costs such as medical home models. Support legislation that allows the Oregon Health Plan to implement purchasing strategies used by private employers (e.g., use of a preferred drug list, integration of mental and physical health). Encourage employers to use a defined contribution strategy to fund employee health benefits, while providing a choice of health plans, provider networks, and benefit levels to better engage consumers and create the right market incentives.	Implementation of value based benefit plan by Oregon's Public Employee Benefit Board (PEBB), MODA Health Plan, and Evraz Steel (nationally) among others. Focused initiatives implemented to address specific cost and quality concerns including: • 35 of Oregon's 53 birthing hospitals have adopted a "hard stop" policy on early elective, non medically necessary deliveries before 39 weeks gestation. • Seven health plans participated in a pilot to allow direct access to 250 physical therapists for patients with uncomplicated, acute low back pain. The Oregon Health Leadership Council, insurers, providers, and the Oregon Health Authority have worked successfully to have successfully worked to: • increase the use of websites for eligibility and claims	Provide tools to employers to 1) assess if private or public exchanges are/can be a more effective channel to offer benefits and better align incentives, and 2) tools to incorporate these strategies Oregon does not have a true small employer health insurance exchange. Still needed? Or are private exchanges filling the need?	Articulate next steps and goals for the Oregon's health insurance exchange, particularly development of a small employer market place. Help determine the best channel that could work for employers—public or private exchanges, self-insurance or insurance Continually identify and develop approaches for managing cost drivers (e.g., pharmaceutical cost growth, high utilization of emergency rooms, inappropriate opiate usage)

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Support public and private exchanges to provide these options to consumers and small businesses. Simplify the administrative challenges faced by physicians and other healthcare professionals to increase efficiency and provide cost-savings to the entire system.	information (OneHealthPort), • increase the use of electronic transactions, • improve prior authorization processes and; • work toward standardization and automation of key processes.		

Goal 3. All Oregonians have access to high quality, coordinated care when they need it that supports their physical health, as well as mental health and social well-being.

Oregon Business Plan Strategies	Oregon's Progress	Oregon's Challenges	2016-2020 Priorities?
Health care payers, health plans and self-insured employers implement medical home and other innovative approaches that support integrated care, increase quality, and reduced unnecessary services. Ensure access to providers for Oregon Health Plan patients by increasing provider payments and reduce the cost shift to privately-insured patients.	Extensive work on medical home implementation with early OHLC/insurer demonstration on high value medical home (2009-11). The Oregon Health Authority (OHA) with broad collaboration created the Patient Centered Primary Care Home program. By the end of 2014, 538 clinics were certified as medical homes, representing 50% of the eligible clinics and over half of the state's population.	CCOs are not fully implemented. Further integration of mental health, addiction, and dental health services still needed. Continued access concerns for Medicaid enrollees, rural, and traditionally underserved residents overall.	Assess the efficacy and financial sustainability of delivery system reforms (e.g., medical home for everyone) Full implementation of CCO model (mental health, addiction, dental services) and continued Continue focus on outcome metrics and staying within budget New models of care for

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Support the implementation of OHP Coordinated Care Organizations.	Implementation of the coordinated care model through Medicaid Coordinated Care Organizations (CCOs) and PEBB state employee coverage. Implementation of an advanced set of CCO performance metrics tied to incentive pool payments. Early indicators point to decreased emergency room visits and increased primary care visits.		complicated social/medical concerns • Expand and create new innovative mental health and addiction service models • Expand use of non-medical models to address a full range of complicated social, environmental, and other factors that lead to health disparities among Oregonians • Align outcome metrics that encompass social, environmental, and economic concerns (e.g., affordable housing, living wage jobs) Increased health care workforce capacity • Improve primary care physician and physician extender capacity to improve care access, reduce ER utilization, and avoid provider burnout. • Ensure broad provider acceptance to see Medicaid enrollees to ensure access to patients and reduce waiting lists

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Goal 4. Consumers have the right tools and information to make the best decisions for their health and health care and employers, providers and insurers have the right data to make educated purchasing, clinical and coverage decisions.

Oregon Business Plan Strategies	Oregon's Progress	Oregon's Challenges	2016-2020 Priorities?
Develop the capacity to have meaningful information on costs and quality readily available to consumers, purchasers and providers. Implement evidence-based tools that are simple, understandable and can be used by consumers to improve decision making on health plans, providers, locations of services and treatment options. Deploy strategies to improve health literacy and support more informed decision making (e.g. Advance Care Planning, Palliative care) Establish a standard data set that payers use to measure and pay for performance and outcomes Continue efforts to improve health care information infrastructure: electronic health records, secure exchange of health data among providers, transparent information on costs and quality, and standardized quality measures.	Implementation in all of Oregon's hospitals of technology (EDIE/ PreManage) that allows clinicians to identify patients who visit the emergency rooms who would be best served in another setting of care, as well as share data with health plans, CCOs, and provider groups to enable timely and informed care coordination and population management. Many efforts to make meaningful quality data available across physicians, hospitals, and insurers. The Oregon Health Care Quality Corporation has been actively producing quality measurement reports since 2007, aggregating data across participating health plans.	Dashboards and quality metrics are not fully aligned across public and private payers. Transparent health care cost data still very difficult to obtain and use in many cases. A sustainable model for cost and quality reporting is still needed.	Data transparency, analysis, and exchange • Continue expansion of electronic health records and electronic information exchange • Truly align outcome metrics and dashboards across stakeholders • Continued focus on technology development for better care delivery Develop a model for collaborative and impartial cost and quality reporting that can be sustained and adequately involves necessary stakeholders.

Goal 5. Communities work together to embrace healthy lifestyles.

Oregon Business Plan Strategies	Oregon's Progress	Oregon's Challenges	2016-2020 Priorities?
Support educational efforts to define the roles of Oregonians in their role in their health and well-being of their communities. Develop and implement the Healthiest State Initiative.	*<Table under development>*		Improved consumer engagement and focus on population wellness • Continue focus on improving consumer understanding and engagement in their own health, including health care service decisions and insurance coverage options. • Better integrate and support of health care and population health approaches to prevent and better manage disease. Continue implementation of the Healthiest State Initiative: • Identify the issues that, if reversed, would have the greatest impact and mobilize allies working in these areas, agree to common indicators of progress, and drive a common agenda. • Provide resources, tools, and support for local communities to transform their infrastructure, practices and policies to ensure that healthy options are abundant

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Goal 6: Oregon's businesses serve as leaders in reform, collaborating on initiatives and advocating for policies and funding that support and further these goals.

Oregon Business Plan Strategies	Oregon's Progress	Oregon's Challenges?	2016-2020 Priorities?
Improve understanding of the implications of federal and state health reform on business and the overall state economy, including the funding costs for Medicaid and its effect on other funding priorities (e.g., education, transportation). Encourage a culture of wellness and personal responsibility in the workplace; offer and include incentives for participation in health and wellness programs. Private and public employers drive reform through their benefit offerings to create greater aligned incentives among consumers, providers and payers to achieve these goals (e.g., value based benefit design, increase the use of defined contribution for employee insurance, providing a choice of health plan packages.) Advocate for other policies that support the Oregon Business Plan health and health care goals. Create a forum and collaborate with other organizations to align and motivate health reform efforts going forward.	Employers involved in significant policy development through the Oregon Health Fund Board, the Oregon Health Policy Board, and numerous committees. Successful collective support and advocacy to create funding strategies for the Oregon Health Plan during periods of economic recession. Established the Oregon Health Leadership Council to champion collaborative reform efforts across employers, insurers, providers, and the state. Numerous examples of private and public employers (e.g., PEBB) implementing workplace health and wellness programs.	Continue a shared reform vision and strategic framework to focus collaboration and keep pressure on initiatives. Strive for an even representation of employers along with providers, insurers, advocates, and policymakers in discussions to balance objectives.	Maintain collaborative tables such as the Oregon Health Leadership Council and expand the representation of non-health care perspectives at these venues. Build leadership across all business sectors to champion collaborative reform efforts.

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