Jackson Care Connect CCO Committee Report

I. Structure, Governance and Community Advisory Council

A. CCO Structure and Governance

Jackson Care Connect (JCC) is a community-based Coordinated Care Organization operating only in Jackson County. The CCO is a non-profit, Limited Liability Corporation wholly owned by CareOregon. With a local governing board and CEO, JCC is the only non-profit CCO out of three operating in the Rogue Valley.

- The following organizations bear financial risk for the services they provide:
  - Medical and Outpatient Addiction Services: **CareOregon**
  - Mental Health Services: **Jackson County HSS**
  - Dental Services: **Advantage Dental, Capital Dental, ODS, Willamette Dental**
  - NEMT: **Translink**
  - Residential Addiction Services: **Greater Oregon Behavioral Health, Inc. (GOBHI)**
- The following organizations are represented on the JCC Board of Directors
  - Hospital Systems (Asante Health System and Providence Health and Services)
  - FQHC clinics (La Clinica and Rogue Community Health)
  - Addiction Treatment Service Providers (Addictions Recovery Center and OnTrack)
  - Jackson County HHS
  - Regional Oregon Department of Human Services
  - CareOregon
  - Private Practitioner (Medford Medical Center)
  - Community Advisory Council Chair (consumer)
  - Community Advisory Council member (consumer)

In addition to input from JCC's community based Board of Directors, the CCO also works with other community partners, including the Jackson County Public Health Department

(active on the CAC), the Department of Aging and People with Disabilities, Southern Oregon Education Service District, and numerous clinical partners active on the Clinical Advisory Panel.

The JCC Board of Directors intentionally includes competing organizations (multiple hospitals, FQHCs and addiction service providers). For many, this is their first experience acting together as stewards and it has become clear that the entire community benefits from the excellent working relationship amongst directors. Each board member, including CareOregon, has an equal voting share which ensures equal participation amongst all community stakeholders.

B. Community Advisory Council

The JCC Community Advisory Council holds monthly meetings for its 9 members. The committee also hosts monthly meetings for JCC members, which it uses as listening opportunities to identify areas for the CCO to address.

The CAC worked collaboratively with the other CACs in the region to develop the Community Health Improvement Plan, which identified services gaps for the following health priorities: healthy beginnings, healthy living, and health equity. The CAC has an impact on the major CCO decisions as two CAC members sit on the CCO's Board of Directors. Finally, JCC holds joint board meetings with the CAC in an effort to make sure that CCO investments are aligned with the CHIP.

II. Delivery System, Innovation

A. Delivery System Structure

JCC experienced a growth in membership of approximately 48% in 2014, largely due to the ACA expansion. The CCO now manages care for nearly 30,000 members providing medical, mental and oral health services. JCC has worked hard to ensure that each member has access to quality health care and the CCO's provider network continues to meet capacity requirements.

JCC contracts with every single primary care provider in Jackson County. This inclusive contracting method means that JCC's provider network is diverse and large, but it also means that many providers are small, independent businesses. While the diverse provider network is in

line with the CCO's community driven model, having so many different types of health care provider means that it is sometimes challenging to move the dial on specific metrics.

JCC is working hard to continue implementation and development of Patient-Centered Primary Care Home (PCPCH). The CCO aims to deepen the capacity of clinics already recognized as PCPCHs through learning collaboratives, training of clinic staff, technical assistance to be delivered directly in primary care settings and alignment of payment models. JCC's 2013-2015 Transformation Plan made clear the CCO's intent to increase the number of PCPCH recognized clinics within JCC's network. This hard work is paying off as the number of JCC members paneled in one of 6 clinic systems improved from 41.8% of JCC members to 70% of members. JCC will continue supporting the PCPCH model in an effort to further develop the work, to build capacity for PCPCH clinics to provide high quality team-based care, to incentivize and align the systems change with quality improvement efforts, and to develop new ways for to support PCPCH adoption in smaller practices.

B. Reinvesting in Transformation

Since Jackson Care Connect does not directly hold risk, it is reliant on its partner organizations to reinvest in local transformation efforts. This is a new structure for everyone involved and one that is working. JCC has put into place mechanisms that incent and reward efficiencies in the system by developing shared decision making agreements with several of the largest risk-bearing partners.

As the largest risk bearing partner, CareOregon has significantly invested in the success of locally driven efforts by funding a Transformation Fund that is community driven, providing the statutorily required restricted reserves, and entering into an agreement with JCC by which 75% of any surplus is returned to the CCO for community investment (driven by the Board of Directors). The mental health partner, Jackson County HHS, is similarly committed to strengthening the local system of behavioral health with any surplus generated.

JCC is building a system that incentivizes the coordinated improvement of community health through investing profits into the following community based initiatives:

- Incentivizing Quality through investment of quality pool dollars earned through adequate performance within metrics. Examples of this investment include: Deepening financial

and technical assistance support of PCPCH models, funding of Behavioral Health services in primary care, development of medical detox within the community.

- Improving engagement through multiple member engagement programs and a commitment to intensive, trauma informed case management.
- Strengthening capacity and integration of the service delivery system
- Increasing efficiency by reinvesting 75% of shared savings back into the community through the collaborative decision making of the Board of Directors

III. Initiating Fundamental Change, Integration and Tracking Improvement

A. Fundamental Change

JCC has developed new relationships within the health care community that did not exist before the CCO was established. The JCC Board of Directors brings stakeholders, some who compete against each other, together to work towards improving the health care delivery system for a single population. JCC has moved from educating community stakeholders about the many different pieces that comprise the Medicaid system to facilitating beneficial discussions amongst those stakeholders; this shift is the driving force behind much of the health care system transformation.

Though the community benefits from the robust discussions about health transformation that occur within our CACs and board meetings, the CCO has also recognized that agreement amongst many, often with diverse views, is fragile. It is important that JCC continue to drive fundamental change by remaining the neutral convener of the conversations that help drive the transformation agenda within the medical community. The discussions that occur at Board, CAP, and meetings are important because they determine how the CCO reinvests savings back into the community through clinical support and innovative programs.

As mentioned previously, fundamental change of the health care delivery system is well illustrated by the increase in PCPCH enrollment. JCC will continue to build on PCPCH expansion by providing local training for “practice coaches” and by continuing to connect the provider community to the Learning Collaborative in an effort to deepen skills and change the

culture. Training up practice coaches will provide in depth support and technical assistance to PCPCH clinics in a way that meets the needs of the clinic.

Reduction in Opiate Prescribing

JCC is proud of its work to support providers and members in achieving a 10% reduction in the number of patients requiring heavy doses of opiates to treat chronic pain. This work has followed traditional health plan approaches (such as implementing a policy limiting the Morphine Equivalent Doses). Most significantly, however, the CCO has engaged in new kinds of work and relationships with its provider network to support the transition in prescribing practices. JCC formed a cross-disciplinary technical assistance team which included a physician, nurse, pharmacist and behavioral health specialist. This team met twice per month to staff the new MED ceiling policy, and continues to meet identifying providers and practices that need support from behavioral health specialists.

While JCC is proud to have reduced high opiate usage for pain management by 10%, the CCO is also encouraged that 85% of patients who utilize heavy doses of opiates to manage pain are on a "taper plan" to significantly reduce opiate usage. These positive trends are possible because of the relationships that JCC has fostered with clinical partners through the work of behavioral health specialists. This work now takes place through face-to-face visits with providers at over 14 primary care practices and two pain specialty clinics. Under JCC's leadership, the community developed the Pain Resiliency Program which is a non-medical program for patients suffering with chronic pain. JCC is proud that AllCare has partnered in supporting this clinic, to ensure all OHP members in Jackson County have access to these services.

Engagement of Members

JCC is encouraging members to be active partners in their own good health by providing opportunities and resources to learn and engage. Since August of 2014, JCC has helped 850 member sign up to join the YMCA. These members receive full access to facilities and programs, and are required to have a family attendances total of no less than 8 times per month. The program has provided healthy, family focused opportunities and space for JCC members to be active and learn about healthy lifestyles. JCC also offers intensive, multi-week sessions that

target youth and bicultural populations, and has started to train personal trainers in work about trauma, motivational interviewing, diabetes, and community health-worker skills.

JCC helped established Starting Strong, a new program designed to incentivize and support health pregnancy and healthy babies. The incentives can range in value, from diapers to car seats, which are earned by members seeking prenatal care. This program lasts 12 months, will focus on parenting education and bonding, and also provides access to nutrition workshops and tobacco cessation programs.

Integration and Population Health Management

In an effort to improve care and case management activities for oral and mental health, JCC has embarked on a number of initiatives. First, the CCO is working to develop clear population and segmentation guidelines in an effort to better deliver the right kind of care to a specific population at the most appropriate time. Second, JCC is building a population health management team with an RN, social worker, ENCC, care coordinator and manager. These teams will engage members directly through home visits. Third, JCC is working through the existing case management systems within the community to identify the services that exist and to begin to address the services gaps that still need to be filled. Finally, the CCO is working to hire a community health worker to directly engage the pregnant and early parenting population.

Of the aforementioned initiatives, which all illustrate the growth of community driven coordinated care, few could be establish and remain in existence without JCC. The CCO will continue this innovative work to bring fundamental health care delivery system change to the community.

B. 2013/2014 Quality Incentive Measures and Areas of Improvement

Based on data collected in 2013, JCC earned 74% of the available CCO Performance and Quality Pool Distribution. 2014 Performance is expected to be significantly improved, and the CCO will be eligible for the bonus pool. While the CCO is building on some of the success achieved in 2013, there remains room for improvement. Prioritizing where improvement is most necessary has been complicated by membership shifts that accompanied the ACA Medicaid expansion in 2014. However, JCC remained committed to improving low performing metrics while developing new ways to provide quality care to the expanded population.

In 2013, JCC struggled with the Screening, Brief Intervention, Referral to Treatment (SBIRT), Colorectal Cancer Screening (CRC), and Follow up after hospitalization for Mental Illness. JCC worked to improve CRC scores by providing support to innovative initiatives taking place within FQHCs. This support resulted in CRC score improvement from 8.9% to 47%.

To address the SBIRT metric, JCC worked with local clinics to improve work flows and resolve outstanding coding issues. This work helped increase the CCO's SBIRT score from .1% to 4.8%.

In 2014, JCC is still working to improve the Follow Up After Hospitalization for Mental Illness metric, and has also committed to improving the Follow Up Care for Children Prescribed ADHD medication. In April of 2015, JCC implemented a "warm hand-off" policy to improve communications between providers and the CCO after a patient has been discharged from the Behavioral Health Unit.

Regarding follow ups with children prescribed ADHD medication, JCC struggled with the 30 day cut off period within which the CCO would need to follow up with the member. Often times, the cutoff point would fall on a Saturday, and a patient would not get in until the following Monday. Or a provider would be unavailable due to an emergent medical issue that would take precedence over a routine follow up. Furthermore, the CCO did not have any real time information to measure how they were performing on the metric. JCC did not know which clinics or providers were doing well in this metric, and which might need an increased amount support. The uncontrollable nature of delays coupled with in an inability to get accurate data about where problems were occurring made improvement of this metric impractical. Instead, JCC has decided to focus resources to improving measures that they can directly influence in a meaningful way.

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