Oregon Health Authority Health Policy & Analytics

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Why HPA

What HPA Does Strategies and Successes Challenges Proposed Budget



Health Care as a Percentage of Household Spending Continues to Increase



Source: BEA, Table 2.5.5. Personal Consumption Expenditures by Function



If Food Were Health Care...

If food prices had risen at medical inflation rates since the 1930's:

\$ 101.59

\$ 15.49

\$ 17.34

\$ 30.65

\$136.68

\$118.37

\$ 20.32

\$155.16

- 1 dozen eggs
- 1 pound apples
- 1 pound sugar
- 1 roll toilet tissue
- 1 dozen oranges
- 1 pound butter
- 1 pound bananas
- 1 pound bacon
- 1 pound beef shoulder \$55.19
- 1 pound of coffee <u>\$ 81.30</u>
 10 item total \$ 732.09



Source: American Institute for Preventive Medicine, 2015



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American Institute Preventive Medicin

No.A.Day Isn't

Institute Of Medicine: \$750 Billion in Annual Waste in the Health Care System



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Source: Brian Fund, "How the U.S. Health-Care System Wastes \$750 Billion Annually," The Atlantic, September 7, 2012.



CCOs Have Reduced Costs

Inpatient facility spending decreased in both Oregon and Washington, but decreased much more among CCO members



Inpatient facility spending, per member per month



What HPA Does

Strategies and Successes Challenges

Proposed Budget



HPA's Goal is to Transform and Improve Oregon's Health Systems for Everyone





Oregon is at the Cutting Edge of Health Care Reform Efforts



Health

Innovations in Public Programs Can Influence Other Markets



Why HPA What HPA Does Strategies and Successes Challenges Proposed Budget



HPA Organization







HPA Supports 25 Policy Committees









Health Policy & Analytics

Our role in health system transformation

Engage everyone in health system improvements

Use data to hold the system accountable



Communities Across the State Informed CCO 2.0



Public meetings, conferences, and stakeholder presentations

- Oregon Health Policy Board and committee meetings
- 20+ conferences and stakeholder meetings
- 13 community advisory council meetings

Community outreach events

- 4 public forums in Spring 2018 (200 participants)
- 10 public road show events in Summer 2018 (500 participants)
- Spanish-language forums in Woodburn, Hood River, and The Dalles (140 participants)

Tribal consultation

- Presentations at government-togovernment tribal and state agency meetings
- Informational webinar
- Consultations with Confederated Tribes of Grand Ronde, Warm Springs, and Umatilla Reservation
- Collective consultation open to all tribes

OHP member, stakeholder, and community surveys

- Online survey Spring 2018 (1,568 respondents)
- Online survey Summer 2018 (393 respondents)
- Phone survey to 400 OHP members in English, Spanish, Russian and Vietnamese



The Transformation Center Engages the Health Delivery System to Transform Care



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Aligning Workforce Goals is Addressing Provider Shortage Areas

- Over 740
 participating providers

 receive
 incentives
- Over 1 million hours of patient care provided
- Serving at least 1.2 million Oregonians annually







Data Helps Policymakers, Researchers, Public Understand Trends, Opportunities

| Report View | Report Category | Year | Age Group | Gender | Insurance Type | Public Employee Insurance | Urban vs. Rural |
|------------------|---------------------|--------|-----------|---------|----------------|---------------------------|-----------------|
| Insurance Type 🔹 | Emergency Departm 🔻 | 2016 💌 | (All) 🔻 | (All) 🔻 | (All) 🔻 | (All) | (All) 🔻 |



Top Diagnoses by Emergency Department Visits



The Hospital Pricing Report Shows Variation in Pricing

Price of colonoscopy by hospital: \$1,200 to \$4,100



Measuring and Paying for Outcomes Improves Care





Performance Reports Measure CCO Quality Improvement and Community Outcomes





What Do We Mean by Value-based Payments?

• Current "fee-for-service" model pays providers based on quantity of services



• Value-Based Payments (VBP) link provider payments to improved quality and performance instead of to the volume of services



Aligned Goals Across CCOs, PEBB, and OEBB Will Increase Value-based Payments





Policymaking and Technical Assistance Have Increased the Focus on Primary Care





Pooled Purchasing Results in Better Deals on Prescription Drugs for Consumers

Northwest Drug Purchasing Consortium enrollment







Health Policy & Analytics

A Patient-Centered System Treats the Whole Person



Patient Centered Primary Care Homes Improve Care and Reduce Costs

- Six core attributes, each with specific standards and measures for clinics
- 85% reported improved care
- 82% reported improved population health management
- \$240M in savings (2012-2014)





Evidence-Based Policies Improve Value and Promote Better Care

The Health Evidence Review Commission:

- Reviews clinical evidence to inform benefit-related decisions for the Oregon Health Plan and beyond
- Publishes Prioritized List of Health Services
- Shapes practice change to provide evidence-based and cost-effective care
- Reports on multi-sector interventions that have the potential to influence paraclinical services, systems, & policies





Electronic Health Records Help Improve Quality and Coordination of Care

Cumulative number of Oregon eligible professionals receiving at least one payment of the \$525 million in federal EHR incentives: Medicaid & Medicare



Source: Oregon MMIS (Medicaid) and National Level Repository (Medicare) Payments made through 12/31/2018, data current as of 2/5/2019

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EHR adoption among CCOs, statewide:





Technology Improves Care for Patients with Complex Conditions







HIT Commons is Spreading Electronic Health Tools Statewide



Combining Data Helps Us Better Address Social Determinants of Health for Children

| | | 'High' social complexity (3+ indicators) ↓ | <pre>'Moderate' social complexity (1-2 indicators) </pre> | No social complexity (0 indicators) |
|----------------------------|-------------------------------------|---|---|---|
| | High medical → complexity | 3.0% | 2.4% | 0.7% |
| | Moderate medical → complexity | 9.2% | 7.2% | 1.7% |
| | No medical complexity | 26.5% | 32.6% | 16.6% |
| OREGON HE Health Policy | Ц | | | |


Combining Data Helps Us Better Address Social Determinants of Health for Children

| HEALTH COMPLEXITY | ASIAN | BLACK | NATIVE AMER | OTHER | UNKNOWN | WHITE |
|-------------------------------------|--------|--------|----------------|--------|---------|---------|
| Complex Chronic: 3+ social factors | 0.9% | 4.0% | 2.5% | 1.3% | 1.1% | 3.2% |
| | (103) | (666) | (384) | (149) | (158) | (9974) |
| Complex Chronic: 1-2 social factors | 3.1% | 2.2% | 2.0% | 3.5% | 3.2% | 2.3% |
| | (347) | (363) | (306) | (406) | (439) | (7243) |
| Complex Chronic: 0 social factors | 1.2% | 0.5% | 0.4% | 0.8% | 0.6% | 0.7% |
| | (131) | (83) | (58) | (89) | (89) | (2181) |
| Non-complex: 3+ social factors | 2.3% | 11.9% | 8.4% | 3.6% | 3.1% | 10.2% |
| | (256) | (1976) | (1280) | (415) | (424) | (31890) |
| Non-complex: 1-2 social factors | 6.7% | 6.1% | 7.9% | 7.9% | 8.6% | 7.1% |
| | (753) | (1004) | (1196) | (913) | (1190) | (22220) |
| Non-complex: 0 social factors | 2.8% | 1.3% | 1.3% | 2.1% | 1.6% | 1.7% |
| | (317) | (209) | (197) | (247) | (217) | (5334) |
| Healthy: 3+ social factors | 10.4% | 35.5% | 29.2% | 11.3% | 10.3% | 27.9% |
| | (1171) | (5887) | (4421) | (1313) | (1419) | (87221) |
| Healthy: 1-2 social factors | 42.0% | 28.8% | 37.2% | 47.5% | 52.3% | 30.6% |
| | (4722) | (4776) | (5634) | (5499) | (7213) | (95802) |
| Healthy: 0 social factors | 30.6% | 9.8% | 11.1% | 22.1% | 19.2% | 16.2% |
| | (3432) | (1622) | (1682) | (2555) | (2650) | (50771) |



Why HPA What HPA Does Strategies and Successes Challenges Proposed Budget



Challenge: Health Care Remains Unaffordable for Many

Since 2000, Oregon employer-sponsored insurance premiums have grown three times faster than personal income





Challenge: National Health Care Costs Expected to Outpace State Growth Target

Limiting the per capita annual growth rate in Oregon to 3.4%, instead of the 4.7% national forecast, will save the State almost \$700 million



Challenges: CCO 2.0

- CCO 2.0 success depends on additional technical assistance and expanding focus beyond Medicaid
 - Value based payments
 - Social determinants of health and health equity
 - Behavioral health
 - Containing costs
- Renewed focus on cost and cost drivers (including pharmacy) result in increased policy and data analytics capacity needs





Challenges: Improving Health Requires Looking Beyond Health Care

- Greater focus on social determinants of health requires new expertise
- Maximizing improved outcomes for children requires bridging multiple social and health systems





Challenges: Policy and Data Needs

- Renewed focus on cost and cost drivers (including pharmacy) creates increased policy and data analytics capacity needs
- Federal health IT enhanced funding ends in 2021



Why HPA What HPA Does Strategies and Successes Challenges Proposed Budget



2019-21 Governor's Budget by Fund Type

Healthy Policy & Analytics \$195 million Total Funds



2019-21 Governor's Budget by Program

Health Policy & Analytics \$195 million Total Funds





HPA 2019 Budget and Policy Priorities

 ✓ Set Medicaid funding on a sustainable path for the next six years (HB 2269)

- ✓ Transform health care delivery and reduce costs
 - Support implementation of CCO 2.0 (POP 416, HB 2267)
 - Improve CCO financial reporting and solvency (HB 2268)
 - Support PEBB, OEBB to meet 3.4% growth target
 - Pharmacy costs (POP 422)
 - Support development of statewide health care cost benchmark (SB 889)



HPA 2019 Budget and Policy Priorities

✓ Help families give their children a healthier start in life

• Establish Office of Child Health (POP 404)

✓ Improve behavioral health

- Improving behavioral health (POP 411, POP 409)
- Hospital emergency department discharge data collection (SB 23)
- ✓ HPA housekeeping (HB 2265)



POP 416: Launch and Support CCO 2.0

- Increase investments in Social Determinants of Health
- Expand adoption of value-based payments
- Improve use of data to control costs, improve quality
- HB 2267 and HB 2268 improve financial oversight of CCOs and implement policy changes in CCO 2.0

| | General Fund | Total Funds | Positions |
|---------|--------------|-------------|-----------|
| POP 416 | \$1.1 M | \$1.9 M | 7 |



POP 422: Statewide Pharmacy Implementation Group

- Expand capacity for identifying and implementing pharmacy cost containment strategies
- Leverage the Oregon Prescription Drug Program to lower costs

| | General Fund | Total Funds | Positions |
|---------|--------------|-------------|-----------|
| POP 404 | \$0.4 M | \$0.7 M | 2 |
| | | | |



POP 404: Office of Child Health

- Serve as an agency hub for cross sector partnership and strategies
- Deploy targeted, innovative approaches to address children's health complexity and health disparities
- Measure effectiveness of interventions to improve outcomes

| | General Fund | Total Funds | Positions |
|---------|--------------|-------------|-----------|
| POP 404 | \$0.6 M | \$1.0 M | 4 |
| | | | |



POP 411 (SB 22 & HB 2035): Improve Behavioral Health Integration

- Integrate primary/behavioral health through Behavioral Health Home Program (SB 22)
- Spread adoption of electronic health records to behavioral health
- Expand evidence-based guidelines for treatment of mental health conditions (HB 2035)

| | General Fund | Total Funds | Positions |
|---------|--------------|-------------|-----------|
| POP 411 | \$5.4 M | \$5.7 M | 4 |
| | | | |



POP 409: Opioid Alternatives for Pain Education

- Develop continuing education modules on opioid alternatives to paid
- Spread best practices in prescribing and promote effective approaches to pain management
- Enable OHA to increase capacity to analyze data related to patients with chronic pain and substance use disorders

| | General Fund | Total Funds | Positions |
|---------|--------------|-------------|-----------|
| POP 409 | \$0.3 M | \$0.4 M | 1 |
| | | | |



Thank You

