
OHA Health Policy and Analytics Governor's Balanced Budget 2017-2019

Presented to the Human Services
Legislative Sub-committee on Ways and Means
February 20, 2017

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OHA Mission: Helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care.

Health Policy and Analytics

Goals and Purpose

Purpose: Provides agency-wide policy development, staff to the Oregon Health Policy Board, clinical leadership (including Chief Medical Officer, Behavioral Health and Dental Director), the Health Evidence Review Commission, and Medicaid policy leadership.

Oregon's Coordinated Care Model



2016-2017 Health Policy and Analytics Goals:

- Health System Transformation 2.0:
 - Staff CCO Listening Tour, support Board's policy development & re-fresh Oregon's Action Plan for Health;
- Obtain Medicaid's 1115 waiver renewal approval;
- Address rising pharmacy costs;

Health Policy and Analytics

Goals and Purpose (continued)

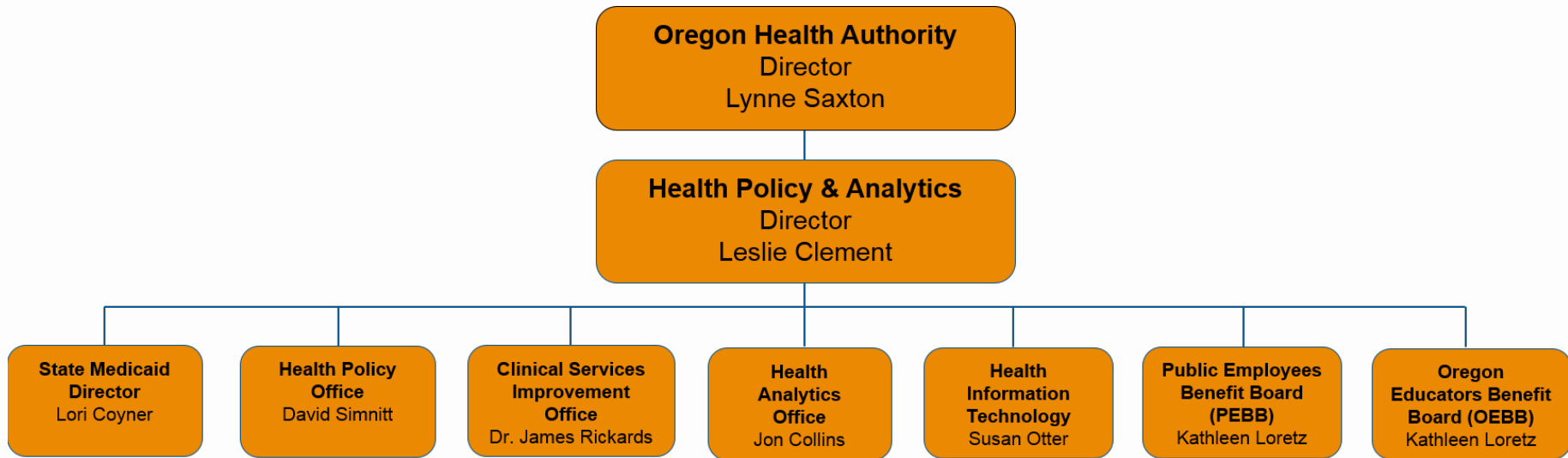
- Behavioral Health policy development;
 - Oversee Oregon’s Performance Plan agreement with USDOJ
 - Behavioral Health Collaborative
- Oral Health strategic planning;
- Multi-payer Primary Care Payment Reform Collaborative and CPC+ participation;
- Legislative Deliverables include:
 - Emergency Boarding Study (Oregon State University) HB 5526
 - Health Care Financing Study (RAND/HMA) HB 2828
 - Primary Care Spending Report and Collaborative SB 231
 - Health Plan Quality Metrics plan and committee SB 440

Health Policy and Analytics

Summary of Programs

- State Medicaid Authority, responsible for OHP's waiver
- Clinical team leadership
- Oregon's Prioritized List
- Oregon's Patient-Centered Primary Care program
- Quality improvement and system innovation support
- Oregon Health Policy Board staff
- Data analytics
- Strategic development & coordination of health system information technology tools
- OHA oversight and coordination of PEBB and OEBC staff

2017-19 Health Policy and Analytics Organizational Chart

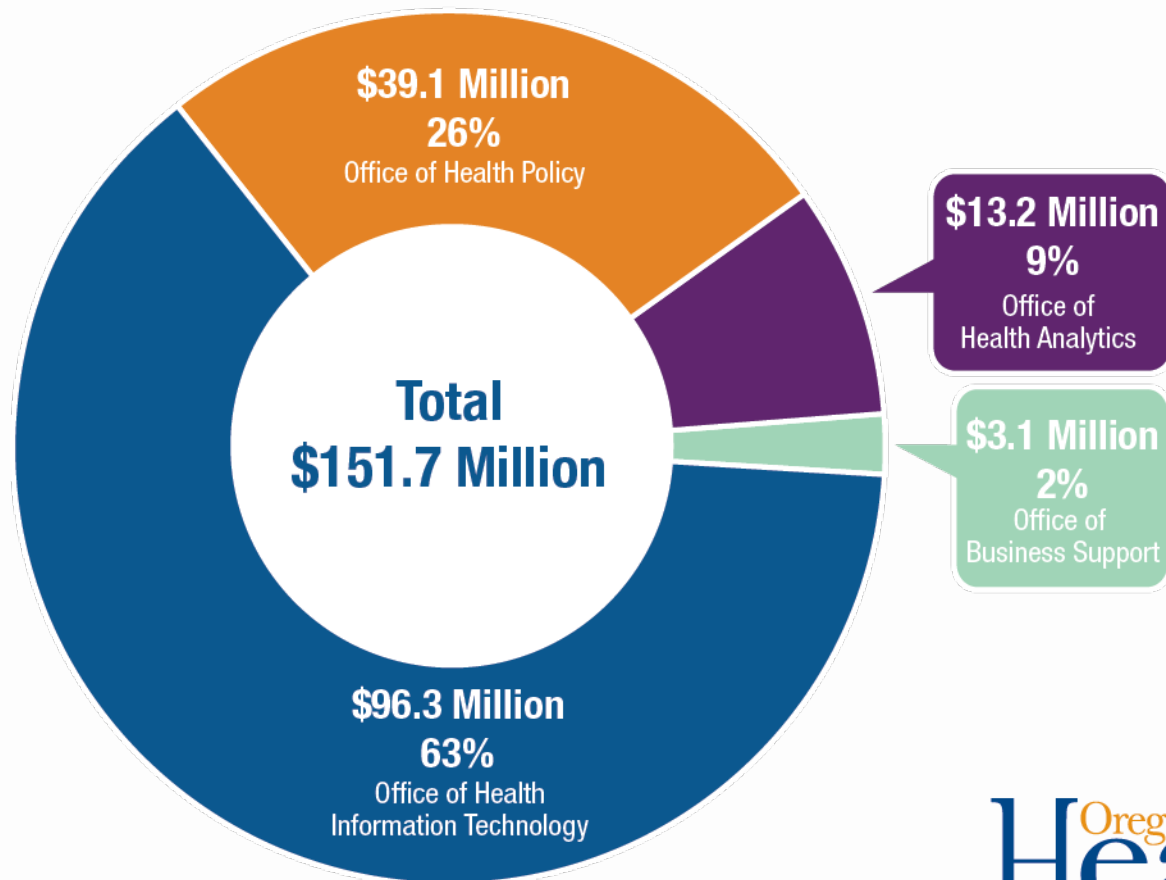


17-19 Positions: 146
FTE: 140.15

Health Policy and Analytics 2017-19 Budget

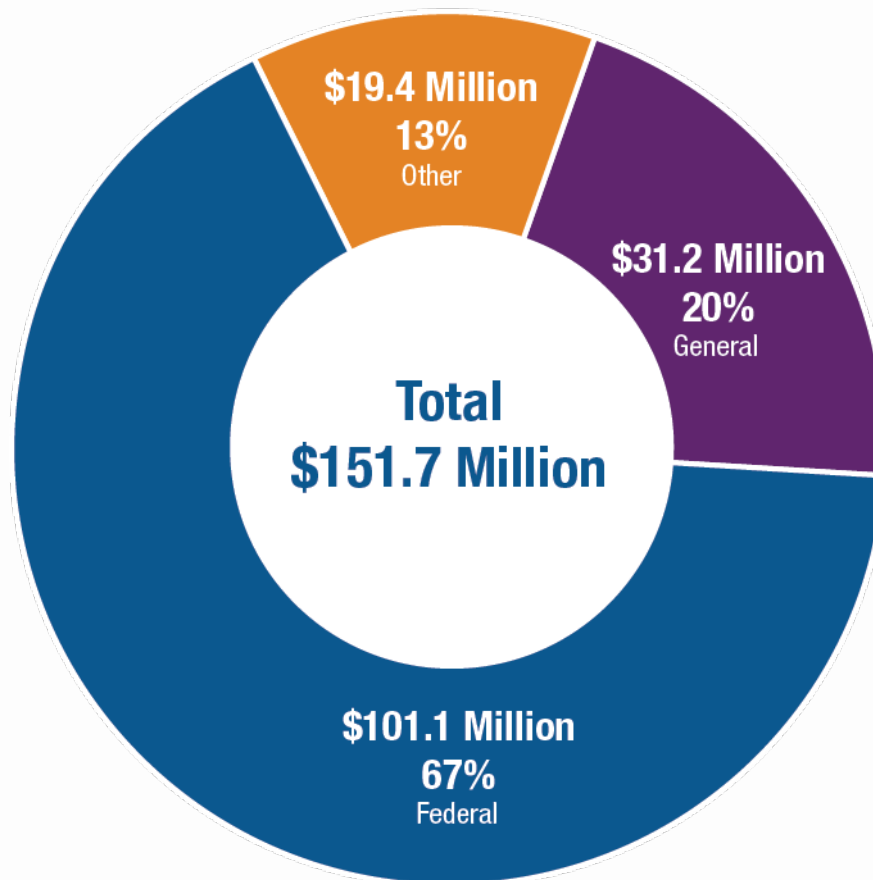
Health Policy and Analytics Division Budget 2017-19

Health Policy and Analytics Total Fund by Program



Health Policy and Analytics Division Budget by Fund Type 2017-19

Health Policy and Analytics Total Fund by Type



Summary of Programs: Oregon's Medicaid Waiver

- 1115 Demonstration Waiver renewed on Jan. 12, 2017 for five years.
- Renewal retains Oregon's health system transformation as developed in the current waiver approved in July 2012.
- New policy included in the renewal:
 - Tribal health policy related to uncompensated care and managed care
 - Changes to increase the use of health related services by CCOs
 - One year extension of the Hospital Transformation Performance Program
 - Enrollment into CCOs for beneficiaries dually eligible for Medicaid and Medicare



Summary of Programs: Health Policy

- Oregon Health Policy Board staff responsibilities
 - Statewide CCO listening sessions on behalf of the OHPB to inform and develop policy recommendations for Health System Transformation 2.0.
- Oregon's Performance Plan policy development (USDOJ agreement)
- Health care workforce development policy
- Oral health policy

In-person listening sessions were held throughout the state...



... and online survey respondents represented a wide geographic range.



Current Board membership:

- Chair - Zeke Smith (Portland)
- Oscar Arana (Portland)
- Karen Joplin (Hood River)
- Vice Chair – Carla McKelvey, MD, (Coos Bay)
- Felisa Hagins (Portland)
- Joe Robertson, MD (Portland)
- Brenda Johnson (Medford)

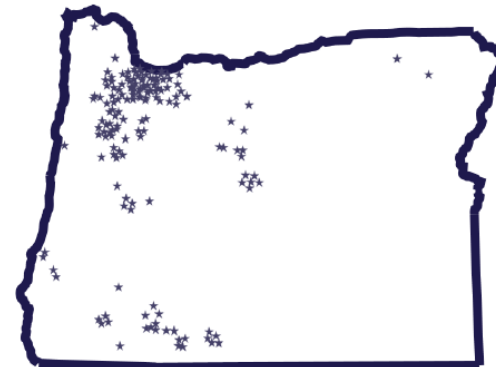
Summary of Programs: Clinical Services Improvements

- Health Evidence Review Commission
 - Prioritized list
- Primary Care Payment Reform multi-stakeholder group Consensus
- CPC + Statewide Recognition

CCOs participating in CPC+

- | | |
|-------------------------|------------------------|
| ✓ AllCare Health Plan | ✓ Columbia Pacific |
| ✓ Eastern Oregon CCO | ✓ FamilyCare |
| ✓ Health Share* | ✓ Jackson Care Connect |
| ✓ PacificSource—Central | ✓ PacificSource—Gorge |
| ✓ PrimaryHealth | ✓ Umpqua |
| ✓ WOAH | ✓ WVCH |
| ✓ Yamhill | |

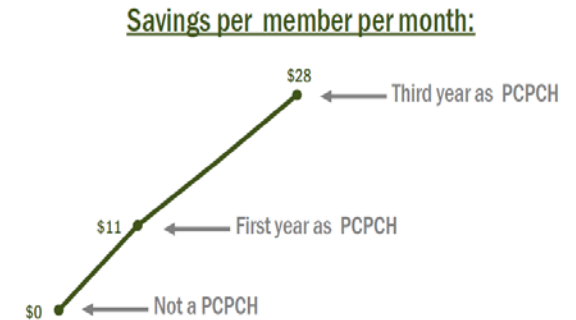
Practices participating in CPC+ are located throughout the state



Summary of Programs: Clinical Services Improvements

- PCPCH Program Growth to 659 Clinics
 - 13:1 return on investment

PCPCH program implementation has resulted in **\$240 million** in savings to Oregon's health system over its **first three years**.



- Pharmacy Cost Collaborative
 - Pharmacy pricing oversight

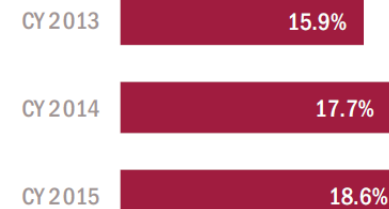
Per capita pharmacy cost range for CCOs between 2014 and 2015:

Generic **+7-9%**

Brand **+19-21%**

Specialty **+26-28%**

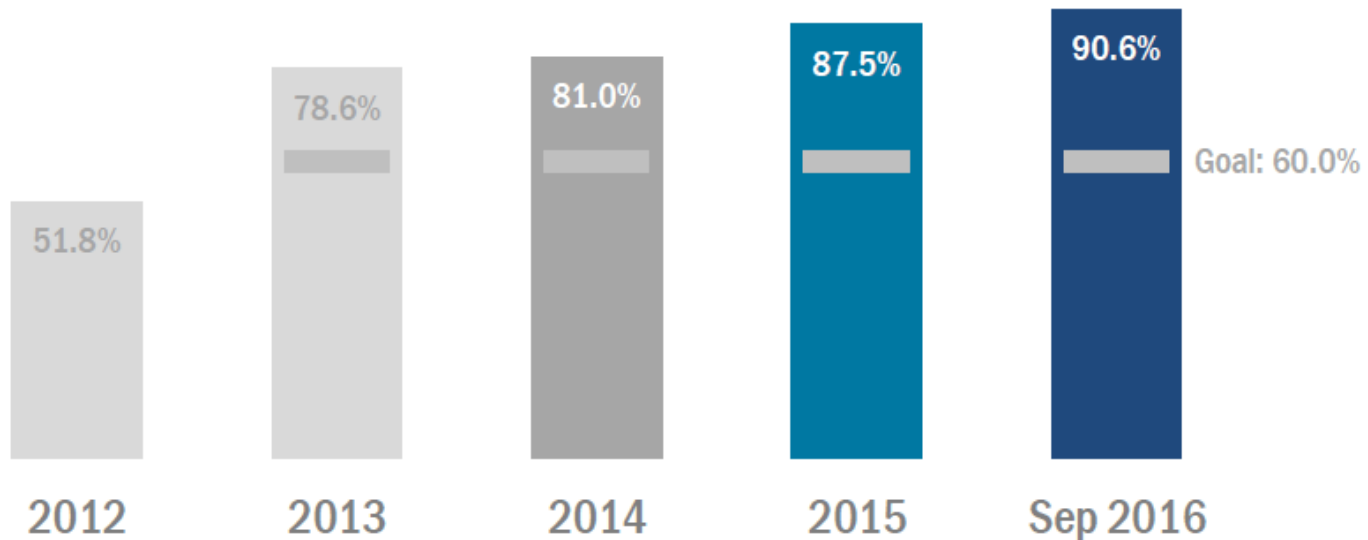
Each year, prescriptions make up a larger share of CCO physical and mental health expenditures reported in the claims data.



KPM: Primary Care Medical Home Enrollment

Percentage of members enrolled in a patient-centered primary care home, statewide.

Data source: CCO quarterly reporting



Summary of Programs: Health Analytics

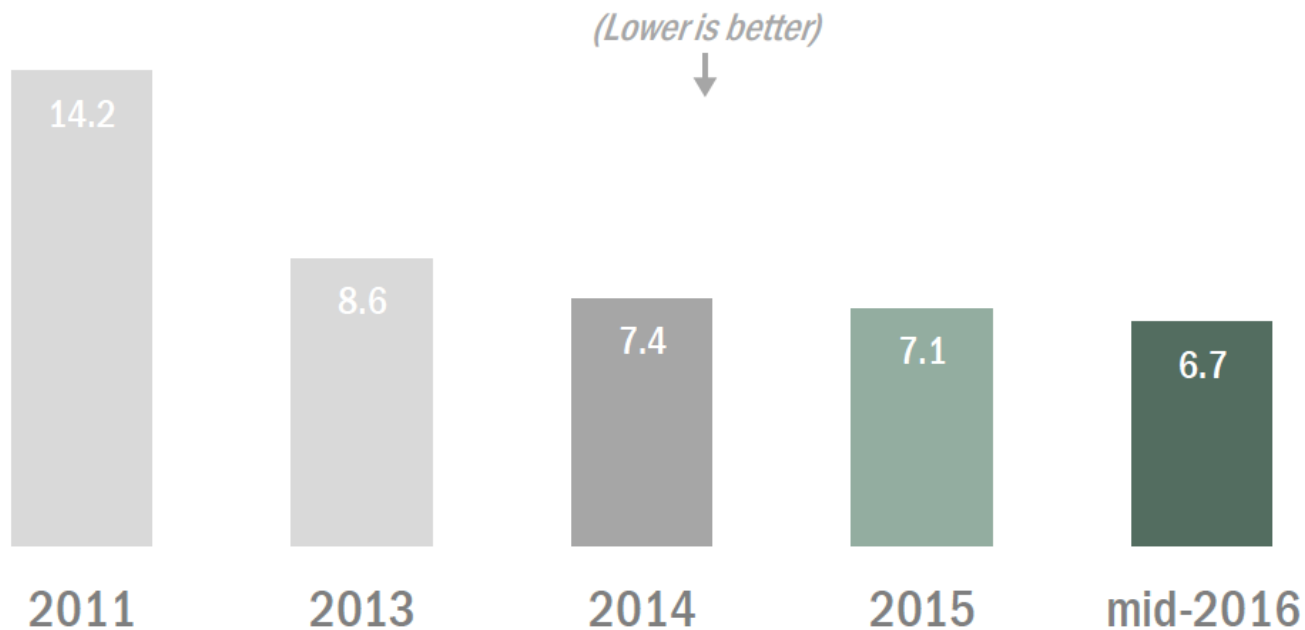
- Maintained and improved CCO and Hospital Metrics Programs.
 - E.g. avoidable emergency department visits, hospital readmissions, etc.
- Provide accurate, timely data and reports to inform policies:
 - Quarterly Legislative Report
 - CCO Metrics Reports
 - Hospital Performance & Financial Reports
 - Oregon Health Insurance Survey
 - Behavioral Health Map



Metrics: Impact of Health System Transformation

Avoidable emergency department utilization, statewide.

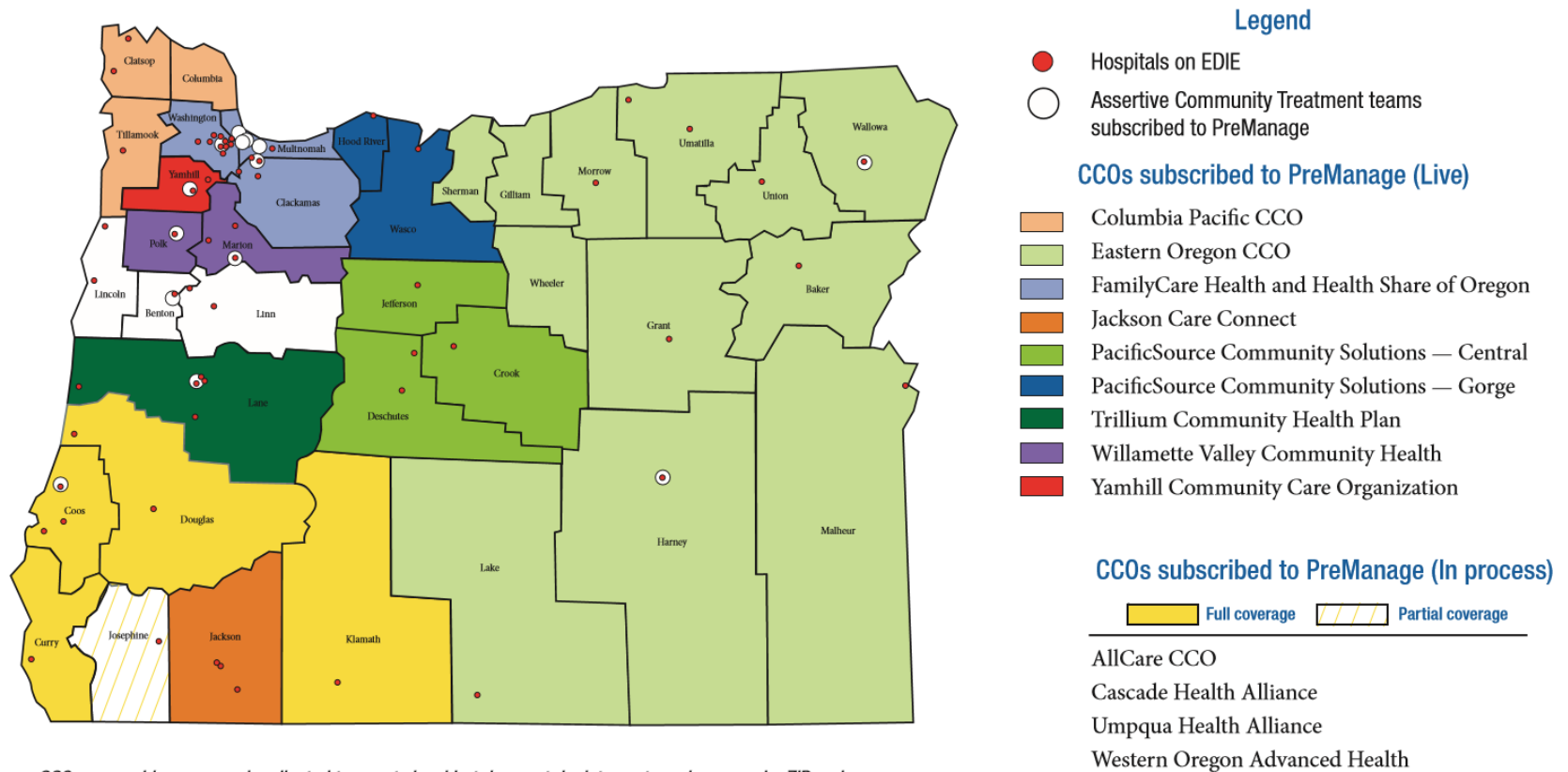
Data source: Administrative (billing) claims
Rates are per 1,000 member months



Summary of Programs: Health Information Technology

- Continued support Oregon hospitals & providers with federal incentive payments to adopt electronic health records
 - more than \$21 million in 100% Federal Funds to 18 hospitals and more than 1,200 providers in 2016
- Expanded access to Emergency Department Information Exchange (EDIE) and PreManage hospital event notifications, improving care coordination.
 - real-time notifications & care summaries for patients who use ED frequently.
- Leveraged \$2.2m federal (ONC) grant investing in regional health information exchange and state models for consent and sharing of protected behavioral health information

Adoption of EDIE/PreManage by CCOs, hospitals, and ACT teams



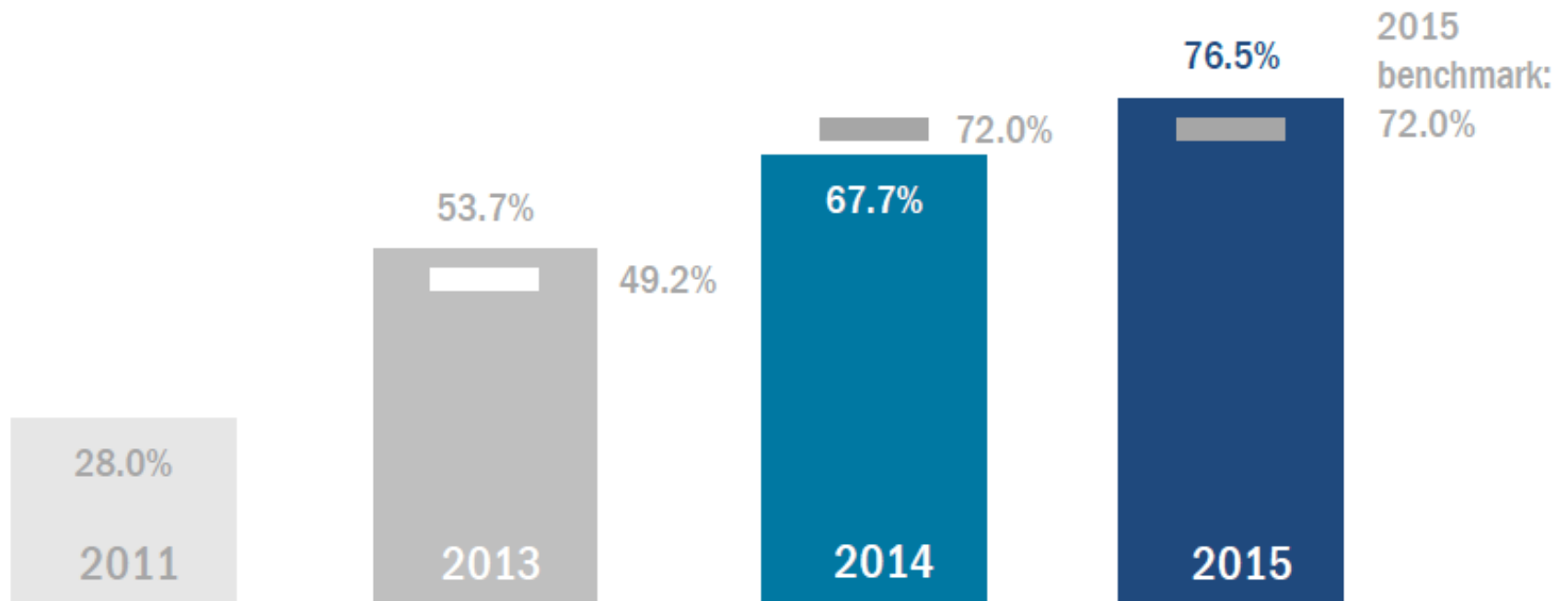
CCO geographic coverage is adjusted to county level but does not depict exact service areas by ZIP code.

As of 01/31/2017

Statewide, electronic health record adoption surpassed the benchmark.

Data source: State and Federal EHR Incentive Program

Benchmark source: Metrics and Scoring Committee consensus



Behavioral Health Collaborative

Priorities

- Improve behavioral health outcomes for consumers
- Improve equitable access to effective services in every part of the state
- Improve efficiency and cost-effectiveness in services

Challenges

- Resource constraints
- Alternatives to institutional services

Strategies

- Continue to integrate BH into CCO model
- Implement Behavioral Health Collaborative recommendations
- Achieve targets in USDOJ performance plan

Prevalence of Mental Illness in Oregon



Approximately one in six adult Oregonians experience mental illness. (SAMHSA, National Survey of Drug Use and Health, 2013-2014)

Behavioral Health Collaborative

- BHC members represent counties, CCOs, consumers, Tribal health care, mental health and addiction providers, prevention, education, corrections and public safety.



- Close to 50 participants have been meeting over the past 7 months.

BHC Members:

- Consumers & Advocates
- MH & SUD Providers
- County MH Programs
- Coordinated Care Organizations
- Commercial Insurers (inc PEBB & OEBC)
- Education
- Housing
- Law Enforcement
- Local & State Government

Health Policy and Analytics

Major Budget Drivers and Risks

- Implementing three new HIT programs in 2017/2018:
 - Oregon Common Credentialing
 - Program Provider Directory and
 - Clinical Quality Metrics Registry

Policy Option Package 409 Part B: Health Information Technology Fee

OHA will collect fees to sustainably fund two statewide health information technology programs in Oregon.

- Oregon Common Credentialing Program
 - Streamline the credentialing process by providing a centralized, web-based repository of verified health care practitioner information. Mandated by SB 604 (2013). About 55,000 practitioners and more than 300 credentialing organizations expected to participate.
- Statewide Provider Directory
 - Provide health care organizations and state and local agencies with an accurate and comprehensive directory of providers. Voluntary participation, leverages significant federal Medicaid funding. Fees support non-Medicaid users.

		GF	OF	FF	TF	Pos.	FTE
409 Part B	OHA Fee Changes – Health Information Technology Fee	--	\$ 12,983,343	--	\$ 12,983,343	--	--

Questions?