

About InterCommunity Health Network CCO



My name is Kelley Kaiser and I have the opportunity to serve as the CEO of the IHN-CCO.

Chairman Greenlick and members of the Committee, thank you for inviting me here to discuss the InterCommunity Health Network CCO.

First off I must say that I am here speaking on behalf of all of our stakeholders. I am proud to say that one of the greatest achievements of our CCO is the collaboration amongst our community and the broad ranging engagement and trust that we have built over the last three years.

Our mission

InterCommunity Health Network CCO (Coordinated Care Organization) was formed in 2012 by local public, private, and non-profit partners to unify health services and systems for Oregon Health Plan (Medicaid) members in Benton, Lincoln, and Linn Counties. As IHN-CCO, we are committed to improving the health of our communities while lowering or containing the cost of care. We will accomplish this by coordinating health initiatives, seeking efficiencies through blending of services and infrastructure, and engaging all stakeholders to increase the quality, reliability, and availability of care.

CCO Certification

IHN-CCO received its Letter of Certification from the Oregon Health Authority to begin operations on August 1, 2012.

Our partnership

The IHN-CCO partnership currently serves more than 60,000 Oregon Health Plan members and consists of:

- Benton, Lincoln and Linn county governments
- Local health care providers
- Federally Qualified Health Centers
- Capitol Dental Care
- Advantage Dental
- Willamette Dental
- The Corvallis Clinic
- Oregon Cascades West Council of Governments
- Quality Care Associates
- Samaritan Health Plans
- Samaritan Health Services
- Samaritan Mental Health

Our Governing Board

The IHN-CCO Governing Board is comprised of:

- President and CEO of Samaritan Health Services – Larry Mullins, DHA
- 2 independent doctors – Dr. Lara Gamelin, Dr. Bruce Madsen
- 1 mental health doctor – Dr. Mike May (resigned currently recruiting a replacement)
- 2 county commissioners – Jay Dixon, Benton County Commissioner; Bill Hall, Lincoln County Commissioner
- 1 county administrative officer – Ralph Wyatt, Linn County Administrative Officer
- 1 hospital administrator – David Triebes, CEO, Samaritan Albany General Hospital
- 3 community members – Doris Mimnaugh, William Rauch, Rev. William McCarthy
- Chair of the IHN-CCO Community Advisory Council – Dr. Larry Eby

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IHN-CCO public meetings:

The IHN-CCO hosts three annual public meetings, one per county. At these meetings, three IHN-CCO board members give short presentations before opening the floor for questions. CCO leadership has worked with the Linn-Benton Health Equity Alliance to gather ideas on how to make these meetings more accessible and more encouraging of attendance by IHN-CCO membership. Some of the suggested changes have already been implemented and others may be tried out over time. Those meetings are typically well attended and robust discussions take place between the community and IHN-CCO

leadership. Our focus on transparency and collaboration is the underlying premise of these meetings.

Our values

- Stakeholder participation in design and delivery of health care
- Prevention, early intervention and self-care
- Promotion of family health as a means of improving readiness to learn and adoption of lifelong, healthy lifestyles
- Maximizing utilization of existing health resources
- Achieving positive health outcomes through evidence-based health programs
- Delivery of service that is culturally sensitive
- Coordinated care using the patient-centered, primary care home model
- Maintaining continuity of care for patients through integration of services
- Utilizing performance and outcome data to guide and design development of our health care delivery systems
- Strengthening community infrastructure to promote healthy neighborhoods

Our Community Advisory Council

The Community Advisory Council is intended to support significant community and member involvement and input into the operations and mission of IHN-CCO.

Membership includes local citizens and representatives from county government, with a majority representation on the Council by IHN-CCO members or their representatives.

The Community Advisory Council Coordinator is under contract with the Oregon West Council of Governments and funded by IHN-CCO, Benton County, Lincoln County and Linn County.

IHN-CCO CAC and Local Advisory Committee Structure

The regional CAC consists of nineteen representatives (six per county, plus the chair) and includes twelve IHN-CCO consumer member representatives, three county staff, and three community members. In partnership with the CAC, each county has a Local Advisory Committee to the CAC. To ensure communication between the regional and local meetings, three representatives serve as elected liaisons, one per county, between their respective local committees and the regional council. Regional CAC representatives are required to participate as members of the local meetings; however, final recommendations are made at the regional council level.

Some engagement efforts are underway or in the planning stages:

- **CAC public meetings:** All regularly scheduled CAC and Local Advisory Committee meetings are, and always have been, open to the public.
- **Community Conversations:** The Linn Local Advisory Committee hosted two “Community Conversations,” with OHP members. The initiative, leadership, and planning for these events was lead by a Linn Local Advisory Committee member who also serves as a Linn-Benton Health Equity Alliance Coordinator.
 - The purpose of the Community Conversations is to create a forum for Oregon Health Plan members to share their healthcare experiences and perspectives on, “what is and isn’t working in the health care system” and to voice what is important to them. The outcome of those meeting was shared with the CAC at their May meeting and will be further discussed at local meetings this summer.
- **Meeting accessibility:** The CAC Coordinator has a meeting scheduled with the Executive Director of the Oregon Council on Developmental Disabilities to explore resources and training opportunities for improving meeting accessibility for CCO and other community members.
- **Issue Briefs:** The CAC and local committees adopted an “Issue Brief” form, which has the potential to allow individual- and committee-level concerns and issues to come forward to the CAC and into the healthcare system.

Our Regional Planning Council

The Regional Planning Council (RPC) is a standing work group focused on planning and coordinating the local system of health services and supports for the IHN-CCO region of Linn, Benton, and Lincoln counties. The RPC serves to guide the development of a regional system of health care firmly grounded in a philosophy of coordinated, patient-centered, and locally delivered health care. The RPC develops tools and strategies to transform and integrate the system of care; recommends funding needed for transformational activities; assures cross-system coordination and care transitions, and sponsors an effective quality improvement process to drive positive system change.

Delivery Systems Transformation Committee

The goal of this Committee is to build on current resources and partnerships within the three county regions to outline the process and strategies to support transformation of the delivery system. To support, sustain, and spread transformation that supports the Patient Centered Primary Care Home as the foundation of the CCO. To welcome innovative ideas, plan and transparently implement collaborative strategies that align with the CCO goals and described outcomes, and pursue the Triple Aim.

School Based Health Centers

IHN-CCO is involved in both a School Based health Center Grant and a School Based Health Center Pilot.

Linn Benton Lincoln Early Learning Hub

IHN-CCO was instrumental in bringing together the Linn, Benton Lincoln Early Learning Hub. We are part of the back bone support group helping from an administrative and financial perspective. The LBL Early Learning Hub has three main focus groups of which IHN-CCO has representation on all three. The three groups are:

- Early Childhood Coordinating Council
- Data and Evaluation Group
- Health Care Integration/ASQ committee

Approaches to Transformation

Our fundamental approach to transformation is one of the Collective Impact Model. The focus of which is Collaboration focused on:

- Valuing diverse membership and ideas
- Recognizing that each member has expertise
- Having a common purpose
- Members trust one another
- Trust allows members to share in the decision making and responsibility

There are Five Conditions to Collective Impact Success:

1. Common Agenda
2. Shared measurement
3. Mutually reinforcing activities

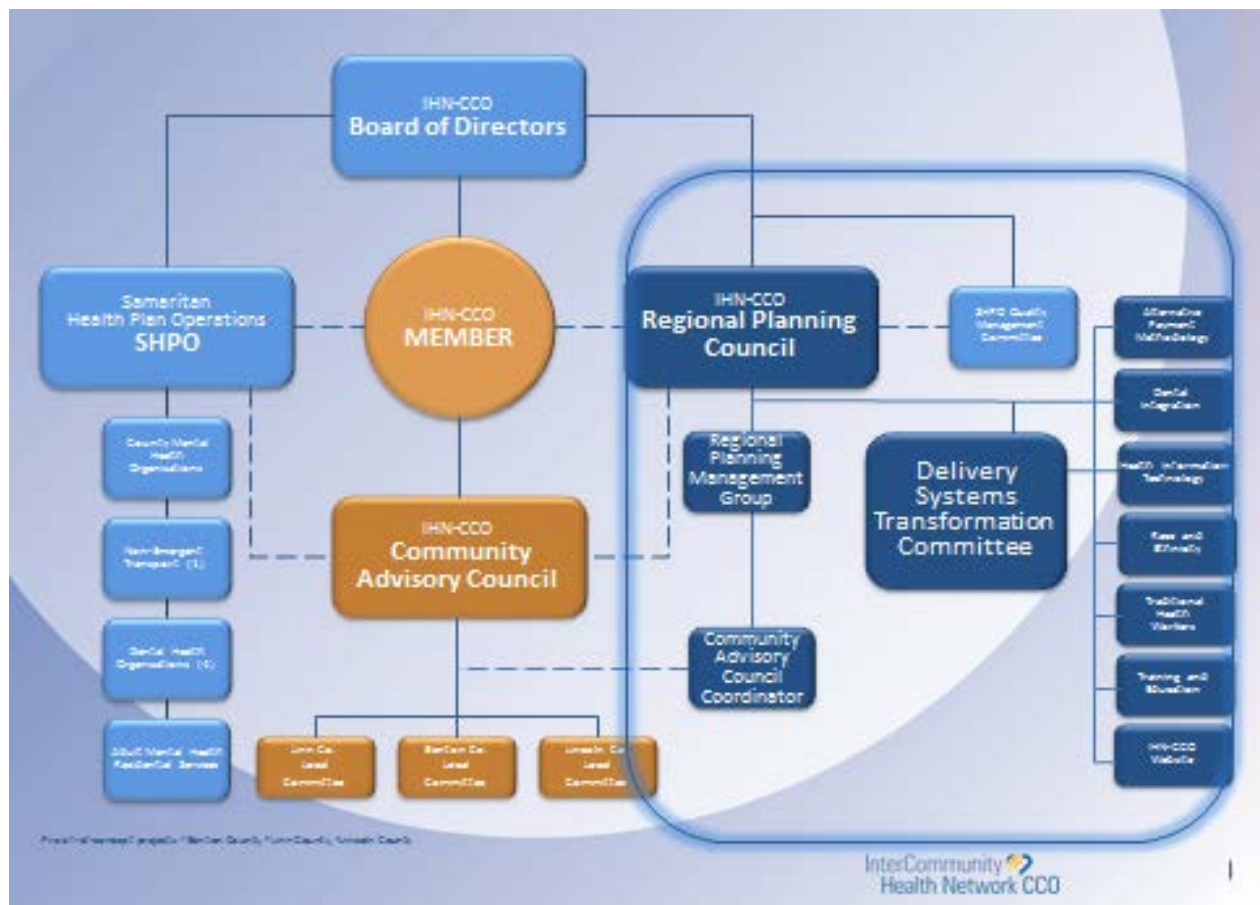
4. Continuous communication
5. Backbone support

IHN-CCO has taken on the role of Backbone support which includes:

- Guide the vision and strategy
- Support aligned activities
- Establish shared measurement
- Build public will
- Advance policy
- Mobilize funding

IHN-CCO is following the four Phases to Population Health Maturity:

- The Pilot
- Care Program Development
- Physician driven services
- True Patient Engagement



Efforts underway to integrate Physical, Oral and Behavioral Health Include numerous pilots and efforts that address the eight elements of Transformation as well as the Health Impact areas identified by our Community Advisory Council in their Community Health Improvement Plan.

Please see attached summary.

One of our pilots is focused on Mental Health Literacy. Specific goals and outcomes of this pilot involve awareness etc.

Collaboration between all the stakeholders especially as it relates to Mental Health First Aid is crucial.

Flexible Services

We also use Flexible Services as a key piece to transformation.

Flexible services are health-related, non-State Plan services intended to improve care delivery and enrollee health. Flexible services are cost-effective alternatives to traditional services that are consistent with the member's treatment plan as developed by the member's primary care team, and documented in the member's medical record. Flexible services are unable to be reported in the conventional manner using CPT or HCPCS codes, and are likely to effectively treat or prevent the physical, dental or mental healthcare condition documented in the member's health or clinical record.

Some examples of this include:

- Linus Pauling Cooking classes offered to children and families who are at risk of obesity (currently have high BMI). The classes are offered in the pediatric clinic and are geared toward teaching children and their parents about healthy eating. Families who have engaged in this program report an increase in healthy eating.
- IHN-CCO has provided many gym memberships and pool passes to individuals who would benefit from an increase in physical activity for a variety of health reasons.
- IHN-CCO just sponsored IHN children's registration fees to participate in the "Spring Roll" an all-day bicycle event that encouraged safe bike riding for health and emotional wellness.

Real life example:

A 64 year old member with diabetes, peripheral neuropathy, morbid obesity and

spinal stenosis received a swim pass as part of the IHN-CCO flexible benefit. The member was unable to walk more than 3 painful steps which impeded her ability to exercise, lose weight or leave the house. Being provided a swim pass has enabled her to lose weight, get out of the house and go shopping without being in so much pain. She states she is happier and excited to be able to get out of her house, walk around with less pain, to have the ability to go shopping, exercise and lose weight. She states she is looking forward to continuing swimming and improving her weight loss and mobility.

The three quality measures that we have focused on in order to improve the outcomes are:

1. SBIRT (Screening, Brief Intervention and Referral for Treatment) – worked with the EMR of our largest Provider group to build an order set within their EMR. This improved code capture, collaboration with Primary Care Psychologists to standardize the screening within the Patient Centered Primary Care Home. We also collaborated with clinical billing representatives to streamline workflow and evaluate where gaps in coding/billing are occurring. Ongoing we will have future pilots related to SBIRT and Alternative Payment Methodologies.
2. ED Utilization – With the addition of the Expansion population the additional utilization faced by the ER's in our region was huge. An ED utilization task force was created with all hospitals in our region. This group includes CCO representatives, ED providers, Primary Care providers, Care Coordinators. The goal is to enhance outreach and education to those members using the ED's, with the hope of redirecting as appropriate.
3. Developmental screening – Conversations with our largest provider group regarding building an order set within the EMR for developmental screening. Education with providers regarding codes to be utilized. Collaborations with other groups such as the LBL Early Learning Hub to see where else Developmental Screens may be provided and how that information can flow back to the PCPCH.

IHN-CCO Pilots

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		Alternative Payments Methodology	Behavioral Health PCPCH (CFM)	Child Abuse Prevention & Early Intervention (FTRN)	Child Psychiatry Capacity	Colorectal Cancer Screening	Community Health Worker	Complex Chronic Care Management	Dental Medical Integration for Diabetics	Hospital to Home (4)	Licensed Clinical Social Worker PCPCH	Medical Home Readiness	Mental Health, Addictions, and Primary Care Integrative	Mental Health Literacy (1)	Pediatric Medical Home	Primary Care Psychiatric Consultation	Public Health Nurse Home Visit	School/Neighborhood Navigator	Tri-County Family Advocacy Training	Youth WrapAround and Emergency Shelter	Universal Prenatal Screening
Transformation Elements	1	Healthcare Integration																			
	2	PCPCH																			
	3	Alternative Payment																			
	4	CHA/CHIP																			
	5	Electronic Health Records																			
	6	Cultural, Literacy, Linguistic Engagement																			
	7	Cultural diversity																			
	8	QIP/Barriers to Access																			
CHIP Areas	Access to Healthcare																				
	Beavioral Health																				
	Chronic Disease Management and Prevention																				
	Maternal and Child Health																				