



# OHSU: Value Based Care

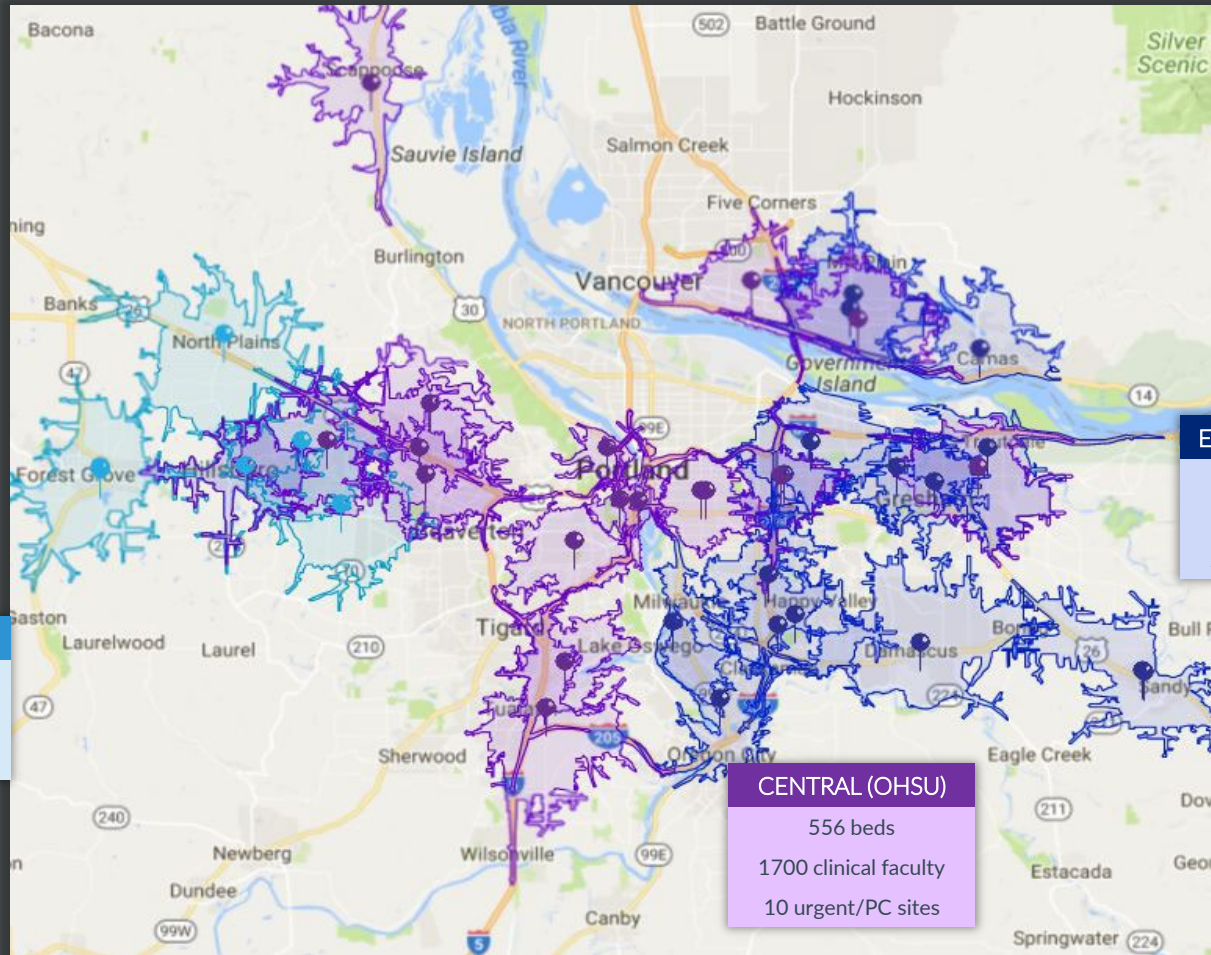
APPD – Fall 2018 Santa Fe, NM

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DATE: September 19, 2018

PRESENTED BY: Anthony Masciotra, MBA CPA, CEO OHSU Practice Plan

# OHSU system: Metro coverage



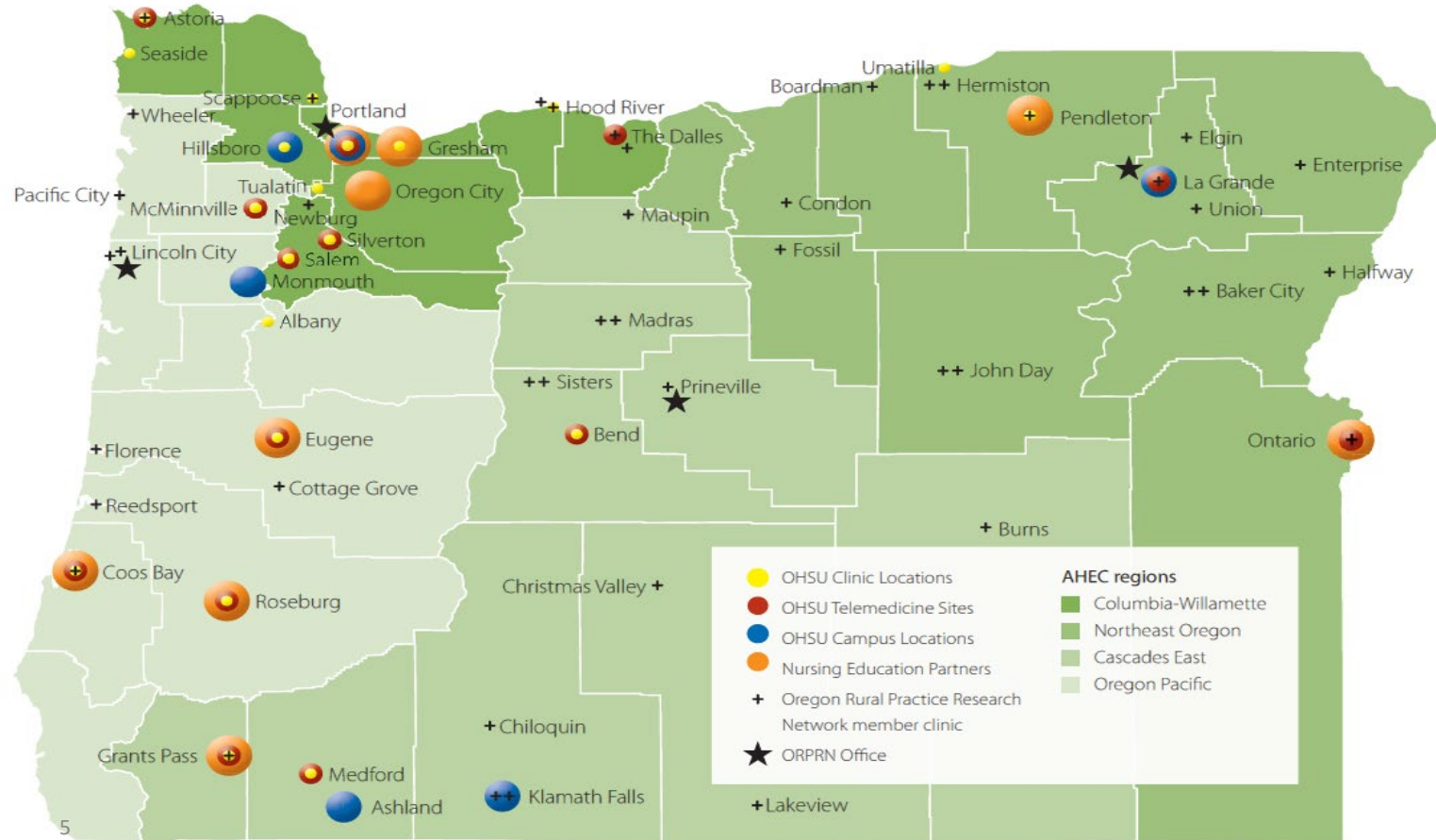
**EAST (ADVENTIST)**  
302 beds  
550 providers  
20 urgent/PC sites

**WEST (TUALITY)**  
215 beds  
300 providers  
15 urgent/PC sites

**CENTRAL (OHSU)**  
556 beds  
1700 clinical faculty  
10 urgent/PC sites



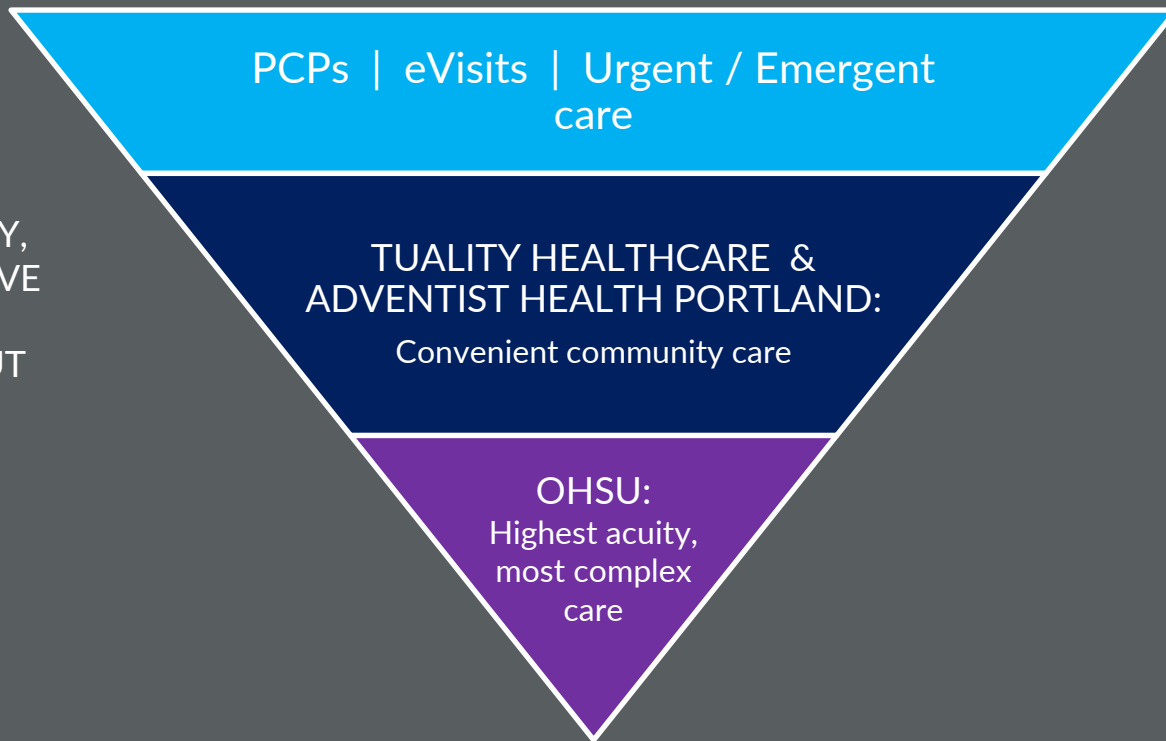
# OHSU: Serving all of Oregon



# High value network

CUSTOMER | MEMBER | PATIENT

HIGH QUALITY,  
COST EFFECTIVE  
CARE  
THROUGHOUT  
THE  
SYSTEM



# OHSU system: Right care, right place

## VISION

To manage our resources to accept all appropriate transfer patients to OHSU and partner hospitals while ensuring the delivery of high quality care to our patients.



## MISSION

Be a national leader in capacity management to provide **the right care to the right patient at the right time and place with the right team** and maintaining good stewardship of our resources.

# Describe the state of value-based care and population health in your market

The Portland metro area is highly saturated with large health systems (Kaiser, Prov, Legacy) who are making advancements in VBC/pop health daily, allowing them to rapidly expand their footprint in this market

Large number of CPC+ participants in our market (MSSP, MA, and others) transforming their care delivery models rapidly

Expanding prevalence of virtual care options that get at the quadruple aim, as it relates to VBC and pop health: video visits, telemedicine, remote patient monitoring, eConsults, eVisits.

- In addition to OHSU's offerings, we know that SMART MD is being used at Adventist (patient portal to enter info and then they are contacted).
- CareOregon is paying Rubicon MD for a third-party eConsult platform.
- Other health systems also offer asynchronous and video platforms and the urgent care market is also expanding, with each system aligning with different options.

# How is your faculty practice preparing for value-based care and population health?

The OHSU Health System includes two community systems (Tuality, Adventist) to expand access for our patients in the Portland metro area.

We have developed strong MD leadership to lead internal/external payer facing workgroups on medical cost and quality, finance, growth, and the analytics necessary to support value based care and population health such as:

- Office of Primary Care and Population Health
- Evidence-Based Practice
- Telehealth
- Clinical Integration Medical Directors
- Healthy Planet Steering Committee

We have approximately 50,000 patients at risk between our self insured employees, two risk individual exchange arrangements that care for a diverse patient population of 16,000 patients and a small MA population

We are expanding “service line” structure in preparation for the BPCIA program this Fall - entering into 12 bundles

We are integrating primary care within OHSU and across the metro area



# Do you participate in or own a Clinically Integrated Network (CIN)? How is it structured?

Our Portland Metro based system – OHSU academic practice and two community based systems are legally structured such that we can achieve clinical integration

- we share financial risk,
- are integrating care platforms across systems
- the OHSU Practice Plan provides considerable services– hospitalists, emergency medicine support, critical care support and an integrated electronic bed management system “Mission Control”.

We are working to become more unified across our Primary care practices and partner health systems in order to provide one experience of care to our patients.



# How important are these initiatives to the overall strategic direction of the practice?

The single most important issue is changing the culture of our faculty to look at our partners as locations of care delivery for which they have ownership

Our ability to manage populations of patients and succeed in value based care are a critical part of our FY 19 priorities

- Office of Primary Care and Population Health
- Office of Clinical Integration/Innovation
- Office of Community Engagement and Support
  - With centralized recruitment support
- Partnerships with other PC practices in Portland Metro Area to expand our capacity/footprint geographically

# Does your practice participate in an Accountable Care Organization(s)?

## Describe the model(s) and your practice's level of participation

OHSU along with 5 other Oregon systems formed the Oregon ACO and entered into a MSSP track 3 program in CY 2015. We exited the program effective December 31, 2017 for a number of reasons outside the control of OHSU.

We have refocused our efforts on expanding the number of lives under risk via contracts with a number of payers. In addition to our two risk based contracting arrangements in 2018 OHSU continues to participate in the CPC+ initiative, The Oncology Care Model initiative, CJR, a number of Medicaid based pay for performance programs and will be participating in BPCI Advanced in 2019.

# What is your practice's stance on MACRA and other Medicare initiatives in this area

We fully support the balanced focus on cost and quality and believe that delivering a value proposition to our payers and employers is critical to our success.

Our expansion of lives in risk based contracts and ever growing number of value based care programs we participate in demonstrates our commitment to and support of a shift from volume to value via legislation such as MACRA.

We continue to struggle with high cost treatments, that as the only academic center in Oregon, drive the differential between us and other systems.

# Can you identify specific successes or unique areas of focus within your practice that highlight engagement by your faculty/leadership in managing at risk populations

CJR has been a success with positive reconciliation savings payments over the first two years of the program (even the first year, most savings the second year).

Data related to OCM is pending

IMPACT program for substance abuse

Social determinants of health task force

Creation of the Office of Primary Care and Population Health to better manage populations and chronic conditions

Focus on cost/quality - use of Healthy Planet analytics to better manage care and incorporate claims data into our EHR

# Has your institution established data set, dashboards and/or metrics to achieve success in managing an at risk population(s)?

Our institution invested in Epic's Healthy Planet framework which has the tools and analytic capabilities to ingest claims data, understand utilization in different patient populations, and create clinical quality dashboards within Epic to support our VBC/pop health efforts.

We have selected metrics in each of the below categories to track our progress

- Financial
- Operations
- Quality
- Experience (provider/patient)

# What other strategic factors are guiding your decisions and investments in value-based care and population health?

Our mission is to improve the health of all Oregonians. We are focused on how to deliver value based care while expanding our research and teaching missions. Being the only Academic center in our region, our mission not only differentiates us in this regard, it also presents additional cost challenges that we need to address.

Traditional ROI approaches don't always capture better outcome and flow

Demand for capital with ~ \$1B spent over the next 5 years

# Please comment on any other items that are guiding your deliberations and actions in this area.

Reliance on FFS revenues to fund expansion and growth and the related impact of at risk contracts on revenue stream

Readiness of faculty for change – increased impact on resilience and wellness

Funding for infrastructure to support initiatives and timing thereof





Thank You