OHA Health Policy 2015 – 2017 Governor's Budget

Presented to the Human Services Legislative Subcommittee

On Ways and Means

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Health policy: Enterprise services helping power health system transformation

Health policy goals

Health policy provides enterprise services helping power health system transformation to achieve the triple aim of better health, better care and lower costs.

1. Inform decision making through accurate and timely analysis.

2. Improve health care through provision of evidence-based practices and achieve client level outcomes and results for Oregonians

3. Support timely and secure information sharing for effective care coordination.

4. Promote the sharing of health delivery best practices.

5. Promote health equity, increase cultural competency and reduce health disparities.

Health Policy

Office of the Chief Medical Officer
Jeanene Smith, MD, MPH

- Health Evidence Review Commission
- Quality Improvement Council (internal)
- Patient-Centered Primary Care Home Standards Advisory Committee
- Provider community

Office of Health Policy and Research
Jeanene Smith, MD, MPH

- **Oregon Health Policy Board**
  - Coordinated Care Model Alignment Workgroup
  - Health Care Workforce Committee
- Medicaid Advisory Committee (Federally required)

Office of Health Analytics
Lori Coyner, MA

- Metrics and Scoring Committee
- All Payer All Claims Technical Advisory Group
- Hospital Performance Metrics Advisory Committee

Office of Health Information Technology (OHIT)
Susan Otter, BA

- HIT Oversight Council (statewide)
- CCO HIT Advisory Group
- Programs serving providers, hospitals & health care entities
  - Medicaid Electronic Health Record Incentives
  - CareAccord, statewide Health Information Exchange
  - Provider Directory (in development)
  - Common Credentialing (in development)
  - Clinical Registry (in development)

Equity and Inclusion
- Traditional Health Worker Commission
- Council on Health Care Interpreters

Transformation Center
- Council of Clinical Innovators
- Community Advisory Council Learning Collaborative Steering Committee

Health programs/offices served

Medicaid Assistance Program

Addictions and Mental Health

PEBB/OEBB

Public Health

Oregon Health Authority

Health policy: Organized to achieve the triple aim

Historically, many health policy functions were embedded throughout the organization = previously siloed, redundant and not coordinated.

Currently, organized to improve alignment, standardize and more efficiently support programs.

- New Chief Medical Office is repurposed with leadership of all medical directors and quality improvement.

- Health Analytics centralizes leadership of program analysis, metrics management, and dashboard development.

- Office of Health IT focuses on health system transformation supports and tools.

Oregon Health Authority

Oregon Health Policy and Research Overview

- Policy analysis, development and waiver evaluation.

- Supports the Oregon Health Policy Board, and the Medicaid Advisory Committee

- Provides technical assistance to other OHA programs, responds to legislative requests for policy research and engages stakeholders in public discussion.

- Supports the coordinated care model implementation

Office of the Chief Medical Officer

OHA Clinical Services Oversight

- Clinical leadership integration
- Directs collaborative quality improvement
- Establishes and maintains effective health care professional relationships

- Oversees:
  - Patient-Centered Primary Care Home Program
  - The Health Evidence Review Commission
  - The OHA Quality Improvement Council
  - Oregon's $45 million State Innovation Model (SIM) grant and activities

Office of Chief Medical Officer outcomes

IMPROVED ACCESS to primary care while OHP added 400K new enrollees to coverage!

- More than 80 percent of CCO enrollees receive care through a patient-centered primary care home
- Patient are receiving more preventive services
- Satisfaction with care has improved

FOCUS:

- Integrated quality care provided in the right place at the right time and the right cost.
- Repurposed existing resources to hire NEW Dental Director to reflect importance of oral health's impact to overall health.
- NEW Quality Improvement Director hired to coordinate agency-wide focus on outcomes.
- Spread the coordinated care model

Office of Health Analytics

"What gets measured, gets managed."
Peter Drucker

Health Analytics

Oregon's Health System Transformation 2014 Mid-Year Report

The newly released 2014 Mid-Year Health System Transformation Report is now available.

Supports data-driven and informed decision making by:

- Utilization, financial and quality data
- Quality and access metrics, member surveys and cost trends
- Serving as a single point of accountability for data coordination and integration across OHA, CCOs and other health care systems

2014 Mid-Year Health System Transformation Report can be found at:
http://www.oregon.gov/oha/analytics/Pages/index.aspx

Health Analytic outcomes

PAYING for outcomes:

- Statewide performance on 33 measures
- Protocols to ensure data integrity
- Payments for CCO performance on 17 metrics

PAYING for quality:

- Oregon's first hospital performance program

ESTABLISHED PERFORMANCE TOOL:

- Created the first interactive CCO dashboard

TOOLS for agency performance:

- Created interactive Addictions and Mental Health dashboard

Oregon Health Authority

Health Analytic outcomes

FOCUS:

- Methodology to identify total health care spending at a sustainable rate

- All-Payer, All-Claims dashboard

- Identifying and monitoring high risk/high costs

- Provided regular, transparent reporting on state and CCO performance, as well as racial and ethnic disparities

- Demonstrated improvements over 2011 baseline across CCOs on:

  – Patient-Centered Primary Care Home enrollment: ***Increased 55%***

  – Emergency Department utilization: ***Decreased 21%***

  – Alcohol and drug misuse screening (SBIRT): ***Improved for all CCOs***

  – Developmental screening: ***Continues to improve for all CCOs***

Oregon Health Authority

Oregon Health Information Technology (OHIT)

HIT customers	OHIT goals
Providers	Access to the right patient information to coordinate and deliver "whole person" care.
Health systems	Systems effectively and efficiently collect and use aggregated clinical data for quality improvement, population management and incentivizing health and prevention.
Patients	Individuals access their clinical information and use it as a tool to improve their health and engage with their providers.

- *"Having an integrated shared care plan will transform care coordination."*
  Terry Coplin, CEO, Trillium CCO

- *"We are moving toward using technology as a foundation to make decisions about care."*
  Phil Greenhill, CEO, WOAH CCO

- *"Investing in Jefferson HIE is important. The number one frustration of our case managers is the wasted duplication of services and tests."*
  Bill Guest, CEO, formerly of Cascade and now WVCH CCO

The role of the state in health IT

SUPPORT

STANDARDIZE AND ALIGN

PROVIDE

Community and organizational HIT/HIE efforts

- **Oregon Health Leadership Council: A statewide council comprised of 35 senior level executives of Oregon medical groups, hospitals, health systems and health plans**

- **Oregon Health information Technology: A statewide oversight committee of 11 members appointed by the Governor who bring diverse experience in HIT as well as in health care delivery, policy and research**

- **Health Information Technology Advisory Group: a statewide technology advisory group charged with advising OHA about the implementation of delivery system tools**

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OHIT outcomes

- **Emergency Department Information Exchange (EDIE)**
  - *Improving coordination of care, reducing unnecessary utilization and reducing costs*
  - Currently 92 percent of Oregon hospitals are receiving hospital notifications

- **Medicaid Electronic Health Record Incentive Program**
  - Total of $62.6 million paid to 56 Oregon hospitals
  - Total of $54.6 million paid to 3,372 eligible professional providers

- **CareAccord, the state's Health Information Exchange, offering direct secure messaging at no cost for all care team members**
  - Nearly 1,100 users in 138 active organizations including 48 percent ambulatory care, 19 percent behavioral health, nine percent dental
  - More than 1,600 direct secure messages

FOCUS:
Providing a centralized repository of practitioner credentialing information, acquiring a state-level provider directory and clinical quality metrics registry system.

Oregon **Health** Authority

Promotes good health and wellness for all Oregonians by:

- Promoting best practices for diversity development in recruitment, hiring, retention, performance management, contracting and employee development

- Identifying and educating key stakeholders about health disparities and promoting health equity

Health Equity and Inclusion outcomes: Addressing health inequities across Oregon

- Established five health care interpreter certification tests to better serve consumers

- Created the Traditional Health Worker Commission

- Developed health information and resources for migrant farmworkers and their families during the harvest season

- Collaborated on diversity recruitment and supplier diversity policies

- Supported behavioral system integration efforts by fostering access to traditional health workers and health care interpreters for African and African Americans

Transformation Center

Funded by the State Innovation Model (SIM) Grant

Hub for health system innovation and learning for Oregon's health system transformation.

- Champion transformation
- Build and support effective continuous learning networks
- Foster the spread of transformation across the delivery system

Some of the tools the Transformation Center uses to achieve the triple aim include:

- Learning collaboratives
- Council of clinical innovators
- Technical assistance
- Transformation fund grants
- Transformation plan and community health improvement plan support
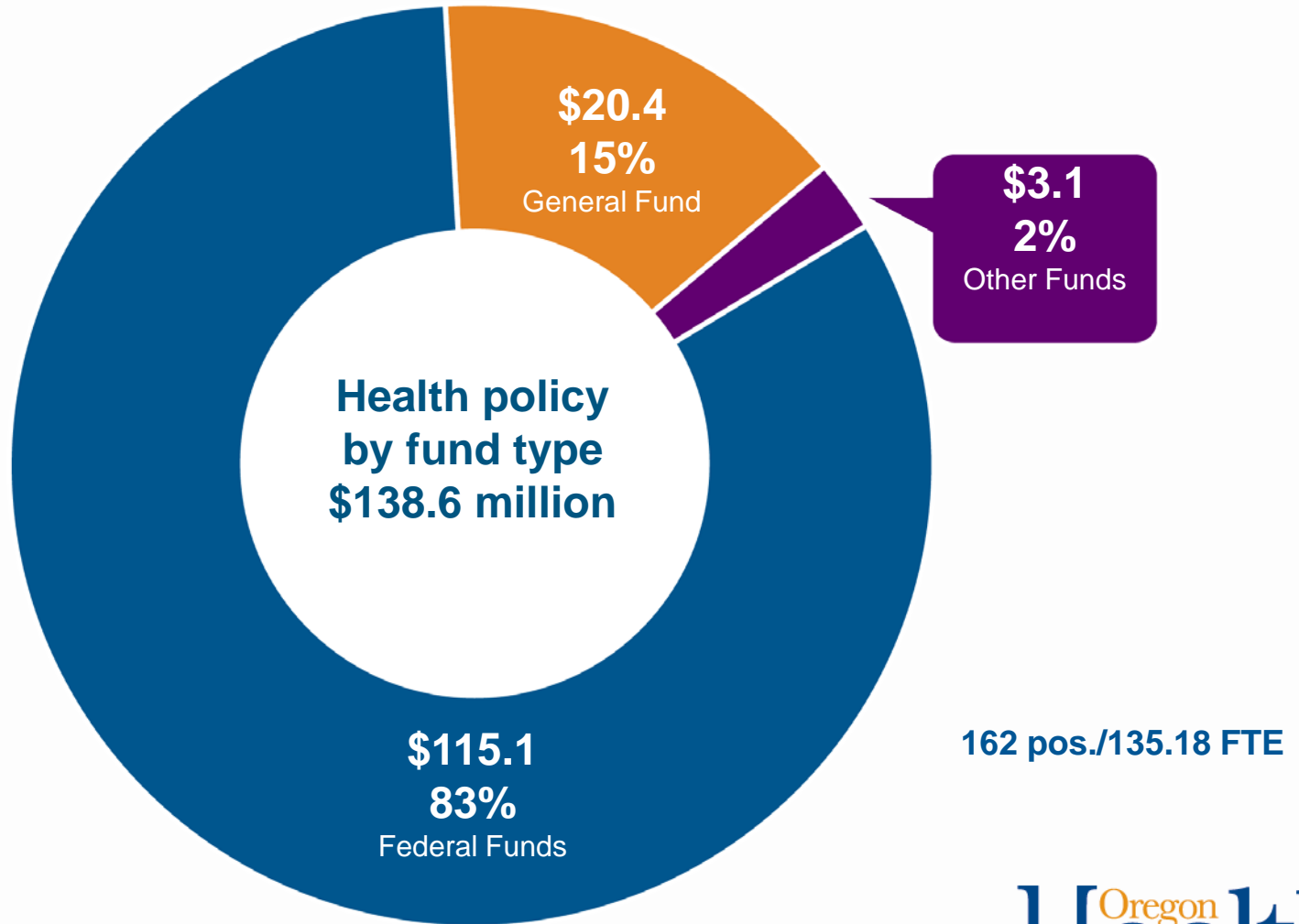- Annual coordinated care model summit (Best Practices Summit)

Oregon
Health
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Transformation Center Outcomes

- **54 CCO Learning Collaborative sessions/events held since 2013**
  - Outcomes for select Learning Collaboratives:

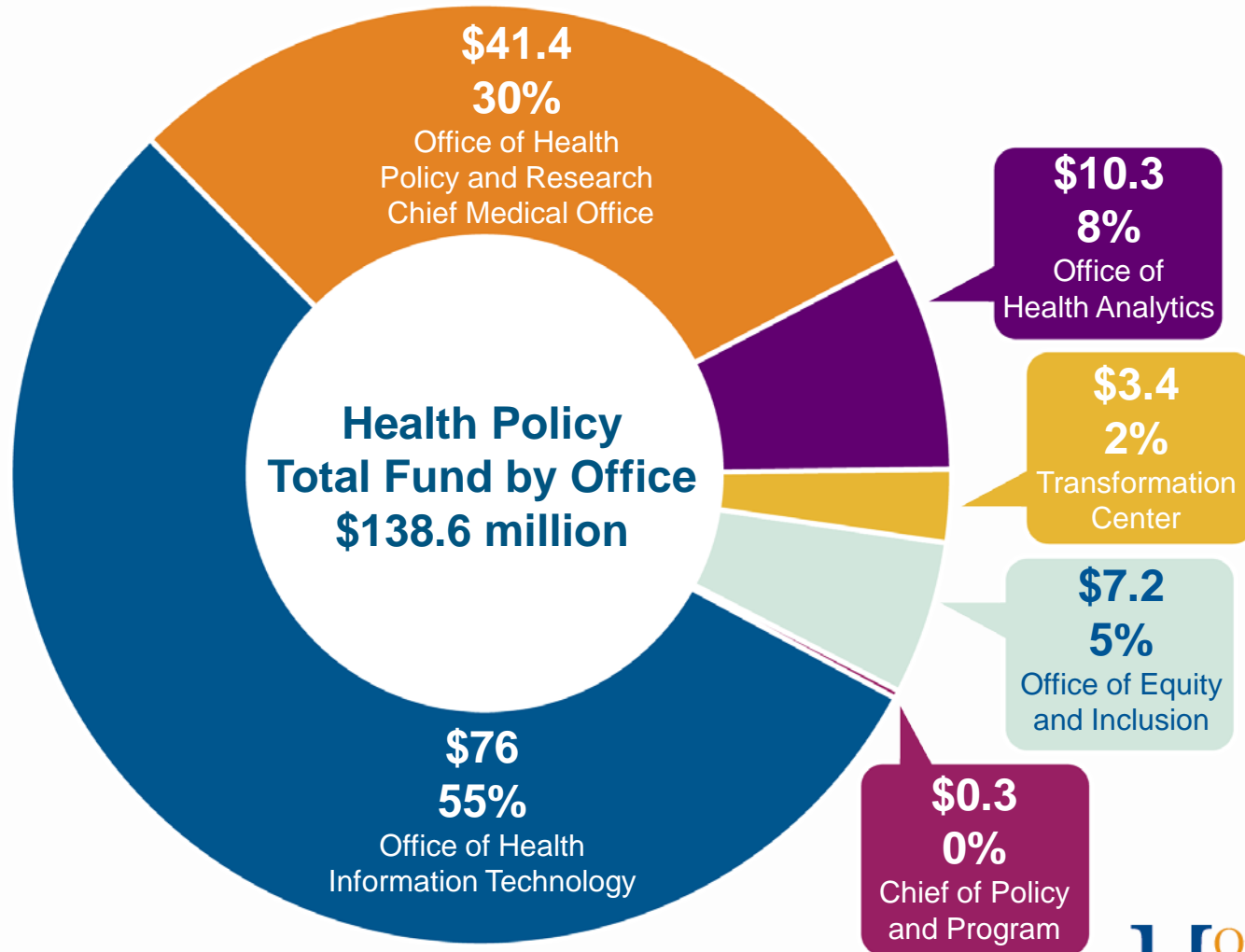| Learning Collaborative (LC)	Number of sessions since 2013	Average number of participants	Percent who found sessions valuable/very valuable	Percent who planned to take action based on LC
CCO Statewide LC (focused on incentive metrics)	18	69	84%	50%
Community Advisory Council LC	21	27	65%	35%
Complex Care LC	3	173	72%	40%

- **2014 Coordinated Care Model Conference**
  - 1,200 attendees
  - **88% of respondents planned to implement an innovative practice from the summit**

Oregon Health Authority

Health Policy
15–17 Governor's budget

Health policy by fund type $138.6 million

$20.4
15%
General Fund

$3.1
2%
Other Funds

$115.1
83%
Federal Funds

162 pos./135.18 FTE

Oregon Health Authority

Health Policy
15–17 Governor's budget

**Health Policy
Total Fund by Office
$138.6 million**

$41.4
30%
Office of Health
Policy and Research
Chief Medical Office

$10.3
8%
Office of
Health Analytics

$3.4
2%
Transformation
Center

$7.2
5%
Office of Equity
and Inclusion

$76
55%
Office of Health
Information Technology

$0.3
0%
Chief of Policy
and Program

Oregon
Health
Authority

Major budget drivers and environmental factors

- Building and modifying infrastructure to support implementation of health care transformation beyond the start-up phase for CCOs requires the development of more sophisticated tools to evaluate and measure performance, particularly ensuring oral, physical, and behavioral health integration.

- Changes in federal and state health policy that change reporting and system requirements.

Governor's Budget Investments

Continuation of Health Systems Transformation

- Continues critical functions for the All-Payer, All-Claims Reporting, Patient-Centered Primary Care Home and Health Evidence Review Commission programs currently funded through the Centers for Medicare and Medicaid Services' (CMS) State Innovation Model (SIM) grant, which is set to end on September 30, 2016.

- Sustaining this work supports CCOs, OHA, Public Employees' Benefit Board, Oregon Educators' Benefit Board, and other stakeholders, and will help achieve the triple aim of improving health outcomes, providing better care and lowering costs.

Governor's Budget Investments

"REAL+D" Data Collection

- Establishes uniform standards and practices in OHA and DHS for the collection of data on race, ethnicity, preferred spoken or signed language, preferred written language and disability status.

- Designs, builds and uses a tool to collect, report and analyze this data, which the agencies need to comply with new health and service equity standards for all Oregonians.

Summary of proposed legislation

HB 2419 — Updates statutory language and definitions

Primarily a housekeeping bill. Updates language to reflect current OHA organizational structure and committees. Permits new data collection. Modifies definition of health care interpreter (HCI). Eliminates existing fee to register as a HCI.

SB 230 — Expands Oregon's health care workforce database

Requires several additional health care licensing boards (including social workers, psychologists, naturopaths and others) to participate in data collection to better understand Oregon's health care workforce. Extends existing fee to new boards.

SB 231 — Creates multi-payer collaborative for primary care services

Creates a collaborative to determine a limited set of alternative payment methods for primary care services that would be used by all participating carriers.

Health policy's role in achieving healthy people outcomes

The offices in health policy help establish the common vision, define outcomes, ensure fiscal accountability, measure the effects of investment in various health care strategies, and inform decisions and policy making around all aspects of health care within OHA. Recent focus has been on:

Reducing per capita costs

❖

Reducing the number of uninsured Oregonians

(95% of Oregonians now insured!)

❖

Improving specific health measures tracked by the CCOs

Thank you.

Questions?