# FamilyCare Health

PRESENTATION TO HOUSE HEALTH COMMITTEE JUNE 10, 2015

# FamilyCare Health: The Basics

*Creating healthy individuals through innovative systems*

- Our Company
  - FamilyCare just celebrated its 30 year anniversary
  - FamilyCare was the first Medicaid health plan in Oregon to integrate mental and physical health coverage into one plan beginning in 1996.
  - Received “Best Place to Work” designation in 2012, 2013 an 2014
  - The entry level base salary has been at or above $15.00 for the last two years

- Our Members
  - Plan area: Clackamas, Multnomah, Washington and parts of Marion County
  - Membership is approximately 130,000, more than 80,00 of whom were added due to Medicaid expansion.
  - As a percentage, FamilyCare is the fasted growing CCO in the state.
  - Every member has an assigned Primary Care Provider

# Member Demographics

Between 1/13 and 5/15, FamilyCare's membership grew from ~45,500 to ~130,000.

The biggest population difference is the ratio of adults and children; in 2013, 68% of members were children.

| Age | Count | % |
|---|---|---|
| Adults | 79,150 | 61% |
| Children | 51,086 | 39% |
| TOTAL | 130,236 | 100% |

| Sex | Count | % |
|---|---|---|
| Female | 66,818 | 51.3% |
| Male | 63,418 | 48.7% |
| TOTAL | 130,236 | 100.0% |

| Race/Ethnicity | Count | % |
|---|---|---|
| OHA Unspecified | 28,228 | 22% |
| Asian | 5,888 | 5% |
| Black | 7,347 | 6% |
| White | 65,209 | 50% |
| Hispanic | 22,660 | 17% |
| Native American | 904 | 1% |
| TOTAL | 130,236 | 100% |

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# Grievances/Complaints 10/1/14-12/31/14

| Coordinated Care Organization | Total Complaints/ Grievances Received | Enrollment as of 12/31/2014 | Per 1000 Members |
|---|---|---|---|
| **AllCare Health Plan, Inc.** | 54 | 48,568 | **1.11** |
| **Cascade Health Alliance** | 41 | 17002 | **2.41** |
| **Columbia Pacific CCO, LLC** | 81 | 28068 | **2.89** |
| **Eastern Oregon CCO, LCC** | 51 | 44801 | **1.14** |
| **FamilyCare CCO** | 94 | 114,893 | **0.82** |
| **Health Share of Oregon** | 641 | 233802 | **2.74** |
| **Intercommunity Health Network** | 27 | 55498 | **0.49** |
| **Jackson Care Connect** | 58 | 30022 | **1.93** |
| **PacificSource Community Solutions** | 66 | 50876 | **1.30** |
| **PacificSource Community Solutions – Gorge** | 2 | 12244 | **0.16** |
| **PrimaryHealth of Josephine County CCO** | 4 | 11054 | **0.36** |
| **Trillium Community Health Plan** | 240 | 89237 | **2.69** |
| **Umpqua Health Alliance, DCIPA** | 19 | 25195 | **0.75** |
| **Western Oregon Advanced Health** | 98 | 20606 | **4.76** |
| **Willamette Valley Community Health** | 17 | 101726 | **0.17** |
| **Yamhill County Care Organization** | **31** | **23950** | **1.29** |

From OHA Quarterly Report

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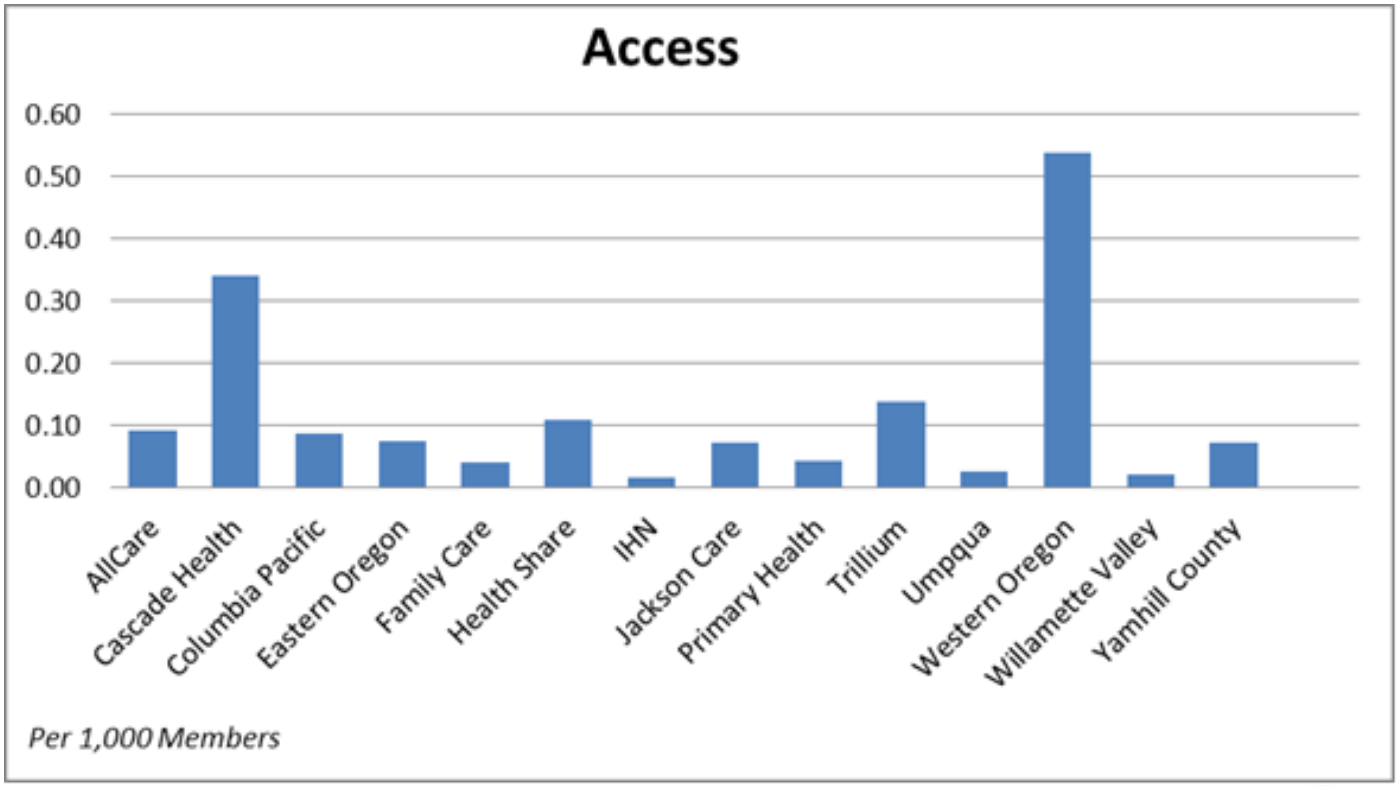
# Grievances Related to Access 10/1/14-12/31/14



# Structure and Partners

## Structure

- FamilyCare, Inc. is a 501(c)(4) public benefit corporation.
- Corporate structure is simple and transparent – revenue comes in from the State and is contracted directly with community providers

## Partners

- Because FamilyCare is a single entity, our key partners are our provider network and community stakeholders.
- Our Medical Advisory Panel is comprised of providers with whom we contract
- We are also working with Health Share to coordinate a variety of areas including:
  - Non-Emergency Transportation
  - Flexible Benefits
  - Tri-County 911 focused on 911 high utilizers
  - Transgender Benefits
  - Healthy Columbia Willamette Consortium- community needs assessment

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# Community Advisory Council

- The Community Advisory Committee is comprised of FamilyCare community members and providers
- Its purpose is to guide and participate in the planning and development of programs to improve the health of individuals residing in the metro area.
- The Council meets monthly, with quarterly meetings open to the public.
- Based on the Community Health Needs Assessment, the Council prioritized services its Community Health Improved Plan on the Transition-Aged Youth (TAY) population – ages 15-24: There are approximately 22,000 FamilyCare members in this age range
- Specific focus areas includes:
    - Access to and engagement in care, specifically around mental health and substance use treatment.
    - Support in transitioning from child to adult healthcare systems, especially in the area of mental health services, and for youth exiting the foster care system.
    - A culturally-competent healthcare system that has understanding of the transition age youth population, and operationalizes best practices in services.

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# Risk and Profitability

Risk

- FamilyCare bears all risk for its operations. It does not have risk accepting partners or subsidiaries who underwrite any risk.

2014 OHP Net Revenue

- FamilyCare realized $ 73.5 M in net revenue.
- $40 M was allocated to insurance reserves to meet requirements for expanded population (DCBS requires approx. $1 for each $10 in premium)
- $20 M was set aside for grants to support community health programs.
    - Current distributions: $2.5 M for behavioral health, $1.75 M for early childhood learning, and approximately $450 K in miscellaneous health programs.

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# The Delivery System

- FamilyCare contracts with 3,500 primary care physicians and nurse practitioners, and specialty providers throughout the metro area. Providers include:
  - Privately Practice clinics
  - FQHCs - federally qualified health centers,
  - Behavioral health (mental health and addictions) providers; Private practice clinics, FQHC's and County mental health providers.
- Eight DCO's in the Tri-county area
- Two hospital systems: Legacy Hospitals and Clinics and Providence Health Systems.

# Financial Incentives to Transform the Delivery System

- Increased the conversion factor to $65 for primary care providers and knowledge-based specialty services (e.g., neurologists, psychiatrists internists, consults)
- Provide Quality Bonuses to primary care providers and shared savings.
- Provide incentive payments to FQHCs (federally qualified health centers) for services that can't be billed under FQHCs as well as for meeting quality metrics
- Developing quality incentive programs for obstetricians.
- Restructuring payment system for primary care in behavioral health and addictions.

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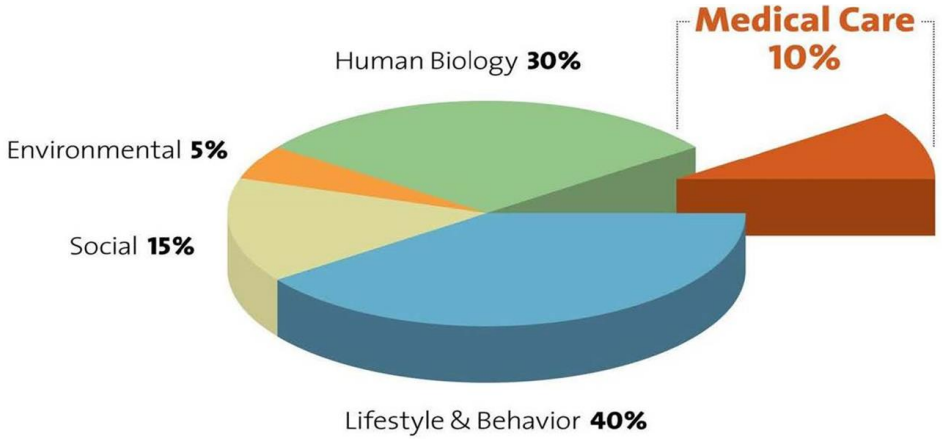
# Changes in the Delivery System

Moving from Health Care to Health through a Population Health Model

Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. It has a direct linkage to the Social Determinants of Health which include:

- Housing
- Nutrition
- Transportation
- Education and employment
- Poverty
- Social Supports
- Race/Ethnicity
- Physical Activity
- Tobacco, Alcohol, & Drug Use
- Genetics
- Physical Environment




By focusing upstream on the above contributors to health, we can work with traditional and non-traditional partners to achieve healthy individuals, families, and communities.

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# Integrating Services

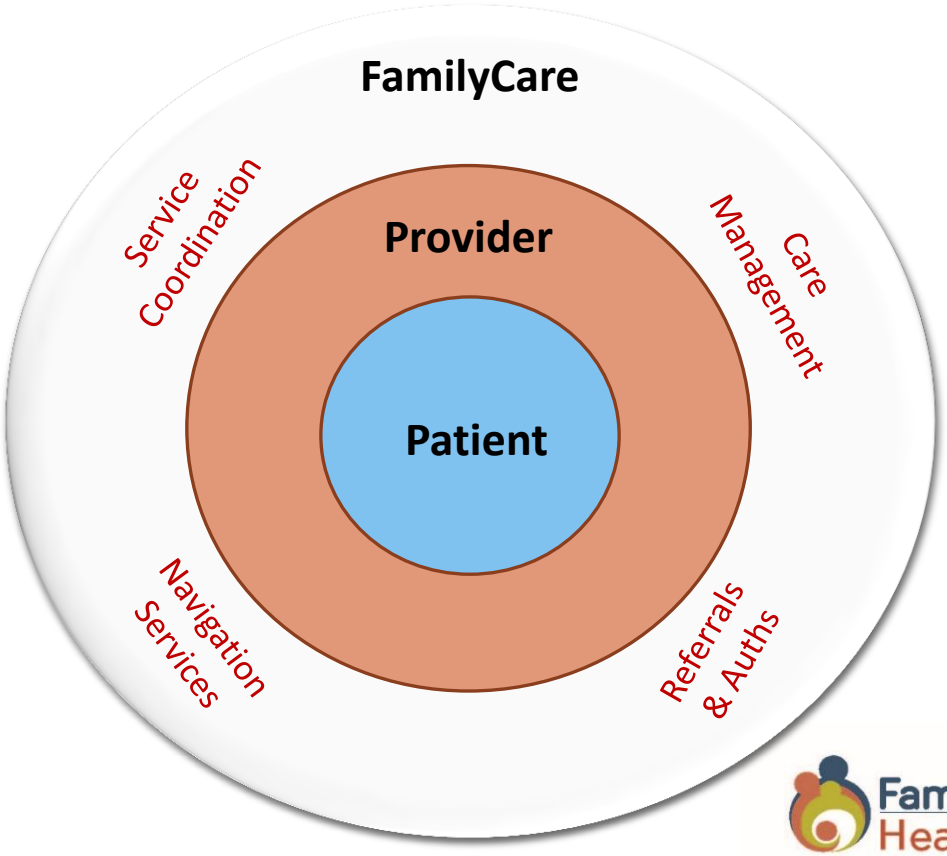
# Patient/Provider Oriented Resource Teams

# PORTS

FamilyCare believes that integration should also function at the CCO level.

Each PORT team is assigned to a group of PCP's and their patients to provide a single point of contact for the provider and the patient.

This is the first model of its kind in the Country.

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# Integrated Services

**Traditional Insurance model**

Each department operates separate from others:

Claims, customer service, referral and authorizations, care management, behavioral health, dental services, etc.

Confusion for the providers and patients in knowing which department to contact for answers/resolutions

**Integrated Services Model**

Include all services in one team

Assign physicians and their patients to a specific team

Provides one call service to providers and patients

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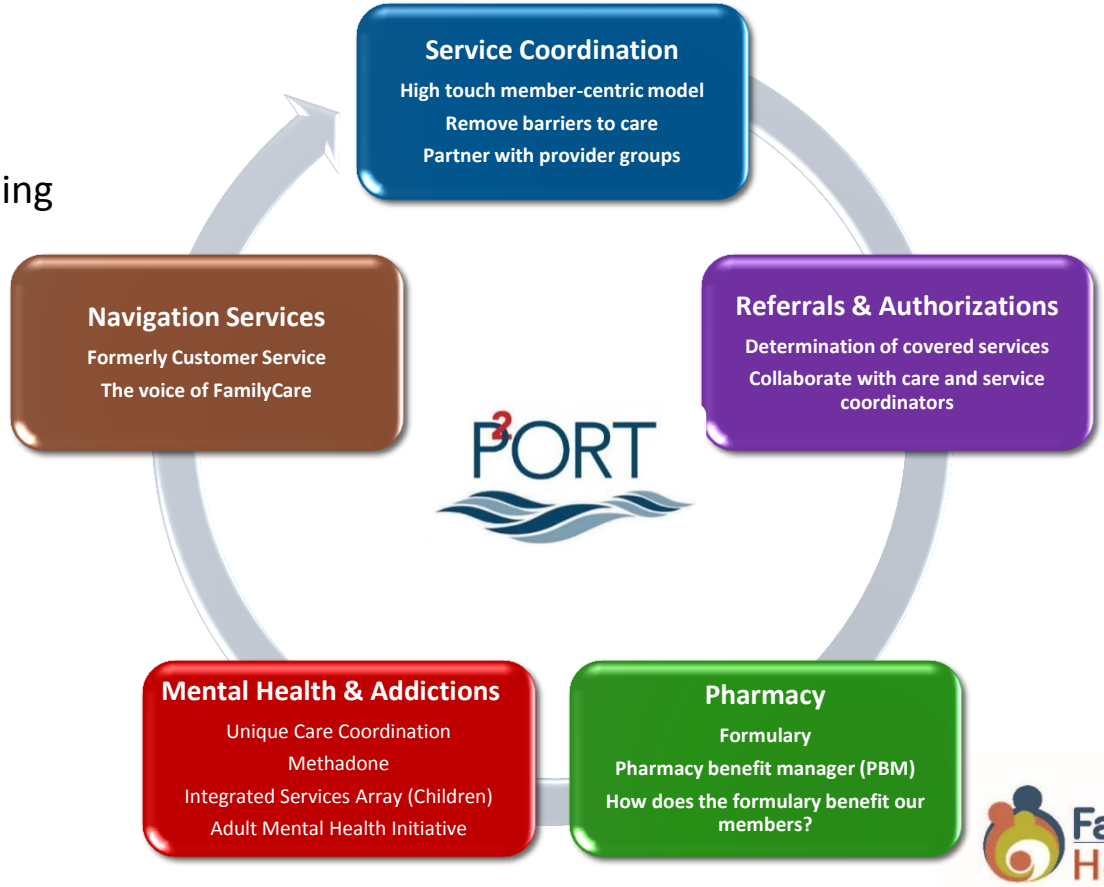
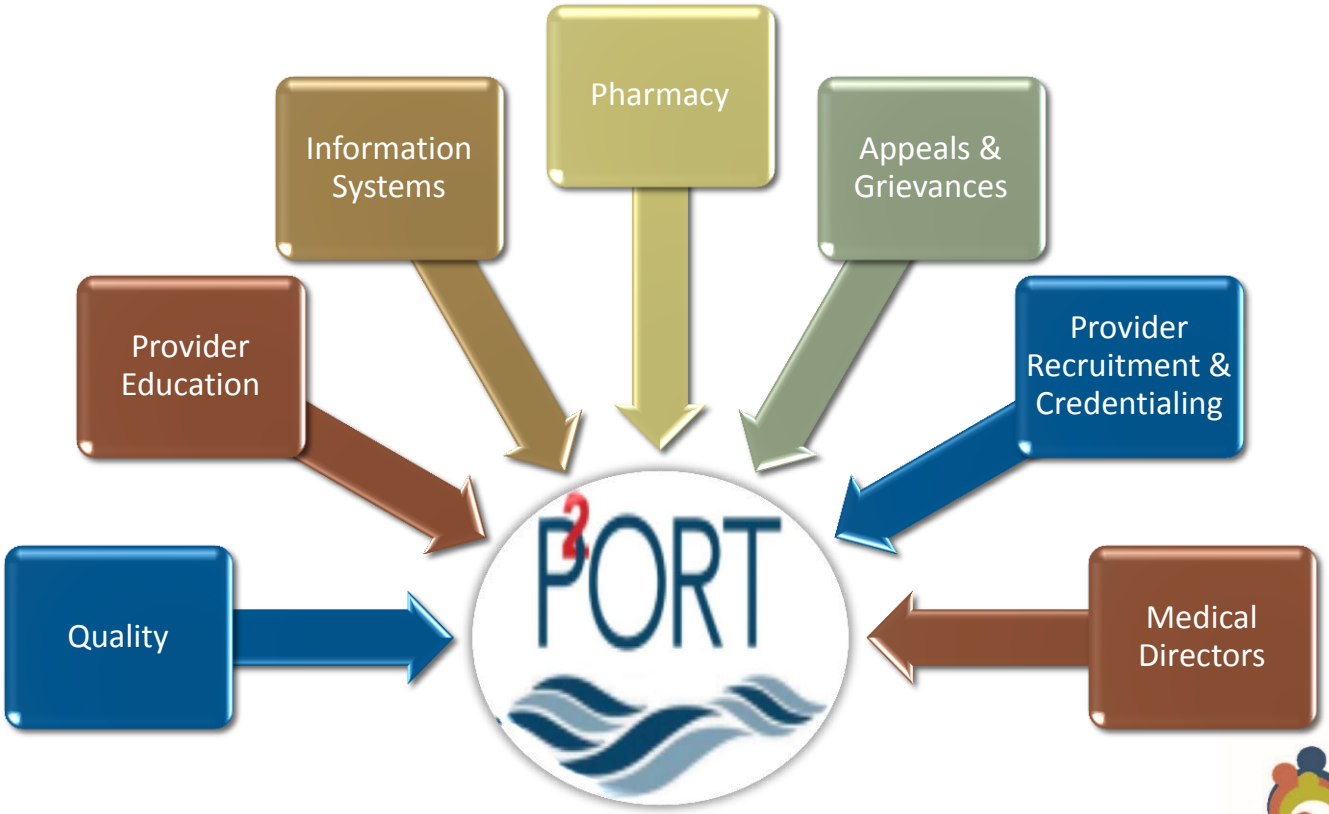
P² = Provider/Patient
O = Oriented
R = Resource
T = Teams

In 2013, FamilyCare reconfigured its service coordination structure using an integrated services approach to provide a "one stop shop" for patients and providers.



# Supports

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# Provider Centric Ports

*Rogue:*
- *Pediatric focus*
- *Serves 27,577 members*

*Nehalem:*
- *Federally Qualified Health Clinics*
- *Serves 17,841 members*

*Klamath:*
- *Clinics with high ED utilization*
- *Serves 17,460 members*

*Yakima:*
- *Family Practice oriented with two Yakima Valley Farm Worker clinics*
- *Serves 17,921 members*

*Clearwater:*
- *Family Practice*
- *Serves 14,593 members*

*Umpqua:*
- *Independent Physician Associations (IPAs)*
- *Serves 15,483 members*

*Deschutes:*
- *Family Practice*
- *Serves 15,681 members*

*Medicare*
- *Serves 3,545 members (about half are dual eligible)*

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# Culturally Specific Port – Asian Health and Service Center

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# Asian Wellness Program: A Unique Partnership

The partnership between FamilyCare and Asian Health & Services Center began in 2014. The underlying foundation for the partnership is that people/cultures relate best to people/cultures they know. The success of the program hinges on both parties feeling like they are valued partners.

The Asian Health & Services Center provides the following:

- Welcomes all Asian clients in their preferred language, if possible.
- Provides a comprehensive needs assessment
- Care coordination including links to primary care
- Culturally appropriate system navigation
- Promotes health literacy
- Promotes prevention based services
- Provides wrap around services as needed
- Seamless referral to culturally specific mental health services

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# Asian Wellness Program: A Unique Partnership

## Outcomes Include:

- Improved access, increased health literacy & member satisfaction;
- Reduction in the negative impact of cultural and linguistic disparities amongst Asian population
- Addressing social determinants of health;
- Improved overall wellness

## Contributing success factors include:

Asian Health & Services Center staff are fully integrated with FamilyCare

- Participate in staff training, job shadowing, and regular meetings
- Started slowly with welcome calls and increased to care coordination
- Staff have remote access to FamilyCare information systems

Asian Health & Services Center is well known in the Asian community

- They have certified health workers and assisters on staff
- Already offer training on dealing with diabetes and other chronic conditions
- They have committed leadership to health and wellness.

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# The Worst/Not as Successful Metric Performance and Improvements

# Follow up after Hospitalization – Mental Health

The Follow-Up after Hospitalization for Mental Illness metric has been historically a difficult measure to meet due to:

- Limited provider capacity for ensuring timely follow-up
- Lack of effective communication processes among the hospitals, behavioral health providers, primary care providers and health plan to coordinate care
- Increase in the Medicaid membership as of January 1, 2014 lead to an increase in the members included in this metric

| | 2013 OHA Final Data | 2014 OHA Prelim Data | Change from 2013-2014 |
|---|---|---|---|
| Numerator | 132 | 282 | +113.6% |
| Denominator | 206 | 485 | +135.4% |
| Rate | 64.7% | 58.1% | -11.4% |

Strategies for improvement include:

- Contracting with Columbia Care to facilitate post-hospital follow up care including transportation coordination.
- Targeted Provider Outreach and Education:
- Incentive payments to both primary care and behavioral health providers
- Implementation of a psychiatric inpatient admission notification process.

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# SBIRT: Screening, Brief Intervention, Referral to Treatment

SBIRT

The Screening, Brief Intervention and Referral to Treatment (SBIRT) CCO Incentive Metric has been a difficult metric to track through claims. Effective screening processes requires coordination of all clinic staff and multiple clinic work flows.

In 2015 the age range 12-17 has been added to this metric, challenging the CCOs to implement additional strategies to meet requirements within the pediatric community.

Strategies for continued improvement include:

- Provider outreach and education include billing and work flow coordination, in-depth training on the SBIRT metric, and discussion about intervention and referral processes.
- Technical Assistance for clinics to support integration and documentation of workflows in EHR systems.
- Partnering with Oregon Pediatric Society and Children's Health Alliance to sponsor a training about adolescent health care, including SBIRT, for over 80 pediatric providers.
- Distribute SBIRT tools to providers, including pocket cards and clipboards that serve as quick reference guides to SBIRT screening and coding.

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# Adolescent Well Checks

FamilyCare exceeded all other CCOs on the AWC metric in 2013 by 17.5%, and Mid-year 2014 by 7.8%. Even with the highest rate in Oregon FamilyCare continues to implement strategies for continued improvement which include:

- FamilyCare Navigation Services department continues outreach to members to reiterate how important it is to keep up their contact information and assist them in scheduling appointments with their primary care provider.
- Providers and clinic billers understanding the CCO metrics including requirements of billing and diagnosis codes required for this metric are a barrier. Training continues with the provider network, and pocket cards have been produced with the elements of the AWC visit and the codes required for the visit. Additionally, there will be training from the Oregon Pediatric Society on how to turn visits for different reasons into an AWC visit by ensuring all elements are met.
- FamilyCare has developed reports for clinics with patients who are due for screenings. In collaboration with clinics, the Navigation completes calls to the members on these lists.

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# Adolescent Well Checks (cont'd)

- FamilyCare has developed reports for clinics with patients who are due for screenings. In collaboration with clinics, the Navigation department completes calls to the members on these lists.
- Many members in the age range 12-18 are being seen in School Based Health Centers. Development of outreach marketing through School Based Health Centers, community centers and other places where we can "meet them where they are" is a focus in the 2015 calendar year. We are partnering to do outreach with clinics, schools and community groups to distribute posters encouraging members in this age range to make an appointment with their primary care provider. These posters were recognized by OHA as a best practices for provider community collaboration.
- Utilizing Medicaid best practices FamilyCare has distributed a member incentive to the AWC population. This incentive includes a $20 gift certificate to Target, Starbucks, or Footlocker.

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Thank you for your attention.

Questions?