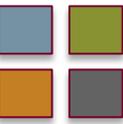




10 Years of Health Reform: Updating the Health Strategies in the Oregon Business Plan

Presented at the Oregon Leadership Summit,
December 14, 2015

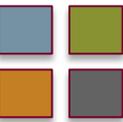


Supporting a decade of health reform

Health care reform was first introduced as an Oregon Business Plan initiative at the 2004 Oregon Leadership Summit and updated in subsequent years.

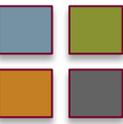
The problem: Employers recognized that the health care system in the US and Oregon was not delivering sufficient value.

- US and Oregon was spending a much higher share of its GDP on health care than other developed nations.
- Health insurance premiums were growing at an unsustainable rate.
- Quality of care was inconsistent.
- Many were left out—17% of Oregonians were uninsured.



Updating the OBP Strategies, 2015

- The last 10 years in Oregon have seen extensive reform implementation by both public and private sectors.
- 2015 was a transition year in a number of ways.
 - New Governor and Oregon Health Authority Director
 - Insurance exchange was moved to Dept. of Consumer and Business Services
 - Greatly reduced uninsured rate
 - Moderating health system costs?
- What is the next stage of health reform in Oregon that captures and builds off the momentum of the last 10 years of hard work?
- What are the key leverage points for the business community in realizing that vision?

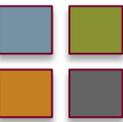


The OBP Health Care Vision 10 Years Ago?

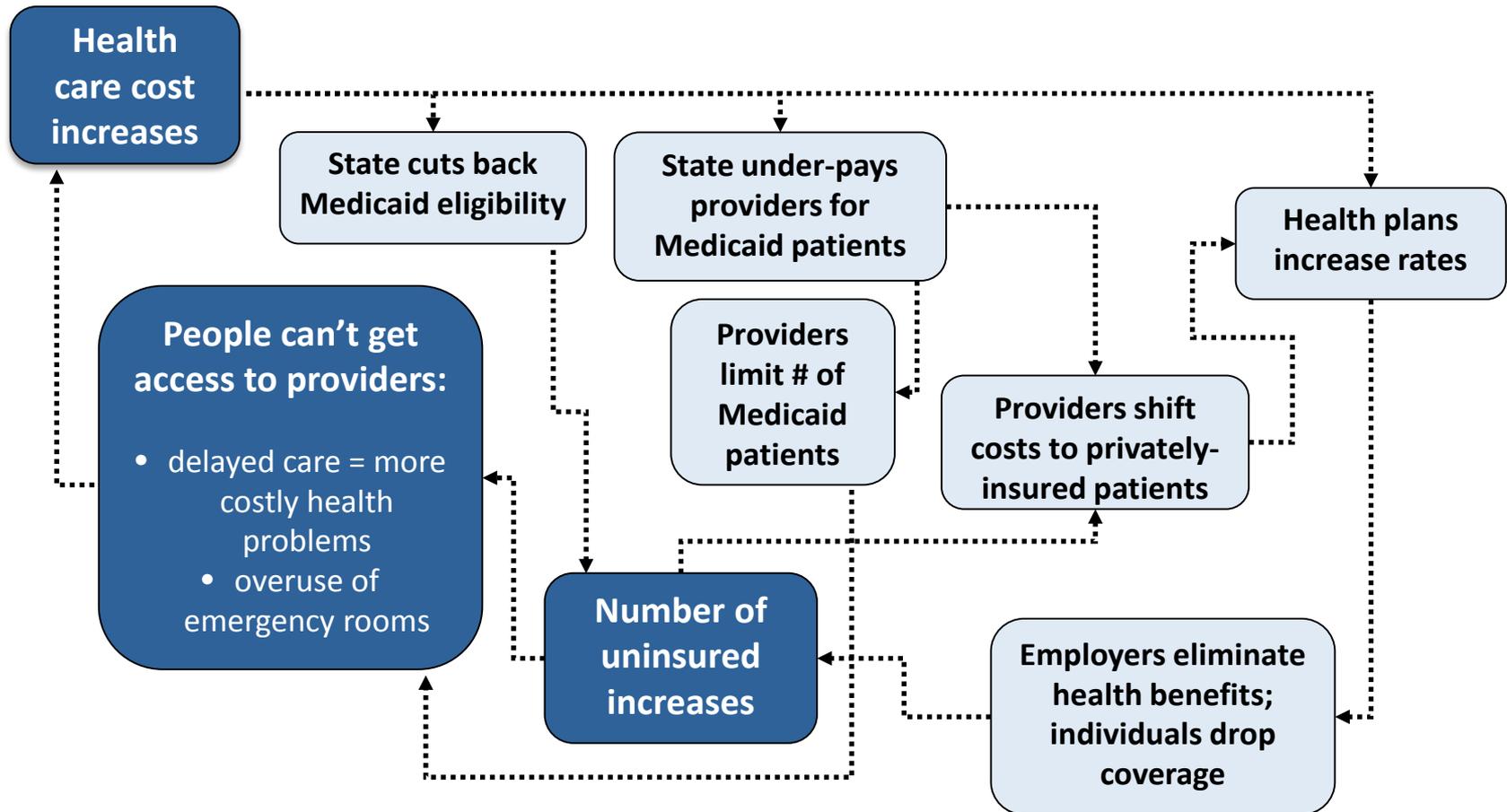
“We support actions to give all Oregonians access to quality healthcare by creating a fair market where everybody is motivated to improve health, ensure quality and control costs.

In such a system, providers of healthcare goods and services will compete -- and consumers will make informed choices about treatment options – based on transparent prices and quality.”

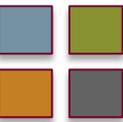
Source: *A New Vision for Healthcare*. 2004 paper from the OBC Health Care Task Force



The Vicious Cycle of Health Care Costs and Access



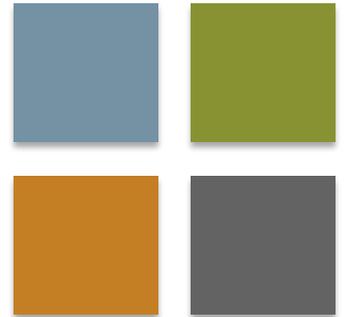
Source: From the Oregon Business Plan, 2007 Policy Playbook and Initiative Guide



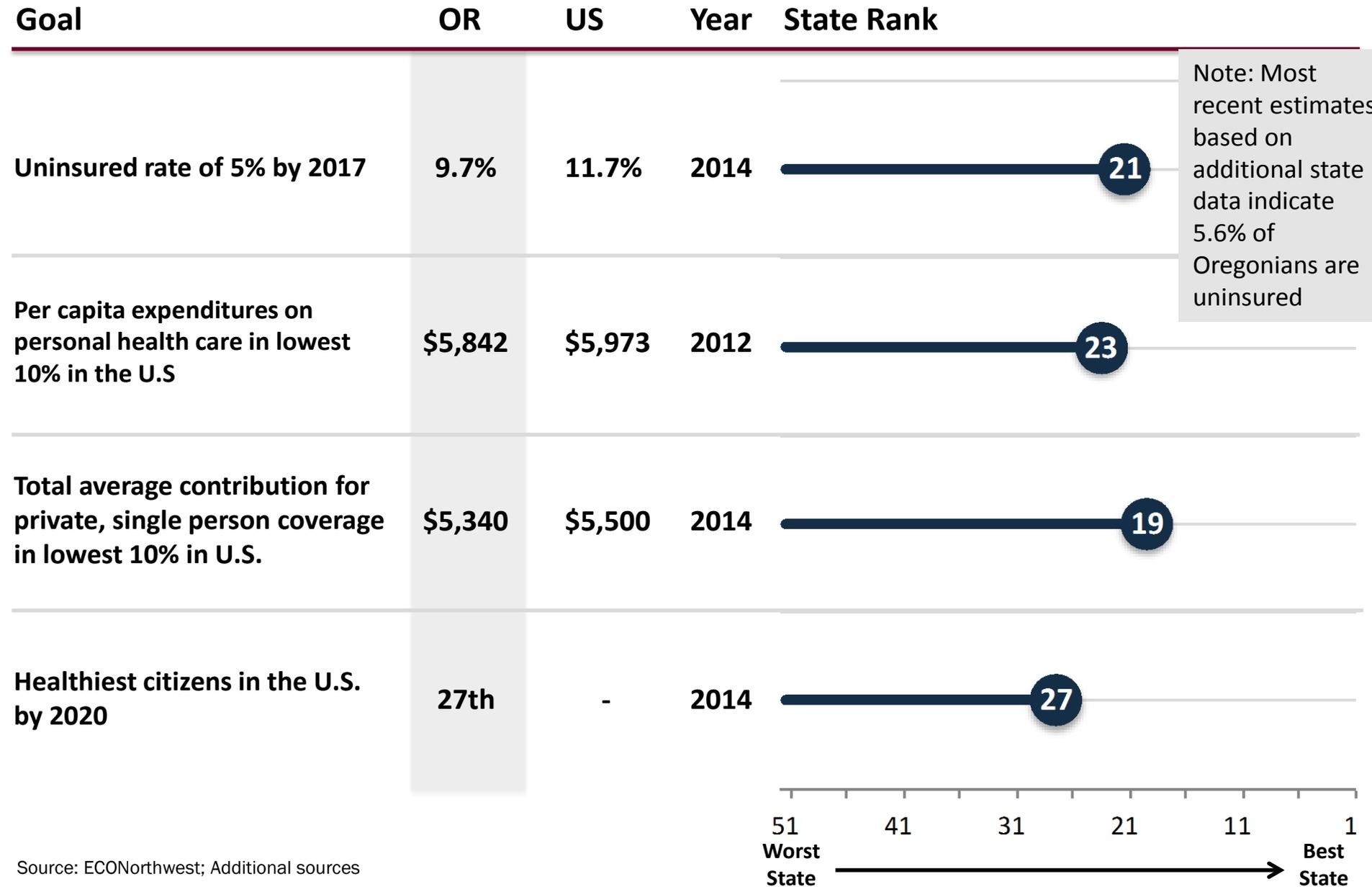
Breaking the Cycle: A Snapshot of Implemented OBP Supported Strategies

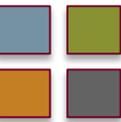
- Expanded insurance options (subsidized coverage for low income workers, insurance exchanges, individual mandate, financing to expand Medicaid)
- Aligned private and public sectors to drive value and lower costs
 - Value based benefit designs, new payment methods supporting new models of care, defined contribution with a choice of plans
 - Medicaid Coordinated Care Organizations (CCOs) to provide high quality care through integration of physical, behavioral, and dental health at a sustainable rate of growth
- Expanded the use of electronic health records, secure data exchange, and on-line tools to improve care coordination and streamline the administrative side of health care

Has it worked?
What do the data say?

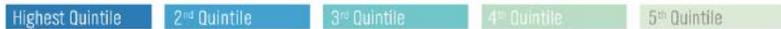


Oregon Business Plan Goals Chosen Fall 2014



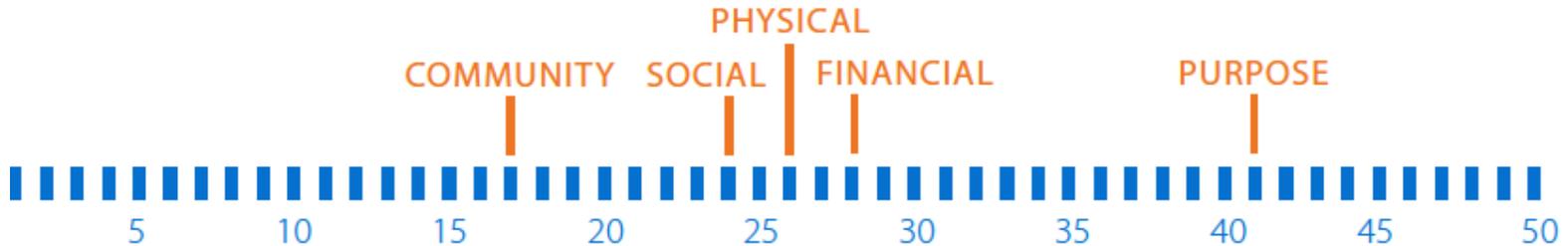


Well-Being Index



Oregon Well-Being

Element	Rank
Purpose	41
Social	24
Financial	28
Community	17
Physical	26



Oregon Health Care Quality Corporation Statewide Report

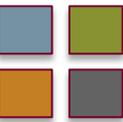
Primary Care Quality Measure	Oregon Mean Clinic Score	N / Clinics	Oregon Clinic Low - High Score	Standard Deviation	2013 Combined HEDIS National Mean*	2013 Combined HEDIS National 90th Percentile*	Oregon's Best Benchmark
Antidepressant Medication Management (Long Term)	61.0%	10,212 / 137	34.9 – 87.0	12.6	47.1	56.2	86.4
Appropriate Low Back Pain Imaging	86.9%	10,638 / 163	65.6 – 99.6	6.7	74.7	81.7	99.1
Antidepressant Medication Management (Short Term)	73.6%	10,212 / 137	47.9 – 97.5	10.8	62.6	71.1	96.1
Diabetes Eye Exam	77.5%	9,050 / 118	17.6 – 97.4	17.3	72.2	86.3	95.9
Diabetes Eye Exam	62.4%	95,382 / 522	32.4 – 91.5	10.1	59.3	73.0	80.6
Appropriate Asthma Medications	88.2%	16,820 / 241	63.6 – 100.0	6.1	87.7	91.9	96.8
Chlamydia Screening	65.6%	245,271 / 641	20.0 – 93.5	11.9	65.3	73.6	84.8
Cholesterol (LDL-C) Screening for People with Heart Disease	88.1%	95,382 / 522	39.0 – 100.0	7.1	88.8	93.9	96.2
Diabetes Cholesterol (LDL-C) Screening	45.5%	37,066 / 371	11.6 – 85.7	12.5	49.1	61.0	71.3
Cervical Cancer Screening	82.9%	17,188 / 219	53.5 – 100.0	9.0	87.4	93.5	95.7
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	79.7%	95,382 / 522	30.0 – 100.0	10.7	84.4	90.8	92.5
Well-Child Visits in the First 15 Months of Life, Six or More	64.9%	253,794 / 637	17.5 – 95.9	11.7	71.3	78.4	87.8
Diabetes Kidney Disease Monitoring	58.0%	106,716 / 354	16.7 – 87.8	15.2	64.6	79.7	82.3
Adolescent Well-Care Visits	64.0%	24,240 / 184	10.4 – 96.4	15.5	73.2	84.0	86.4
Diabetes Kidney Disease Monitoring	72.8%	95,382 / 522	29.4 – 98.5	14.1	84.9	90.8	95.1
Adolescent Well-Care Visits	29.9%	175,592 / 587	4.8 – 67.1	12.0	44.6	61.2	52.4
Diabetes Kidney Disease Monitoring	89.8%	666,121 / 643	34.8 – 100.0	7.6	n/a	n/a	98.8
Adolescent Well-Care Visits	88.4%	1,112,464 / 715	58.1 – 100.0	7.0	n/a	n/a	96.2

* Benchmarks were created using a weighted formula based on the proportion of Q Corp commercial, Medicaid and Medicare members within each measure.

The HEDIS* diabetes definition requires only a single face-to-face encounter in an acute inpatient or emergency room setting with a diagnosis of diabetes. Based on clinic chart review results, Q Corp modified the definition to require two or more face-to-face encounters beginning with fall 2012 reporting. The modified definition is expected to impact less than 2.5 percent of patients identified in the measure.

KEY

- Score is significantly higher than the national mean and 90th percentile
- Score is significantly higher than the national mean, and significantly lower than the 90th percentile
- Score is not significantly different than the national mean
- Score is significantly lower than the national mean
- No national benchmarks are available for comparison

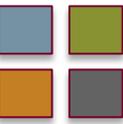


Challenges Summarized

- On key health indicators, Oregon is not leading the nation. And we have wide disparities in health status between some groups of residents.
- The full impact of insurance market changes under federal reform is not clear yet.
 - Individual market rates increased substantially this year
 - Impact of “Cadillac” tax on high cost benefit plans not clear for private and public employers
- Looming state funding challenges to pay for Medicaid and other essential public services.
- Still much to do on cost control and quality improvement
- Still too much data “out there” and not enough useful data.

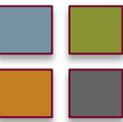
Updating the OBP Health Strategies





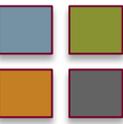
Proposed New OBP Health Vision

- *The people of Oregon and our communities will be the healthiest in the nation because we view health and well-being as a core value, committing energy and investments to that end.*
- *We will have an efficient, competitive, and financially sustainable health care market that supports the health of all Oregonians and delivers high quality health care at an affordable price.*
- *The Oregon business climate is enhanced and more competitive because we all are healthier; employees are more productive; and the per capita cost of health care in the state is one of the lowest in the nation and financially sustainable over time.*



Goals to Achieve Our Vision

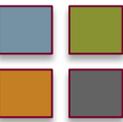
- **Affordable insurance coverage options** are available to all Oregonians through **innovative market solutions** that align incentives for improved health, high quality care, and sustainable cost growth.
- All Oregonians have **access to appropriate, high quality, coordinated care** that supports their physical health, as well as mental health and social well-being.
- Consumers, employers, providers, and insurers have easy access to the **right tools and information** to make the best health, purchasing, clinical, and coverage decisions.
- Employers and the health care industry work collaboratively with partners throughout the state to create **healthy communities**.



1) Stay the Course on Transformation Efforts

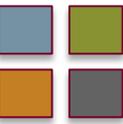
Maintain focus on improving the effectiveness of our health care system and reducing the cost burden including:

- Fully realizing the promise of our **Medicaid CCOs** through continued integration of services; focus on quality measurement and and paying for outcomes should be maintained.
- Continued implementation of **cost and quality initiatives** spearheaded by the Oregon Health Leadership Council (OHLC), the Oregon Health Authority and other partners.
 - Targeting areas of high cost and/or low value for improved efficiencies
 - Strategically improving our our health care data infrastructure
 - Truly aligning outcome metrics and dashboards across stakeholders



1) Stay the Course (continued)

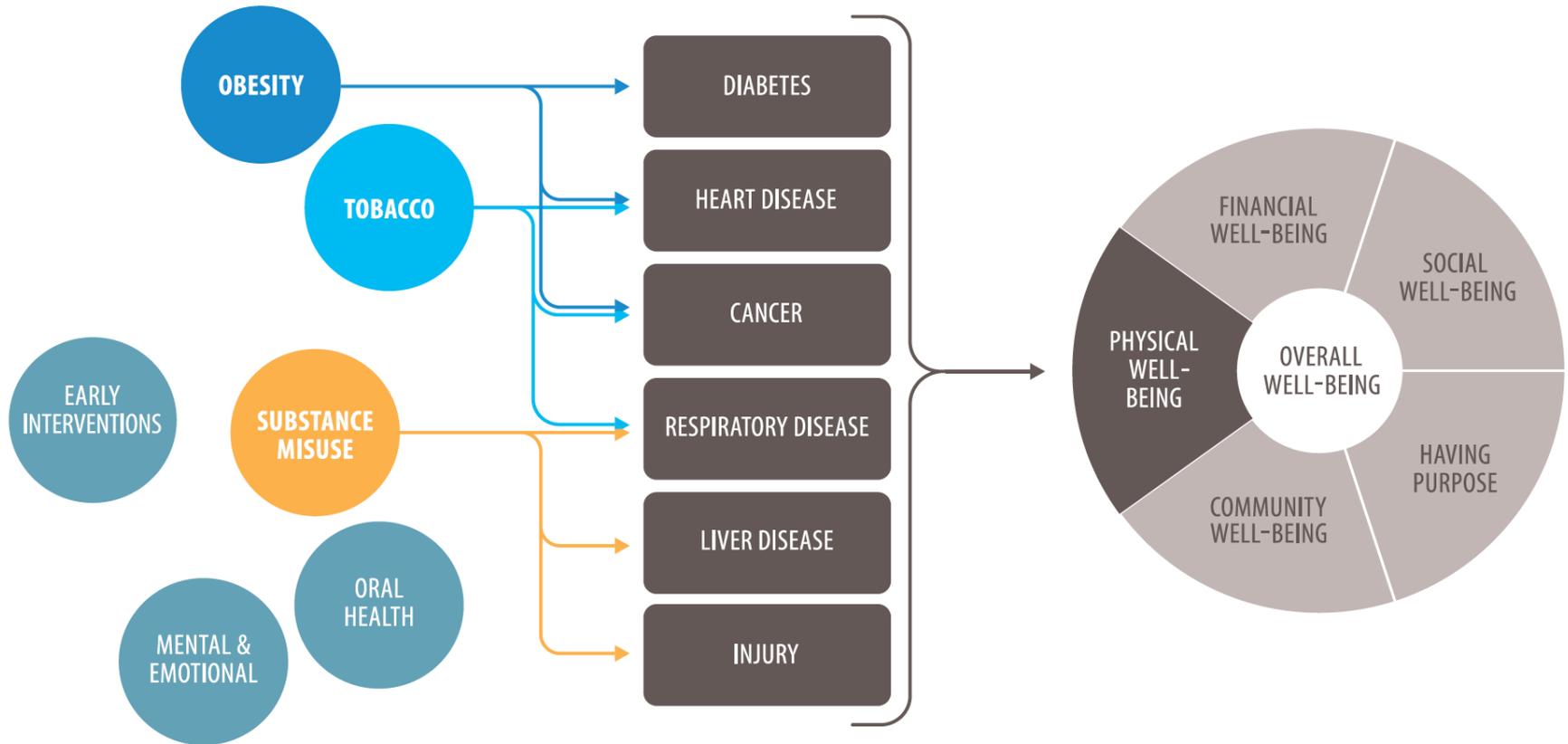
- **Define key policies** to sustain our progress and address upcoming challenges.
 - Work collaboratively across sectors to address **state funding challenges** for Oregon’s Medicaid program and other essential services.
 - Continue to **evaluate the impact of federal reform on Oregon’s insurance market** and identify areas of concern and further development; assist with the implementation of a small business insurance exchange that will add value and reduce costs for small employers and their employees.



2) Get “Upstream” by Focusing on Health and Wellness

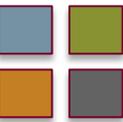
- Employers and the health care industry are strong community leaders that can make a difference “upstream” in order to improve health and ultimately reduce health care costs.
- The business community and the health care industry should lead and support community efforts to:
 - rally around key local health goals,
 - identify disparities and underlying causes of poor health, and
 - focus on clear strategies to improve the health and well being for all community members.

Where to begin?



Examples of Oregon Healthiest State Strategies in Action

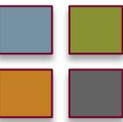
- **Changing the Context in Local Communities**
 - Blue Zones Project Oregon is a collaborative approach to creating healthy environments to improve well-being community wide
 - Supported by Cambia Health Solutions, Klamath Falls + one more on the horizon
- **Changing the Context Across Sectors**
 - New team exploring a statewide initiative to improve workplace health
 - Diverse employers on team led by Scott Parish, CEO of A-dec
- **Aligning for Statewide Collective Impact**
 - New initiative focused on understanding and building Oregonians state of financial well-being
 - Led by The Standard and includes banks, credit unions, nonprofits, and public organizations



2) Getting “Upstream” (continued)

- We should leverage Oregon’s Medicaid Coordinated Care Organizations and Early Learning Hubs.
 - Align funding and integrate services to identify children’s health, learning, and social needs early, connecting them to services before and beyond the first day of kindergarten.
 - Healthy children learn better and will be Oregon’s entrepreneurs, policymakers, workforce, and parents of tomorrow.

Note: A breakout session on aligning Health Care and Education to Better Serve Oregon’s Children will be held at 3:45 following this session.



Discussion