Oregon's State Innovation Model Project
Progress Report
July 1, 2014-September 31, 2014

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Overview

SIM resources helped accelerate Oregon's health transformation efforts on several fronts this past quarter:

- The Transformation Center launched the Council of Clinical Innovators, a group of 14 clinicians from diverse disciplines who will work on health improvement projects and act as champions for clinical change locally. Participants in this learning collaborative will receive mentoring from established improvement practitioners and provide expertise and leadership on health improvement.

- The Transformation Center is also helping good ideas travel faster via the new "Good Ideas Bank" launched in July. Its purpose is to collect and share best and promising practices. The bank is an online, searchable database. Click here to learn more.

- OHA finalized and published Oregon's Business Plan Framework for Health Information Technology and Health Information Exchange. This is a significant milestone in the State's ongoing approach for a transformed health system that achieves better care, better health and lower costs for Oregonians.

- SIM- and state-funded long-term care innovator agents helped to establish memoranda of understanding (MOUs) between all CCOs and local long-term care agencies, describing how the parties will work together to address coordination and share accountability.

- The 'housing with services' pilot project providing medical and long-term services and supports to adults in low-income housing units began to provide direct services this quarter, including medication management and Health Navigator assistance.

Finally, a recent report suggests that 95% of Oregonians now have health insurance. The uninsured rate dropped dramatically from 14% in 2013 to 5.1% in 2014, largely as a result of Oregon's robust Medicaid expansion. This unprecedented increase in coverage means that many more Oregonians will receive care in alignment with the Coordinated Care Model, which is a key objective for Oregon under the SIM grant. Click here to see the full report.

Success Story or Best Practice

There are several success stories to highlight from Oregon's SIM-supported projects this quarter:

- Interim results from a Patient-Centered Primary Care Home (PCPCH) program evaluation suggest that, after the first year of implementation, there was a significant net increase in preventive procedures (5%) and significant net reductions in specialty visits (6.9%) and expenditures (6.6%) for PCPCH sites vs. non-PCPCH sites.

- To enhance care coordination, OHA launched a Flat File Directory (FFD) service in July. This service is supported by the CareAccord Program and expands the discovery of health care professionals' addresses for direct secure messaging. Click here for more information.

- This quarter saw the graduation of the first SIM-funded DELTA (Developing Equity Leadership through Training and Coordination) cohort. The twenty graduates will act as drivers of equity and inclusion within Oregon's health promoting systems, facilitating the development and institutionalization of health equity and inclusion strategies in a variety of settings in their communities.

- All ten mental health and addictions treatment organizations that are participating in Oregon's Behavioral Health Home Learning Collaborative have begun providing some primary care at their clinic sites. The programs are aligning their integrated services with CMS and Oregon Health Authority core quality measures.

- To support the development and tracking of community health improvement plans, OHA completed and posted a series of public health indicators analyzed by CCO region. The data was also distributed directly to CCOs and Community Advisory Councils.

- Following the IHI Improvement Science in Action training, the Transformation Center is conducting site visits to CCOs to review measurement plans for improvement projects. This work is evolving into a quality improvement community of practice for CCOs to learn from one another.

Challenge Encountered & Plans to Address.

One challenge encountered this quarter relates to analytic support for the Coordinated Care Model and plans for Medicaid-specific Behavioral Risk Factor Surveillance Survey (BRFSS) to help monitor model ROI. Fielding of the Medicaid BRFSS was delayed due to complications of the sample design and an unusually large number of unavailable phone numbers. After an initial round of pre-testing, OHA staff re-pulled the sample, made modifications to the fielding strategy to encourage responses, and edited the questionnaire to reduce its length. A second round of pre-testing indicates that these efforts will improve contact and response rates and the full survey is expected to be in the field in the next quarter.

Oregon's plans and providers continue to struggle with legal, regulatory, and technical barriers to information sharing in support of care coordination. In particular, 42 CFR Part 2 creates substantial confusion and poses constraints for integrated, whole-person care. OHA has recently convened an agency-wide group to coordinate work in this area and to offer clarification, guidance and technical assistance where possible. The issue was the topical focus of the October 2014 CCO Medical Directors' meeting.

SIM Engagement Activities

The Oregon Health Policy Board's Coordinated Care Model (CCM) Alignment Workgroup, charged with developing tools and strategies to support voluntary adoption of the CCM in new markets, had its first meetings this quarter. The workgroup includes representatives from public and private purchasers, including self-insured and fully insured employers and large and small businesses, as well as a broker and Oregon's Insurance Commissioner. The initial deliverable of the workgroup is to create a coordinated care framework that other health purchasers could use, based on both the CCO and PEBB contracting processes, to be active purchases of the coordinated care model. SIM is supporting the use of Michael Bailit as an expert consultant to this project.

As described in past reports, OHA has contracted with the Center for Evidence-based Policy at Oregon Health & Sciences University to engage with payers and providers on how to increase use of alternative payment methodologies (APMs) in Oregon. This quarter, OHA received a preliminary draft report from the Center and the Center will facilitate a session on APM at e the December Coordinated Care Model Summit. The report will be finalized for release following the summit.

In September, OHSU's Center for Health Systems Effectiveness hosted an Oregon Health Reform Summit focused on health care payment reform initiatives in Oregon. OHA Transformation Center and Policy Development staff contributed to agenda planning. The summit was attended by employers, policy makers, health systems, researchers, and CCO leaders. Discussion of spread of the coordinated care model was incorporated into the sessions, including one focused on the new PEBB contracts with plans and COOs. And efforts by private business leader, Intel, in holding the delivery system accountable through their new direct contracting efforts.

Policy Activities

The Public Employee Benefit Board executed contracts with five plans for 2015, all of which will incorporate elements of the coordinated care model via contractual requirements such as: increasing the number of patient-centered primary care homes in network and reporting on efforts to integrate behavioral and physical health services. Data on forty-two CCO and PEBB specific metrics will be gathered in 2015, with performance accountability to be introduced in the following year. The PEBB contracts also have a 3.4% cap on cost growth.

OHA's Medicare/Medicaid analyst position was filled this quarter and the hire will lead efforts to improve the experience of care for dually eligible Oregonians as described in Oregon's SIM operational plan. The initial focus will be on member communications and developing guidelines and templates for communications that meet CMS requirements and which can be used to provide more information about managed care options for dual eligibles not currently enrolled in CCOs.

In keeping with the coordinated care model, the Oregon Health Policy Board (OHPB) is considering strategies for strengthening primary care infrastructure and investment. A presentation to the Board in July outlined a variety of options (click here for the presentation). The Board will make final recommendations on this topic in December.

The Sustainable Healthcare Expenditures Workgroup, which includes representation from Oregon's major health plans, systems, and payers met twice this quarter to continue developing a methodology for monitoring health care costs. The model will be finalized and presented to the OHPB next quarter, after which the Board will take up the issue of setting a benchmark for a sustainable expenditure trend and identifying mechanisms to hold entities accountable to that benchmark.

State Health Care Innovation Activities

In the area of population health improvement, OHA leadership and staff met with CMMI SIM staff and CDC officials to discuss Oregon's SIM Population Health Roadmap and technical assistance to achieve the project goals. Additionally, OHA reviewed and analyzed the CCO community health improvement plans this quarter. The analysis will provide the basis for designing and implementing technical assistance to CCOs and their Community Advisory Councils (CACs). The SIM community prevention grantees have established a variety of mechanisms (e.g. steering committees and platforms for online information sharing) to improve collaboration between CCOs and local public health agencies and have identified core measures to evaluate their progress towards achieving health outcomes over the term of the grant.

OHA is working in partnership with the Telehealth Alliance of Oregon to support health plans and CCOs as they address the need to increase provider capacity and the use of health information technology for health system transformation. This project includes an updated inventory of telehealth services in Oregon, an analysis of federal and state policies affecting telehealth, and a needs assessment to identify gaps and inform future policy and stakeholder work. OHA and TAO anticipate having an initial inventory completed by the end of 2014.

A 2013 Task Force on Individual Responsibility and Health Engagement charged the Transformation Center with conducting an assessment to identify barriers to the use of traditional health workers. To meet this charge, the Center developed a survey in coordination with the Office of Equity and Inclusion and the Traditional Health Worker Commission and distributed it to CCOs, other health and community organizations, and traditional health workers. Survey results will inform efforts to foster engagement and support partnerships between traditional health workers, community-based organizations and CCOs.

Self-Evaluation Findings

This quarter, OHA finalized a contract with local health services researchers to track the degree and pace of coordinated care model (CCM) spread and to assess the impact of the CCM on spending, utilization, and quality in different market segments. The work will span the period of July 2014 to September 2016 and will include:

1. Development of a typology of health system transformation that is applicable across different market segments and that can be used to track changes over time
2. Three periodic reports of CCM spread in different markets, based on the typology described above; and

3. A quantitative assessment of spread (or "spillover") using data from Oregon's all-payer, all-claims data system.

The scope of work for this evaluation contract is available upon request.

The formative evaluation of the Transformation Center is underway, with the external evaluation team observing a range of Transformation Center meetings and events. The team is analyzing the data in real-time and debriefing with the Transformation Center routinely to share emerging findings and to refine the direction of the evaluation. Next quarter, they will turn their attention to conducting interviews with a purposively selected sample of CAC leaders and participants.

OHA staff also spent time facilitating plans for the national evaluation in this quarter. In particular, we coordinated discussions between CMMI's evaluation contractors and staff at Oregon's Public Employees' and Educators' Benefit Boards on plans for a consumer survey to be fielded in November 2014, after open enrollment for both boards has ended. The surveys will provide a quasi-baseline of consumers' experience with coordinated care before new CCM-based contracts go into effect. OHA hopes that data from these surveys will be made available to the state for self-evaluation efforts.

The independent evaluation of CMM implementation in Medicaid, being conducted by Mathematica Policy Research, progressed on schedule this quarter.

Additional Information

• Oregon's Business Plan Framework for HIT/HIE can be found here: https://healthit.oregon.gov/Initiatives/Documents/HIT_Final_BusinessPlanFramework_2014-05-30.pdf.

• Oregon Health Policy Board's Coordinated Care Model Alignment Work Group webpage is viewable at: http://www.oregon.gov/oha/Pages/ccma.aspx

METRICS INFORMATION:
• Measures we can't currently report are listed as 9999.

• Cost of Care: Commercial number includes state employees and self-ensured. We do not have this broken out as in Salesforce. Data for both commercial and Medicaid/CHIP are from Q2 2013

• Individuals in PCPCHs: Should read Average number of individuals receiving care…

• Providers receiving payment via EHR incentive: Can only enter one number on Salesforce. Need ability to enter for hospitals and eligible professionals separately – number included is EPs

• Healthcare Interpreter Training: Currently planning learning collaborative and developing RFP

• Payments that non-FFS: Name should read CCO payments

• Non-FFS PEBB: Data collection vehicle in development for 2015 plan year

• ED visits: Q2 2014 data. Are preliminary due to claims lag

• HCAHPS: Rate for Oct. ’12 – Sep. ’13

• Health Related Quality of Life: Reported rate is proportion with no days. We are calculating average number of days, but were instructed to report proportion (with no days) in interim
• BMI: As agreed with CMMI, rate reported is proportion of adults at risk for chronic disease based on BMI >= 25

• CORE beneficiaries impacted, participating providers and provider orgs: Need to discuss as the break-outs in Salesforce don’t match our model. Rate provided for Beneficiaries_PCPCH is Q1_2014 is the proportion of CCO members enrolled in a CCO. Rate provided for Beneficiaries_CCO is percent of Medicaid /CHIP population in CCO in September ’14

• See previous correspondence on future reporting for these measures: Tobacco, Diabetes, Health Info Exchange, and Readmissions