Oregon's State Innovation Model Project
Progress Report
April 1, 2013–June 30, 2013

Oregon SIM Quarterly Report
April 1, 2013, through June 30, 2013

Overview

The first quarter of the State Innovation Model Testing Award has been productive for Oregon. The focus has been on hiring key staff, launching the Transformation Center, providing critical training and developing the administrative and financial structures to support the Oregon State Innovation Model (SIM) initiative. All goals and objectives established for this period were met.

Highlights include:

- Launched the Transformation Center; hiring key personnel; and completing critical training. Staff have moved into permanent offices and a web-based collaborative team site has been established.
- Oregon has initiated growth of the coordinated care model beyond Medicaid. In a June 3rd letter, Governor John Kitzhaber directed the Oregon Health Policy Board (OHPB) to identify possible statutory and regulatory changes necessary to ensure that the state capitalizes on the opportunity to extend the coordinated care model into the commercial marketplace. The letter specifically asks OHPB to identify recommendations for the Legislature and the Governor by the end of 2013, including, but not limited to:
    - Strategies to mitigate cost shifting, decrease health insurance premiums, and increase transparency and accountability;
    - Opportunities to enhance the Oregon Insurance Division's rate review process;
    - Alignment of care model attributes within Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB) contracts; and
    - Alignment of care model attributes within Cover Oregon's qualified health plans.
- A SIM Operations Committee has been established, with representatives from across the Oregon Health Authority and our sister agency, the Department of Human Services, Aging and People with Disabilities to coordinate SIM-funded activities, and identify barriers and potential solutions. Leadership team works closely with this group as well as others staff and leadership inside the Oregon Health Authority and other partnering agencies to ensure SIM activities are aligned and supported.
- SIM grant management systems have been established. All positions have been hired and training is under way. Position and budget authority has been requested and approved. The accounting structure has been established. Contracts have been executed.

Accomplishments this quarter

Governance

2013 legislative update -The session just concluded in early July. Highlights include:

- HB 2118 — Work group to recommend aligned metrics among Cover Oregon, Medicaid, PEBB and OEBB;
- HB 2279 — Allowing local governments to join PEBB;
- SB 436 — Directs coordinated care organizations (CCOs) to coordinate with the Governor's new Early Learning Councils (ELC) on community health assessments;
- SB 604 —Common credentialing database to be created, and incorporating telemedicine credentialing requirements;
- SB 724 — Accounting system for flexible services to be developed to aid their use to maximize care coordination;
- HB 2859 — Developing strategies to meaningfully engage Medicaid patients.
- Oregon Health Authority budget was passed and included additional funding to support CCOs in adopting the coordinated care model through a Transformation Fund grant program.

Governor and Oregon Health Policy Board updates

- Oregon has initiated growth of the coordinated care model beyond Medicaid. In a June 3rd letter, Governor John Kitzhaber directed the Oregon Health Policy Board (OHPB) to identify possible statutory and regulatory changes necessary to ensure that the state capitalizes on the opportunity to extend the coordinated care model into the commercial marketplace. The letter specifically asks OHPB to identify recommendations for the Legislature and the Governor by the end of 2013, including, but not limited to:
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    - Alignment of care model attributes within Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB) contracts; and
    - Alignment of care model attributes within Cover Oregon's qualified health plans.

  Work will begin in August and proceed through the second quarter of the implementation period. See later section under Second Quarter Activities.

SIM Steering Committee

- Oregon's SIM Steering Committee, comprised of the leadership team for the SIM grant led a process to review and refocus the SIM grant activities and budget to align SIM funding allocations with proposed activities, (zero net budget changes).

Engaging stakeholders

- The SIM principal investigator, the director of the Transformation Center, the director of Health Analytics, the director of Quality and Measurement, and the state Health Information Technology coordinator conducted a series of listening sessions with each of 14 of the 16 coordinated care organizations. The purpose of the listening sessions was to gather initial CCO stakeholder feedback to assist in the development and success of the Transformation Center. Feedback will guide planning and contracting to make available the right mix of expertise and skills in health care transformation to meet the needs of Oregon stakeholders as well as inform HIT planning while moving forward.
- Additional discussions with key commercial insurance and broader health care system stakeholders will follow to shape the blueprint for the Transformation Center's extension into the commercial marketplace.
- Anticipating work of the Public Employees' Benefit Board to incorporate key elements of the coordinated care model into the 2015 contracts and the need for better communications with state employees, we are working through a series of consultant-identified recommendations not only about messages but about how, when and where to communicate with members. How decisions are made about health care — and by whom — is not well understood by PEBB membership, creating skepticism and cynicism. To begin the conversation with members, and partnering with Labor, this spring the PEBB Board members held a series of eight local meetings in seven cities across the state with PEBB members, along with a live webinar, and an online survey. More than 1,100 people participated.
- Some of the Transformation Center's initial focus has been on OHA internal processes and opportunities for innovation, as well as support and technical assistance to the CCOs. CCOs are a critical first step to spreading the coordinated care model — an estimated 80 percent of Oregon's health care providers see Medicaid enrollees, and more than 92 percent of all Medicaid clients are enrolled in CCOs. CCO success with their provider networks set the stage for the changes needed across the health care delivery system. Oregon's next-steps strategy for extending the coordinated care model includes contracting for coordinated care in the Public Employees' Benefit Board and the Oregon Educators Benefit Board via their upcoming Request for Proposals (RFPs), and in the next contracting cycle for Qualified Health Plans (QHPs) in Oregon's new health insurance exchange, Cover Oregon. This will continue the spread of the model across both public and private market, with the Center preparing on how it can support and sustain innovation across provider networks.

SIM grant management and oversight

- The SIM Operations Committee has met biweekly since Oregon was first notified of its award. The focus of the Operations Committee is to monitor progress of funded implementation period activities, identify barriers and work toward resolution. The

committee also maintains communication with key grant leadership so that SIM work is always in the context of the efforts of the Governor, Legislature, and key health care system leaders and other stakeholders. The SIM Program area leads are drawn from across the Oregon Health Authority and the Department of Human Services, Aging and People with Disabilities. This group monitors progress on personnel, budgeting and contracting. Additionally, members of the committee have provided information for the SIM Operations Plan and SIM Project Management Tool, and the committee supports collaboration and coordination of health care transformation activities across state government.

- Oregon's SIM leadership group made two presentations to CMMI leadership in this period to describe coordinated care model, provide its historical and policy context, and answer questions about our project plans and activities:
    - Participated on a conference call with senior CMS leadership, including CMMI staff, to provide an overview of the coordinated care model and to discuss its alignment with Oregon's recent Medicaid 1115 Demonstration amendment.
    - Met onsite in Baltimore to conduct a "deeper dive" with CMMI representatives, and other federal officials, to discuss the coordinated care model and testing activities and alignment with other federal initiatives. Center for Disease Control (CDC), Health Resources Service Administration (HRSA) and Office of the National Coordinator for Health Information Technology (ONC) representatives participated.
- SIM leadership team member, Tina Edlund, OHA Chief of Policy, participated in an National Governors Association (NGA)-sponsored event for the SIM planning states to share Oregon's efforts to date and planned SIM testing model activities.

Accelerate innovation

Oregon's Transformation Center

- Established the Transformation Center as a physical entity as well as a virtual workplace. Moved into the Transformation Center office designed specifically to support Transformation Center activities, including a training room for in-person training, learning collaboratives, and webinars. (SIM funds were not used for construction purposes.)
- The Transformation Center director has started discussions on partnership opportunities with a variety of organizations including Oregon Health & Science University, Oregon Health Care Quality Corporation (QCorp), and a number of health and consumer advocates.
- To better support the work of our coordinated care organizations, as well as the spread of the coordinated care model, we've developed an interim website to support CCO needs. This website has contact information, resources and more to support the model of care.
- Personnel:

    - Key personnel have been hired including: the Transformation Center director, the director of Systems Innovation, director of Communications, the Learning Collaboratives manager, and executive assistant positions have been filled.
    - The Learning Collaboratives coordinator and Transformation Center administrative assistant positions are being recruited and/or are in interview processes.
    - Transformation Center staff with assistance from an intern are preparing a profile of local resources available to help CCOs meet their 17 incentive metrics.
- Coordination and communication:
    - The Transformation Center staff and the CCO innovator agents (funded under Oregon's Medicaid 1115 Demonstration) have weekly meetings that provide a common platform for orientation and training, as well as an opportunity to provide a larger context through discussions of what is happening across the agency, as well as with partners. The innovator agents and the Transformation Center technical staff have established a web-based collaboration site.
    - Contract for an interim Transformation Center website was negotiated and sent to the vendor for signature.
- Training:
    - The contract with the Institute for Healthcare Improvement (IHI) was executed. IHI provided a three-day intensive course on the Science of Improvement for the innovator agents, as well as the account representatives and Quality Improvement staff from the OHA Division of Medical Assistance Programs.
    - Additional discussion and negotiation are under way to amend the contract to provide additional resources to build Oregon's capacity for hosting, conducting and evaluating learning collaboratives, as well as focused strategic support from IHI to foster a culture of innovation and change management assistance for OHA leadership.
- Learning Collaboratives:
    - The Learning Collaboratives manager launched the first statewide CCO learning collaborative in July with CCO medical directors and Quality Improvement managers. The collaboratives focus on the 17 CCO incentive metrics.
    - The Learning Collaboratives manager launched a learning collaborative for innovator agents to support continuing education and sharing of best practices.
    - The Transformation Center is surveying the CCO Community Advisory Councils (CACs) to inform the development of a CAC learning collaborative, which is planned for Fall 2013.
    - The Transformation Center chose PODIO as the platform to facilitate online collaboration for all learning collaboratives.

Long-term care innovator agents

- Descriptions were completed for four position types: Long-Term Supports and Services (LTSS) innovator agents, Transformation Center/Central Office policy, Transformation Center/Central Office data, Transformation Center/Central Office administrative support position to support long-term services and improve coordination under health system transformation. The LTSS innovator agent positions are similar to the CCO innovator agents, but focus on facilitating the spread of innovation to the long-term care system as Oregon extends its CCO model to the Medicare population beyond those who are dually eligible for both Medicaid and Medicare and participating in CCOs. OHA Central Office position descriptions supporting long-term care innovator agents are posted for recruitment. All of these positions are expected to be filled before the end of the implementation period.
- Legislative authority for state General Fund moneys to provide additional LTSS innovator agents in the field will fund additional positions for adequate statewide coverage. Seven regions were developed for deploying a total of seven LTSS innovator agents statewide, with flexibility built in to move boundaries as needed. Three positions are funded through SIM and four were funded by the Legislature.
- Memorandum of Understanding (MOU) feedback surveys from coordinated care organizations and AAA/APD managers were gathered and data were analyzed.
- A Shared Accountability stakeholder group was formed as a subcommittee of the CMS/LTC/CCO Study Group and an initial meeting was held. The group was charged with making recommendations for shared accountability activities, LTC/CCO draft metrics and shared fiscal savings and incentive/penalty models, and reporting to the full committee.
- Meetings were held with Central Office personnel, Aging and People with Disabilities local office managers, Area Agencies on Aging (AAA) directors, and state and local office managers to prepare for the new workforce. These positions are highly anticipated and supported by all parties.

Regional Health Equity Coalitions (RHEC)

- The Office of Equity and Inclusion (OEI) convened an advisory committee that met three times in this period to provide guidance on the development of a Request for Proposals (RFPs) for three new RHECs. This will support health equity efforts as Oregon grows the coordinated care model. The committee consisted of representatives of existing RHECs, coordinated care organizations, the Public Health Division, Transformation Center innovator agents, private foundations, and interested stakeholders. The committee reviewed data and solicited input on the proposed funding model, activities and achievements, challenges and outcomes to date.
  Discussion of key questions for new RHECs included the following:

- How should the RHEC model both engage in health system transformation to eliminate disparities in health care (access, health care quality, health outcomes) and maintain a focus on the social determinants of health?
- How do we ensure a focus on health equity and the needs of communities of color?
- What are the minimum standards for coalition work?
- How should the RHEC model engage partnerships with private and public funders? What principles of partnership should steer the ways funders engage with, and commit to, the RHEC model?

Innovation in delivery

Patient-Centered Primary Care Home (PCPCH)

While PCPCH is not an area with SIM funding in this period, the activities below demonstrate the strength of Oregon's commitment to the primary care home model and set the stage for inclusion in our SIM Project beginning September 2013 (as the HRSA State Health Access Planning grant funding for these activities sunsets).

- Enhancements to the PCPCH online application system: A new PCPCH application system is linked to the Quality Corporation provider portal and clinics can use the quality measures to help meet the PCPCH recognition reporting requirements. Additional system enhancements to the application system were designed and launched May 1, 2013. New features include the ability to retain multiple historical applications for each practice site, ability for providers to view and print current or historical application information, and on-demand reporting functionality for OHA staff.
- Primary Care Home Evaluation: Two surveys of recognized primary care homes have taken place — one in fall 2012, and one in June 2013. Evaluators also are conducting key informant interviews with a variety of stakeholders, as well as an analysis of claims data. Initial findings from the evaluation will be available in fall 2013.
- Technical assistance through the Patient-Centered Primary Care Institute: The institute is housed and overseen by the Oregon Health Care Quality Corporation and a PCPCH multi-stakeholder oversight council. It provides a broad array of technical assistance to practices in all stages of transformation, from those looking to begin the transformation process to recognized primary care homes looking to improve their performance in one or several areas. The institute is conducting a variety of activities during its first year; the following took place from April–June 2013:
    - **PCPCH Learning Collaborative**: Twenty-five primary care practices from across Oregon are receiving in-person and virtual training, technical assistance, and quality improvement coaching. The selected practices also receive a stipend to help offset the cost of participation. The 25 clinics are grouped together into four smaller collaboratives based on geography and other practice characteristics; each group is then paired with a technical assistance provider who best fits their

needs. From April–June 2013, each of the groups held its first, and some their second, in-person learning sessions. The practices also completed a self-assessment and set their quality improvement goals to accomplish during the nine-month collaborative.

- **Webinars and online technical assistance**: A comprehensive website for technical assistance tools and resources was launched at www.pcpci.org. Monthly webinars on core practice transformation and quality improvement topics are recorded and available to anyone online. From April–June 2013, the website was expanded dramatically with downloadable tools and resources, and four webinars were conducted on topics ranging from team-based care to complex care management.
- **Technical Assistance Expert Learning Network**: A learning collaborative for quality improvement professionals to share best practices for providing technical assistance to primary care practices; designed to increase the capacity of technical assistance providers to support practice transformation. From April–June 2013, the institute developed the agenda, hired facilitators, and sent invitations for this event, which will take place in July 2013.
- **Leadership Learning Collaborative**: Exemplar clinical and operational leaders from across Oregon convened in April 2013 for a two-day event focused on strategies for building and sustaining leadership to achieve practice-level improvements. The leaders networked and shared success stories, as well as challenges, in their transformation journey. They also identified key leadership skills needed to foster transformation. The information from the session will be used to inform future institute technical assistance offerings.
- **Developing a sustainable business plan**: Utilizing the insight of the multi-stakeholder Institute Expert Oversight Panel and experience to date, the institute will work on a strategic plan for sustaining technical assistance activities beyond the first year of contract potentially to include additional partnerships and funders. During April–June 2013, the institute released a Request for Proposals for a qualified entity to assist with the strategic planning process. A full-day retreat for the Expert Oversight Panel also was planned for August 2013. The business plan will be completed and presented to OHA by October 2013.

- Verification site visits: The PCPCH Program continued to refine and improve the site visit process and tools, based on experience and feedback, to ensure site visits are responsive and valuable for both providers and program needs.

Health Evidence Review Commission

- The contract amendment for the Center for Evidence-based Practice for evidence synthesis expansion has been negotiated and the draft contract amendment and sent to the Department of Justice for legal sufficiency review. This amendment will support process

planning for topic selection for HERC products; research to develop evidence reports and guidance; meetings to connect CCOs and other payers, plans, providers and health system stakeholders with evidence synthesis and translation through the efforts of the Transformation Center; initial planning of the development of evidence-based decision aids based on HERC's reports, including testing and dissemination of these products to increase use by providers and patients.

Oregon Health Information Technology

- The state coordinator for Health Information Technology and a SIM-funded consultant conducted listening sessions and met with 14 out of 16 coordinated care organizations as part of the CCO listening tour, as well as with other health systems, plans, advocates, providers, the Health Information Technology Oversight Committee (HITOC), counties, and internal state leadership.
- The information gathered from listening sessions to date is being used to identify key needs across both public and private delivery systems in Oregon. Efforts are under way to draft a straw model that will be vetted through a task force in public meetings through late summer and early fall.

Health equity efforts

Health Care Interpreter Certification Scholarship Project

- The Office of Equity and Inclusion has convened a subcommittee of the Oregon Council on Health Care Interpreting to develop the HCI Scholarship Program. The committee includes representatives of HCI training programs, community-based organizations serving limited English proficient clients, and health care interpreters from across Oregon. The subcommittee will convene in July to review and adopt the draft project plan and develop an outreach plan.

DELTA Training Project

- Three DELTA (Developing Equity Leadership through Training and Action) training sessions were held that focused on the following topics: Power and Privilege and Community Engagement Best Practices; Data Collection and Analysis, Culturally and Linguistically Appropriate Services (CLAS) Standards and Cultural Competence in Health Care Delivery; and Best Practices for Developing a Diverse Workforce and Implicit Bias/Implicit Association Test.
- The DELTA Advisory Committee met twice during this quarter. The following objectives were met: finalized DELTA Evaluation Plan (summarized below); designed the structure for future cohorts; developed recruitment plan for future cohorts.
- The DELTA Evaluation Plan is comprised of the following components: Pre/Post Organizational Assessment Survey, Pre/Post Individual Training Evaluations and Key Informant Interviews. OEI is working with Program Design and Evaluation Services (PDES) to complete each of these activities.

- The DELTA coordinator worked with the OEI communications coordinator to design content and layout for the DELTA program section of the OEI website. The content will include the following components of the program: description; 2013 cohort bios; 2013 training calendar; nomination/application process; frequently asked questions; contact information; and logos for DELTA and Kaiser. The go-live date for the website is pending.

Long-term care supports and services

- Bruce Goldberg, M.D., Director, Oregon Health Authority, met with the leadership of the consortium developing the congregate care pilot project. The Congregate Housing with Services model, such as the one used in Vermont, is a promising coordination approach where partnerships among health plans, housing providers and LTSS providers can achieve positive health outcomes, address social determinants of health, increase member engagement, reduce health disparities, and save costs in communities or in Section 8 housing that serves mostly low-income, aged, and people with disabilities.
- The draft statement of work for the pilot project is 80 percent complete. The project is expected to be on track to begin in Test Year 1 this fall.
- Staff participated in consortium development, program and evaluation design meetings with the housing with services planning group.

Community health

- The Oregon Health Authority Public Health Division (PHD) began methodological and logistical planning for a race/ethnicity oversample of the ongoing annual Behavioral Risk Factor Surveillance System survey and a stand-alone health status survey of current adult Medicaid participants. In addition, the division began analysis and dissemination of major public health indicators by race/ethnicity and CCO region.
- Additional community health infrastructure was built to support implementation of the SIM grant and other state health system transformation efforts. The Public Health Division successfully recruited for a Health System Transformation policy lead, who will be responsible for the development and implementation of the SIM Community Prevention program. In addition, the division began transitioning its work related to health system transformation to the policy team located in the Office of the State Public Health Director, and identified a PHD SIM lead to provide day-to-day support to the SIM Operations team.

Alternate payment methods

Public Employees' Benefit Board (PEBB) Listening Sessions

- In preparation for developing the Request for Proposals for the 2015 benefit year for public employees, PEBB conducted a series of listening sessions across the state to share information about the coordinated care model and plans to incorporate it into the benefit package for all public employees in Oregon touching more than 130,000 covered lives.

PEBB has met to discuss the information gathered from these sessions and is using it to inform the RFP process and the structure of offering benefits for the 2015 benefit year. The board is starting a series of meetings July through September to complete the RFP requirements ahead of letting the RFP this fall.

Multi-Payer Payment Reform

- On April 25, OHA's Chief Financial Officer, in collaboration with Oregon Health Care Quality Corporation, one of Oregon's multi-stakeholder entities and a RWJF Aligning Forces for Quality grantee, convened an initial meeting of several of the commercial payers to discuss payment reform technical assistance needs. This meeting was facilitated by payment reform expert Harold Miller and included discussion of: potential strategies for ensuring coordinated care organization success; opportunities for reducing costs while promoting transforming care; identifying barriers to achieving cost savings; designing and implementing successful payment reforms; identifying which opportunities overlap between Medicaid, private payers and Medicare; provider education needs; sequencing payment reforms; and development of appropriate roles among stakeholders. Results of this discussion, the Quality Corporation's upcoming total cost of care work, and other efforts in collaboration with Oregon's multi-stakeholder Health Leadership Council will inform planning for next steps in payment reform.
- Negotiations are complete and the contract has been executed for payment reform work with Center for Evidence-based Practice. The center will convene a series of all-payer meetings during the summer to develop a primary care payment reform plan by September 2013, as Oregon's ACA Health Homes funding concludes.

Analysis and evaluation

- Released the first quarterly report for Health Systems Transformation, featuring data by CCO and for the Medicaid program in aggregate. (A similar statewide, multi-payer quarterly dashboard is planned for first release in Q1 2014). The report includes baseline data from 2011 for 11 of the 17 CCO incentive metrics and all 16 of the additional measures that make up the set of 33 statewide quality and access measures, described above. For each incentive measure, the report shows CCO-specific baselines, the statewide average, and the benchmark set by the Metrics and Scoring Committee, which is typically based on national data for high-achieving Medicaid programs. Benchmarks are also being developed for the financial and utilization data, using vendor specifications for a "well-managed" population. Future quarterly reports will show changes over time on all measures.
- Developed the RFP for annual collection of Medicaid patient experience data via the CAHPS survey tool.

- Developed a timeline and work plan with the Oregon Health Care Quality Corporation for review and validation of quality metrics and multipayer analyses, focusing initially on Oregon's Public Employees' and Educators Benefit boards.
- Information technology planning for integration of platforms, methods and coordination of analysis across the Health Authority is under way.
- The Oregon Health Authority Office of Health Analytics has posted seven positions that are key to data analysis and coordinating efforts to communicate results to stakeholders. These positions are expected to be filled within the implementation period (not all positions are supported by SIM funding) to expand OHA capacity to respond to needed data analytics to support transformation, including use of the various state databases, Medicaid and Oregon's All-Payer All-Claims (APAC) database.
- The work order for metrics production to the master contract for the Oregon Health Care Quality Corporation has been completed. This will provide an objective check on the initial CCO metrics. QCorp has also partnered with Oregon's Health Insurance Exchange, Cover Oregon, for its initial qualified health plan metrics, and will be working with the OHA Office of Health Analytics on PEBB and OEBB metrics.
- An RFP to proceed with the Consumer Assessment of Health Care Providers and Systems (CAHPS) with a sufficient sample for monitoring our model testing is under review.
- For work necessary for payment reform efforts, a contract for grouper software is under development.

SIM grant management activities

- Requested budget limitation and position authority.
- Established an accounting structure.
- Completed hiring of the grants management team, training is under way.
- Coordinated and supported the onboarding of 16 new staff across the project.
- Drafted an initial Stakeholder Engagement Plan.
- Drafted a SIM Driver Diagram and refining for submission with the Operational Plan.
- Compiled/revised an early draft of SIM Operations Plan and Project Management Plan.
- Revised budget allocations to align with strategic guidance provided by the SIM Steering Committee.
- Staffed/facilitated the biweekly SIM Operations Committee meetings.
- Obtained release of $1.6 million from funding restriction under the SIM Notice of Grant Award to support activities conducted by contractors.
- Monitored SIM webinars, disseminated slides and audio tracks to members of the SIM Operations Committee and Transformation Center innovator agents.

- Enrolled in the SIM Collaboration site — all members of the SIM Operations Group and the Transformation Center innovator agents are enrolled in the CMMI SIM Collaboration site.
- Newly hired grants management staff completed training related to contract requirements and financial accounting and reporting.
- Contract development work:
    - IHI, special procurement and contract executed, working on developing the first amendment;
    - Oregon Health Care Quality Corporation, work orders executed;
    - Center for Evidence-based Practice, amendment for payment reform executed;
    - Center for Evidence-based Practice, amendment for HERC at Department of Justice for legal sufficiency review;
    - Portland State University, contract for interim Transformation Center website sent to vendor for signature;
    - Development of special procurement and statement of work for the congregate care housing project;
    - Development of the RFP for community health projects;
    - Development of the RFP for CAHPS;
    - Development of the grouper software purchase is under way.

Planned activities for the next quarter

Governance

Oregon Health Policy Board (OHPB)

The Board will continue its work as directed by the Governor's June 2013 letter to align efforts across populations and markets in Oregon to spread the key elements of the coordinated care model. They will report back to the Governor by December. Some of the work will occur at the Board level with assistance from experts and agency staff in the OHA and the Oregon Insurance Division, while other portions will be through committees that will report up to the Board. Public and stakeholder input will be sought before final recommendations are completed. At the July meeting, the work plan was adopted and efforts to conduct outreach for committee membership and prepare for the work are underway. The three areas of focus and a brief summary of the work planned include:

- *Transparency, Accountability, Cost Shift:* After reviewing previous recommendations from the OHPB's predecessor body, the Oregon Health Fund Board, this group will focus on a discussion of a framework for transparency and accountability across the markets and elements of the delivery system, addressing the impact of transformation and the federal ACA.
- *Coordinated Care Model Alignment Group:* OHPB has developed a draft charter of the Coordinated Care Model Alignment Group (PEBB, OEBB, and Cover Oregon) and will

adopt membership in their August meeting so this critical alignment of key elements of the coordinated care model work can proceed by the end of August.

- *Rate Review:* Working closely with the Oregon Insurance Division, OHPB will initiate this work with education and discussion regarding rate review (consumer engagement, transparency, affordability) as they review, refine and synthesize recommendations for rate review that can further the spread of the coordinated care model. Expert consultation will assist this work, through resources available through the RWJF State Health Reform Network.

Accelerate innovation

Transformation Center

- Develop a work plan based on listening session input for the Transformation Center to be conducted in Demonstration Period 1.
- Establish a Transformation Center Steering Committee composed of representatives from all payers.
- Conduct an IHI site visit to inform future technical assistance needs and strategic guidance based on an environmental scan and key informant interviews.
- Support the established learning collaborative and launch additional ones based on CCO request.
- Complete hiring of the director of Clinical Innovation, Learning Collaboratives coordinator, subject matter experts and administrative support positions.
- Conduct planning and recruitment for Transformation Academy scheduled for first quarter of Demonstration Period 1.
- Begin aligning the efforts of the Transformation Center with Cover Oregon's implementation of the health insurance exchange in all relevant areas.
- The first CCO-OHA staff meeting and webinar is scheduled and planned. This will support coordinated care organization communications needs and internal staff communications, helping to further the success of the model.
- Integrate the LTC innovator agents into the Transformation Center; create linkages with the Area Agencies on Aging and other long-term care supports and services.
- The next round of similar "listening" sessions with PEBB membership will be held later this year. The PEBB website will be updated to be more user-friendly and OHA communication staff are working with PEBB staff about a more member-focused orientation. We want to move beyond just being the "benefit administrators," but to be true advocates for their health and health care dollars and also help PEBB members to understand that their decisions about health and benefits have an effect on cost.
- Execute a contract for a website plan and development. The website will support communicating about the coordinated care model to external audiences and multiple payers.

- Execute a contract for a master communications plan that will support, and spreading the model of care all payers.
- Continue expanding communications between CCOs and OHA staff to support the model of care.
- Continue working with the media to further understanding of how the model of care supports better health, better care and lower costs to further spread the model of care.
- Communications support for legislative actions that support model of care.

Long-term care innovator agents

- Legislative funding should be solidified early in the quarter. Hiring of all positions (both those supported by SIM and by state General Fund moneys) should be completed, and initial training conducted.
- Draft language for Housing with Services contract will be completed. Contracting will be in progress if not completed by the end of the next quarter. Housing with Services pilot planning work will continue with major tasks completed, such as program design, and defining the service package and legal work regarding the consortium and membership.
- Shared Accountability work will continue through the CMS/LTC/CCO subcommittee and full committee. A Work plan for MOU-related accountability monitoring activities will be drafted.

Regional Health Equity Coalitions

- REC RFP released: Aug. 1, 2013;
- RFP closes: Sept. 1, 2013;
- Grant Proposal Review and Notice of Award: Sept. 15, 2013;
- Contract negotiation and start date: Oct. 1, 2013.

Innovation in delivery

Patient-Centered Primary Care Home (PCPCH)

- Refine the PCPCH recognition criteria: Refine the criteria, based on experience and stakeholder feedback, to gradually incorporate additional elements and align with the best available evidence.
- Conduct planning for the next phase of technical assistance through the Patient-Centered Primary Care Institute, and continue ongoing alignment efforts with the Transformation Center.
- Refine and expand verification site visits: Launch a pilot project to include a community-based clinical consultant at all site visits. Planning is currently under way, and the pilot project is expected to launch in fall 2013.
- Outreach, engagement and communication: Update the PCPCH communications strategy, focused on continued alignment across all health system transformation activities.

Oregon Health Information Technology

- Hold listening sessions with last two CCOs and additional stakeholders.
- Develop straw model for technology services, the state role and governance issues for the next phase of HIT/HIE services, and finance.
- Solicit nominations for and convene the task force to begin vetting the straw model.
- Expedite planning for implementation of "fast track" elements of next phase of services, including provider directory and notifications (using ADT feeds) services, in keeping with priorities identified in listening sessions so far.

DELTA Training Project

These activities are not supported by SIM funding but are an essential component to our success in addressing health equity in all aspects of health systems transformation, and are provided as a precursor to the SIM support work that will be under way in the SIM Demonstration Period 1.

- July 19: Training Session #5, Language Access and Health Literacy;
- Aug. 14: Advisory Committee meeting;
- Aug. 16: Training Session #6, Strategic Health Equity Plans and Health Equity and Inclusion Change Leadership;
- Aug. 16: Graduation ceremony held at the Oregon Garden;
- Ongoing: DELTA staff meetings; Evaluation Team meetings; training/facilitator meetings; recruitment of future participants.

Community health

- Finalize the RFP for the community prevention program to implement evidence-based strategies that address the leading causes of death and disability and leading drivers of health care costs in Oregon.
- Release the RFP by September 1 and award successful projects by November 1.
- Establish an advisory committee consisting of staff from the Office of Health Analytics and the Public Health Division to coordinate all surveillance-related activities funded by SIM.

Alternative payment models/spread

PEBB

- Technical assistance from CMMI and other expertise to draft the Request for Proposals (RFP)for the 2015 PEBB benefit year that will continue the spread of the coordinated care model into the public employee population of 130,000 covered lives. The RFP is expected to be posted in the first quarter of the first SIM demonstration period.

Alternative Payment/Payment Reform across all payers

- Conduct a series of meetings of multi-payers and key stakeholders to develop a multi-payer sustainability plan for primary care, addressing the concerns by providers of the federal ACA Health Home funding sun setting in September.

- Alternative Payment Model work continues on several fronts, including:
    - Ongoing work with payment reform experts to inform and advise the state and stakeholders on payment approaches
    - Work with CCOs and private payer stakeholders to assess their needs for information and assistance on payment reform within their networks
    - Continue to assess the new FQHC Alternative Payment Pilots in 4 clinics for potential spread more widely across Oregon
    - Continue exploratory work through the CMS/LTC/CCO stakeholder work for potential next steps
    - Continue work with the Oregon Association of Hospitals and Health Systems (OAHHS) Small and Rural Health Committee to prepare Oregon's smaller (Type A & B) hospitals for transformational changes brought on by health reforms and market changes, in collaboration with federal and state leaders to develop solutions not only in support of the financial sustainability of small rural hospitals but also of the coordinated care model
    - Await CMS response regarding Oregon's 1115 demonstration waiver for the 1% quality incentive pool in Medicaid for DRG hospitals in the state that was submitted.

Analysis and evaluation

- Complete hiring for key positions.
- Post CAHPS RFP and select vendor.
- Negotiate and execute CAHPS contract.
- Procure grouper software.
- Continue work to prepare for statewide metric reporting and SIM ROI and evaluation self-assessment.
- Work with CMMI technical assistance and federal evaluators in preparation of data needs for federal evaluation.

Grant management

- Submit the SIM Operations Plan and supporting documents.
- Prepare for a CMMI/Consultant site visit to evaluate our Operations Plan.
- Submit the SIM first-quarter report, including an FFR.
- Submit the SIM Continuation application, including the 424 and other forms as required.
- Continue to work towards release of the remaining restricted SIM funds for the implementation period.
- Continue training for new staff on OHA systems and processes.
- Provide SIM leadership and SIM Project Area Leads monthly expense to budget reports.

- Complete development of the congregate housing special procurement.
- Complete first amendment of the IHI contract.
- Complete procurement of the grouper software.
- Complete RFP posting, evaluation, selection, negotiation and execution of the CAHPS contract.
- Complete development and execute the amendment to the Center for Evidence-based Practice for the HERC work.
- Execute the contract with Portland State University to develop the Transformation Center's interim website.
- Develop additional contracts and RFPs as requested.
- Prepare for second-quarter reporting.
- Prepare for site visit for Readiness Review by CMMI and their evaluators.

Likelihood of achieving next quarter goals/objectives

Oregon does not anticipate any barriers to meeting our goals and objectives in the next quarter, providing CMMI releases the funding for the contracts under development, and our operational plan and continuation application is approved to allow continuation funding in preparation of starting Test Year 1.

Substantive findings
At this early stage, Oregon does not have substantive findings to share.

Findings from self-evaluation
At this early stage, Oregon does not have findings from our self-evaluation to share.

Lessons learned
At this early stage, Oregon does not have lessons learned to share.

Suggestions/recommendations for current/future SIM states

Oregon suggests current and future SIM testing states borrow and build upon the tools developed by this initial cohort of testing states. Tools to consider include: the stakeholder engagement plan; project management tools; contract fund release from restriction formats; and other tools developed to assist states in grant administration or program delivery. Sharing tools, information, program approaches between the states is very beneficial. Additionally sharing of early issues and findings as they develop amidst the testing states would assist successful spread and testing of the models.

Suggestions/recommendations for CMMI SIM team

Oregon suggests the CMMI consider sequencing requests for emerging work products to align more with state deliverables, including requests for expedited products. Additionally, providing specific guidance for deliverables, such as the Operations Plan, Quarterly Report and the Continuation Application, a minimum of a 60-day lead time allows for a more coordinated and integrated product and adequate internal review prior to submission to CMMI.

Problems encountered/anticipated

- *Contracts/contracting issues:*
  Oregon has experienced difficulty with CMMI approval to release funds that support SIM contracts. This is in contrast to the grants management practice Oregon had for CDC's preparedness program in which funds are unrestricted, but need more information pending the name of the selected contractor. CMMI's current practice could lead to an erroneous view that Oregon is lagging in our operational readiness, since we have extensive contracting actions underway and have executed several contract amendments and a large new contract using the health transformation special authorities for expedited contracting processes. CMMI's assistance in meeting tight timelines, especially related to coordination of complex funding streams, would be greatly appreciated.
- *Unanticipated requests for documents, and other activities from CMMI, some with delayed guidance:*
  In order to meet tight timelines, Oregon has attempted to keep up with the varied requests, but these requests have been challenging as they have distracted from getting initiative-related work started, especially as we are ramping up staffing in these initial months. Clear guidance from CMMI was slow to come, leaving Oregon staff uncertain as to specific requirements or expectations. One example, Oregon had repeatedly asked for information in advance about upcoming requirements and received unhelpful responses. For example, in May we asked when we could expect guidance for the Operations Plan. We received the Readiness Review Tool in June, and the guidance June 29th, after we had already been developing our Operations Plan based on limited information in the NGA beginning in May. We had asked several times for clarification of what is meant by quarterly expenditure "work break down structure" reporting and received guidance on July 17th two weeks ahead of its required submission. (In this example we also are wondering as to the value of this level of detailed financial reporting to federal oversight across the testing states. This seems

duplicative of the quarterly FFR reporting that would provide CMMI with useful information about the burn rate of funds.)

Also information about topics and dates for SIM-sponsored webinars lags and it becomes challenging for getting the members of Oregon's teams to be able to participate, and have interactive opportunities to ask questions during them.

Implemented or planned solutions

- Continued advocacy with CMMI SIM Project Officer to resolve any remaining concerns and expedite release of the restrictions related to the Phase 2 HIT/HIE business framework contract, as well as the other contracts with remaining restrictions;
- Continue to work with our Project Director and technical assistance team to get early notification of new requests, meetings and Readiness Reviews or other site visits, as well as work towards clear guidance and communication that is timely. We will continue to alert our Oregon team of the collaborative website and other means of getting access to key materials at times that work with their schedules, if otherwise unable to attend in real time.
- Oregon encourages CMMI to consider the cooperative agreement as a flexible instrument to guide actions to achieve program goals. To date, Oregon has experienced a rather rigid, compliance and regulatory approach to grant management that risks interfering with the goals of innovation and rapid adaption/adoption of emerging knowledge that is developed based on evidence of best practice. A grant management framework that facilitates and incorporates state's operational needs, while ensuring appropriate stewardship and transparency would be most appreciated. Again, the model of grant management in the Preparedness program at CDC has allowed individual states to conduct operations in alignment with their state specific program needs, meet federal requirements for stewardship and transparency without unnecessary bureaucratic burden. The multiple grants Oregon has received under HRSA, including past State Planning Grants and more recent State Health Access Program grant have also been less burdensome in terms of grants management, and under which we have shown to use extremely effectively to be able to be where we are today and ready to go with our coordinated care model.

Work breakdown structure

Please see the Work Breakdown Structure document included with this submission as a separate document.

Point of contact

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