

Oregon's Health System Transformation

The old way wasn't working

- Costs too high
- Health outcomes too low
- Too much money spent on fragmented care

Oregon chose a new way

- Governor's vision
- Robust public process
- Bi-partisan support
- Federal waiver approved - \$1.9B
- 15 new CCOs certified and launched



Building a new health care system for better health, better care,
lower costs

TODAY

Coordinated Care Organizations

A local network of all types of health care providers working together to deliver care for Oregon Health Plan clients.

Goal: care will be coordinated at every point, from where the services are delivered to how the bills are paid.

Transforming the health care delivery system

Benefits and services are integrated and coordinated

One global budget that grows at a fixed rate

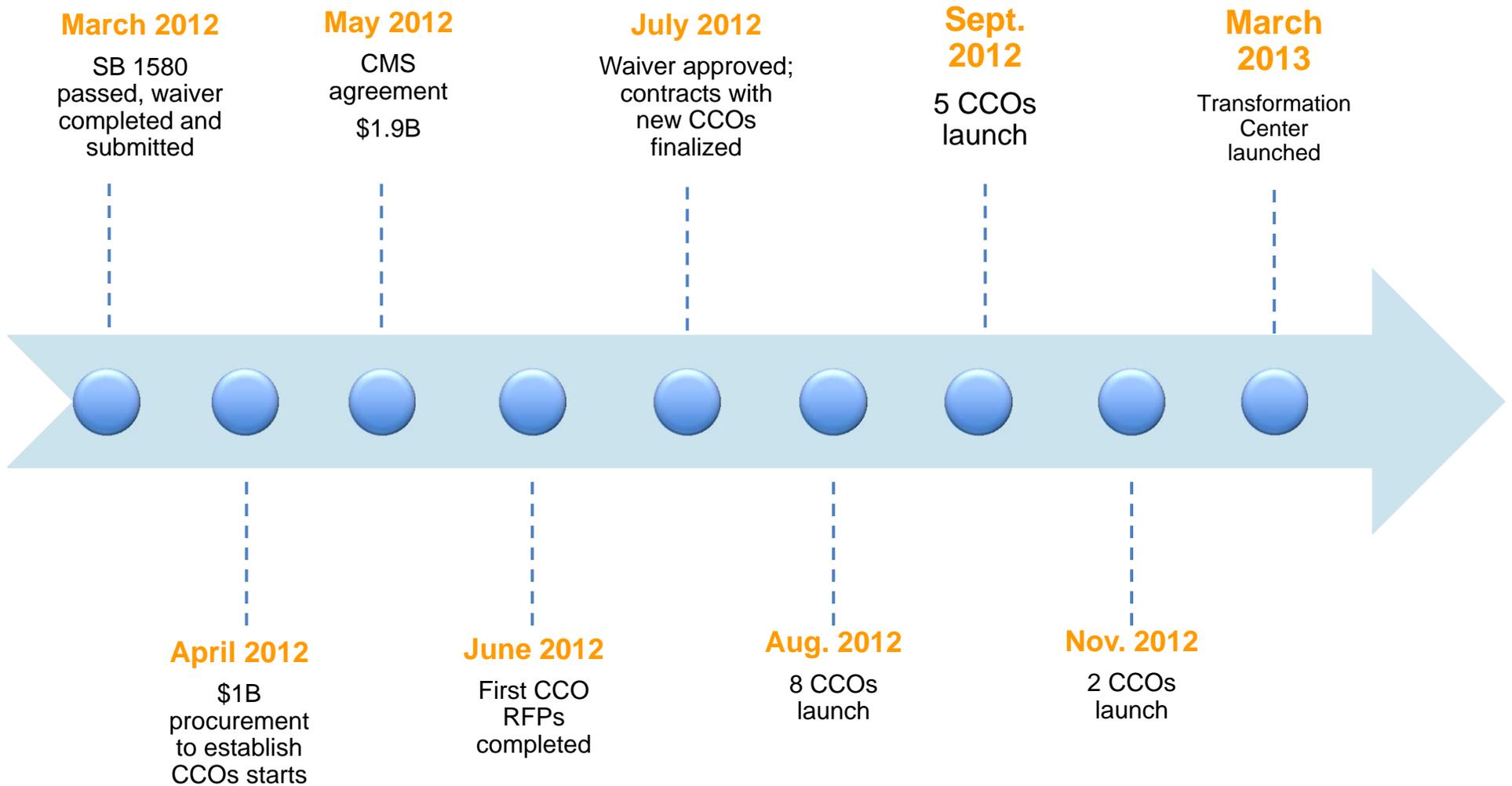
Metrics: standards for safe and effective care

Local accountability for health and budget

Local flexibility

Coordinated Care Organizations

- Serve Oregon Health Plan (Medicaid) members
- 15 across the state
- Coordinate mental and physical health care
- Global budget
- Designed to encourage wellness, not just treat illness
- Prevention, chronic disease management, community health workers
- Improving the way people receive care



What we have accomplished so far

600,000
OHP members
transitioned to 15
CCOs in 3 months

What we have accomplished so far

CCO Governance

- Major components of health care delivery system
- Entities or organizations that share in financial risk
- At least two health care providers in active practice
 - **Primary care** physician or nurse practitioner
 - **Mental health or chemical dependency** treatment provider
- At least two community members
- At least one member of **Community Advisory Council**

Community Advisory Council

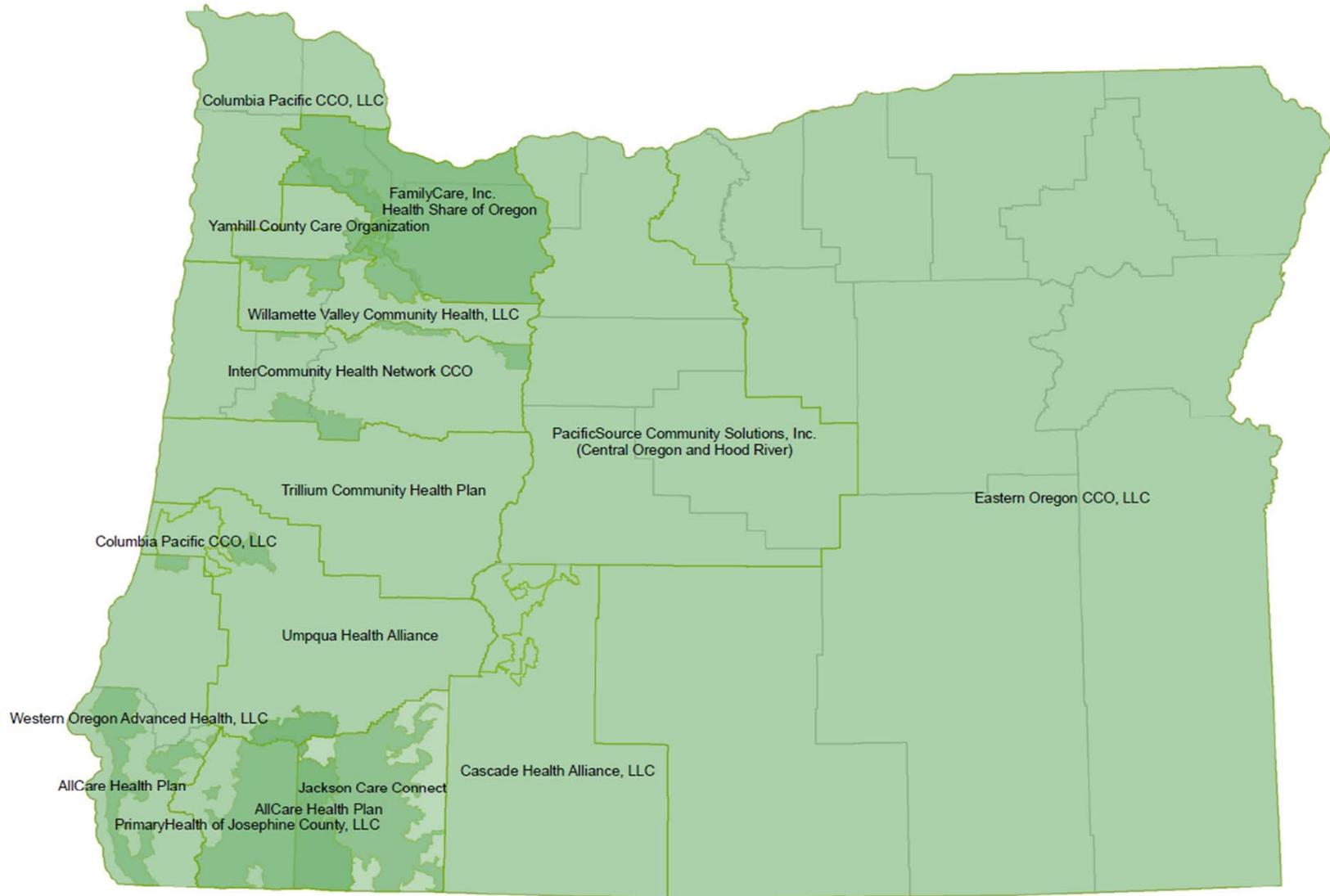
- At least 14 CCOs have launched community advisory councils and have begun holding meetings
- Majority of members must be consumers
- Must include representative from each county government in service area
- Duties include Community Health Improvement Plan and reporting on progress of the CCO

Coordinated Care Organizations

- Local primary care providers
- Local mental health care providers
- Local consumers
- Local specialists
- Local health plan
- Local hospital
- Local counties
- Local communities

Working together

Coordinated Care Organization Service Areas



Coordinated Care Organizations

Serving clients August 1, 2012

CCO Applicant Name	Service Area by County
AllCare Health Plan, Inc. - Mid Rogue Independent Physician Association, Inc.	Curry, Josephine, Jackson, Douglas (partial)
FamilyCare, Inc.	Clackamas, Marion (partial), Multnomah, Washington
Intercommunity Health Network CCO	Benton, Lincoln, Linn
PacificSource Community Solutions, Inc.	Crook, Deschutes, Jefferson, Klamath (partial)
Trillium Community Health Plan, Inc.	Lane
Umpqua Health Alliance - DCIPA, LLC	Most of Douglas
Western Oregon Advanced Health, LLC	Curry, Coos
Willamette Valley Community Health, LLC	Marion, most of Polk

Coordinated Care Organizations Serving clients September 1, 2012

CCO Applicant Name	Service Area by County
Columbia Pacific Coordinated Care Organization, LLC	All of Clatsop, Columbia and Tillamook counties; parts of Coos and Douglas counties
Eastern Oregon Community Care Organization	Baker, Malheur, Union, Wallowa (Sept. 1); Sherman (Oct. 1); Morrow, Umatilla, Wheeler, Grant, Harney, Lake (Nov. 1); Gilliam (certified - date to begin serving clients pending)
Jackson Care Connect	Jackson County
PrimaryHealth of Josephine County, LLC	Josephine County and parts of Douglas and Jackson counties
Health Share of Oregon	Clackamas, Multnomah and Washington counties

Coordinated Care Organizations Serving clients November 1, 2012

CCO Applicant Name	Service Area by County
Pacific Source - Columbia Gorge CCO	Hood River and Wasco counties
Yamhill County CCO	Yamhill County, parts of Marion, Clackamas and Polk counties

OHP member transition

- Three waves of CCOs came online
- 600,000 OHP members transitioned into a new CCO
- Special mail notices and customer service lines
- System is stable – no major disruptions

What CCOs mean for OHP members

In Grants Pass, community health worker Richard Lewis makes sure no one slips through the cracks.



CCO Innovations

- In Southern Oregon, AllCare Health Plan is partnering with local hospitals to reduce unnecessary ER visits by referring patients to a primary care provider. More than half of their members are now enrolled and receiving care in a recognized primary care home.
- In Bend, PacificSource Community Solutions CCO is developing a complex care model for patients with chronic and complex conditions. In partnership with the community, they are building a specialized clinic to help people manage complex health needs.
- Metro tri-county area Health Share of Oregon is hiring 25 – 30 community outreach workers over the next three years to help people manage the most acute and chronic conditions.
- PrimaryHealth of Josephine is identifying key opportunities to focus strategies and priorities toward having the most healthful impact on their community.

CCO Innovations (cont.)

- Trillium Community Health Plan is setting aside \$10 per member per year from its global budget to help the Lane County public health department hire a community epidemiologist and two community health analysts who will develop evidence-based tobacco prevention measures.
- On the Southern Coast, Western Oregon Advanced Health (WOAH) has developed a foster child clinic that enables new foster families to address all of their child's health needs at a single clinic.
- In the Columbia Gorge, PacificSource Community Solutions CCO is moving ahead with health information technology that will allow the CCO to identify members for whom it is accountable, link members to providers, track the care each member receives, and assess care management.
- Both Columbia Pacific and Jackson Care Connect are using local data and trends to develop a core set of transformative priorities that will be incorporated into their transformation plans.

CCO Innovations (cont.)

- The Umpqua Health Alliance has been working to better integrate mental and physical health care. In partnership with the local mental health provider group, the number of physician referrals has increased from two or three referrals per month to 75 in the past month.
- Willamette Valley Community Health has hired a non-traditional health worker to work with patients with histories of high utilization. They work with a team to develop a patient-centered plan to meet the needs of each member.
- In the Portland metro area, FamilyCare is using collaborative meetings to bring together providers from various disciplines and geographic areas to develop pilot projects to better coordinate and integrate primary health and mental health care and to develop a care continuum that follows families from maternity through early childhood.

Status of agreement with CMS

- July 5 waiver signed
- Approval for CCOs as delivery system
- Lower per capita cost by 2 percentage pts
- Improve quality and access

WHAT'S NEXT

Key Levers for System Transformation

- Care coordination throughout the system
- Alternative payment methodologies
- Integration of physical, behavioral, oral health
- Community-based focus
- Flexible services
- Testing, accelerating and spreading innovations

Supports for Transformation

- Transformation Center and Innovator Agents
- Learning collaboratives
- Peer-to-peer and rapid-cycle learning systems
- Community health assessments and community improvement plan
- Non-traditional health workers
- Primary care home adoption
- Health equity

The Quality Pool: Metrics and Scoring Committee

- Committee established by 2012 Legislature to provide stakeholder involvement
- Nine members serve two-year terms
- Committee uses public process to identify objective outcome and quality measures and benchmarks for quality pool

Metrics for financial incentives and monitoring progress

Principles for metrics selection:

- Transformative potential
- Consumer engagement
- Relevance
- Consistency with existing state and national quality measures, with room for innovation when needed
- Attainability
- Accuracy
- Feasibility of measurement
- Reasonable accountability
- Range and diversity of measures

Quality Pool: Metrics

17 metrics in seven areas:

- Addressing chronic conditions
- Reducing preventable and costly utilization
- Integrating physical and behavioral health care
- Improving access to effective and timely care
- Improving perinatal and maternity care
- Reducing preventable rehospitalizations
- Improving primary care for all populations

Transparency

- Metrics will be reported quarterly and posted on OHA website
- Financials posted quarterly
- Ability to compare CCO performance
- Transformation plans will be final in March

Metrics: Challenges and lessons

- Aligning with other purchasers' metrics; e.g., Oregon's exchange, public employee benefits, Oregon's high risk pool, commercial employers
- Setting attainable and meaningful performance goals
- Narrowing the list to a reasonable set that covers critical aspects of the Triple Aim

Challenges (cont.)

- Collecting data at a reasonable cost
- Establishing a baseline for new metrics
- Avoiding unintended consequences in selection of metrics
- Getting to outcomes measures

Future issues

- Integrating dental care
- Ensuring robust provider networks to meet client needs
- Transforming care and paying for performance
- Accounting for “flexible” services
- Time and resources
- Penalties for failure to achieve cost, quality and access benchmarks

2014

Bringing people into a transformed system

- ~200,000 Oregonian adults newly eligible for OHP through Affordable Care Act
 - Up to 133% of federal poverty limit (~\$15,000 for individual)
 - Essential health benefits
 - End of the “health care lottery”
 - Reduced medical bankruptcy, more family stability
 - Reduced cost shift
 - Better access to care
 - Life-changing for hundreds of thousands of Oregonians

OHP member help line:

1-855-226-6170

www.health.oregon.gov