



January 28, 2016

The Honorable Orrin Hatch
Chairman
Senate Finance Committee

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee

The Honorable Johnny Isakson
Co-chair
Chronic Care Working Group

The Honorable Mark R. Warner
Co-chair
Chronic Care Working Group

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Dear Chairman Hatch and Senators Wyden, Isakson and Warner:

On behalf of Oregon Health & Science University (OHSU), thank you for the opportunity to provide feedback on the Senate Finance Committee's Bipartisan Chronic Care Working Group policy options paper dated December 2015.

OHSU is Oregon's only academic health center. It provides an uncommon array of services from the state's most comprehensive health care, to educating the next generation of clinicians and biomedical researchers, to achieving breakthroughs and innovations. Its hospitals and clinics serve more than a quarter of a million patients every year with innovative care and treatment models based on the latest knowledge available.

OHSU strongly believes that all patients with chronic care conditions be connected to a medical home/primary care provider and have access to care management and team-based care. OHSU supports the momentum away from the fee-for-service based billing model and toward a value-based model that allows for this team approach by supporting effective behavioral health integration and robust care management.

Overall, OHSU is very pleased to see the many creative proposals included in the options paper. Such concepts are an important first step in advancing the debate as to how to improve chronic care for Medicare beneficiaries. In particular, OHSU would like to comment on three themes included in the options paper: advancing team-based care; expanding innovation and technology; and identifying the chronically ill population and ways to improve quality.

Advancing Team-Based Care

Effective collaboration among health professionals has the potential to profoundly improve the quality of patient care. OHSU upholds as a core value that team-based, patient-centered care should be the gold standard of health care delivery, and we have adopted an inter-professional education model across OHSU's health professions schools and programs in order to train providers to succeed in this future environment.

- **Improving Care Management Services for Individuals with Multiple Chronic Conditions**

As OHSU provides care to some of the sickest and most vulnerable patients in Oregon and the surrounding region, we support the proposal to establish a new high-severity chronic care management code that clinicians could bill under the Physician Fee Schedule for purposes of reimbursing clinicians for coordinating care outside of a face-to-face encounter for Medicare's most complex beneficiaries living with multiple chronic conditions.

- **Addressing the Need for Behavioral Health among Chronically Ill Beneficiaries**

OHSU appreciates that the working group is open to considering policies that improve the integration of care for individuals with a chronic disease in combination with a behavioral health disorder. As you may know, Oregon's Medicaid transformation initiative emphasizes the medical home model for its beneficiaries and includes physical, behavioral and dental health benefits that are integrated and coordinated.

OHSU encourages better facilitation of: a) behavioral health integration, including mental health and chemical dependency treatment, into primary care; and b) improved, timely, and coordinated access for specialized psychiatric care for those patients with severe mental illness.

Specifically, we recommend the promotion of payment and policies that:

- Support mental health nurse practitioners as an essential member of the primary care team, allowing for expanded access and expertise within the primary care setting; and
- Allow for addiction treatment in the primary care setting, to help meet the growing demand for treatment of opioid addiction among patients with complex chronic illness.

OHSU would also be supportive of a GAO study on the current status of the integration of behavioral health and primary care among private sector Accountable Care Organizations (ACOs), public sector ACOs, and ACOs participating in the Medicare Shared Savings Program (MSSP), as well as private and public sector medical homes.

Expanding Innovation and Technology

As Oregon's Medicaid transformation plan allows Medicaid regional Coordinated Care Organizations the flexibility to offer beneficiaries supplemental benefits, including non-medical and social benefits, OHSU would be supportive of allowing Medicare Advantage plans this flexibility as well. OHSU is also pleased to see policies listed that would further promote the use

of telehealth in Medicare Advantage and in ACOs as a way to improve care for the chronically ill.

- **Providing Medicare Advantage and Medicare ACOs the Ability to Expand Use of Telehealth**

OHSU urges the committee to consider eliminating site of service restrictions for the Medicare program. For example, Oregon's 2015 telehealth statute (SB144), a bill requiring the expansion of telemedicine reimbursement by private insurers, defines originating site as where the patient is, be that health care facility, home school, workplace, etc. Oregon's legislation opens the door for improved patient care (examples: post hospitalization check-ins; low acuity clinical visits, accessing primary care without having to go to the office) while reducing overall health care costs through fewer ER visits and readmissions. In regard to having the originating site as the beneficiary's home, we urge you to review the American Telemedicine Association's recently released primary-urgent care guidelines.

- **Expanding Use of Telehealth for Individuals with Stroke**

While OHSU supports the working group's telestroke proposal to eliminate the originating site geographic restriction for the purpose of promptly identifying and diagnosing strokes, we urge the committee to go even further. All patients can benefit from quicker access to specialists regardless of the patient's condition and location (urban or rural America).

Identifying the Chronically Ill Population and Ways to Improve Quality

Overall, OHSU is strongly supportive of the three proposals listed under this theme: ensuring accurate payment for the chronically ill through an improved risk adjustment payment model; providing beneficiaries flexibility with ACOs; and developing quality measures for chronic conditions.

In closing, OHSU appreciates the opportunity to share its thoughts on improving chronic care for Medicare patients. As you delve further into constructing/developing policies, we would be happy for OHSU to serve as a policy resource. We look forward to additional discussions on this important topic. If you have any questions or need further information, again please contact Lynne Boyle at 202-256-5070 or boylel@ohsu.edu.

Sincerely,



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