Central Oregon Health Council:
Update to the House Healthcare Committee on SB 204

Presented by Commissioner Tammy Baney, Chair
Robin Henderson, PsyD, Executive Director
Central Oregon Health Council

June 17, 2013

Objectives for today

- Update on the implementation of SB 204
  - Central Oregon Health Council
  - Implementation of the Regional Health Improvement Plan
- Structure of the governance CCO in Central Oregon and what entities are involved?
  - Opportunities and Challenges of the governance structure
- Current Initiatives and Early Success
- Future of Community Governance

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Transforming Health in Central Oregon

Care Coordination

Regional Health Policy &Planning

Resource Integration & Conservation

Better Health
Better Care
Better Cost

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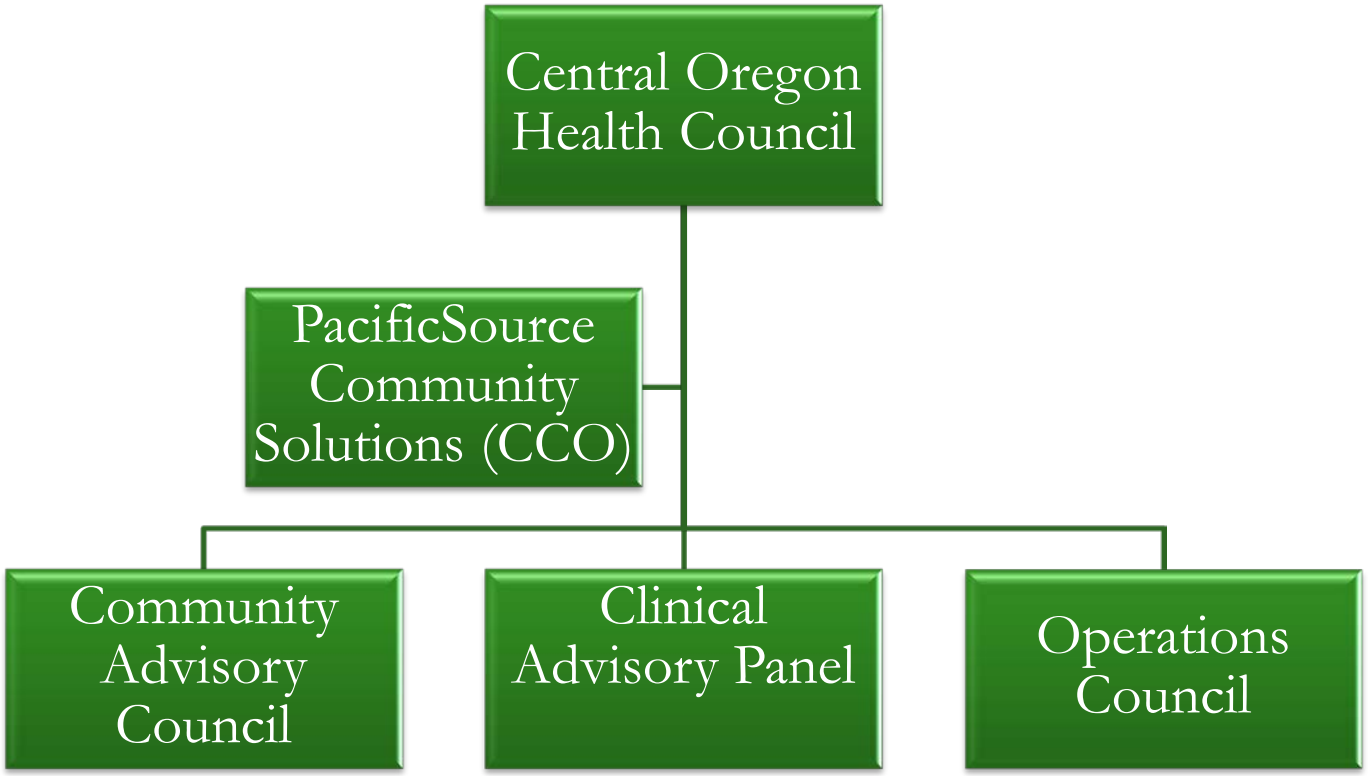
Coordinated Care Organization



The COHC is the governance body of the CCO. The Councils of the COHC report to the COHC and are advisory to the CCO.

Central Oregon Health Council

CO Health Council Members

Commissioner Tammy Baney, Chair	Deschutes County
Jim Diegel, Vice-Chair, CEO	St. Charles Health System
Commissioner Mike Ahern	Jefferson County
Commissioner Ken Fahlgren	Crook County
Chuck Frazier	Community Member
Megan Haase, FNP, CEO	Mosaic Medical
Greg Hagfors, CEO	Bend Memorial Clinic
Linda McCoy	Community Member
Stephen Mann, DO, President	Central Oregon Independent Practice Association
Mike Shirtcliff, DMD, CEO	Advantage Dental
Dan Stevens , Sr VP	PacificSource
Marc Williams, MD	Psychiatrist

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Accountability

- Governance
  - CCO Board—9 of 12 members are risk bearing
    - Through contract arrangements
  - COHC meetings are public
    - Executive Session only for personnel matters
  - Materials posted on website
  - Always allow for public testimony
  - Open to the press
  - All voting members are EQUAL

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Roles and Responsibilities

PacificSource Community Solutions	Central Oregon Health Council
• CCO fiscal and legal entity • Lead CCO operating entity • Managed care and Third Party Administrator functions • Ensure work plan carried out for beneficiaries • Risk bearing entity • CCO contract holder with state • Contracts: downstream entities with principles established by COHC	• Oversees CCO strategic and annual work plan • CCO performance metrics • Global budget framework • "Shared savings" principles • Transparency and accountability to community • Dispute resolution among stakeholders • Oversee Community Advisory Council and other Committees • Responsible for Community Health Assessment and RHIP

CCO Joint Management Agreement

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Challenges & Opportunities

- Primary focus has been on initiatives
  - COHC can get granular in operations
- Communication can be challenging
  - Many at OHA are not aware of unique structure
  - All CCO communication goes to the CCO
- What is the role of governance?
  - Global Budget
  - Shared Savings
  - Transformation

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Operations Council

- CCO
- Education (K-12)
- EMS
- Health Services Director--Deschutes
- Health System
- HIE/EHR
- IPA
- Long Term Care
- Mental Health Director--Crook
- Mental Health Director--Jefferson & Chemical Dependency
- Multi-Specialty Care
- Obstetrics
- Oral Health
- Pediatrics
- Primary Care
- Public Health Director--Crook
- Public Health Director--Jefferson
- Safety Net clinics (FQHC/RHC/VIM)
- Specialty Care
- Warm Springs

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Role and Function

- Implement the operational decisions of COHC
  - Regional Health Improvement Plan
  - Strategic Initiatives
  - Transformation Plan
  - Quality Incentive Measures
- Coordination between agencies to reduce duplication of effort and increase collaboration
- Oversees workgroups
  - More than 50 individuals in regional workgroups

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Community Advisory Council

- 15-17 members
- Majority consumers
  - Bend
  - Redmond
  - LaPine
  - Culver
  - Prineville
  - Madras
  - Warm Springs
- Chair COHC member
- Other representatives
  - School District
  - Crook County Health Department
  - Indian Health Services
  - Abilitree
  - Health System
  - Full Access Brokerage

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Community Advisory Committee Purpose

Advise PacificSource Community Solutions CCO on consumer and community health needs through the COHC Board of Directors

Committee Aim

Identify and make recommendations about meeting consumer and community health needs, including vulnerable and underserved children, adults and families

Focus Area:
Community Health Assessment and Community Health Improvement Plan (CHA/CHIP)

Focus Area:
Outreach and Engagement

Focus Area:
Cultural Competence

Focus Area:
Health Disparities

Focus Area: CHA/CHIP
Resources: Transformation Plan Element #4; CHA/CHIP Guidance
Coordinate and inform regional Community Health Assessment and Community Health Improvement Plan

Focus Area: Outreach & Engagement
Resource: Transformation Plan Element #6
Ensure communications, outreach, member engagement and services are tailored to cultural, health literacy and linguistic needs

Focus Area: Cultural Competence
Resource: Transformation Plan Element #7
Ensure cultural competency training and provider workforce diversity

Focus Area: Health Disparities
Resource: Transformation Plan Element #8
Develop a Quality Improvement Plan focused on eliminating disparities in access, quality of care, experience of care and outcomes

CHA/CHIP Workgroup
Facilitator
Technical Lead
CAC Members
Volunteer content/population experts

Outreach & Engagement Workgroup
Facilitator
CAC Members
Volunteer content/population experts

Cultural Competence Workgroup
Facilitator
CAC Members
Volunteer content/population experts

Health Disparities Workgroup
Facilitator
CAC Members
Volunteer content/population experts

Clinical Advisory Panel

- CCO
- Behavioral Health
- Chemical Dependency/Pain Management
- Critical Access Hospital
- Emergency Department
- Health System
- Obstetrics
- Oral Health
- Pediatrics
- Pharmacy
- Primary Care
- Public Health
- Safety Net Clinics (FQHC/RHC)
- Specialty Care

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Challenges & Opportunities

- Role is to "endorse and enforce the regional quality plan, and community standards of care for CCO enrollees"
  - Each entity has their own "Quality" entity—interface can be challenging—hard to avoid duplication of effort
  - Engagement of provider time without compensation
    - Meets once a month for an hour
  - Overlap with Operations Committee
    - Clinicians on CAP/Administrators on Ops
  - Redesigning CAP over the summer retreat

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Regional Health Improvement Plan

- Published in 2012 and located on at www.cohealthcouncil.org
- Now includes a link to Healthy Communities http://www.healthiercentraloregon.org/
- Community Advisory Council will oversee updating the Community Health Assessment through their workgroups

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Legislators like shiny, sparkly things….

….that finance real change

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Beginning Initiatives

- Program for the Evaluation of Development and Learning
  - Three years of multi-disciplinary assessments on children with special healthcare needs
  - Wait list of more than a year
- NICU follow up clinic
  - Nationally recognized best practice to identify high risk children
  - Expanded Behavioral Health Consultants into NICU to reduce length of stay
  - First kids are turning four this year
- Psychopharmacology Project
  - Free generics in safety net clinics
  - Legislation in 2013
  - Data remains a challenge

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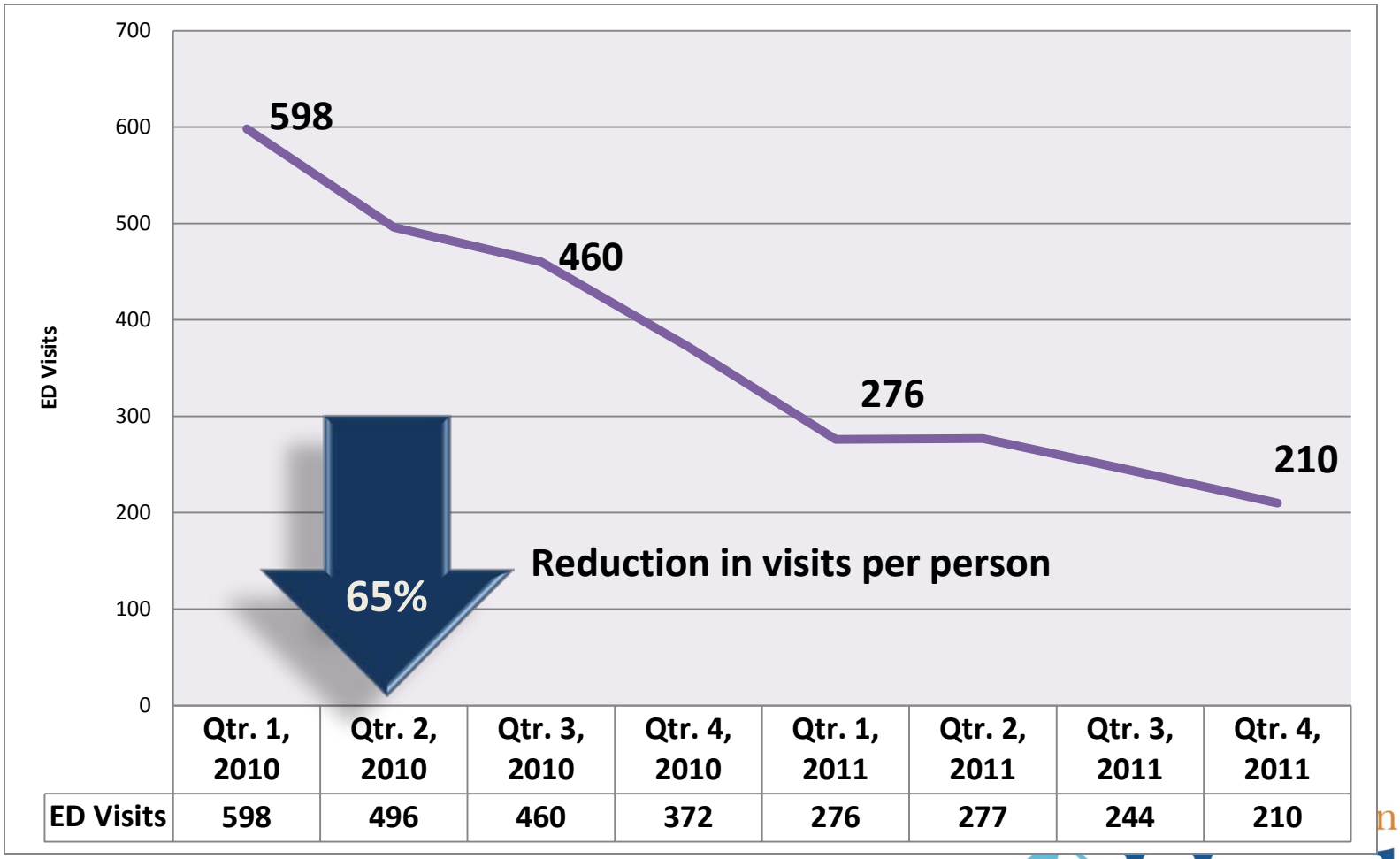
Emergency Department Visits per Quarter 2010-2011



	Qtr. 1, 2010	Qtr. 2, 2010	Qtr. 3, 2010	Qtr. 4, 2010	Qtr. 1, 2011	Qtr. 2, 2011	Qtr. 3, 2011	Qtr. 4, 2011
ED Visits	598	496	460	372	276	277	244	210

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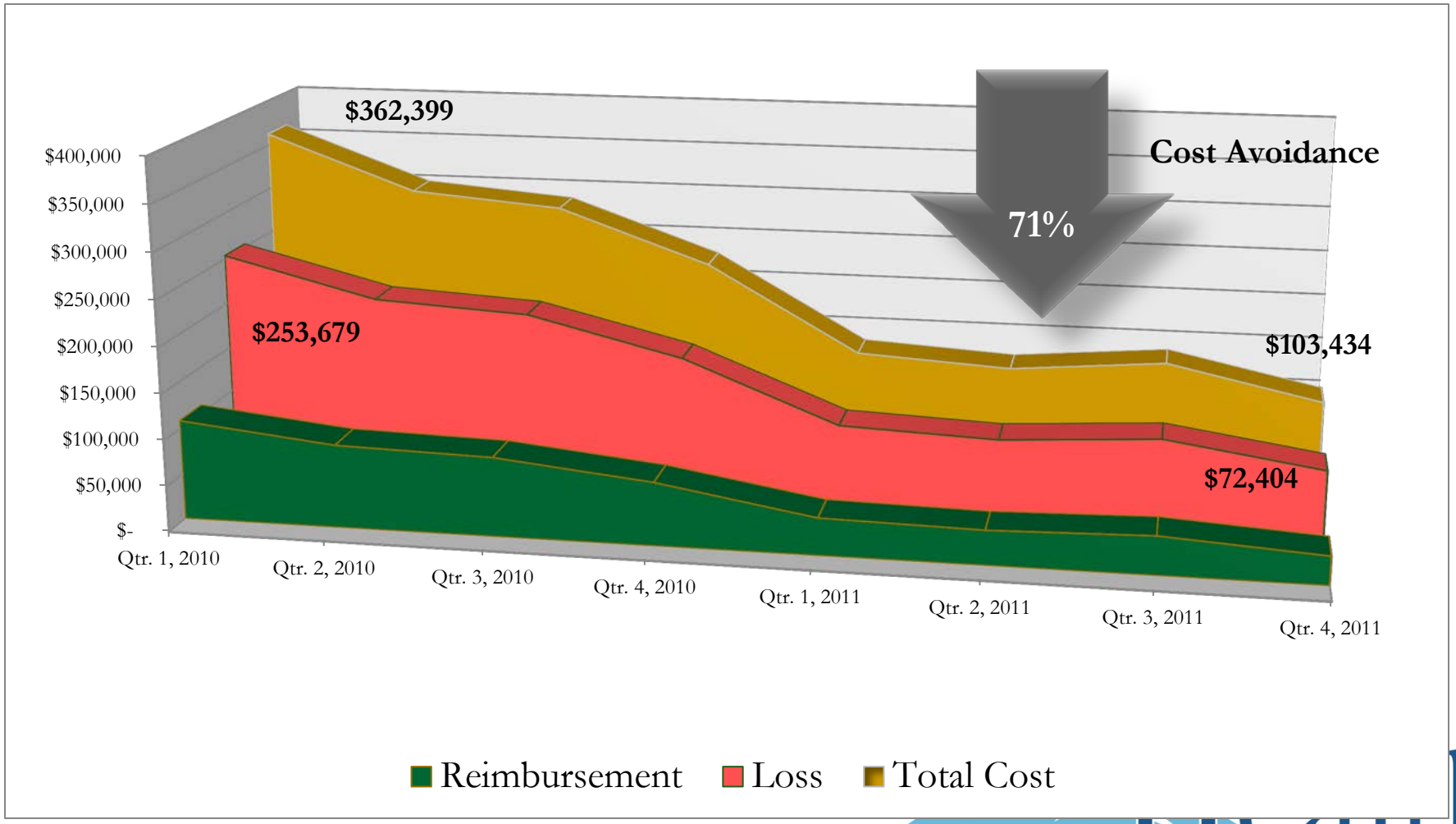
Reduction in Emergency Department Costs (excluding ancillaries)



Shared Savings

144 people

$313,116 investment

$356,985 RETURN

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Strategic Initiative Process

- COHC started a series of retreats last July
  - COHC set broad expectations
  - Ops Council looked at 38 different options
  - Eight primary initiatives
    - A few sub-initiatives
  - Four system requirements
    - Not all are within our control
- COHC approved six initiatives going forward
  - Two required more work prior to approval

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Funding Strategic Initiatives

- Options:
  - Utilization of prior shared savings
  - Grant/Foundation funding
  - Additional State Dollars ($30 million on Governor's Budget)
  - $45 Million CMMI Grant
- Voluntary Assessment of the PM/PM
  - .58% exclusive of the PCPMH
  - All in—including DCO

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CCO Transformation Plan: 9 Elements

1. Integrated Primary Care Model
2. Advancing Patient-Centered Primary Care Home
3. Consistent Alternative Payment Methodologies
4. Community Health Assessment & Annual Health Improvement Plan
5. Electronic Health Records & Health Information Exchange
6. Tailoring Communications & Services to Cultural, Health Literacy & Linguistic Needs
7. Diversity and Cultural Competence
8. Quality Improvement Plan to Reduce Health Disparities
9. Primary Care & Public Health Partnership

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Quality Incentive Measures

Measure	Accountable Party	Accountable Party	PacificSource Partner
SBIRT	Jade East	Robin Henderson	Dan Stevens
Screening for clinical depression and follow up plan	Jade East	Robin Henderson	Dan Stevens
Diabetes: HbA1c poor control	Jade East	Robin Henderson	Dan Stevens
PCPCH Enrollment	John Ryan		Dan Stevens
Follow up care for ADHD Meds.	Wade Miller		Josh Bishop
Ambulatory Care (part A) ED Utilization per 1,000	John Ryan	Robin Henderson	Mark Maddox
Ambulatory Care (part B) Outpatient utilization per 1,000	John Ryan	Robin Henderson	Mark Maddox
Colorectal Cancer Screening	John Ryan	Robin Henderson	Mark Maddox
Adolescent well-care visits	Wade Miller	Jade East	Kate Wells
Developmental Screen first 36 months of life	Wade Miller		Kate Wells
Prenatal and Postpartum care: Timeliness of Prenatal Care	Damien Sands	Jeff Stewart	Kate Wells
Children in DHS Custody (part A): Mental Health assessment within 60 days	Damien Sands		Kate Wells
Children in DHS Custody (part b): Physical Health Assessment within 60 days	Damien Sands		Kate Wells
Elective Delivery before 39 weeks	Jeff Stewart		Kate Wells
Controlling High Blood Pressure	John Ryan	Robin Henderson	Mark Maddox
Electronic Health Records (EHR) adoption: Meaningful Use Phase 2	John Ryan		Dan Stevens
Follow up After Hospitalization for Mental Illness	Damien Sands	Robin Henderson	Josh Bishop

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Four Essential Elements

- Global Budget/Advanced Payment Methodology
- Data Analytics and Evaluation
- Workforce Development
- Health Information Exchange

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Advanced Payment Methodology

- Accountable Care Neighborhood
- How will we be paid?
  - Pay for outcomes
  - Shared savings and gain-sharing agreements
  - Case Rate bundles
    - Do increased outpatient visits reduce hospitalizations?
- Traditional big dogs changing:
  - Hospitals become the cost centers rather than profit centers
  - Insurers become facilitators of care rather than barriers to care
- Goal: Value-Based Payment System

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Data Analysis and Utilization

- Develop common, region-wide metrics
  - Standard data collection protocols and processes
  - Evaluation of improved health outcomes
  - Triple Aim objectives for all initiatives
- Coordinate with Academic Partners
  - Local access to data analysis
  - Common language for research design and implementation
  - Increased access to data for grants and studies

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COHC Initiatives

- Maternal Child Health
- School Based Health Center
- Behavioral Health/Primary Care
  - Primary Care in Behavioral Health
- Chronic Pain
- Transitions of Care
- Complex Care Coordination
- Pediatric RN Care Coordination
- Integrating Care for Children with Special Healthcare Needs

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Maternal/Child Health Initiative

- **Develop regional Maternal/Child Health care coordination system through Primary Care and Public Health Partnership**
  - Expansion of Mosaic's RN Care Coordinator/CHW model for high utilizers at regional obstetrics clinics (East Cascade Women's Group)
  - Extension of care coordination into the home by expanding nurse home visiting programs

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MCH: Outcomes

- Estimated caseload of 20/year
- Nurse/Family Partnership estimates for every $1 invested, returns $5.70 to the system
- St Charles had 84 OHP NICU babies in 2012
  - Reducing three babies would pay for project investment
  - One pre-term patient delivery costs OHP $46,000+
    - One NICU day = $10,000 cost at SCHS

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Behavioral Health/Primary Care Integration

- Expand capacity for integrated Behavioral Health Consultants in primary care
  - Pediatrics—Central Oregon Pediatric Associates
  - Obstetrics—East Cascades Women's Group
  - Internal Medicine—Bend Memorial Clinic
- Development of consistent metrics to measure outcomes
  - Evaluate efficacy of integrated care models
- Global mechanism for payment

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Primary Care: Mental Health Home of the (present) future

- Community Mental Health
  - Serves 5% of population
  - Primary focus is chronically mentally ill
  - Impact in the global budget: negligible
- Primary Care
  - 70% of all primary care visits involve health behaviors
  - Integrated behavioral health movement
    - The primary care provider for mental health
    - Referral mechanism to the specialty mental health

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BH/PH Integration: Outcomes

- Global budget for all St Charles Family Care CCO members including BHC and the Healthy Lives project
  - Incentivizes healthy behaviors
- Partnership with University of Colorado's SHAPE project funded by Colorado Health Foundation
  - Study effects of global payment for care
  - Clinical outcomes of integrated care models
  - Provider utilization outcomes of fiscal and care models

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Chronic Pain

- Develop a community-wide standard for the treatment of chronic pain
  - Ensure that resources exist to provide comprehensive management of chronic pain for patients and providers
- Pilot six 10 patient cohorts of specialty pain management program
- Expand existing co-occurring addiction pain management program
- Trial "Pain School" from St Charles at other regional clinics
  - Global Payment methodology from SHAPE
  - Utilize existing BHC staff

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Chronic Pain: Outcomes

- Nearly every high utilizing OHP patient has poorly managed pain
  - Most ED Navigation patients have MH, SA or Chronic Pain—often more than one of these
- Reduction in narcotic utilization is linked to decrease in criminal justice resources and ED use
- Successful pain management increases functional status and quality of life

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Transitions of Care

- Develop comprehensive hospital discharge community follow up program
  - Standardize triage and transfer protocols from point of origin (LTC) through transport and into regional emergency departments
  - Develop protocols for transition from ED back to LTC setting
- Train community eldercare facilities in protocols to better facilitate transitions in care

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TOC: Outcomes

- SCHS Bend averages 860 ED visits/year from LTC
  - 10% reduction = $25,800 savings
  - Better information at presentation = 30 minutes less in the ED
- Sharing discharge lists/medications with payers and providers increases coordination of care
  - Decreases in no-show rates for follow-up appointments
  - Decrease in readmissions = huge cost savings to the system

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Complex Care Coordination

- Create a system-wide approach to better care for people with multiple and chronic health conditions
  - Ensure patient engagement at appropriate level of service
  - Connect clinical and community based health improvement (behavioral, oral & physical)
- Centralized complex care clinic (BridgesHealth)
- PCP-based multi-disciplinary care conferences
- Development of community-based care network for enhanced care coordination

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Complex Care: Outcomes

- BridgesHealth projects 7.5:1 return (apr $3 million in savings) based on average 10% reduction in costs for 1000 enrollees
- 10% reduction in prospective risk scores
  - Improved quality of life
  - Improved treatment outcomes for underserved population
- Improved community coordination shows early promise

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Expansion of Pediatric RN Care Coordination

- Develop and implement expansion of the Mosaic Pediatric RN Care Coordination project at Central Oregon Pediatric Associates
  - 35% of CCO pediatrics enrolled in this clinic
  - Private non-FQHC clinic
    - 50% of billables/month are OHP patients
    - Multiple locations

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Pediatric RN: Outcomes

- Increase in compliance with asthma protocols
  - Decreased ED visits
  - Decreased hospitalizations
  - Improved long term outcomes
- Increase compliance with juvenile diabetes protocols
  - Same outcomes as above
- Focus on pediatric obesity

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Integrating Care for Children with Special Healthcare Needs

- Partnership with OHSU
  - Establish integrated and collaborative program to improve health outcomes for CSCHN
- Develop coordinated pediatric tertiary care model for community based services
  - Pilot NICHe project
  - Expanded Title V coverage through PEDAL clinic
- Continuation of PEDAL and NICU Follow-up clinics

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CSHCN: Outcomes

- PEDAL and NICU Follow up clinic have 2-3 years of unstudied data on patients
- NICHe pilot has huge potential for replication in other areas
- Expansion of Title V through partnership with OHSU increases patient engagement by placing care coordination closer to home
- Long term reductions in lifetime costs of care

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Future of Community Governance

- Benefits
  - Transparency
  - Power of the community to change population health
  - Engagement of people in their care
  - Collaboration floats all boats
- Challenges
  - COHC isn't the CCO—can we successfully govern what we are not?
  - Trust—can we let go old perceptions and create new?
  - Role and Function

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Questions and Comments

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