



The Oregon Health Leadership Council is pleased to report on the progress of our strategic priorities and initiatives. A significant amount of good work is under way across partner organizations. More information is available on our website: [www.orhealthleadershipcouncil.org](http://www.orhealthleadershipcouncil.org). The following goals represent the body of work focused on by our members.

### **Goal #1: Reduce costs and increase efficiency of administrative processes**

#### **ENHANCE ADMINISTRATIVE SIMPLIFICATION**

*Reduce cost and increase efficiency of administrative processes.*

**The Administrative Simplification Executive committee also continues to oversee work groups addressing the following areas:**

- Executive Committee reviewed and approved implementation of OneHealthPort multi-factor authentication (MFA) solution to provide enhanced security and protection of patient information. Work beginning on implementation planning and communications strategy with a tentative live date of April 2020.
- A small team of health Plan and provider representatives, drawn from OHLC Workgroups, made specific recommendations to improve eligibility reporting under the current EDI process. The health plans are in the process of upgrading the quality of information transmitted to providers as detailed in these recommendations. OHLC will validate results at a future date to confirm compliance with the recommendations. At this time, we expect all Health Plans in Oregon to implement the identified improvements by the 2<sup>nd</sup> quarter of 2020.
- Working with Evidenced Based Best Practice Committee to determine opportunities for the Administrative Simplification committees to assist with non-clinical components of streamlined pre-authorization. Initial focus will be on advanced imaging in response to clinical decision support requirements effective in 2020.

### **Goal #2: Improve quality and increase value through implementation of evidence based best practices**

#### **DECREASE OPIOID-RELATED MORBIDITY AND MORTALITY**

*Develop policies, procedures and recommendations that decrease opioid-related morbidity and mortality*

- The EBBP Opioid Prescribing workgroup continues to identify opportunities to align benefits and reduce barriers for treatment of complex pain patients, medication assisted treatment and non-opioid therapies.
- In partnership with health systems and providers will be working on development of Acute Opioid Prescribing Surgical Guidelines.

#### **REDUCE UNNECESSARY OVERUSE OF HEALTH CARE SERVICES**

*Analyze data and develop aligned strategies to reduce unnecessary, low value services*

- The EBBP Eliminating Waste workgroup has developed a Vitamin D Testing Clinical Guideline that will be broadly disseminated in 4<sup>th</sup> Quarter.
- OHLC/EBBP are partnering with the Oregon Health Authority to utilize the Milliman Waste Calculator to analyze claims data to identify and quantify potentially overused health care services. This analysis (available in 1stQ 2020) will serve as the foundation for identifying specific opportunities for reducing unnecessary testing and procedures.

#### **SUPPORT COMPREHENSIVE PRIMARY CARE (CPC+) INITIATIVE**

*Provide financial support and strategic input to CPC+ participants in Oregon*

- 14 payers; 150+ medical groups; 500,000+ Medicaid, Medicare and Medicare Advantage members participating
- Recently collected results indicate that Oregon practices that participated in both CPC Classic (2012-2016) and Plus (2017-present) performed better across all payer types than non-participating practices on 24 out of 26 quality measures we examined, though results varied by payer type. In 14 of those quality measures, the differences were statistically significant.
- To learn more about CPC+ in Oregon and to view the complete results of this analysis, go to

## **Goal #3:** Accelerate and advance HIT optimized health care delivery

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### **HIT COMMONS**

*Provide management services and operational infrastructure to support identified HIT Commons initiatives*

- Completed transition of OHA contract to HIT Commons.
- Onboarding of new Executive Director nearly complete
- Continued to provide oversight to projects in development (OPD, CIE)

### **PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) INTEGRATION**

*Increase the use of PDMP data at the point of care by enabling access to PDMP information within prescriber's and dispensing pharmacist's clinical workflow*

- There are more than 140 entities, 10,000 providers and 360 retail pharmacy sites that are LIVE with PDMP integrated into their electronic health record. The number of PDMP Queries has increased 56% over the past quarter.
- Targeted outreach and communication efforts are continuing to promote adoption by primary care, behavioral health and dental providers.

### **EMERGENCY DEPARTMENT INFORMATION EXCHANGE**

*Leverage the use of real-time ED and IP utilization information to support efforts aimed at reducing unnecessary emergency department utilization and improving cross-organizational care coordination*

- Collective Platform Technical Workgroup has continued to meet to address and resolve technical barriers. Workgroup to wrap up and make recommendations to EDIE Steering for moving forward into 2020.
- Lane County Collaborative continues, involving Trillium CCO and PacificSource CCO and their network partners. Strong engagement from community on developing cross organizational workflows.
- Technical assistance continues to be provided through webinars, quarterly newsletter and in-person collaboratives.

### **COMMUNITY INFORMATION EXCHANGE (CIE)**

*Assess the potential for a common technical infrastructure for social needs screening and referrals among clinical providers and community-based organizations (CBOs)*

- The environmental scan which started in April incorporates work to date and findings summarized through August. Found strong interest and support for a CIE to support SDOH work, though not clear alignment on vendor or approach. We will continue to scan and take input from stakeholders in this evolving landscape.
- The next step is creation of a CIE Advisory Group chartered to develop a statewide CIE roadmap over the next 12 months and continuing to track and learn from early adopter efforts emerging in several communities around the state.
- To learn more, go to HIT Commons web page <http://www.orhealthleadershipcouncil.org/currently-in-development/>

## **Goal #4:** Develop and implement strategies for sustainable health care funding

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### **ENSURE MEDICAID SUSTAINABILITY**

*Continue to synchronize state Medicaid budget strategy, business interests and public transparency initiatives.*

- OHLC, OAHHS and Comagine have initiated phase 2 of its work to support Total Cost of Care value-based performance in Oregon. The next phase included assessing information that will bring greatest value to hospital partners in participating in Oregon Data Collaborative.
- OHLC will work with OAH in ways to leverage existing OHLC work (e.g., EBBP waste calculator) to support implementation of SB 889.