



# SCHOOL OF MEDICINE

*Oregon Health & Science University*

**Office of the Dean**

Mail code: L102  
3181 S.W. Sam Jackson Park Rd.  
Portland, Oregon 97239-3098  
tel 503 494-8220  
fax 503 494-3400

**Continuing Medical Education**

Mail code: L602  
tel 503 494-8700  
fax 503 494-0392

**Graduate Medical Education**

Mail code: L579  
tel 503 494-8652  
fax 503 494-8513

**Graduate Studies**

tel 503 494-6222

**Office of Admissions**

tel 503 494-2998

**Office of Development**

tel 503-220-8345

**Alumni Relations**

tel 503-552-0708

**Undergraduate Medical Education**

tel 503 494-8228

July 1, 2015

The Honorable Orrin Hatch  
Chairman  
Senate Finance Committee

The Honorable Johnny Isakson  
Co-chair  
Chronic Care Working Group

The Honorable Ron Wyden  
Ranking Member  
Senate Finance Committee

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

Dear Chairman Hatch and Senators Wyden, Isakson and Warner:

Thank for you giving Oregon Health & Science University (OHSU) an opportunity provide input on your chronic care initiative. We applaud this bipartisan effort. We agree that significant challenges face the Medicare program, given more than two-thirds of Medicare beneficiaries have at least two or more chronic conditions, which corresponds to increased Medicare utilization and expenditures.

OHSU is the state's only academic health center. Our hospitals and clinics serve more than a quarter of a million patients every year. Our clinicians provide an uncommon array of services, from primary care to highly-specialized tertiary and quaternary care. We educate the next generation of health professionals. Our scientists achieve biomedical breakthroughs and innovations that inform tomorrow's cures and treatments.

As you take on this important initiative and review input on a variety of policy recommendations, we encourage you to consider three important tenets:

1. Continue to move away from Medicare fee-for-service as it relates to chronic care conditions, especially in light of the current payment imbalance toward procedural medicine against cognitive care. Specifically, we urge you to:
  - Expand the use of telehealth activities, including allowing payment models to reward phone and virtual patient contact
  - Ensure that care coordination is central to the clinical method of primary care operating inside and not outside of the clinical delivery system
  - Create policies that encourage patient engagement in healthy behaviors—Faculty at OHSU have developed an evidence-based employee wellness program, called HealthyTeam HealthyU that helps OHSU employees learn about and achieve a healthy lifestyle using a team-based approach. The program not only has been adopted by OHSU Human Resources,

but by the State of Oregon’s Public Employees' Benefit Board and the Oregon Educators Benefit Board. The founders of this program would be pleased to share their ideas on how such an approach could be applied to Medicare beneficiaries. For additional information, see <http://proven.hthu.com> or **attachment 1**

- Eliminate non value-added documentation burdens
- Incentivize providers to engage patients and families in advanced care planning

2. Through incentives, better facilitate: 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
- Allow for addictions treatment (such as suboxone) in the primary care setting, to help meet the growing demand for treatment of opioid addiction among patients with complex chronic illness

3. Uphold the importance of the trust relationship between patients and providers as the proven value of primary care is based on trusting relationships between patients and those who care for them. The foundation of such care rests with striking a balance between the patients' ability to choose their care team, replacing that team if their needs are not getting met and provider accountability for improved patient care. Payment methods should encourage and support such relationships. For example, alternative payment methodologies could ensure that patients are assigned to a medical home or practice for a defined enrollment period.

Additional Research Resources:

In addition to recommending the above tenets and policies, OHSU would be pleased to offer its research resources, as developed by the OHSU Center for Evidence-based Policy. Below please find a list of reports, organized by the seven topic areas for which you seek recommendations. Such reports may assist you in your review/analysis of policy submissions. Many of the reports listed below were commissioned by the Center’s Medicaid Evidence-based Decisions Project (MED) and the Drug Effectiveness Review Project (DERP), which are self-governing collaborations of state Medicaid agencies (MED) and Medicaid and public pharmacy programs (DERP). As the reports are proprietary to those groups, the Center would need to get permission prior to sharing. Please contact OHSU’s Lynne Boyle, Director, Federal Relations, should you be interested in any of the below reports or wish to have further conversations around a report. All public materials have been included as attachments with our correspondence.

<p><b>1. Improvements to Medicare Advantage for patients living with multiple chronic conditions</b></p>	<p>Multidisciplinary Chronic Pain Programs for Children (2015)          Measuring Health-related Quality of Life for People with Disabilities (2015)          Effectiveness of Group Clinical Visits for Chronic Illness Management (2015)          Multidisciplinary Chronic Pain Programs for Adults (2014)          Chiropractic Care for Chronic Low Back Pain (2011)</p>
--	---

<p><b>2. Transformative policies that improve outcomes for patients living with chronic diseases either through modifications to the current Medicare Shared Savings ACO Program, piloted alternate payment models (APMs) currently underway at CMS, or by proposing new APM structures</b></p>	<p>Alternative Payment Methodologies in Oregon (2015) (<b>attachment 2</b>)  Medicaid Accountable Care Organizations: Payment Models in Three States (2015)  Medicare Accountable Care Organization (2014)  Accountable Care Organizations (2010)</p>
<p><b>3. Reforms to Medicare’s current fee-for-service program that incentivize providers to coordinate care for patients living with chronic conditions</b></p>	<p>Care Management Programs for Fee-for-Service Medicaid Beneficiaries (2014)  Effectiveness of Patient Financial Incentives (2014)  Impacts of Medicaid Copayments (2014)</p>
<p><b>4. The effective use, coordination, and cost of prescription drugs</b></p>	<p>Harvoni™ and Viekira Pak™ Treatment for Chronic Hepatitis C Infection (2015)  Sofosbuvir for Hepatitis C (2014) (<b>attachment 3</b>)  Treatment of Chronic Non-Cancer Musculoskeletal Pain (2013)  Injectable Oncology Agents (2013)  Oral Oncology Agents (2013)  Long-acting Opioids (2011) (<b>attachment 4</b>)  NSAIDs (2010) (<b>attachment 5</b>)  Opioids for the Management of Acute Pain (2008)</p>
<p><b>5. Ideas to effectively use or improve the use of telehealth and remote monitoring technology</b></p>	<p>Impact of Telehealth, Telemetric Monitoring and Related Technologies on the Health Services (2008)</p>
<p><b>6. Strategies to increase chronic care coordination in rural and frontier areas</b></p>	<p>Medicaid Coverage of Community Health Workers (2015)</p>
<p><b>7. Options for empowering Medicare patients to play a greater role in managing their health and meaningfully engaging with their health care providers</b></p>	<p>Health Wellness Programs (2015)  Best Practices in the use of Registries for Management of Chronic Conditions (2013)  Health Assessment Tools for Tracking Chronic Health Conditions (2012)</p>
<p><b>8. Ways to more effectively utilize primary care providers and care coordination teams in order to meet the goal of maximizing health care outcomes for Medicare patients living with chronic conditions</b></p>	<p>Integrating Primary Care into Mental Health and Chemical Dependency Treatment Settings (2014)  Integrating Behavioral Health and Primary Care Services (2014) (<b>attachment 6</b>)  Integrated Services for Children in Foster Care (2014)  Cost Impacts of Primary Care Management of Diabetes (2013)  Behavioral Health Integration for Depression in Primary Care Settings (2011)  Care or Case Management for People with Serious Mental Illness (2011)</p>

Again, thank you for allowing OHSU to share our thoughts on improving chronic care for Medicare patients. As you delve further into constructing/developing policies, we hope you will continue to use OHSU as a 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.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Richardson".

Mark Richardson, M.D., MBA  
Executive Vice President, OHSU  
Dean, OHSU School of Medicine

A handwritten signature in blue ink, appearing to read "Tom Heckler".

Tom Heckler, MBA  
Senior Associate Dean, Clinical Practice  
CEO, OHSU Faculty Practice Plan