Oregon's State Innovation Model Project
Progress Report
October 1, 2014-December 31, 2014

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Quarterly Report
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Overview

Highlights this quarter include a focus on stakeholder engagement and efforts related to clinical transformation.

Coordinated Care Model Summit
The Summit is a key SIM activity to connect and engage transformation stakeholders and share success and progress towards achieving the triple aim and spreading the coordinated care model across payers and populations. The summit was well attended with over 1,400 participants. See the Success Story section for highlights.

Public Employees Benefit Board
Open enrollment for state employees was conducted in October. Pre-open enrollment mailings and presentations to members and enrollment packets all included information on the coordinated care model. PEBB enrolled 129,189 covered lives into multiple plan options, all with new coordinated care model elements; 1,550 individuals selected one of the three plans that also serve Medicaid lives through coordinated care organizations. This is a key milestone in the spread of the coordinated care model.

Health Evidence Review Commission (HERC)
The Center for Evidence-based Policy's process improvement report on the work of the Health Evidence Review Commission was released and discussed at the commission's retreat in October. As a result, the commission has already shortened their coverage guidance development process by two months, without eliminating opportunity for stakeholder input. HERC is in the midst of conducting it first open topic nomination process.

Telehealth
OHA evaluated proposals for innovative telehealth projects. Five projects were selected focusing on: expanding dental access for children; pharmacist consultations with HIV/AIDS patients in rural Oregon; secure direct-to-home specialty dementia care; hospital-based community paramedics delivering telehealth services among high-risk patients; and real-time telemental health services via videoconferencing for vulnerable youth in rural Oregon.

Success Story or Best Practice

The Transformation Center held a two-day summit on December 3 and 4, 2014, titled *Oregon's Coordinated Care Model: Inspiring Health System Innovation*. The goal of the summit is to connect and engage stakeholders and share best health transformation practices. Coordinated care organizations, community advisory council members,

providers, community stakeholders, health leaders, consumers, lawmakers, policymakers, health plan representatives and funders came together to share concrete, innovative strategies for implementing health system transformation.

Governor Kitzhaber provided opening remarks to kick off a series of presentations that included inspiring speakers such as Don Berwick, M.D., Former Administrator, Centers for Medicare and Medicaid Service and founding CEO, of the Institute for Healthcare Improvement. Berwick challenged attendees to focus on cooperation and remaking the delivery system. Four coordinated care organizations told their stories of success implementing aspects of the coordinated care model. The second day highlighted upstream strategies, social determinants of health, the national health care landscape, and patient engagement.

Eighty-eight percent of evaluation respondents plan to implement at least one innovative practice they learned about at the summit. Most common topic areas for follow up included: collaboration or connections, patient engagement, peer supports, or social determinants of health. Ninety-one percent agreed they made new connections with colleagues and other organizations they plan to follow up on. In particular, respondents valued remarks provided by Governor Kitzhaber and Dr. Berwick and their insights on how Oregon's work is connected to and, in many respects, leads the national health transformation movement. Comments included: "As a presenter on alternative payment methodologies, it was gratifying to hear what other CCOs are doing and to feel much more confident that my CCO is on the right track."

Challenges Encountered and Plan to Address

During this period, Governor Kitzhaber announced his selection of Lynne Saxton as the interim Director of OHA. (The interim status is only temporary, pending legislative confirmation.) Ms. Saxton will join the Oregon Health Authority following her post as Executive Director of Youth Villages Oregon, a provider of mental health and social services for children and families. Her successful and distinguished career includes leadership roles at ChristieCare, a children's mental health provider, Portland General Electric, and other positions in the public and private sector. Her confirmation is expected later this spring.

Oregon experienced several other key changes in personnel during this period. Cathy Kaufmann departed as the Transformation Center Director. In her stead, Suzanne Hoffman, Interim Director of OHA served as the interim executive leader of the Transformation Center. Chris DeMars, Director of Systems Innovation, and Dr. Ron Stock, Director of Clinical Innovation, continue to lead the Transformation Center's efforts related to system integration and clinical transformation. Ms. Saxton will lead recruitment efforts to permanently fill the leadership vacancy at the Transformation Center.

Additionally there were staff changes in the SIM business manager, administrative support and contract specialist positions. The contracts position has been filled and interviews are underway to fill the administrative support position. The business manager is in open recruitment and we hope to fill that position by middle to late February. The grants management team continues to cover all grant reporting and financial functions while the recruitment process is underway.

Payer Engagement Activities

The Coordinated Care Model Summit
The coordinated care model summit is a key stakeholder engagement strategy. In addition to SIM resources, the 2014 summit was supported financially by stakeholders including: Cambia Health, Northwest Health Foundation, Milbank, PacificSource, Princeton, and the Oral Health Funders Collaborative. Twenty-eight percent of evaluation respondents were from coordinated care organizations; thirteen percent identified as providers; twelve percent from community organizations, eight percent from public health agencies. Six health plan representatives attended. Additionally, foundation, research and business representatives participated. Please see the Success Story section for more information on the summit.

Health Evidence Review Commission
The Center for Evidence-based Policy's process improvement report on the work of the Health Evidence Review Commission's was discussed at the commission's retreat in October. The commission has already streamlined their coverage guidance development process by two months, without eliminating any opportunity for stakeholder input. HERC is also now in the midst of conducting it first open topic nomination process, with announcements posted on their website and distributed through their listserv and with targeted in-person solicitation occurring for leaders representing both private and public health care payers. A work plan is now in place to implement over a dozen additional improvements in stakeholder engagement and process transparency.

Other
Please see the Overview section for engagement activities related to PEBB open enrollment for 2015 and the State Health Care Innovation section for engagement activities related to behavioral and mental health integration.

Policy Activities

The Oregon Health Policy Board (OHPB) met four times during this quarter. Highlights include presentations on insurance coverage in Oregon post-ACA; discussions of the public health and behavioral health systems in Oregon; and a follow up on high cost medications. The Board approved initial methodological recommendations from the Sustainable Health Care Expenditures Workgroup (SHEW) and endorsed legislative

concepts to formalize a multi-payer primary care collaborative and clarify the scope of activities that OHA can undertake to advance HIT and HIE in Oregon.

The Coordinated Care Model (CCM) Alignment workgroup, charged with developing tools to assist with spread of the model, met twice during this reporting period. Consultant Michael Bailit provided the group with an overview of national activity to align health care purchasing across payers (the presentation is viewable at: http://www.chcf.org/~/media/MEDIA LIBRARY Files/PDF/A/PDF AllTogetherCoordinatingPurchasing.pdf). The workgroup also reviewed a first draft of a framework for Coordinated Care Model purchasing. This framework is designed to be used by self-insured purchasers, however similar language can be used for a fully-insured product. The draft document is viewable at: http://www.oregon.gov/oha/OHPR/CCMA2013/11.13.2014%20Materials.pdf To understand the current landscape, OHA will conduct interviews with carriers to understand their commitment to the CCM principles. A separate set of questions is under development for purchasers.

The Sustainable Health Expenditures Workgroup (SHEW) met three times during this quarter to develop the methodological recommendations referenced earlier in this section. All SHEW meeting materials and presentations are viewable at: http://www.oregon.gov/oha/analytics/Pages/Sustainable-Healthcare-Expenditures.aspx

Coordination Efforts with Other

The Transformation Center has engaged coordinated care organizations and providers from across the state to assess the extent of integration of behavioral and primary health systems. The Center solicited information on strategies and resources currently being used, successes, and barriers to further development and also asked how OHA could support further implementation efforts. The Behavioral Health Home learning collaborative, a Medicaid grant-funded collaborative to integrate primary care into mental health clinics, has also shed some light on the status of implementation and systems integration. There has been extensive integration activity statewide; however, the penetration of integrated care is variable, with smaller and rural practices facing the most challenges. Challenges to integration include: reimbursement complexity, regulatory silos, information sharing barriers, and workforce development issues.

A variety of work is ongoing to support behavioral and primary health care integration:

- An OHA work group has been organized to address questions related to behavioral health information sharing with physical health providers. A similar work plan is being explored to address reimbursement issues.
- The Transformation Center is convening a stakeholder group to provide input into an integrated care technical assistance plan.
- OHA will be working with the PCPCH Standards Advisory Committee to develop Behavioral Health Home standards, and to explore further integration standards for primary care. The Integrated Behavioral Health Alliance of Oregon will

provide input into the development of integration standards. This will position the state to participate in the Department of Health and Human Services, Excellence in Mental Health Act Pilot Program.

- The Children's Health Alliance has convened a work group to focus on pediatric and behavioral health care integration.

The Transformation Center will be linking these groups so efforts can be coordinated.

Self-Evaluation Findings

Oregon Health and Sciences University and Providence's Center for Outcomes Research and Education (CORE) have been contracted to conduct an evaluation of the degree and pace of spread of the CCM across markets in Oregon.

The contractors have finalized a survey/typology to be fielded to payers and provider organizations across the state. It will be fielded beginning in February 2015 and will be supplemented with qualitative interviews of a subset of respondents.

An initial summary report of transformation progress in different markets (using the survey and interview findings) will be available in late spring 2015.

Additional Information

Notes on metrics:

*Measures we can't currently report are denoted 9999 (versus including meaningless zeroes). We are working to have these ready for the next quarterly report.

*There appears to be a misunderstanding around the PCPCH enrollment and PCPCH recognition measures. The target currently listed for PCPCH enrollment (600) actually relates to the number of recognized PCPCH clinics. The correct target for PCPCH enrollment is 95.0%). In addition, PCPCH enrollment should be one of the metrics for the Core_Beneficiaries Impacted measure.

*Individuals in PCPCHs: Should read Average number of individuals receiving care.

* Healthcare Interpreter Training: RFP was released in December 2014; we plan to have the first learning collaborative begin in spring 2015. The first session of the healthcare interpreter stakeholder meetings occurred in December 2014. The purpose of these meetings is to hear from key stakeholders in the field of health care interpretation (training centers, testing centers, CCOs, HCIs, providers, language service providers etc.). Meetings will include sharing best practices, discussing barriers/challenges, clarifying roles of CCOs/OHA/language service providers/HCIs etc., and providing a space for building collaborations.

*Payments that non-FFS: Name should read "CCO payments …

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

* ED visits: Q3 2014 data (preliminary due to claims lag)

*HCAHPS: Rate for Oct. ’12 – Sep. ’13

*Cost of care data are for Q3 2013

*Readmissions data for CY2013

*BRFSS data from 2013 (QOL, smoking rate, and BMI measures)

*Note data reported on BMI are only for age 18-64 (need additional field for age 65+)