



PACIFICSOURCE COMMUNITY SOLUTIONS

Coordinated Care Organizations

Report to the 78th Legislative Assembly
House Committee on Health Care
June 15, 2015



PacificSource CCO Background

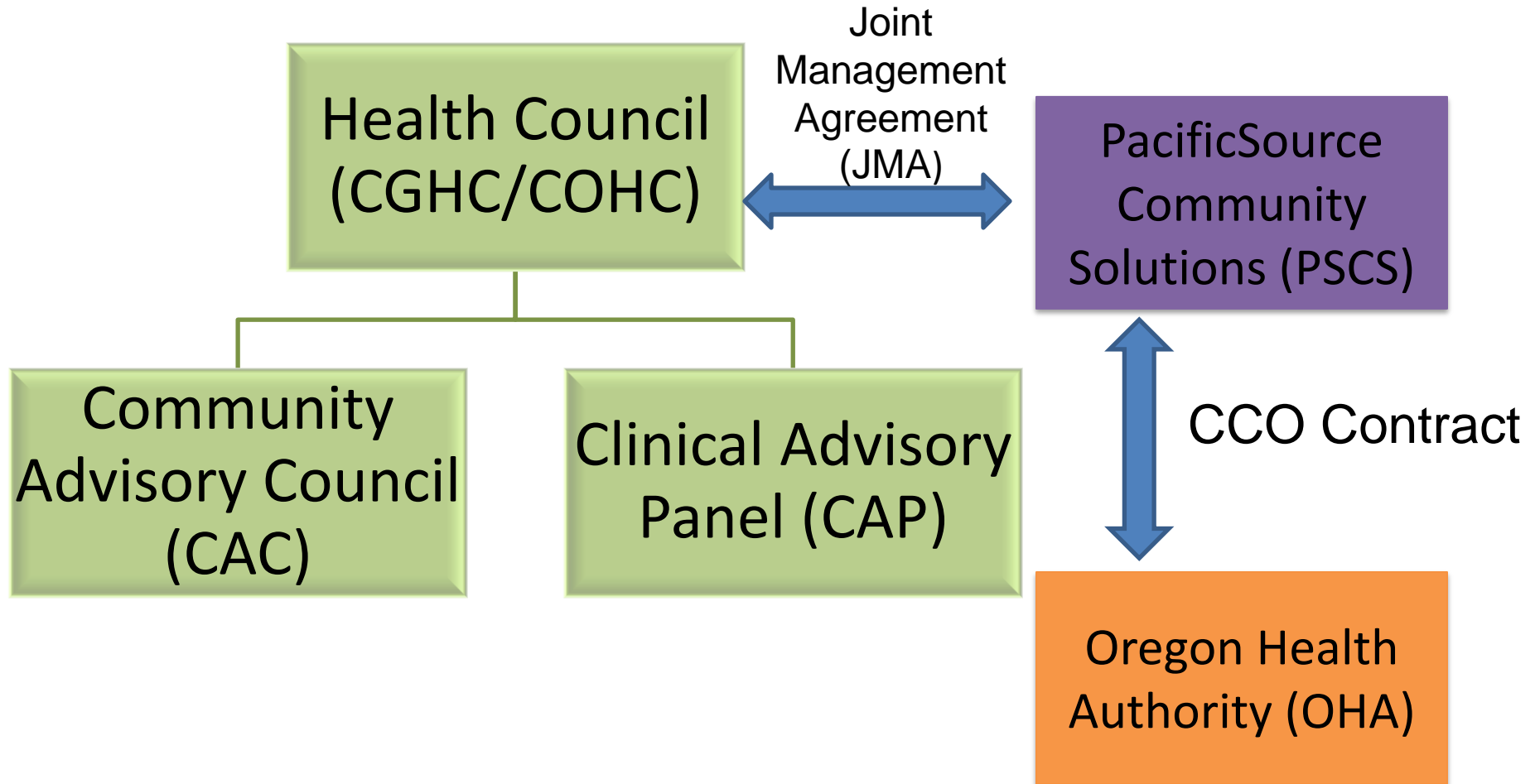
- PacificSource operates 2 of Oregon's 16 CCO's
 - Columbia Gorge: 2 county region, ~13K members
 - Central Oregon: 3 county region, ~55K members
- Most CCO's were awarded exclusive contracts for the region they served
- The governance body for each CCO is regional
 - Columbia Gorge Health Council (CGHC)
 - Central Oregon Health Council (COHC)
- Each Health Council is contracted with PacificSource through a Joint Management Agreement

Two CCO models

Two different organizational models exist for CCO

1. The CCO and the governance board are part of one new corporate entity.
 - Most Oregon CCO's have this model.
 - Required capital funding to initiate.
2. CCO and governance board are separate entities with firm contract (i.e., JMA) in place.
 - PacificSource CCO's have this model.
 - Allows Health Councils to take on initiatives beyond CCO scope.

PacificSource CCO Model



Risk and Profitability

- PacificSource is the risk-bearing entity on behalf of both regions
- Any profit above a 2% net margin goes back to the Health Councils.
- Councils determine how to reinvest “surplus” dollars back into the community
- Current estimates: \$6.6 million will be eligible for community health investments in Central Oregon, and \$474,000 in the Columbia Gorge.

Driving Innovation



Transformation Plan Guideposts

- **Integration** of Mental/Behavioral Health, Dental and other services areas (i.e. Public Health)
- Continued development of **Patient-centered Primary Care Homes**
- **Alternative Payment** Models and Methods
- **Community Health Assessments** and **Community Health Improvement Plans** (in partnership with the CAC's)
- **Health Insurance Exchange** and **Health Information Technology** Development
- **Tailoring communications** and member outreach/engagement to the cultural, health literacy and linguistic needs of our diverse members
- Promoting **culturally and linguistically appropriate service delivery** (cultural competency, recruiting a diverse workforce, use of Community Health Workers)
- Quality improvement planning to **reduce health disparities**

Integration – Central Oregon

- 14 Distinct Sites of Physical/Behavioral Healthcare Services Co-located
- 1 “bi-directional site”
- Multi-disciplinary workgroups refining different care models
- Partnership with University of Colorado
- Regional Integration Taskforce
 - Environmental Scan
 - 2-3 Year Business Plan

Integration – Columbia Gorge

- Integrated Care Work Team
- Partnership with University of Colorado and OHSU to develop new integration sites
- 4 Primary Care Practices and 1 FQHC are engaged in Project
- Quality Improvement Projects to support integrated care in all clinics

Transformation Fund Projects

- **Central Oregon**

- **Community Paramedicine (CP)**, to reduce hospital readmissions of frequent 911/ED users. Outcome measures include: decreased inpatient and emergency department re-admission rates for patients with CHF, COPD and diabetes related conditions; increase in medication adherence; decrease in no shows at the patients primary medical home. **Results first quarter 2016**
- **Mosaic Specialty Telemedicine** - Bridging the barriers to specialty care for rural Mosaic Medical (FQHC) patients. Outcome measures include: Improved access to specialty cardiology; increased efficiencies and effectiveness across Mosaic and BMC systems by improved care coordination; improved disease states decreased mortality for cardiac patients; lower costs per patient through more efficient and effective delivery of cardiology care in the PCPCH setting; increased capacity within specialty care. **Results first quarter 2016**

- **Columbia Gorge**

- **Clinical Pharmacy Services.** Anticipated outcomes:decreasing medical costs for enrolled patients, decreasing Emergency Room and In-patient utilization rates and likely increasing medication utilization and adherence. **Results first quarter 2016.**
- **Community Health Team** - A team of Community Health Workers organized and staffed by The Next Door, Inc. CHW receives referrals from the community & the CCO for complex & costly patient. CHW works with patients to navigate pathways that will improve the patient's overall health & quality of life. **Results first quarter 2016.**

Quality Measures – Challenges and Opportunities

Central Oregon

Adolescent Well-Care

- Challenge - Lack of consensus for medical evidence behind annual visit as well as difficulty engaging with teens and their parents
- Opportunity - For 2015, exploring partnerships with SBHCs, as well as incentive strategies and targeted clinic approaches

SBIRT

- Challenge - Expansion dramatically increased the denominator, and pay-for-performance efforts were undertaken too late in the year
- Opportunity - P4P strategies have been extended for the first part of 2015, and workflow trainings are being developed

Tech Plan

- Challenge - Lack of understanding around Meaningful Use reporting, technical specifications, and clinics' ability to report – especially for Depression Screening and Follow-Up, since most Meaningful Use-certified EHRs do not have this built in
- Opportunity - For 2015, there is greater understanding of tech plan measures and key stakeholders with technical expertise have been identified

Quality Measures – Challenges and Opportunities

Columbia Gorge

DHS Custody

- Challenge - Considerable coordination was required between partners who did not typically have working relationships
- Opportunity - For 2015, the relationships and processes have now been established, and planning for dental was initiated early

Adolescent Well-Care

- Challenge - Lack of consensus for medical evidence behind annual visit as well as difficulty engaging with teens and their parents
- Opportunity - For 2015, partnership with SBHC as well as a clinic-specific approach to evaluate workflow

Tech Plan

- Challenge - Lack of understanding around Meaningful Use reporting, technical specifications, and clinics' ability to report – especially for Depression Screening and Follow-Up, since most Meaningful Use-certified EHRs do not have this built in
- Opportunity - For 2015, there is greater understanding of the tech plan measures and a process has been established for monthly review of data coordinated by the health council

Thank you!

Questions?

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