Oregon's State Innovation Model Project
Progress Report
October 1, 2016–December 31, 2016

Oregon State Innovation Model Project
Quarterly Report
October – December 2016

Overview

This period includes several key achievements and reports – the release of *The Housing with Services Final Evaluation Report*, the *Implementation of Oregon's PCPCH Program: Exemplary Practice and Program Findings*, and the *Impact of Dental Integration in Oregon's Medicaid Program* report.

The *Housing with Services Final Evaluation Report*, conducted by the Institute on Aging at Portland State University, evaluates a Portland-based Housing with Services (HWS) program, which was formed to address key social determinants of health—including housing instability, food insecurity, and social isolation—among low-income adults living in affordable housing properties in Portland, Oregon. It is not a licensed health care setting, though some residents receive health services in their homes. Residents live independently and may choose whether to engage in any offered services. Key findings are included in the next section and the full report can be found at https://www.pdx.edu/ioa/sites/www.pdx.edu.ioa/files/Housing%20with%20Services-FULL_Report_103116.pdf

The Implementation of Oregon's PCPCH Program: Exemplary Practice and Program Findings report highlights the overall savings to the Oregon health care system through the PCPCH Program. The PCPCH Program is the foundation of Oregon's coordinated care model (CCM) and this report is the first study in the country to look so comprehensively at the impact of PCPCH programs on health care costs.

Key findings are included in the *Payer Engagement Activities* section and the full report can be found at http://www.oregon.gov/oha/pcpch/Documents/PCPCH-Program-Implementation-Report-Sept2016.pdf

The Center for Health Systems Effectiveness (CHSE) at Oregon Health and Science University (OHSU) completed their *Impact of Dental Integration in Oregon's Medicaid Program* report this period. Findings and additional information included below in the *Evaluation* section.

Success Story/Best Practice

The Housing with Services Final Evaluation Report evaluates a Portland-based HWS program, an emerging model of community-based care, described above.

The evaluation findings are based on two self-administered surveys completed by over one-third of building residents; analysis of health service claims records during the first 10 months of the program conducted by the Providence Center for Outcomes Research and Evaluation (CORE); and a database maintained by HWS staff that tracked HWS

program staff contacts with building residents. Key evaluation findings include:

- Residents who had contact with HWS were more likely to use preventive health services.
- Outpatient mental health use increased among residents with HWS contacts.
- HWS successfully engaged with residents whose health needs were greater both before the program was implemented and over time.
- Residents who had HWS contacts reported far less food insecurity compared to residents with no contacts.
- The number of Medicaid-eligible residents with HWS contacts receiving long-term services and supports increased during the program period.
- The HWS program successfully reached residents at risk of housing instability by helping residents prepare for and pass annual inspections and reducing the number of evictions.
- HWS staff had more contacts—27—with residents at higher risk of social isolation compared to residents at low risk of isolation—23 contacts.

This partnership among housing, health, and social-service providers offers an example of collective impact that can be adopted by other communities with similar goals of promoting residents' health and the ability to age in place. This report lends evidence that the HWS program - a more upstream approach to care delivery - can address social determinants of health for this population and result in improved health care utilization and outcomes.

Challenges Encountered and Plan to Address

OHA successfully trained 150 health care interpreters, each completing a 64-hour training course, and thereby increasing access to, and improving the quality of services for people with language barriers to health care. To date, 25 trainees have completed the certification process and 55 are in various stages of completing the certification process. While staff are working hard to provide information and reminders to increase these numbers, certification completions have been lower than anticipated. Many trainees have either expressed mistrust of the process, moved to new professions or residences, or have anxiety about successfully completing the test. In addition, the delay in the SIM approval process for the testing was likely a contributing factor. OHA will continue to reach out to trainees and encourage participation in the certification process.

A key leadership position for meeting our SIM goals and continuing health system transformation efforts in Oregon has been filled this quarter. We are pleased to report OHA has named Royce Bowlin as its new behavioral health director.

As OHA's behavioral health director, Mr. Bowlin will manage OHA's behavioral health policy team and work with stakeholders to implement the results of the Behavioral Health Collaborative. The Behavioral Health Collaborative is currently developing legislative policy recommendations to better incorporate behavioral health with physical and oral

health in the CCM.

"Royce brings over 20 years of experience in the Oregon behavioral health community and will help provide the leadership to integrate physical and behavioral health and put the consumer at the center of our behavioral health system in every community in Oregon," says Lynne Saxton, OHA Director.

Bowlin most recently was a senior clinical officer for Cascadia Behavioral HealthCare, an Oregon-based health care provider that focuses on mental health and addiction treatment services. He spent more than 20 years at Cascadia, including eight as senior clinical director and six as director of homeless services.

Payer Engagement Activities

The Implementation of Oregon's PCPCH Program: Exemplary Practice and Program Findings report highlights the overall savings to the Oregon health care system through the PCPCH Program.

A PCPCH is a health care clinic that has been recognized for its commitment to patient-centered care. The report shows that the estimated total savings to the Oregon health care system due to the PCPCH program implementation was $240 million between 2012 and 2014, and continued growth of the program will increase the level of savings in future years.

The report also demonstrates that clinics mature in the PCPCH model of care: the longer a clinic is certified a PCPCH, the greater the cost savings per patient. For a PCPCH that has been in operation for three years, the total cost of care per member, per month is lowered by $28. This is double the overall average savings of $14 per member, per month for a PCPCH in the first year of certification.

PSU researchers used robust analysis of all-payer claims data to determine that for every $1 increase in primary care expenditures for this comprehensive model of care, there is an average $13 in savings to the health care system.

"Oregon's health transformation efforts are making huge strides toward improving the health of Oregonians and controlling health care costs," said Lynne Saxton, OHA Director. "The report demonstrates that a focus on integrated primary care can significantly save dollars for the state and provide the best health care possible to all Oregonians."

The findings demonstrate that the state's PCPCH Program has fostered progress toward the goals of improving health, creating better health and lowering costs. The evidence shows that PCPCH-designated clinics are providing care that results in greater effectiveness and efficiency within both the primary care system and the larger health care system.

Policy Activities

As the state nears the end of the first five years of delivering care to over 1.1 million Oregonians through Coordinated Care Organizations (CCOs), the Oregon Health Policy Board (OHPB) has been asked to review the CCM and make recommendations to build upon and continue health system transformation.

The Board reviewed quantitative system data at several Board meetings from July through December and appointed a sub-committee including Chair Zeke Smith, Chief Impact Officer of United Way Columbia Willamette, Dr. Joe Robertson, President of OHSU, and Brenda Johnson, CEO of La Clinica, to tour the state in September and October seeking qualitative input from key stakeholders, such as health care advocates, Oregon Health Plan members and primary care providers. The Board hosted six listening sessions across the state and fielded an online survey, in Spanish and English, which was distributed through electronic newsletters, social media and via community outreach. Input was gathered from over 600 Oregonians across the state.

Themes heard during the listening session were wide ranging. The majority of responses fell into broad policy areas regarding coordination to meet community needs; better delivery of services to address the social determinants of health; system integration of behavioral, physical and oral health; addressing health inequity; payment reform for value-based purchasing and flexible services; and CCO governance and structure.

The Board is using systems data and community feedback gathered at listening sessions and via surveys to shape recommendations to the Legislature and OHA to support continued delivery system transformation through Oregon's CCOs. The Board will also use this information to update its *Action Plan for Health* by the spring of 2017. The full report and additional information is available at http://www.oregon.gov/oha/OHPB/Pages/cc-future.aspx.

Coordination with Other Efforts

The SIM grant has been an invaluable resource to Oregon for the implementation of the CCM in Medicaid and spread of the model to PEBB and OEBB. OHA contracted with Health Management Associates (HMA) to conduct an analysis of the SIM-funded projects for ongoing sustainability planning. The analysis considered the state's CCM, Oregon's SIM drivers and the state's healthcare delivery system transformation goals.

The analysis found that SIM-funded activities have supported health system transformation in a variety of ways, and have spurred innovation and sharing across the state's healthcare delivery system. Many of the activities were designed to be an initial start-up investment that do not require further funding and therefore do not require a sustainability plan.

Those areas are:

- Health Evidence Review Commission process improvement activities
- Office of Health Information Technology
- Long Term Services & Supports (LTSS): Housing with Services
- PCPCH: PCPC Institute
- Public Health Division: Population health integration activities

Other SIM-funded activities have some sustainable funding but must scale down activities going forward unless additional funding is obtained. Those areas are:

- Transformation Center
- Health Equity Initiatives
- Testing, Analysis and Evaluation Activities
- PCPCH Program
- Alignment work for Individuals dually eligible for Medicare and Medicaid

HMA worked with a state leadership team to outline the analytical approach and prioritize SIM projects. The full report, available upon request, documents the analysis and prioritization of work and includes detailed sustainability work plans.

Self-Evaluation

The Impact of Dental Integration in Oregon's Medicaid Program report provides early information on the effect of integrating funding for dental services into the CCOs global budget.

CCOs were required to contract with dental care organizations in CCOs' service areas to manage dental benefits beginning on July 1, 2014. OHA adopted two dental quality measures as CCO incentive measures starting in 2015:

- Mental, Physical, and Dental Health Assessments within 60 Days for Children in Department of Human Services Custody
- Dental Sealants on Permanent Molars for Children Ages 6 – 14.

CHSE compared pre-integration (01/2012-06/2013) with post-integration (07/2014-12/2015) of dental services. Integration of funding for dental services into CCOs' global budgets was associated with moderate reductions in all dental outcomes compared to the pre-integration period. Overall findings included:

- Access to dental services decreased by 0.6% points compared with the pre-integration period.
- The number of Emergency Department (ED) visits for non-traumatic dental conditions decreased by 0.2 visits per 1,000 members compared with a rate of 2.2 visits per 1,000 members in the pre-integration period.
- The number of visits for any dental procedure in a calendar year decreased by 28.9 per 1,000 members compared to a rate of 267.8 visits per 1,000 members in the pre-integration period.

- Spending on dental services decreased by $2.54 per enrolled member per quarter compared to $23.30 per enrolled member per quarter in the pre-integration period.

It is important to note that this analysis is early in the integration process. These results reflect outcomes just 1.5 years after the integration of funding for dental services into the CCOs global budgets.

OHA will continue to evaluate differences in dental integration among CCOs and monitor dental outcomes of OHP members. This report is under review at OHA and will be released in Q1 2017.

Additional Information

The following data notes pertain to Q4 2016 metrics. Please see Metrics Reference Guide on Salesforce for all other data notes.

All percentages are rounded to the nearest tenth of 1%.

CORE HbA1c testing for commercial, Medicaid/CHIP, and Medicare - Due to a data processing issue with our vendor, these results are unavailable for this reporting period.

CORE LDL-C Screening for commercial, Medicaid/CHIP, and Medicare-Due to data processing issues with our vendor, these results are unavailable for this reporting period.

CORE Smoking Rate-This measures has been incorrectly reported as 61.1% since Q2 2016. The number had been transposed when entered. The correct result is 16.1%.

CORE Participating Providers -The response rate for the 2016 physician workforce survey was 11.7%. This is due to the survey being fielded for just two months, no outreach by OMB or OMA, and this was not a licensing year.

CORE ED Visits: Unable to report due to Medicare FFS data delay

Health Care Interpreter Training: The training part of the program has been completed. Focus is now on testing.

Proportion of PEBB payments that are non-FFS: This work continues to be on hold.

LTSS Accountability Tasks: This measures has been revised to better serve the program needs. In addition, we no longer have SIM funded staff to collect the data and will be unable to report on this measure for all future reporting cycles.

Sustainable health care growth methodology: OHSU revised the January 2016 SHEW report to include OHA's feedback. Final report was submitted to OHA on June 30, 2016, and details overall health spending, categorizes spending by place and type of service, analyzes per-member-per-month spending across payers and types of service, and displays spending trends from 2011 to 2014.