
Oregon Health Authority Health Policy and Analytics

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Joint Ways & Means Subcommittee on Human Services
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Ali Hassoun, Interim Health Policy and Analytics Division Director
Trilby de Jung, Health Policy and Analytics Division Deputy Director



OREGON HEALTH AUTHORITY
Health Policy and Analytics

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Governor Kotek's Budget Priorities

Build more housing
and reduce
homelessness

Improve access to
mental health and
addiction services

Ensure Oregon's children
are better served by
early literacy, child care,
and K-12 investments

Health Policy in the Governor's Budget

- Supporting implementation of the Medicaid waiver and development of the Basic Health Plan, to maximize access to health coverage
- Transitioning to a state-based Marketplace, to better help people in Oregon obtain coverage
- Reviewing health care business deals in Oregon, to ensure that health care mergers and acquisitions improve health care cost, quality, access, and equity

Why Transform the Health Care System

What HPA Does

Strategies and Successes

Challenges

Proposed Budget



What We Have Heard From Community

Inequities and structural barriers

- People identify racism in our system and how it prevents them from being healthy

Coverage

- People find transitions between systems or providers difficult to navigate
- Health insurance is hard to maintain

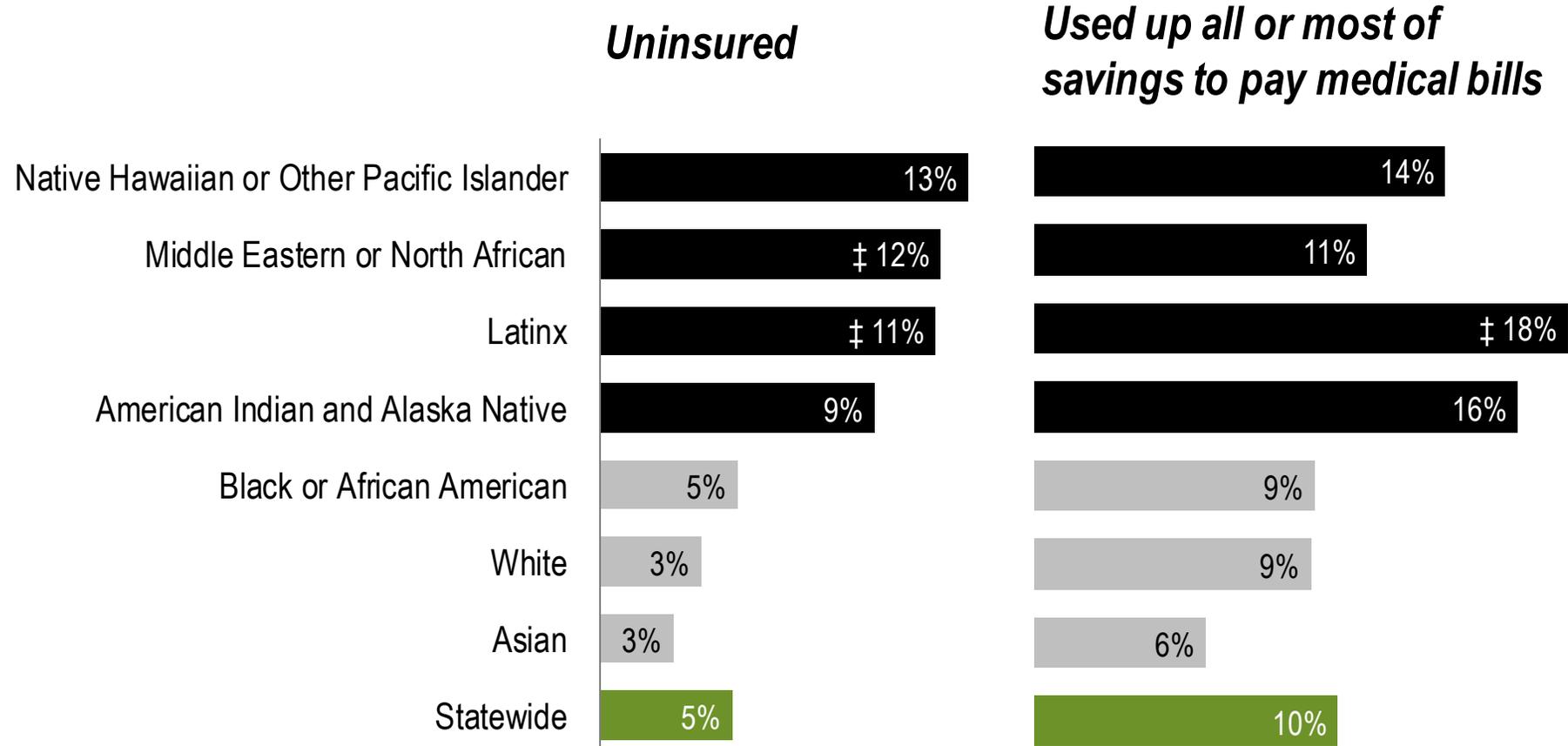
Access

- People have trouble accessing care, and specifically culturally competent care, where and when they need it

Cost and funding

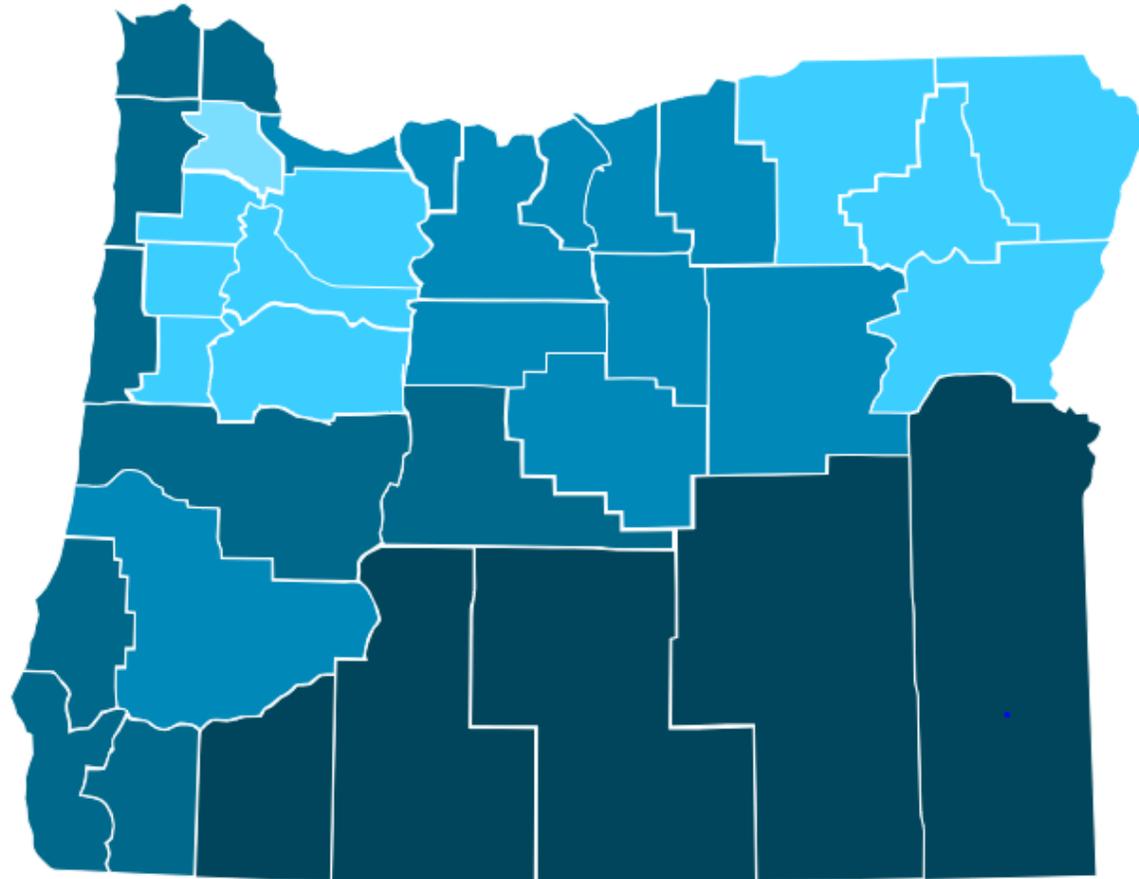
- People find medical care difficult to afford and want investment in the programs that support their health

Inequities in Coverage and Cost



‡ May be statistically unreliable due to small numbers; interpret with caution.
 Data source: Oregon Health Insurance Survey (2021). Data shown are calculated using rarest race methodology

Rural Inequities

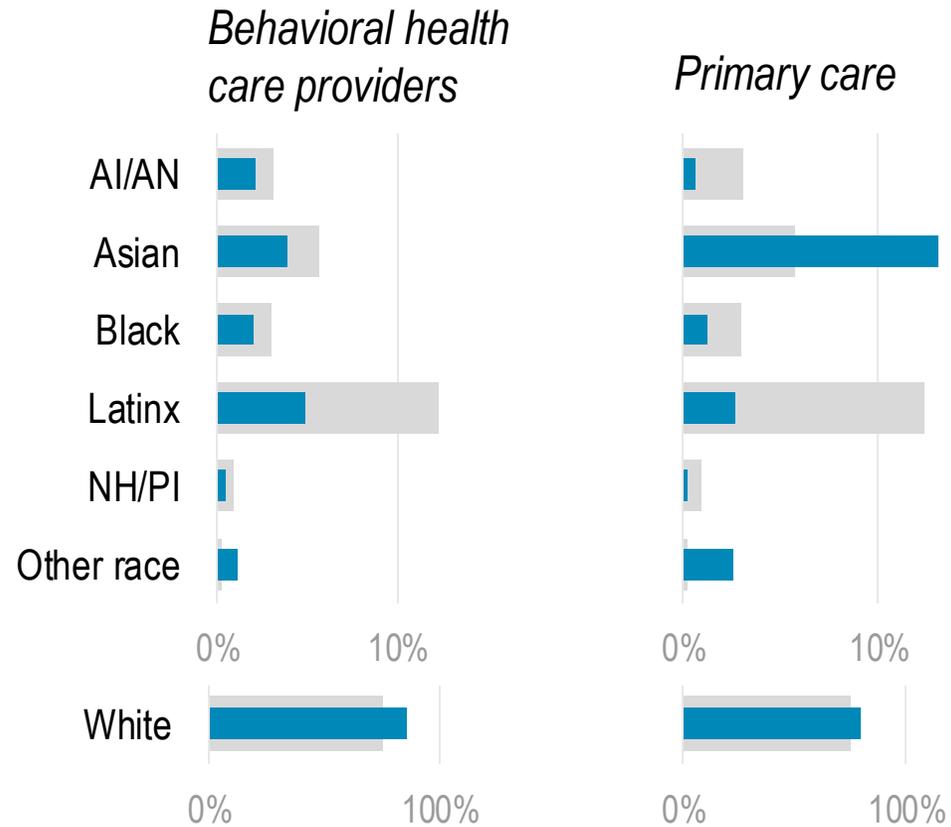


More than 1 in 10 people in southeastern Oregon report delaying care due to costs



The Health Care Workforce Needs Diversity

Oregon's health care workforce is **less racially and ethnically diverse** than the general population

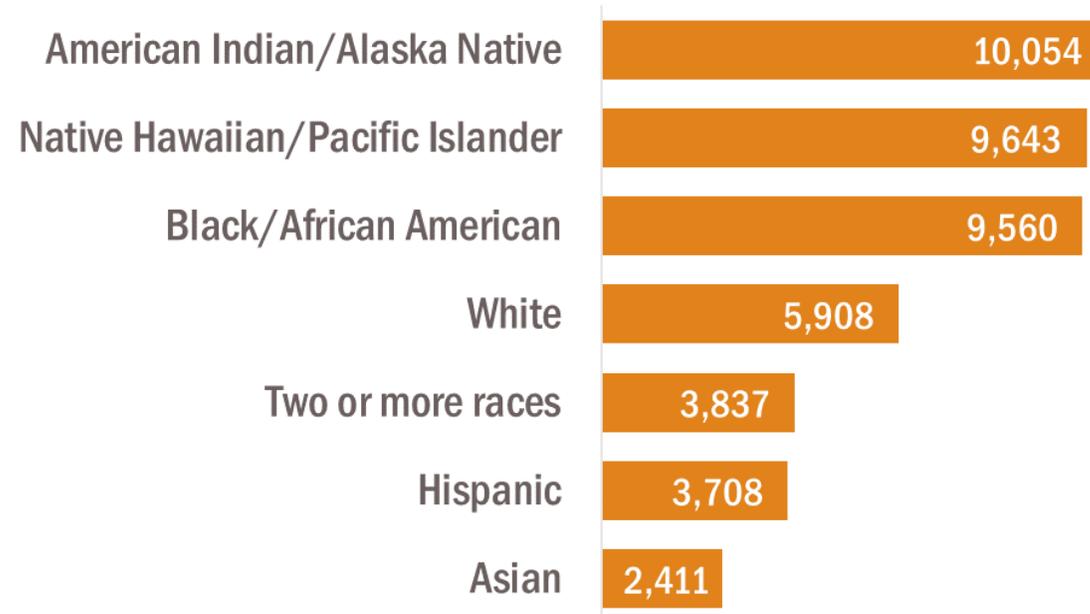


Data source: Oregon Health Care Workforce Reporting Program (2022)

Health Inequities Across the Health Care System

- Many communities of color and Tribal Communities experience greater societal impact of early death

Years of potential life lost before age 75 (per 100,000 people):



- Leading causes of premature death include injury, cancer, heart disease, perinatal conditions, diabetes, chronic lower respiratory disease, and liver disease

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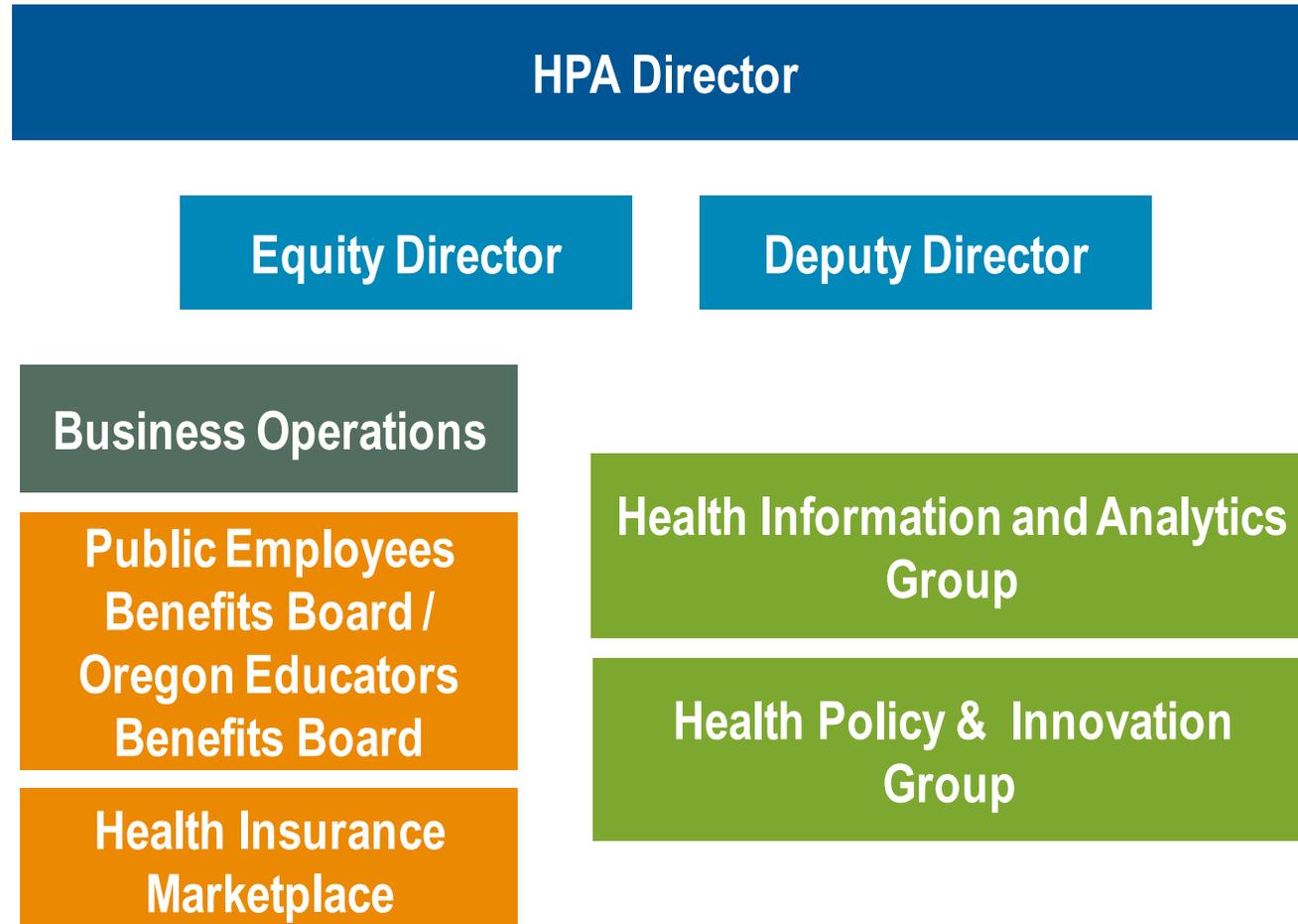
OHA's Strategic Goal

**Eliminate health inequities
in Oregon by 2030**

The Triple Aim

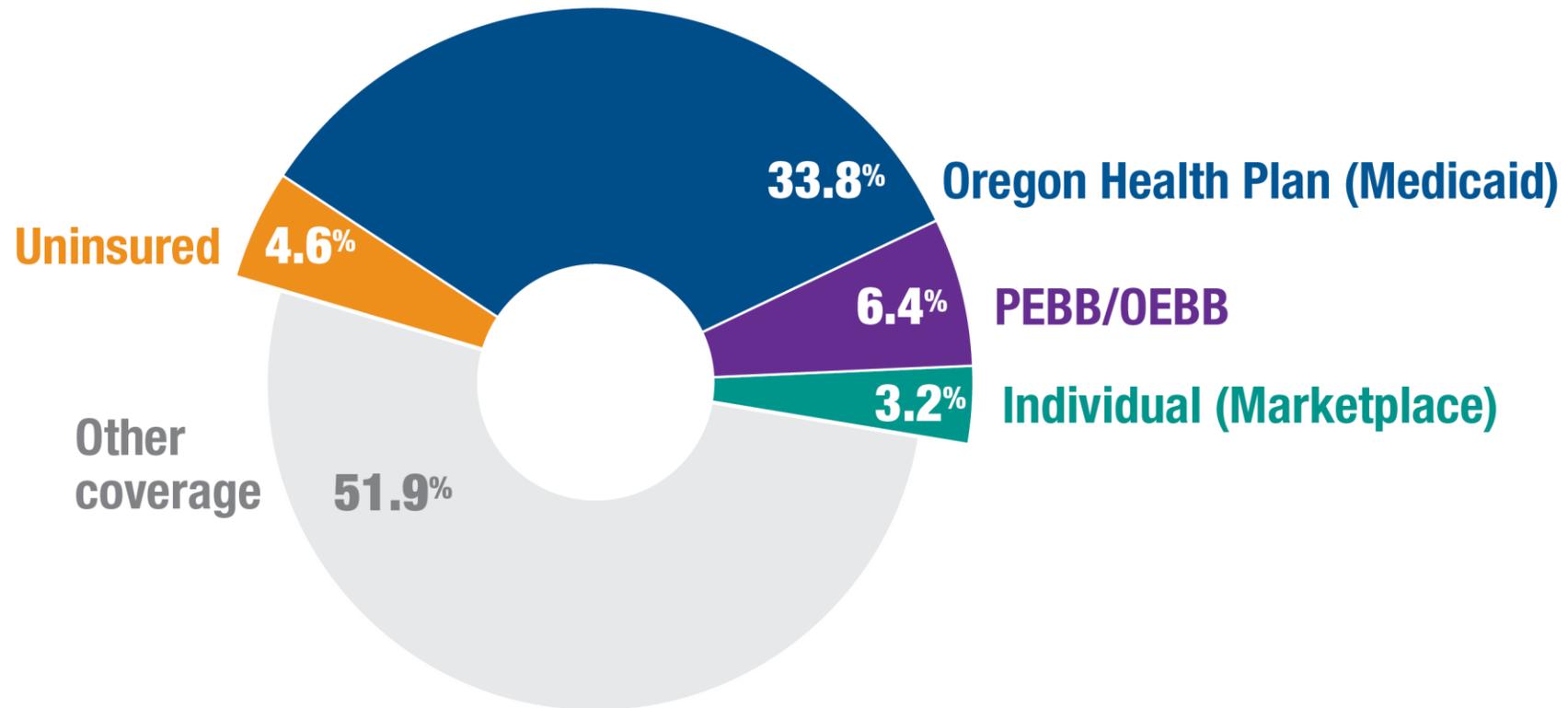
- 1 Better health**
- 2 Better care**
- 3 Lower costs**

HPA Organizational Structure

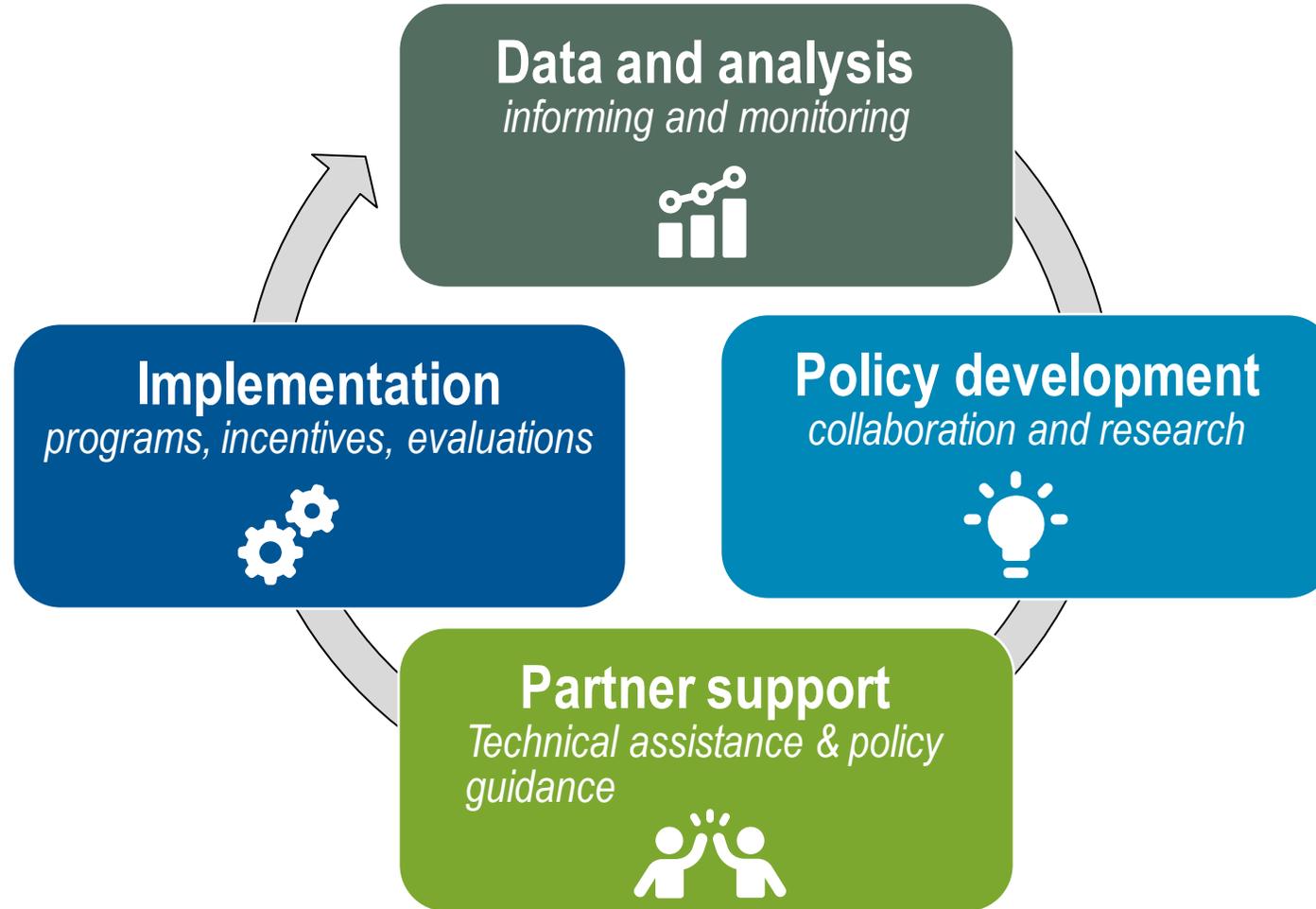


Purchasing Spreads Innovation Across Markets

- Roughly **two in five** people in Oregon get their health care coverage via OHA

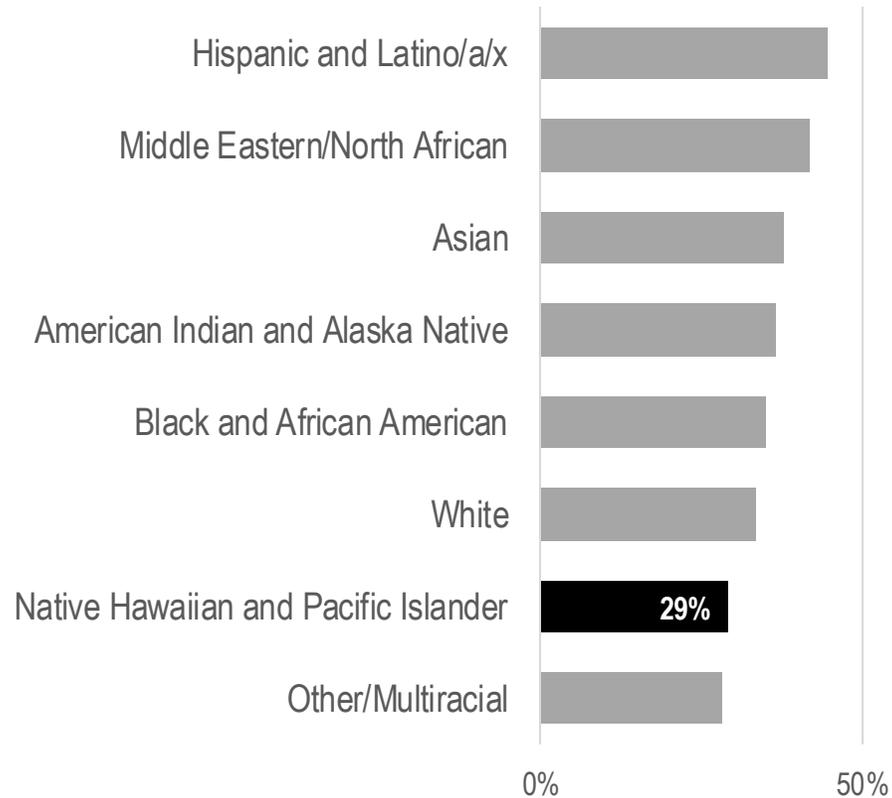


HPA's Work

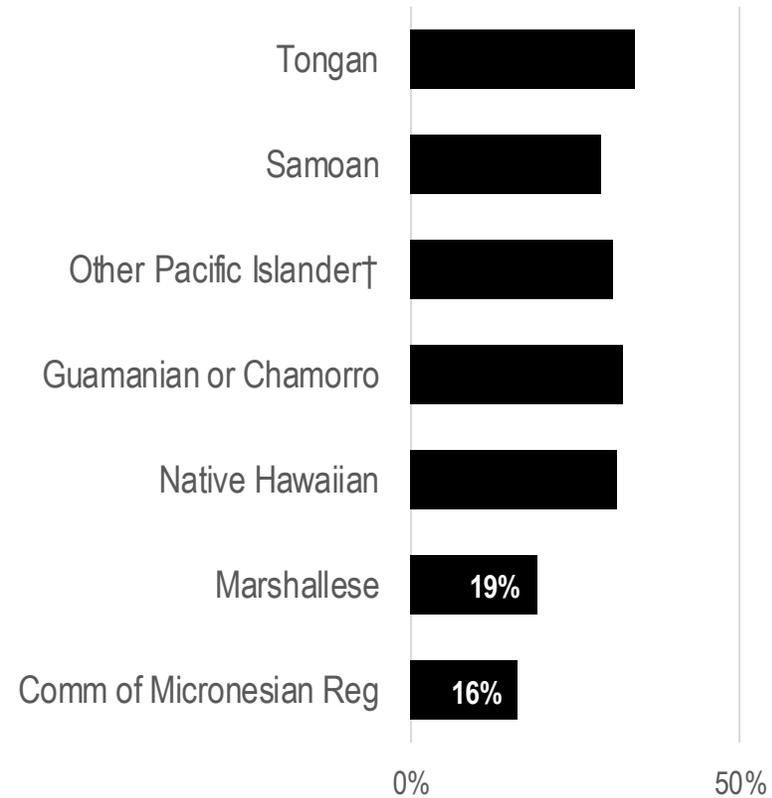


REALD Data Illuminate Inequities

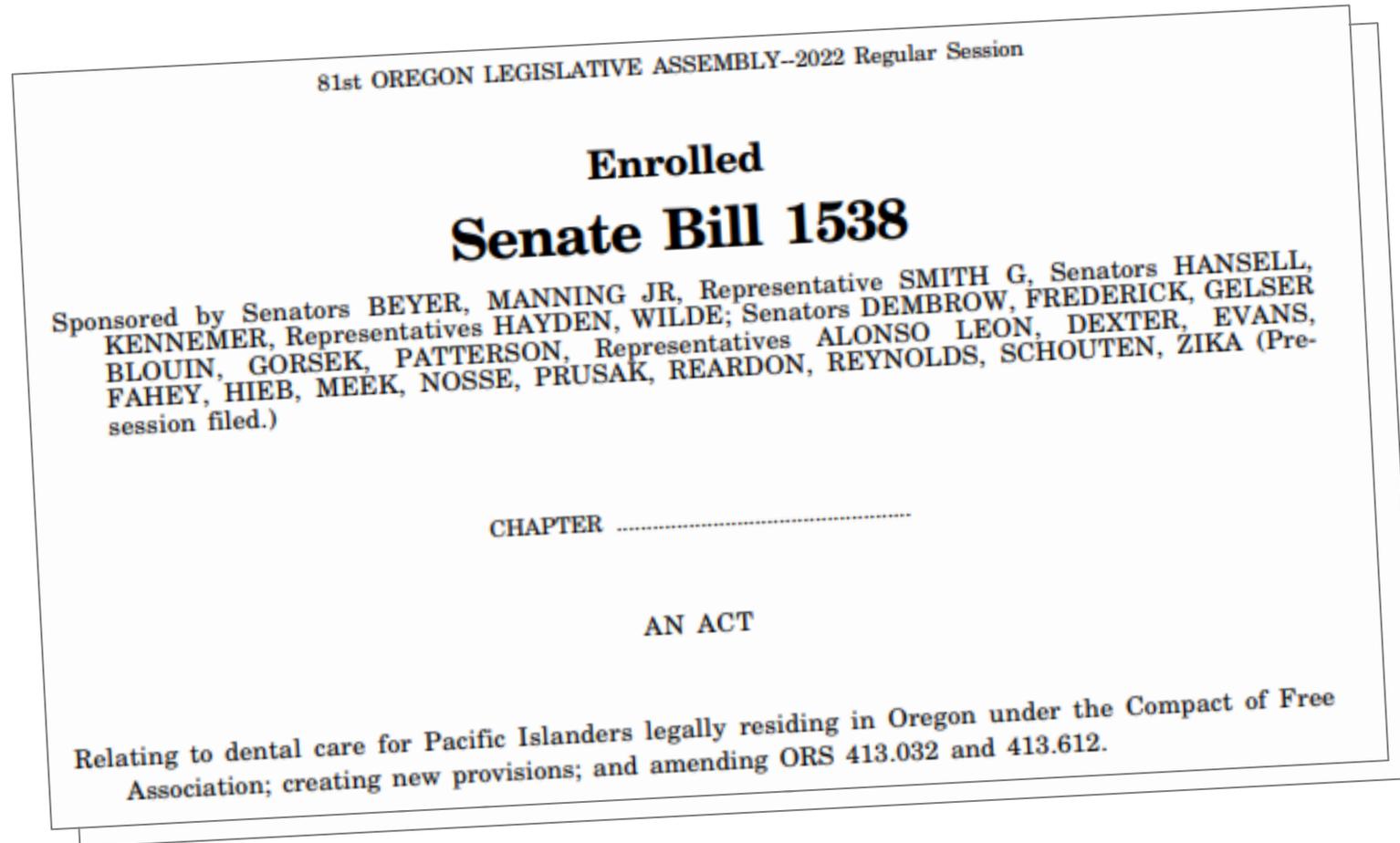
Hawaiian and Pacific Islanders were less likely than other populations to receive any dental service in 2021



More granular data reveal **even deeper inequities**: Among COFA citizens, just 16 to 19 percent received any dental service



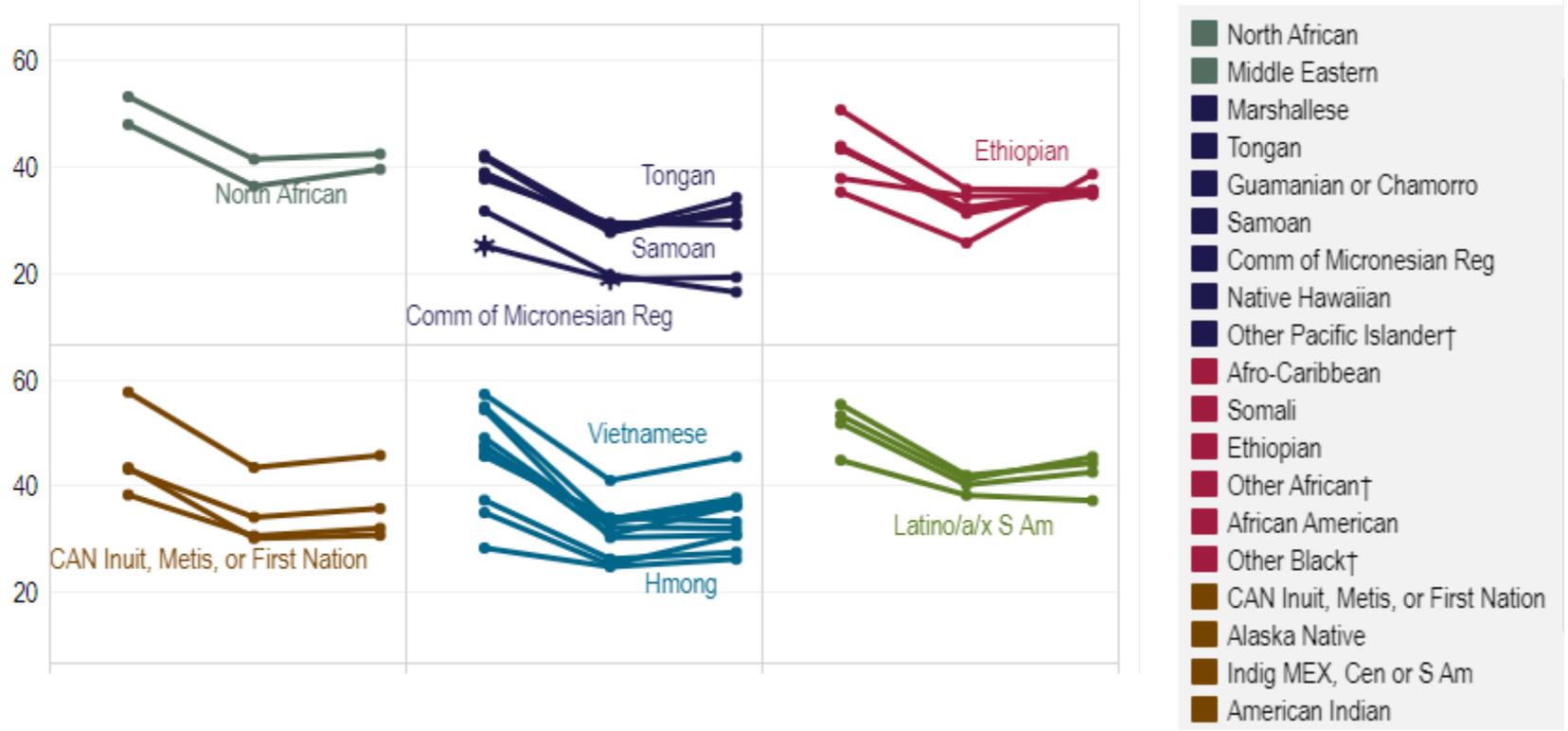
These Data and Analytics Inform Policy



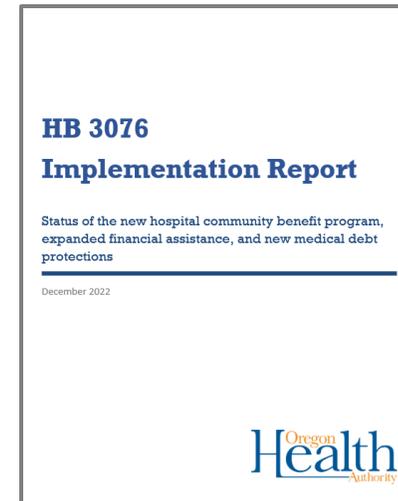
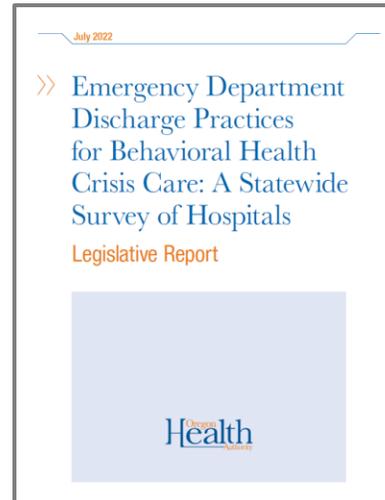
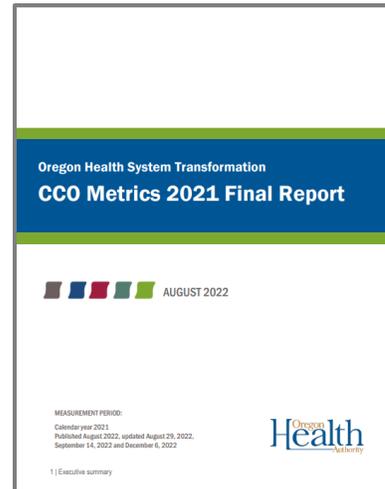
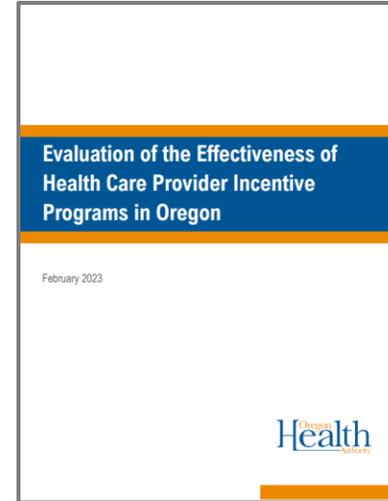
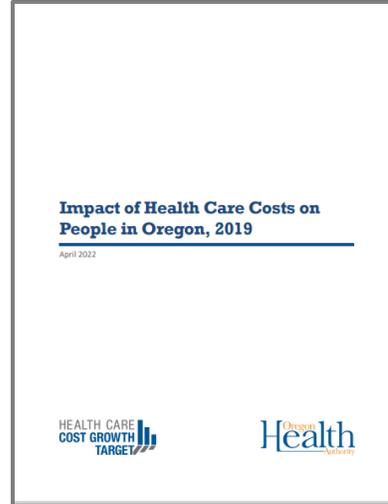
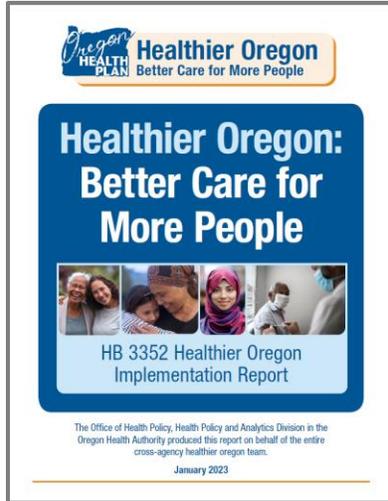
Interactive Dashboards Promote Data Transparency

Click here to explore the data:
 CCO Performance Metrics Dashboard

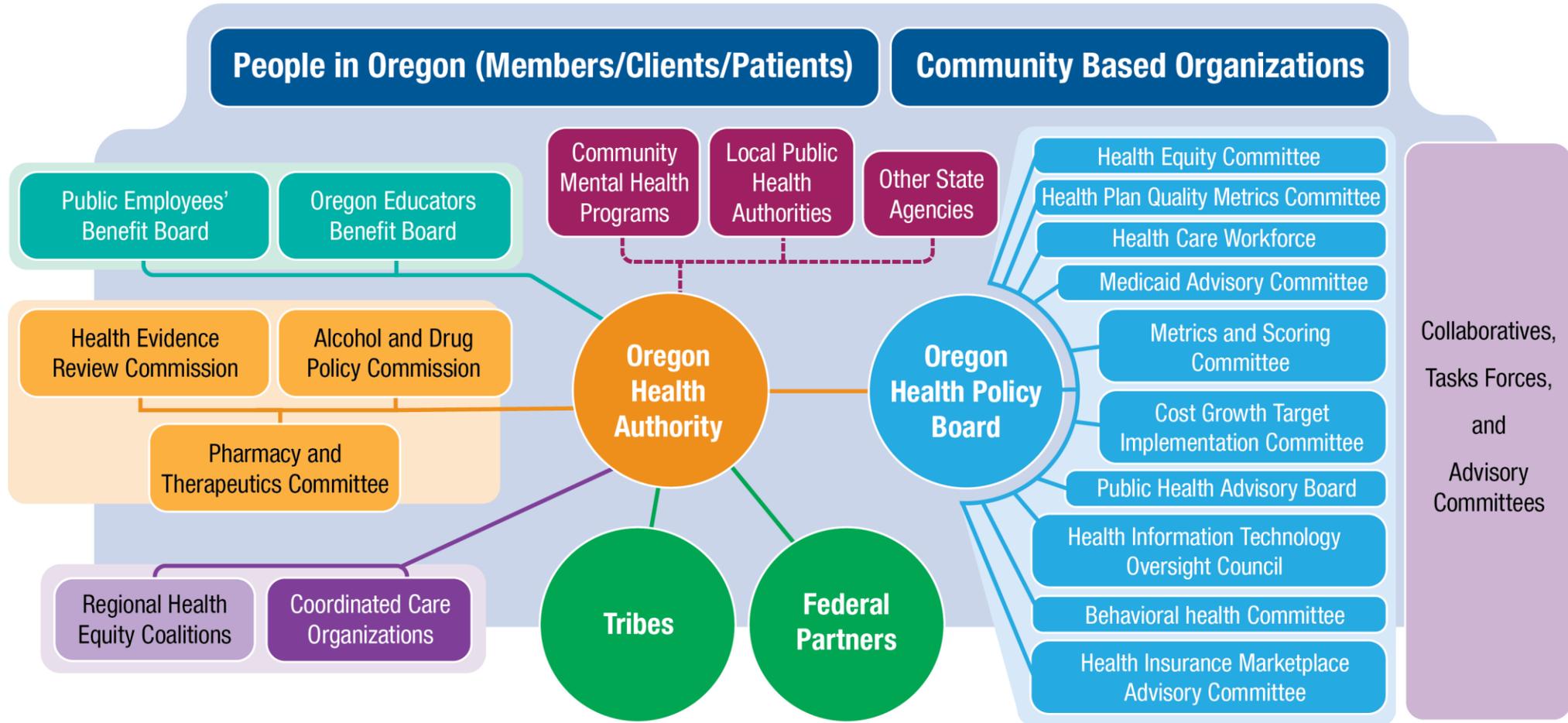
Any dental service



Regular Reports Support Legislative Policymaking



Community & Partner Engagement Drives Innovation



Building Capacity

HPA provides technical assistance, multi-partner learning events, and webinars on innovations in health care

742
activities

21,700
participants



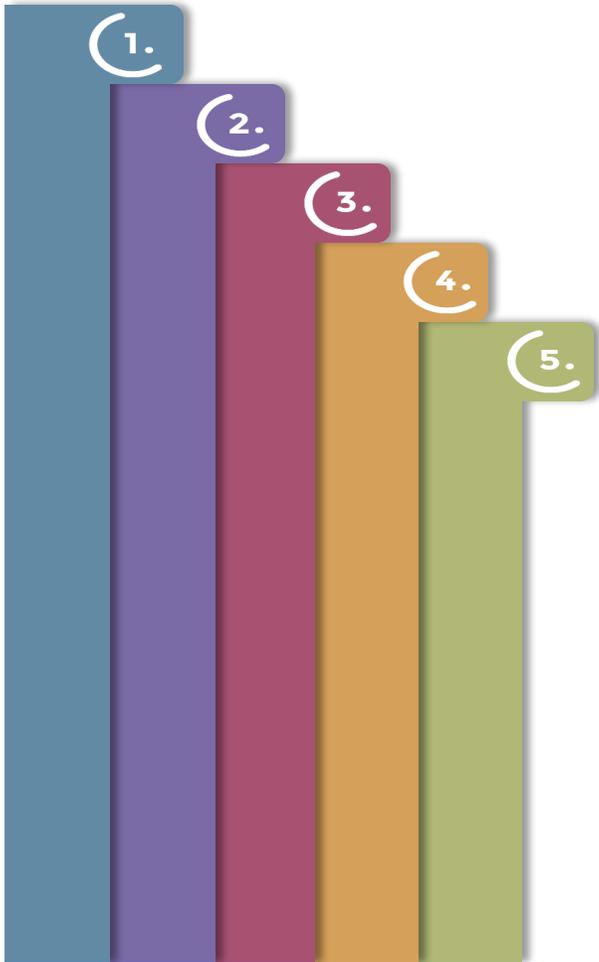
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HPA's Three Major Reform Buckets



Better health

Ensuring everyone has coverage



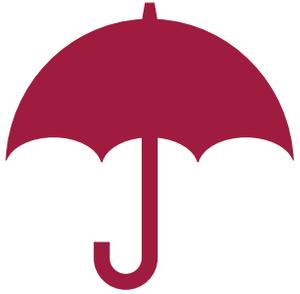
Better care

Ensuring care works for everyone



Lower costs

Working together to pay for the right care



Better health

Ensuring everyone has coverage

Oregon's Health Insurance Marketplace

How we measure success:

141,963 people signed up for a private health insurance plan

80% received tax credits to help pay for premiums

\$489 average premium tax credit

688 outreach events

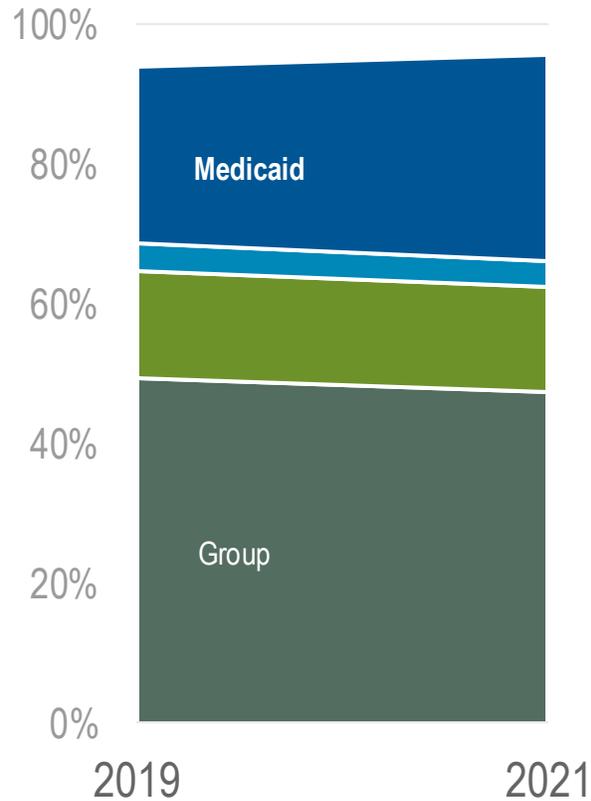
292 community-based organizations engaged as Marketplace assisters

277 insurance agents engaged to provide Marketplace plan advice and enrollment assistance



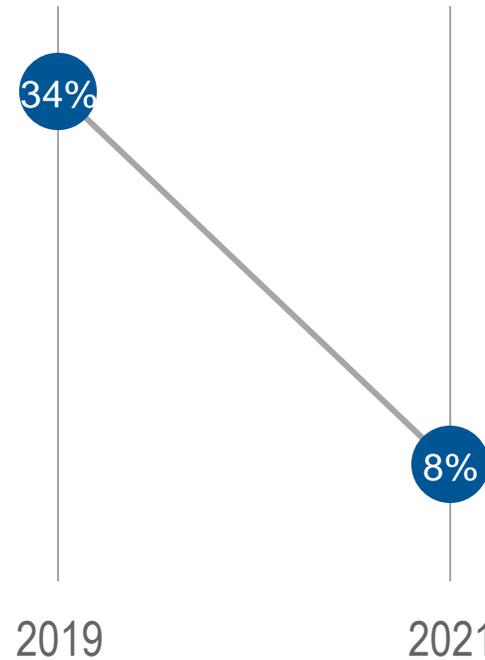
Increased Medicaid Coverage During Pandemic

Medicaid drove increases



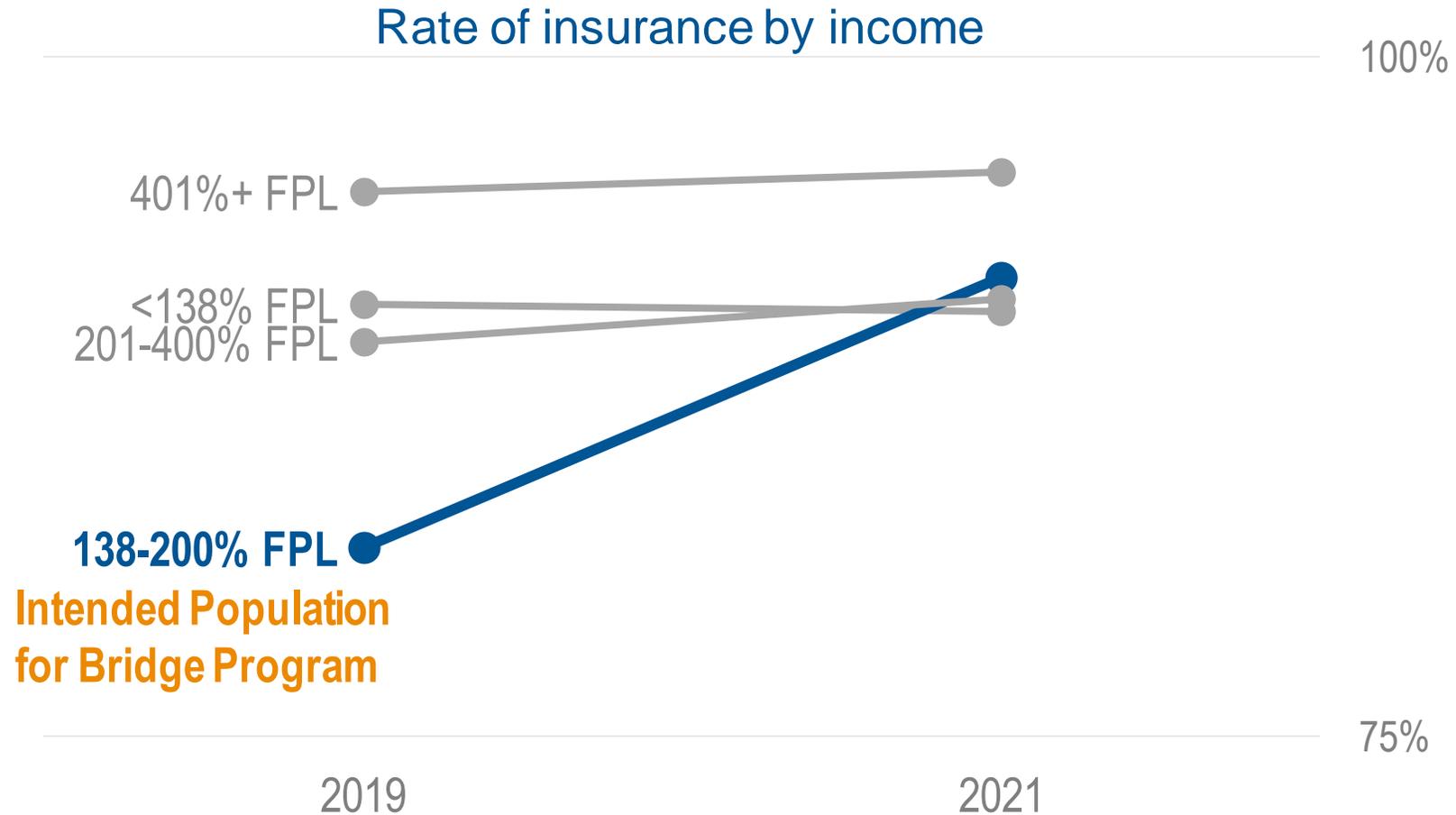
“Churn” decreased for OHP members during the Public Health Emergency

Expressed as percent of OHP members returning after less than a year



Who Benefited from these Coverage Gains?

- The largest coverage gains were among low-income adults not already covered by Medicaid



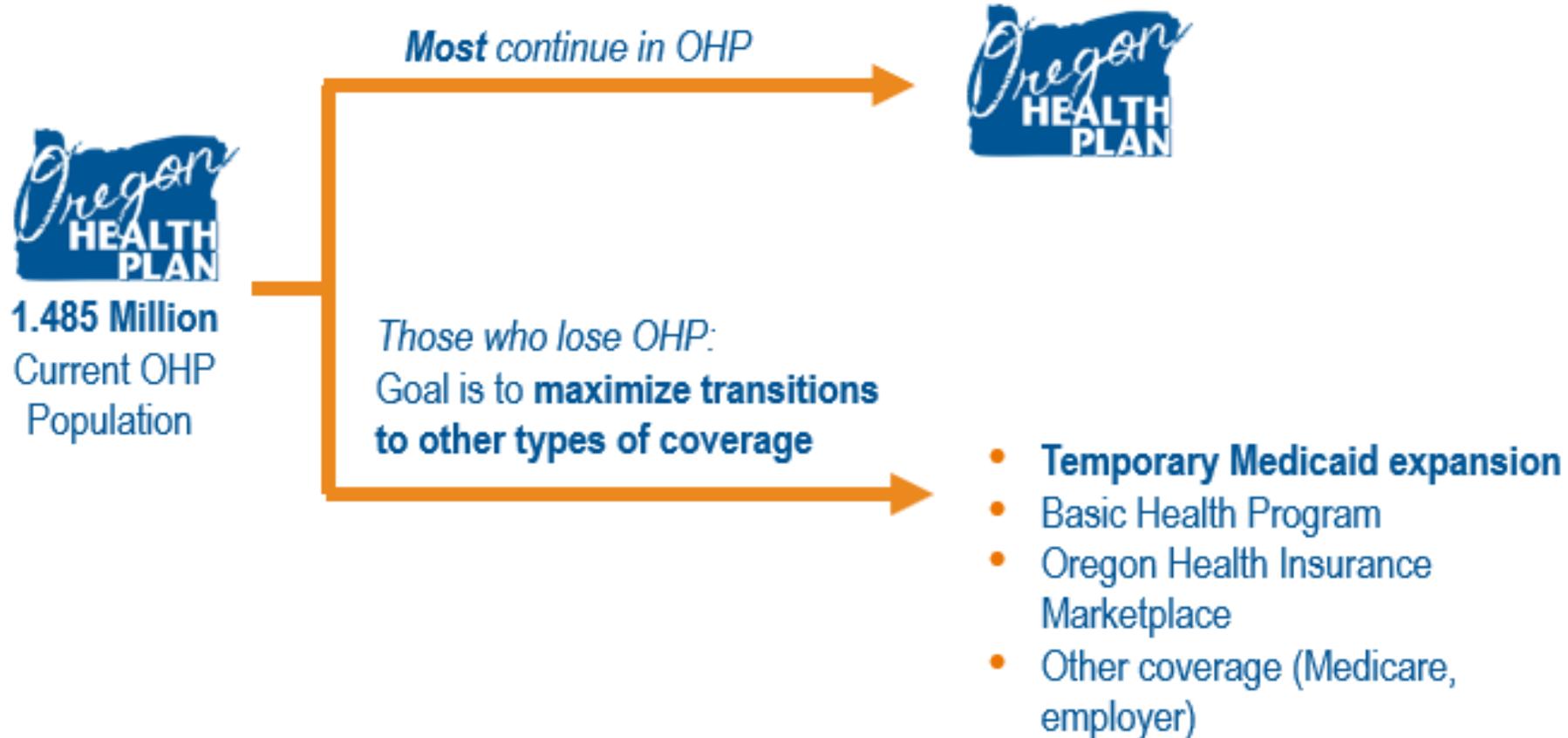
**Intended Population
for Bridge Program**

Maintaining Coverage Gains – “Bridge Program”

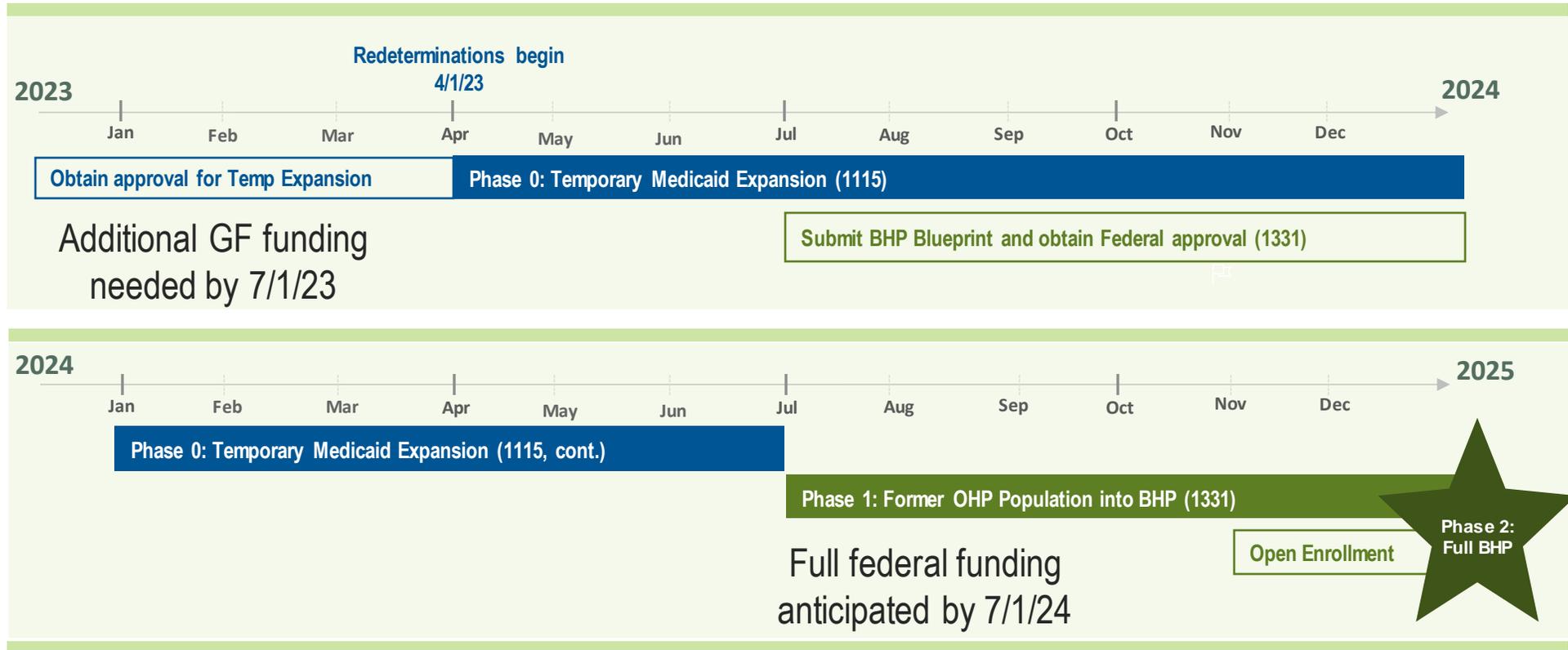
- In the 2022 session, the legislature created a taskforce charged with mapping out a plan for minimizing coverage losses (HB 4035)
- The taskforce recommended creating a **Basic Health Program** for Oregon, capturing federal funding for people at 138-200% FPL
- The **temporary Medicaid expansion** will maintain coverage for this population until the Basic Health Program launches



Automatic OHP Coverage Ends when PHE Ends



DRAFT Timeline: Temporary Medicaid Expansion and Basic Health Program





Better care

Ensuring care works for everyone

Investing in the Workforce

The Healthcare Workforce Committee oversees spending for the Oregon's Health Care Workforce Incentive Program

- About 3,600 participants joined Oregon's health care workforce
- 34% of program recipients who reported race/ethnicity identify as people of color or Tribal members
- Over a million hours of patient care provided to approximately 430,000 patients



Improving Children's Care Through the Medicaid Waiver



Recent progress includes:

- Continuous coverage from birth through age 6
- Full Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefits for all youth
- Expanded benefits for youth with special health care needs up to age 26

Improving Children's Care Through the Medicaid Waiver

Public-private partnership continues to expand upon Health Information Exchange (HIE), to build Community Information Exchange (CIE):

- **Improving data sharing between health & social systems**, such as medications, health conditions, hospitalizations, treatment underway, to ensure continuity of care
- **Identifying members with health-related social needs** like food, housing, transportation
- **Closed-loop referrals** to social services and community-based organizations (CBOs) based on outcomes of screening, including linking individuals to culturally responsive and trauma informed services to address unmet social needs

Centering Equity in the CCO Quality Incentive Program

Shifting decision-making power to the people the incentive program was designed to serve

Partnering with community to develop new “upstream” measures:



Building a System of Quality Care

Pharmacy initiatives **improve equitable access** to prescription drugs

- Developing resources to help pharmacies meet language and translation needs
- Creating critical access pharmacies



The Health Evidence Review Commission (HERC) reviews clinical evidence & community input to **promote equitable care**

- One example of a recent decision with community support was covering special vests that help people with certain diseases clear mucous from their lungs



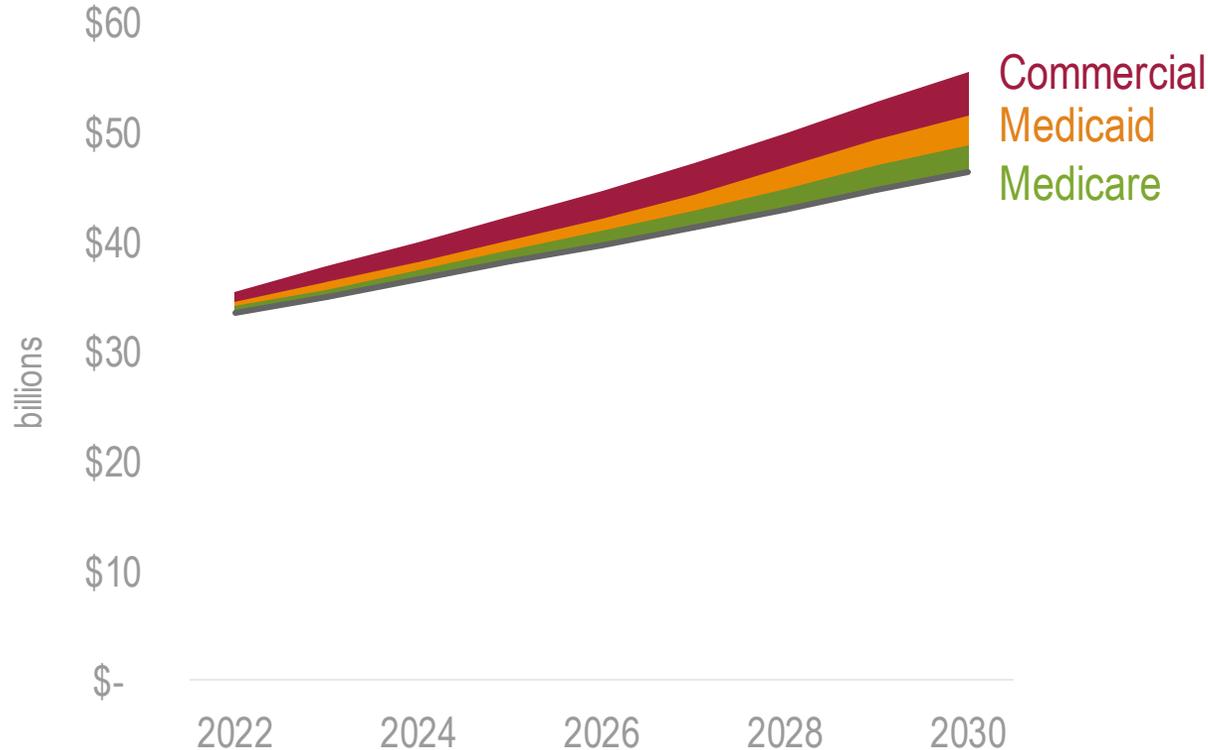


Lower costs

Working together to pay for the right care

Oregon Could Save \$31 Billion by 2030

Projected savings by market, when compared to CMS' projected per person cost growth
If 3.4% growth until 2025, then 3.0% growth



Oregon's Approach to Accountability



Transparency



Performance Improvement Plans



Financial Penalties



Ongoing conversations to understand cost drivers and reasons for exceeding the target in a given year

Health Care Market Oversight: Promoting Transparency and Monitoring Consumer Impacts

Through the Health Care Market Oversight program, OHA reviews proposed business deals between health care companies to make sure they will help – and not hurt – Oregon’s shared goals of:



**Better
Care**



**Health
Equity**



**Improved
Access**



**Lower
Consumer
Costs**

Value-Based Payments: Changing How We Pay For Health Care

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



Maximizing Investments in Social Determinants of Health

- **Maximizing investments by hospitals** through Community Benefit spending
- **Maximizing investments by CCOs** through Health-Related Services and the SHARE Initiative (Supporting Health for All through REinvestment)
- **Meaningfully engaging community** in decisions to focus these investments



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Resources for 1115 Waiver Implementation

We know that people in Oregon experience...

Trouble accessing care where and when they need it.

Difficulty navigating between systems or providers.

Lack of investments that support their health

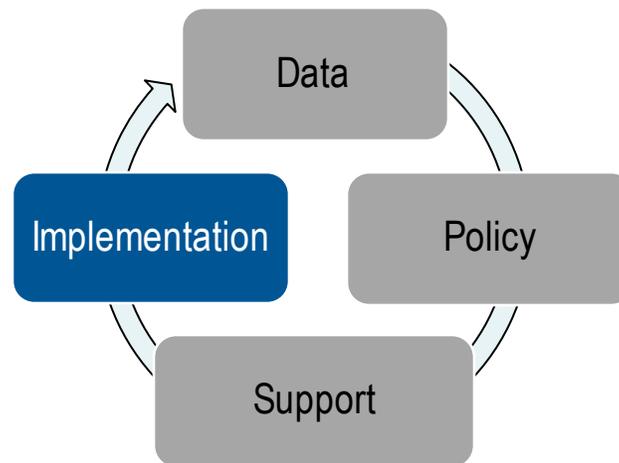


Major policy “wins” in Oregon’s 1115 Medicaid waiver:

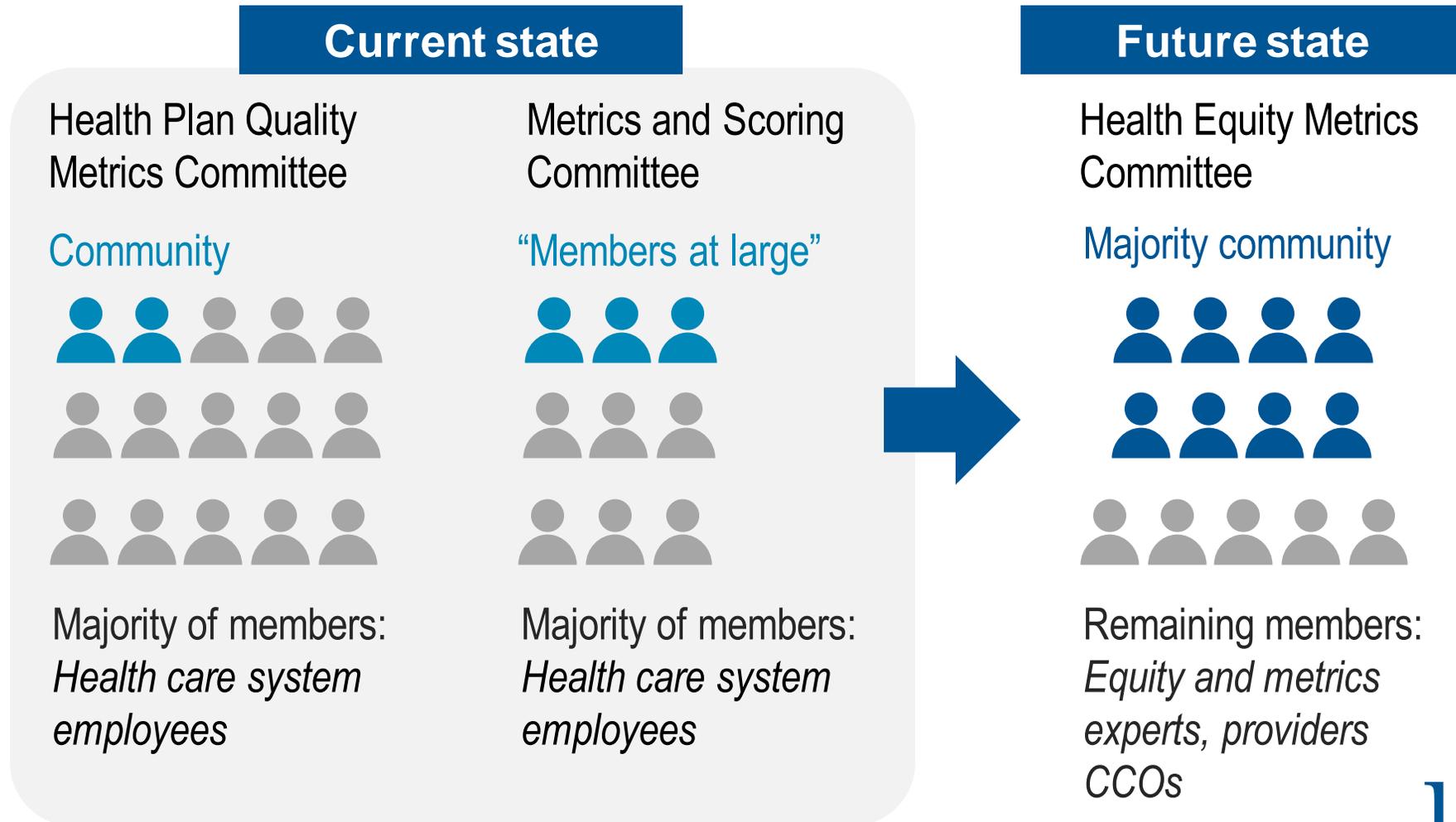
Expanded access and improved care for children

Investing in peoples’ social determinants of health

Connecting people to resources through CIE



Shifting Decision-Making Power to the People Served



Coverage Losses During Redeterminations

In 2019, before the PHE, 35 percent of uninsured Oregonians said they were uninsured because they **lost OHP coverage**

This spring, without the temporary Medicaid expansion and a Basic Health Plan, **people with incomes from 138-200% of FPL** will lose their OHP coverage again

OHA estimates this group to be about **55,000 people** living in Oregon



The Federally Facilitated Marketplace Does Not Meet the Needs of Oregonians

- Federal enrollment system and state eligibility verifications are **not well-coordinated**
- **No access to real-time enrollment and demographic data** to inform education and enrollment assistance
- **No ability to customize** open and special enrollment periods to address the unique needs of Oregonians
- **No ability to modify** systems to improve customer service experience

Consolidation in Health Care Must be Monitored to Protect Against:

Higher prices

- Consolidation can lead to higher prices for products & services, higher insurance premiums
- Example: Curto et al, Health Affairs, 2022

Erosion of progress on quality and/or outcomes

- Consolidation may reduce quality of care in some cases, e.g., by increasing use of low-value procedures
- Example: Young et al, Health Affairs, 2021

Changes that decrease access to services

- Consolidation can impact the type, location, and staffing of services, particularly in rural areas
- Example: Mosher Henke et al, Health Affairs, 2021

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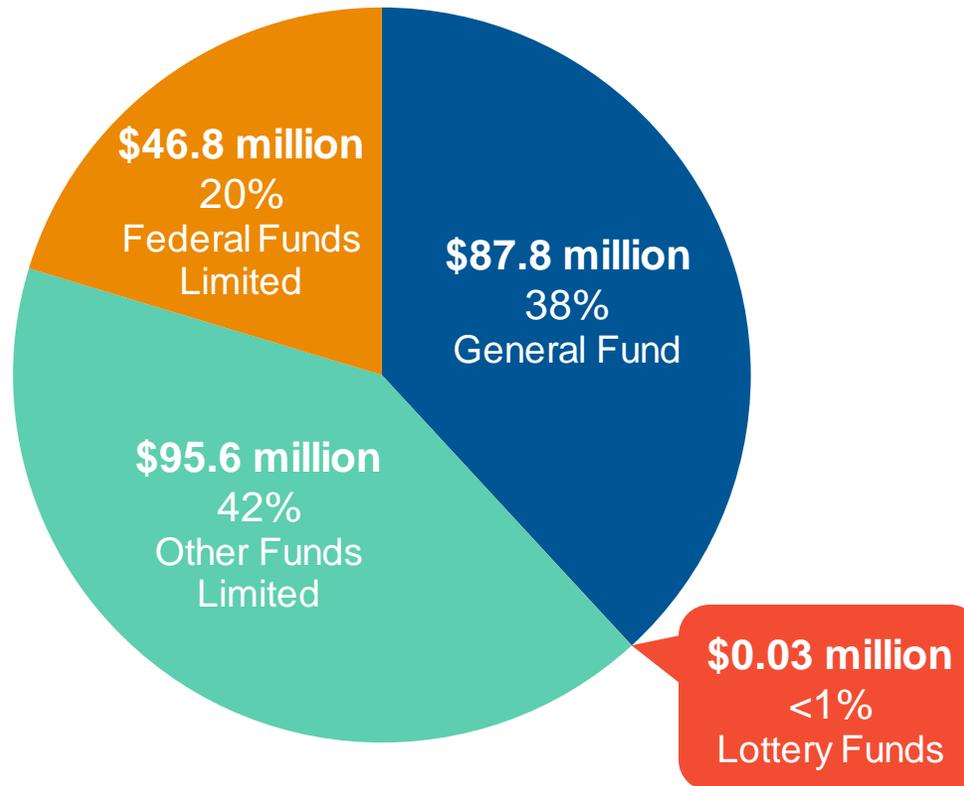
Proposed Budget



2023-25 Governor's Budget

- Health Policy and Analytics, by fund

\$230.2 million Total Funds



2023-25 Major Budget Drivers and Risks

Budget drivers

- Health Equity
- Expanding Community Engagement and Feedback in decision making
- Health care cost containment
- Equitable access to health care and prescriptions
- REALD/SOGI data collection
- Medicaid Redeterminations and Basic Health Plan

Risks

- Staffing shortage due to hiring delays
- Increasing health care costs and access to care
- Decreased funding

2023-25 Major HPA Program Changes

Additions:

- Governor's additional investment in the Healthcare Provider Incentive Program
- Operations for PEBB and OEGB have been added to HPA
- HRSA Oral Health Grant
- PEBB OEGB Benefits Management System Replacement

Reductions

- Administrative and position reductions
- Medicaid Redeterminations reductions
- American Rescue Plan Act (COVID-19 funding)

POP 201: 1115 Medicaid Waiver

- Oregon's 2022-2027 1115 Medicaid Demonstration Waiver aims at eliminating health inequities by 2030
- HPA's portion of POP 201 funds support:
 - Implementation of new transition-related services
 - Technology initiatives to help connect people to services during life transitions (ex. Community Information Exchanges)
 - Launching the Health Equity Quality Metrics Committee (HEQMC)
 - Waiver evaluation
 - Business Operations support for contracting

	General Fund	Total Funds	Positions
POP 201	\$128.8 M	\$978.6 M	131

POP 202: Basic Health Plan

- Continues ongoing development of both a temporary expansion to Medicaid eligibility and a Basic Health Plan (BHP) to provide health coverage for people in Oregon with incomes of 138-200% of the federal poverty level
- Supports development of a new coverage option for approximately 57,000 people currently in Oregon Health Plan (OHP)
- Lays the foundation for a BHP, pending federal approval

	General Fund	Total Funds	Positions
POP 202	\$3.0M	\$3.0M	0

POP 416: Transition to a State-Based Marketplace

- Enables OHA to transition Oregon to a state-based marketplace (SBM), through which people in Oregon will enroll in health plans for the 2027 plan year
- Will allow Oregon to access real-time data and to design targeted and flexible enrollment strategies to ensure everyone has access to high-quality, affordable health care.
- Lays the foundation for the state to be able to operationalize a variety of health policy and program innovations

	General Fund	Total Funds	Positions
POP 416	\$0	\$2.1M	4

POP 430: Health Care Market Oversight

- The Legislature created the Health Care Market Oversight (HCMO) program through the passage of HB 2362 (2021)
- Through the program, OHA reviews health care business deals in Oregon, ensuring that health care mergers and acquisitions support statewide goals related to cost, quality, access, and equity
- This request:
 - Enables HPA to maintain the permanent positions and program expenses to keep the HCMO program operational
 - Enables Oregon to continue to lead the way on cost growth control and equity

	General Fund	Total Funds	Positions
POP 430	\$1.2M	\$1.2M	4

POP 434: Strengthen Outreach and Program Support for the Marketplace

- Addresses the additional reporting and contracting requirements for the Marketplace that were not fully recognized when the program was integrated with OHA
 - Provides outreach staff to meet the needs of community and to provide timely service
 - Provides to support the program, its grants, and federal reporting requirements
- Enables more people to have access to the most effective assistance available to potentially free or very low-cost health care
- Minimize losses in coverage for Oregon, by coordinating outreach and enrollment assistance during redeterminations and beyond

	General Fund	Total Funds	Positions
POP 434	\$0	\$0	3

Thank You

Oregon
Health
Authority