Columbia Pacific CCO
Creating Health Together

Columbia Pacific CCO Committee Report

I. Structure, Governance and Community Advisory Council

A. Introduction and Governance Structure

Columbia Pacific Coordinated Care Organization ("Columbia Pacific") is a wholly owned Limited Liability Corporation of CareOregon. Columbia Pacific includes all zip codes in Clatsop, Columbia and Tillamook Counties. When Columbia Pacific was created, the CCO's service area included 5 non-contiguous zip codes in Reedsport; as of May 1, 2015, Columbia Pacific no longer serves the zip codes in Reedsport as those lives are now covered by Trillium Community Health Plan.

The creation of Columbia Pacific CCO represented the first time a substantial number of Oregon Health Plan (OHP) residents in this portion of the state received both managed physical and mental health services.

- Financial risk is delegated as follows:
    - Medical Services: CareOregon
    - Mental Health and Addiction Services: Greater Oregon Behavioral Health, Inc., (GOBHI)
    - Dental Services: Advantage Dental, Capital Dental, ODS, Willamette Dental
    - NEMT: Ride Care, (Sunset Empire Transit District)
- Columbia Pacific CCO's Board of Directors is comprised of representatives from the following organizations:
    - CareOregon, GOBHI, Columbia Memorial Hospital, Adventist/Tillamook Regional Medical Center, OHSU – Scappoose, Public Health Foundation of Columbia County, Columbia Community Mental Health, Community Action Team, Columbia County (Commissioner), Clatsop Behavioral Health, Clatsop Community Advisory Council (OHP Family member), Tillamook County Health and Human Services, Tillamook County (Commissioner), Tillamook Family Counseling Center

B. Community Advisory Council

Columbia Pacific has three Community Advisory Councils (CACs) that each represents one of the three counties covered by the CCO. Columbia Pacific works hard to make sure that there is communication and coordination between the Board of Directors and the CACs. A member of each CAC is also a member of the Columbia Pacific Board of Directors. Furthermore, the Board of Directors and the CACs participate in a joint meeting at least two times per year.

The CACs worked with local community partners to develop a single CCO-wide Community Health Improvement Plan (CHIP) that helped identify service gaps for three priority health issues: obesity, with a focus on nutrition and healthy eating, mental health services, and substance abuse disorders. Working with their CACs, Columbia Pacific continues to sponsor community outreach and education to support increased community awareness of the social factors that cause obesity, the influence of trauma on brain development and health, and other issues. Columbia Pacific is also hosting community events and training sessions to help normalize the discussion of the use and abuse of substances and their impact on health and wellbeing within the community.

II. Delivery System, Innovation, and Profitability

A. Delivery System Structure

Columbia Pacific CCO grew almost 80% as a result of the ACA Medicaid expansion increasing from 14,500 members in December 2013, to just under 26,000 members in January 2015. Growth has continued, with the CCO covering almost 29,000 lives currently. This growth created significant challenges in assuring access to existing and new members, given the lack of attendant growth in medical, behavioral health or dental providers over the same time period. Significant resources have been devoted to increasing the capacity and capability of the existing primary care and mental health clinics, distracting somewhat from achievement of the Triple

Aim. However, Columbia Pacific scored well within the 2013 performance metrics, and the CCO's work to effectively transform the delivery of health care continues today.

As of April of 2015, Columbia Pacific health care delivery system was comprised of 29 primary care provider clinics and as well as a number of specialty clinics. However, almost all specialty medical services require travel to the Portland metropolitan area. Approximately 80% of Columbia Pacific's members are assigned to a state-certified Patient Centered Primary Care Home (PCPCH). Most of the primary care clinics have been involved in a CCO-sponsored primary care learning collaborative since 2013. In late 2014, Columbia Pacific transitioned that learning collaborative from a shared learning focus to a steering committee focus. This shift allows better integration of infrastructure improvements needed by each clinic with the specific transformation objectives and initiatives prioritized by Columbia Pacific's Clinical Advisory Panel.

Columbia Pacific contracts with GOHBI to provide behavioral health services to members that reside in all three counties serviced by the CCO. Columbia Pacific also contracts with one of four dental contracting organizations which provide members with a choice of oral health providers. Although there are four DCOs that contract with Columbia Pacific, access has been severely hampered by a lack of dentists participating in Medicaid, especially specialty dental. Currently there is only one dental practice in both Columbia and Clatsop Counties, and one dental clinic in Tillamook County open to new OHP patients.

B. Profitability and Risk Sharing

Columbia Pacific recorded a net operating margin of approximately $800,000 in 2014, up from an operating income of $50,000 in 2013. These lean margins can be attributed to the unique difficulties that accompany providing comprehensive care to a rural population, as well as the configuration of the delivery system. Notably, all of Columbia Pacific's three hospitals are critical access hospitals, thus receive cost-based reimbursement. This means that any utilization improvements that the CCO can realize have no attendant decrease in the cost of hospital and outpatient services. In addition, all the hospitals also own primary care and specialty practices.

This has allowed one hospital to bill all professional services on a cost-based reimbursement model as well.

The stair-step growth from 7,000 members in September 2012, to 12,500 members two months later, to 26,000 members with ACA expansion, many of whom had either been open card or uninsured, created surges in demand and prescribing patterns to meet that demand. The CCO also continues to have a high number of members who are open card for medical, but enrolled in managed behavioral or dental care, making care coordination and integration difficult. Current analysis by the state confirms that the risk of the Columbia Pacific enrolled population is higher than the risk of similarly situated and sized CCOs.

As the owner of Columbia Pacific CCO, CareOregon has exclusively funded 100% of the restricted statutory reserves. Without this financial contribution, Columbia Pacific would not have been able to generate sufficient margin, under its current structure, to finance reserves out of operating margin.

III. Initiating Fundamental Change, Integration and Tracking Improvement

A. Fundamental Change

There are four primary areas of work that Columbia Pacific is engaged in to drive fundamental change to care delivery:

1. Building the capacity and capability of primary care medical homes
2. Breaking down funding siloes to allow integration of services that have traditionally had separate payment, billing, documentation, certification and confidentiality requirements
3. Focusing on prevention of, and resilience to, adverse childhood experiences and other trauma
4. Acting as the convener for local decision-making about resource allocation, health priorities, and community-based health interventions.

Primary Care: Columbia Pacific is working to impact the way in which primary care is provided through Oregon's transformed health care delivery system. Columbia Pacific has identified four goals that drive the work to bring fundamental change to Oregon's health care delivery system:

1. Accountability for populations of patients
2. Ability to deliver quality as evidenced by progressively evolving metrics
3. Identification of health community priorities, separate from primary care, using a unified and organized voice
4. Identification and scaling up best practices from other areas within the health care delivery system

To accomplish these goals Columbia Pacific has convened collaboratives that share best practices and allow discussion between practices. Columbia Pacific also provides on-site technical assistance for implementing new clinical workflows for population management, supply/demand analysis and empanelment, supporting use of and reporting from electronic health records, or practice coaching for clinical managers, and leadership and mentoring for clinic medical directors.

Integrated care and funding: Columba Pacific created a blended funding pool, with a 1% withhold from CareOregon and GOHBI capitation, to support mental and behavioral health integration efforts. Specifically, this alternative payment model has allowed the CCO to break down the siloed funding of medical and behavioral health, allowing the co-location of behaviorists in all of CCO's largest primary care clinics. The funding is also used to provide a monthly case rate for each enrollee in the CCO pain clinic(s), which is a behaviorally-based cognitive therapy model (see below). In addition, early in its inception, Columbia Pacific integrated the funding for addictions services with mental health, eliminating the carve out of chemical dependence to the medical benefit, and allowing much closer coordination of care for members with co-occurring conditions.

Columbia Pacific has participated in a number of innovative projects that have initiated fundamental change in historically underserved communities with complex health care needs.

Notable among these is the establishment of the North Coast Pain Clinic to help treat patients with persistent, non-cancer and non-terminal illness pain. This clinic is a non-prescribing, behavioral health and movement based pain clinic where patients go through a 10 week program. Group sessions include movement therapy, biopsychosocial overview of pain, and cognitive behavioral therapy in the form of acceptance commitment therapy. Initial outcomes show positive clinical outcomes, including a reduction in morphine equivalent dose per day of graduating Columbia Pacific members as well as overall positive movement in pre- and post-treatment survey tools. Pain clinics are currently underway in the two remaining CCO counties.

Preventing and treating trauma: Columbia Pacific has focused on the creation of trauma informed clinical practices and communities. The CCO believes that a key component to achievement of the Triple Aim is understanding the relationship between trauma and subsequent physical and behavioral health issues. People who have experienced Adverse Childhood Experiences (ACEs) are more at risk, yet often find it more difficult to engage in and benefit from needed health care services. They are also less likely to have reading readiness by 3rd grade, more likely to drop out of high school and engage in risky behaviors such as substance abuse, leading to life-long health impairments and shortened lifespans. In addition to a focus on training clinicians to recognize and address trauma triggers, the CCO is providing the resources to support a community-identified initiative to train school leadership and teachers on trauma and resilience.

Convening local solutions: The mere presence of Columbia Pacific CCO represents fundamental change. Many of the benefits to health care transformation discussed during the creation of CCOs centered around shared systems of learning, and conversations about coordinated care that were not happening in the fragmented health care system that existed before CCOs were established. Through the work being done through Columbia Pacific CCO, the once fragmented pieces of the health care system in this rural portion of Oregon are now working more closely together than before.

While not as high profile as the focus areas above, the most significant and fundamental change that the CCO has created is simply bringing people together to have conversations that never existed before. While they co-existed, the behavioral and medical communities did not share strategies for addressing high risk patients; dentists did not participate in interventions related to reducing the numbers of opiates prescribed; OHP members did not have a forum to voice their concerns with, and suggestions for, improving the systems that are built around providers rather than patients; doctors did not have a way to address one of their biggest unsolved barriers to health for low-income patients: food security. Columbia Pacific has unleashed these conversations at a local level by bringing the people together that can start to build systems for health, not just health care. Even if CCOs were eliminated tomorrow, those conversations will not be rewound. This is the most fundamental of health system changes driven by Columbia Pacific.

Finally, In an effort to better understand the needs of the community that they serve, Columbia Pacific worked to pilot a narrative methodology approach where members of the community, prompted with a question, share a story about health. Known as "Cognitive Edge", this narrative method combines qualitative and quantitative research, allowing the participant narrator to rate the importance of the story, as opposed to the researcher. This approach aims to help citizens *and* providers of care find a deeper understanding of how communities perceive themselves, and ultimately, how they see their health care needs. Columbia Pacific collected over 600 stories that helped inform the CCO about the specific and unique health care needs of the communities in the northwest corner of Oregon.

B. 2014 Quality Incentive Measures and Areas of Improvement

Based on current data, Columbia Pacific has the biggest improvement opportunities in the areas of Adolescent Well Checks, Developmental Screening, and Children Placed in DHS Foster Care. While having achieved target improvement goals, Columbia Pacific is working towards achieving the benchmarks set out by the OHA:

	Improvement Goal	Columbia Pacific	Benchmark
AWC	24.9%	26.3%	57.6%
Developmental Screening	41%	34.8%	50%
DHS Foster Care	52.2%	53.7%	90%

In an effort to address the areas where it appears as though Columbia Pacific is underperforming, the CCO has developed a metrics strategy to be implemented throughout the clinics in Tillamook, Clatsop and Columbia counties. Specific strategies to improve Adolescent Well Checks include new patient and clinical incentives, clinical upskilling and training, and parent education. Similar strategies are being are being coupled with improved and updated workflow development in an effort to improve both DHS Foster Kids and Developmental Screening metrics.

For further information, please contact:

Jeremiah Rigsby, CareOregon
rigsbyj@careoregon.org
503-416-4699