



June 10, 2015

HOUSE COMMITTEE ON HEALTH CARE

Rep. Mitch Greenlick, Chair
Rep. Cedric Hayden, Vice-Chair
Oregon State Capitol
900 Court Street NE, Rm 140A
Salem, Oregon 97301

Re: Yamhill CCO Oregon Legislative Testimony
June 17, 2015

Dear Chair Greenlick, Vice-Chair Hayden, and Members of the Committee:

Thank you for this opportunity to share updates on our mid-term progress of the initial CCO waiver period. We look forward to hearing feedback and confirmation that this model of care system redesign is working across Oregon – we know its beginning to show signs of great success in Yamhill County.

Please find our attached written report addressing the questions you had framed in your letter dated May 18, 2015. Further, it is with deep regret that I will not be able to attend on June 17th at 2:30pm to provide testimony due to a previously scheduled event in Washington DC. However, I am pleased to have Silas Halloran-Steiner, our past President and founding board member, provide testimony in my absence, and address any questions you or the committee may have about our rewarding efforts and early outcomes in the Yamhill area.

Respectfully,

Jim Carlough
President and CEO

Silas Halloran-Steiner
Yamhill County Health and Human
Services Director, and
Past President, Founding Board Member



Legislative CCO Mid-term Report

Structure, Governance, and Key Partners

Overview

Yamhill Community Care Organization (Yamhill CCO) is a nonprofit 501c3 entity, primarily serving members who reside in Yamhill County and contiguous county zip codes; Clackamas, Marion, Polk, Tillamook and Washington counties. Yamhill CCO serves approximately 25,000 members, many of whom live in rural cities and towns. Yamhill CCO formed as a grassroots collective impact organization dedicated to meeting the needs of the community and fulfilling requirements of state legislation.

Our organization was not a pre-existing Managed Care Organization with an existing administrative infrastructure which then converted into a CCO by way of risk delegation, or creating a new and separate governing body to comply with legislation. Instead, following the collective impact model, Yamhill CCO was formed by a committed group of community leaders that first formed a stakeholder group, consisting of leaders from different sectors of the delivery system, to discuss models for success. After a series of difficult discussions and building community trust, Yamhill CCO was incorporated in August 2012, with the intent on becoming a *not-for-profit* community benefit corporation. In a truly grassroots effort, and in addition to creating the structure, these stakeholders took personal ownership of this initiative and developed a common agenda and common principles for solving a specific social problem. Further, the board is proud that the Community Advisory Council (CAC) initiated and lead the development of our vision and mission;

Our Vision Statement:

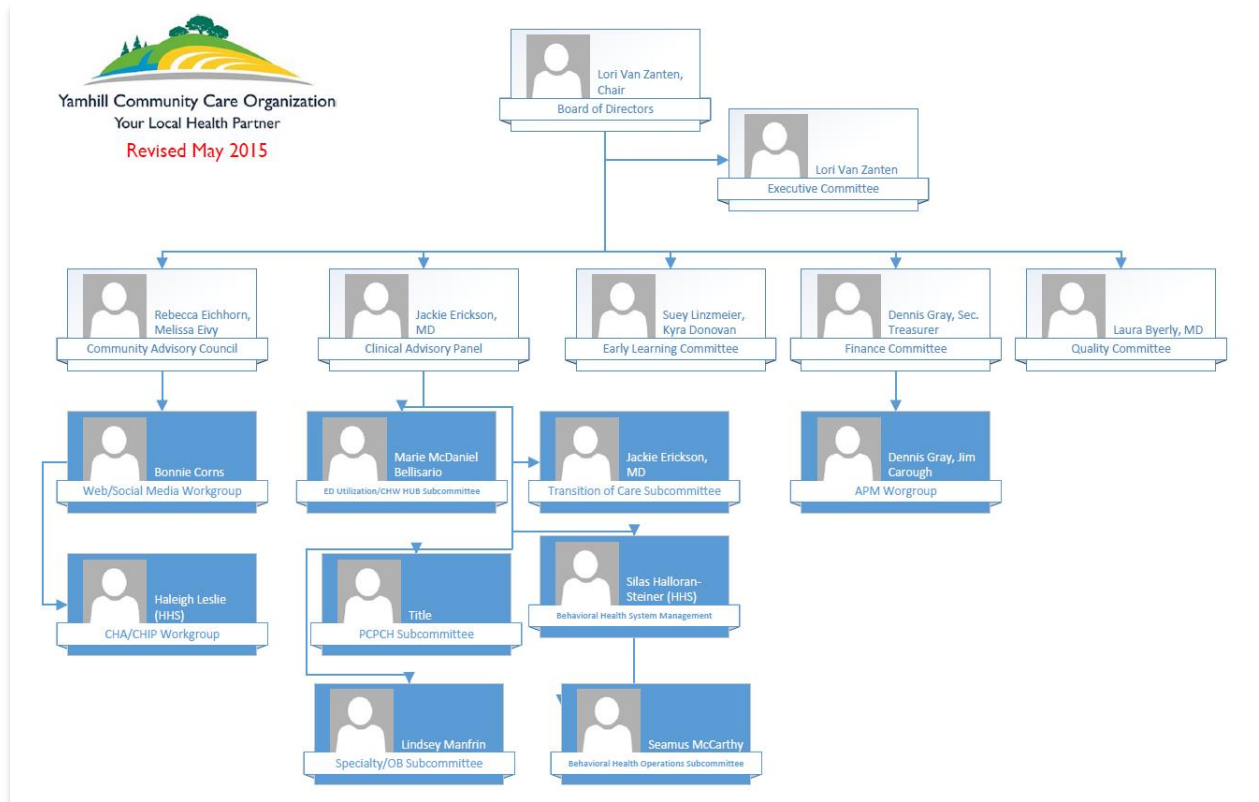
A unified healthy community that celebrate physical, mental, emotional, spiritual, and social well-being.

Our Mission Statement:

Working together to improve the quality of life and health of Yamhill Community Care Organization members by coordinating effective care.

Governance

The governance structure consists of the following committees, subcommittees, and workgroups that report to the board of directors:



Board Composition:

We currently have 17 board members representing all sectors of the delivery system. These include the statutorily required positions.

Name	Title	Organization
Lori Van Zanten, Chair	Chief Executive Officer	Providence Newberg Medical Center
Scott Tiffany, Vice Chair	Individual with Behavioral Health Experience	
Silas Halloran-Steiner, Past Chair	Director	Health and Human Services
Dennis Gray, Secretary/Treasurer	Administrator	Physicians Medical Center
Matthew Bliven, Physician Leader	Active physician	Physicians Medical Center



Rebecca Eichhorn, CAC Co-Chair	Co-Founder	Project ABLE
Suey Linzmeier, ELC Co-Chair	Executive Director	Head Start of Yamhill County
Patrick Curran	Chief Executive Officer	CareOregon
Dan Dale, MD – Local Physician	Emergency Physician	Emergency Medical Association
Kathy George – Community Member	Past County Commissioner	Community Member
Peter Hoffstetter	Chief Executive Officer	Willamette Valley Medical Center
Raji Mathew, DDS	Individual with Oral Health Experience	Smile Keepers
Gil Munoz	Chief Executive Officer	Virginia Garcia Health Center
Doug Niehus	Physician	Providence Medical Group
Jordan Robinson	Community Director	Lutheran Community Services
Mary Starrett	County Commissioner	Yamhill County

Clinical Advisory Panel:

The Clinical Advisory Panel includes representation from active providers in physical, oral, and behavioral health.

Name	Title	Organization, Title
Jackie Erikson, MD	Chair	Physicians Medical Center
Melissa Ivey, CAC Co-Chair	Member	Head Start
Jason Black, ND	Member	A Family Healing Center
William Koenig, DO	Member	Physicians Medical Center, Medical Director, Pediatrician
Sandra Emmons, MD	Member	Women's Healthcare Assoc. LLC
Tracie Koepplin	Member	Physicians Medical Center, Manager
Lindsey Manfrin, RN, BSN	Member	Yamhill County HHS - Public Health
Marie McDaniel-Bellisario, LCSW	Member	Yamhill County HHS - Behavioral Health, Program Manager
Joshua McFarland, PA-C	Member	Providence Medical Group, Practitioner
Randy Morgan, DMD	Member	Newberg Family Dental, Dentist
Mary Peterson, PhD, ABPP	Member	George Fox University, Director, Psychology Dept.
Sarah Rahkola, MD	Member	Providence Medical Group – Newberg, Physician
Kathy Savicki, LCSW	Member	Mid-Valley Behavioral Care Network, Clinical Director



Amy Schmitt, MD	Member	Providence Newberg Medical Center, Physician
Anthony Terndrup, LCSW	Member	Lutheran Community Services, Clinic Manager
Atiq Syed, MD (advisor)	Member	Willamette Valley Medical Center, Physician

Community Advisory Council:

Name	Member Relation	Organization
Melissa Ivey, Co-Chair	Family of member	Yamhill County Head Start
Rebecca Eichhorn, Co-Chair	Family of member	Project ABLE
Leanne Wasson	Member	Project ABLE
Christina Thomas	Member	Champion Team
Paul Partridge	Member advocate	Yamhill County HHS, Developmental Disability Services
Michelle Bernards	Family of member	Yamhill County HHS, Addictions and Recovery
Michele Gray	Member advocate	Yamhill County Head Start
Lorri Flores	Family of member	Dayton Drug Free Community

The Community Advisory Council (CAC) was formed early in the organization's history, and before the board of directors was completely formed. A period of deep listening was undertaken by stakeholder leaders to understand what the community felt were important duties of the organization. As a result, the CAC, developed the Mission, Vision, and Guiding Principles for the organization.

Our Vision Statement:

A unified healthy community that celebrate physical, mental, emotional, spiritual, and social well-being.

Our Mission Statement:

Working together to improve the quality of life and health of Yamhill Community Care Organization members by coordinating effective care.

The CAC continues to provide active governance and leadership through its contribution to the Transformation Plan, evaluation of the Community Health Assessment, development of the Community Health Improvement Plan, and contribution to developing a distribution model for Transformation Funding provided by the OHA.



Key Partners

Key partners in Yamhill CCO include the Yamhill County Department of Health and Human Services, two hospital systems within the geographic service area – Willamette Valley Medical Center and Providence Newberg, the McMinnville Physicians Organization – a local IPA, the Virginia Garcia Clinic – which is the local FQHC, Physicians Medical Center – a large independent primary care clinic, CareOregon, and three Dental Care Organizations – Advantage, Capitol, and ODS/Moda.

The physical health delivery system is comprised of two main healthcare ecosystems in Yamhill CCO's service area. Approximately 60% of our members reside in the McMinnville area and are served by Willamette Valley Medical Center along with its affiliated primary and specialty care clinics in the McMinnville area. The remaining 40% reside in the north-county area near Newberg – served by Providence Newberg Hospital along with its owned and affiliated clinics and providers.

Risk

Yamhill CCO is a risk-bearing entity for the organization's global budget, with limited subcapitation delegation. Risk for physical health services is completely borne by Yamhill CCO with third party administration (TPA) duties handled by CareOregon [which does not accept risk], however, does provide expertise in overall financial risk management.

Behavioral health services are subcapitated to Yamhill County Department of Health and Human Services (YCHHS) as a risk accepting entity (RAE) with a few shared-risk categories between Yamhill CCO and YCHHS. Yamhill County Health and Human Services manages a network of non-profit specialty behavioral healthcare services, including addictions treatment and provides core safety-net services as a Community Mental Health Program.

Risk for oral health services is delegated to three Dental Care Organizations (DCOs) serving as risk accepting entities (RAEs). Oral health is provided by and managed through the provider networks of the three Dental Care Organizations currently serving Yamhill CCO, previously mentioned. These three organizations are all RAEs, and were established based on a community need discussion around access to services. Through this process, Willamette Dental did not join as a DCO for Yamhill CCO members, in recognition of having no physical points of service in our service area, but remains at the table and helping solve the developing community need.

Regarding profitability, the organization has succeeded in managing its global budget and has started building secondary reserves, or risk-based capitol (RBC) as a result. Once the governing body finalizes a threshold or range for industry standard RBC, remaining reserves will be used in ways to further transformation and innovation in the local delivery system. Profitability allows communities to set expectations for reinvestment strategies on population health initiatives, and investments on short and long term community health improvement targets and goals. We



recognize that there is much work to do in order to transform this system, while mitigating healthcare spend beyond the 3.3% trend we will be held to as a community.

Fundamental Changes; Transformation, Progress and Transparency

Transformation to the Yamhill CCO delivery and payment system has moved along an intentional evolutionary continuum to advance engagement of the provider network and community and to shift away from the traditional fragmented fee for service encounter based model to a coordinated value based system which pays for outcomes. The organization's Transformation Plan serves as a living blueprint to guide this progression.

Supporting *Innovative & Novel Care Delivery Programs* with community partners and within Yamhill CCO was the first step in this progression. Examples include the development of the Community HUB, a team comprised of two community health workers and a community health nurse. They proactively build member relationships with high utilization of the emergency department, defined as 6 or more visits per year, and has now grown to include a referral form which can be submitted by any community stakeholder for effective referral and coordination of care. Efforts are made by this program to help connect members with regular medical care in one of the network's 10 Patient Centered Primary Care Homes (PCPCHs), obtain behavioral health services, or even referred to our chronic and persistent pain program within the Yamhill CCO Wellness Center that opened in February 2015.

Innovative programs then began to build a *Coordinated Team Based Approach to Care* throughout the network. The Yamhill CCO has supported hiring of panel coordinators, panel managers and advanced practice primary care providers to bolster the previously stressed primary care network. These teams enable providers of all kinds to work at the top of their license and increase efficiencies within a team-based care model and throughout the system.

Payment Model 1.0

Transformation of healthcare delivery needs a payment system to support it. Yamhill CCO's *Value Based Payment System* supports efforts to keep members healthy and to provide better care at lower costs. Value based payments, starting in 2014 with the three largest primary care clinics, now fund primary care for more than seventy-five percent (75%) of the organization's membership. Initially the model focused on development of robust Patient Centered Primary Care Homes (PCPCHs). Additional investments were made to fund and support clinics in hiring resources to care for the existing and expanded CCO population. Clinics receive graduated payments based on resources they add to clinics, such as behaviorists, as well as updated



mutual-agreements to ensure adequate capacity and access for all Yamhill CCO members. This is achieved through and add-on fixed monthly per capita payments.

Metrics

Progress in system transformation is tracked through *Transparent Tracking and Reporting of Standardized Performance Metrics*. The Oregon Health Authority's set of 17 financial incentive metrics along with the State Performance "Test" Measures" serve as measurements the organization uses to assess its performance on a quarterly and annual basis. Internal reporting dashboards have been developed which show individual clinic level performance on these various metrics, which has been a very powerful tool to communicate transparency and commitment. The dashboards are shared with all local clinics and with the organization's various governing bodies such as the Clinical Advisory Panel and Board of Directors to give a current snapshot of the organization's and individual providers' performance. As a result of this effort, nearly 15 of the 17 OHA Financial Incentive Metrics were met in the 2013. These results demonstrate the effectiveness of the organization to develop and manage efforts to improve the care delivery system. 2013 was a significant achievement, due to having very little managed care penetration prior to the advent of CCOs. 2014 YTD incentive metric data, shows that Yamhill CCO will again meet the requirements to receive one-hundred percent (100%) of the withhold. Weak areas appear to be SBIRT, and Adolescent Well Child.

Transparency

Aside from the clinical performance of the organization, transparent reporting of financial performance is performed at the level of the Board of Directors and Finance committee through regular sharing of budgetary, utilization and financial statements. Over the history of the organization, it has been able to stay within its fixed global budget and meet a 92% medical benefit ratio target. Between meeting clinical metrics and financial objectives, the organization has measured and demonstrated the effectiveness of its transformational efforts.

Lastly, Yamhill CCO provides an annual report to the community through a venue that brings together the *entire* governance; Board of Directors, Community Advisory Panel, Clinical Advisory Panel and Early Learning Council, to review annual progress of clinical and financial goals in a transparent and inclusive manner. Our 2015 meeting will include a broader member participation component, by having each organization member reach out and invite a member guest.

Integration

Regarding efforts to integrate physical, mental and behavioral health, the organization's transformation plan named integration at the outset of the system's formation. From a clinical standpoint, this has involved the placement of behaviorists, who are Master's level



psychologists, in primary care clinics. To date, four behaviorists are in placed in primary care clinics through initial hiring support from Yamhill CCO and in partnership with George Fox University. This model is now sustainable through our value based payment model.

Integration of behavioral health services into the primary care setting allows for warm handoffs between physical health and behavioral health providers, and stronger referrals into mental health and addiction services. Some studies show that only eight percent of the population referred to these services actually follow through. While if initiated between primary care and the behaviorist within the same clinic that number grows to a staggering eighty percent (80%).

Behaviorists have also been placed in all of the major prenatal clinics as part of our Maternal Medical Home model project the organization has developed. Examples of the work these behaviorists perform is helping pregnant mothers address issues such as postpartum depression before delivering or to help deal with grieving after the loss of pregnancy.

Bilateral Integration

In addition to integrating behavioral services in primary care clinics, Yamhill CCO has also supported placement of primary care physicians in behavioral health clinics through bilateral integration. This has taken place through the cultivation of a partnership between the county's Community Mental Health Program and the Virginia Garcia Clinic, the local FQHC, and a dominant PCPCH in our network. Three days a week, a primary care provider is co-located in the county's largest clinic, and services are available to members on a referral basis. Additionally, Virginia Garcia has opened a new access point clinic in Newberg in the same facility as the county's health center which continues to create integrated care opportunities.

Administrative Transformation

From a payment, operations and system management standpoint, January 2015 marked the beginning of a more locally led effort to integrate behavioral health services management within Yamhill CCO and Yamhill County Health and Human Services. The historic Mental Health Organization (MHO), Mid-Valley Behavioral Care Network, no longer holds risk for these services but now provides limited consultation and technical support. Clinical care authorization for inpatient and inpatient alternatives now happens locally and with direct input from providers. Quality management and improvement activities are also underway with buy-in from locals, and respected community leaders. Additional quality and member satisfaction measures are under evaluation and these changes represent a great opportunity for system improvement.

Maternal Medical Homes

At an organizational level, one of the primary duties of the Director of Operations at Yamhill CCO is to shepherd advanced integration. In this role he has worked with community stakeholders to define what qualifies a prenatal clinic to be considered a maternal medical home



(MMH). Unlike the PCPCH model, there are limited maternal medical home models – nationally – from which to measure a practice’s ability to qualify as a MMH. Using the PCPCH model, a set of qualifications is being defined that will allow the Yamhill CCO to designate MMH clinics that are aimed at decreasing risks for high risk moms. Once designated as a MMH, the practice will be able to apply for maternity alternative payment methodologies such as an increased case rate and seed money to hire behaviorists and panel managers. In addition, Yamhill CCO has integrated the Community Health HUB and the Yamhill CCO Wellness Center into CCO operations. The goal is to have a community health worker network that reaches into all Yamhill County communities as well as the two local hospitals and can act as a central care coordination HUB that assists local providers with connecting members to needed health and social services. The Yamhill CCO Wellness Center is an initiative that began with providing a local solution to persistent pain management for members who suffer from chronic pain. The wellness center is expanding its services by integrating chronic disease management programs for health issues such as diabetes, hypertension, and obesity as well as peer-led health education programs.

Early Learning Council

A significant advanced integration effort is the integration of the Early Learning HUB into Yamhill CCO operations. The integration of the Early Learning HUB into the CCO has brought educators, business leaders and health professionals together in an unprecedented way. With this integration, Yamhill CCO partners with the community to remove barriers to care for children through programs such as the Wellness to Learn program, and helps remove health issues as a barrier to effective early learning goals. The program works with local school districts to provide care coordination through the community health worker HUB for children who are at risk of failing in school due to a health or social service need.

Community Transformation

Finally, last September’s Fall Forum brought together a broad range of community partners, including representation from physical, mental, and dental health, and included a transparent update on the CCO’s operations, as well as robust discussion of the next steps for the organization. This annual event will continue to engage and integrate community stakeholders from various disciplines through a continued practice of collective impact and collaborative input approach. In addition to holding our third-annual Fall Forum this year, Yamhill CCO will be holding a Family Resiliency Conference in October, and will target healthcare providers as well as law enforcement, the business and faith communities, education professionals, and social and human service providers. The conference will establish locally-based objectives for reducing Adverse Childhood Experiences (ACEs) and building resiliency as a community, and represent Yamhill CCO’s commitment to community-based transformation.



Quality Measure Performance

The Yamhill CCO believes the OHA Financial Incentive Quality Measures serve as objective, validated and transparent performance measures with which to judge the organization. To that end, three stand out from 2013, the last reporting year with complete data, which can be improved upon. While we do not have certified complete 2014 data, our quarterly reports indicate we have the same struggles.

In 2013, the number of Emergency Department visits was recorded at 58.9 per 1,000 member months and is identified as an opportunity for improvement as it is above the established OHA benchmark of 44.6 per 1,000 member months. Closely related to this issue, is a second incentive measure, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey assessing members perceived access to care, in which 81.7% of members felt they had appropriate access to care.

Emergency Department Visits

In general, bolstering the primary care provider network may be the most effective solution to improving on both the Emergency Department and access to care metrics. Multiple efforts are underway to support and expand access to primary care. For example; Yamhill CCO developed a monthly Primary Care Learning Collaborative in which primary care clinics participate. Initially, the focus of the collaborative was geared toward educating clinics about the requirements of attaining status as a PCPCH. Now, greater than 80% of all Yamhill CCO members are served by a PCPCH. Further, these clinics now offer enhanced services such as expanded hours of care to provide members with access into the evening in place of the Emergency Department. As the learning collaborative continues, it will further define strategies for management, and share best practices with each other. Such as, implementing process improvement tools, and developing workflows for efficient delivery of care to maximize the number of patients the clinics can panel.

Additionally, Yamhill CCO has supported the recruitment and hiring of additional providers in primary care clinics, including physicians and nurse practitioners. These hires have allowed clinics to expand their panel sizes and increase the number of daily appointments. Yamhill CCO has also focused its Value Based Payment model on supporting and growing primary care clinics. While much of our initial efforts of the model focused on gaining clinic trust and participation, the model is transitioning to pay clinics based on their ability and performance of seeing their patients in the primary care setting instead of the emergency department. In this model, clinics will also be financially incentivized for ensuring members' health conditions are closely monitored.

Finally, Yamhill CCO has developed a member education program labeled "Member 101". This program was developed with the acknowledgement that many Yamhill CCO members have never had regular insurance coverage and do not have an understanding of the importance of



receiving regular primary care services or as to the availability of primary care, and personal accountability toward good health. This program works to educate members about the services offered by the Yamhill CCO and inform them they all have an assigned primary care provider and a care team with whom they are encouraged to form a relationship.

As a result of these efforts, the Yamhill CCO has begun to increase access to primary care and control Emergency Department utilization. Currently, every Yamhill CCO member is assigned to a primary care provider. Emergency Department utilization has also stabilized given these efforts. While a downward trend in Emergency Department utilization is anticipated for 2015, stabilization of use in the face of a greatly expanded membership from approximately 16,000 to nearly 25,000 members in 2014 under the Affordable Care Act expansion, is felt to be reflective of the effectiveness of current efforts.

Adolescent Well-Child

Yamhill CCO is making strides toward establishing a number of new workflows within clinics and healthcare centers, especially in regards to improving the number of annual Adolescent Well-Care (AWC) checks. Yamhill CCO reached 31.6% of the denominator for this metric, seeing 1068 CCO members for AWC checks. Yamhill CCO's goal is not to simply meet the metric for AWCs, but to improve overall provider education and shift the mindset toward annual AWCs as part of the regular care schedule. Additionally, providers are still learning how to properly code for AWC visits, and have not consistently been made aware of the incentive programs – the CCO offers nominal incentives to adolescents who complete their annual Well-Care checks – therefore advertisement has not been strong across all clinics. Distributing and marketing these incentives will be encouraged.

As the workflows become more established and annual checks become part of the new community “standards of care”, improvement is expected. In addition to increasing provider knowledge around AWCs, work is in place to capitalize on the more commonly attended sports physicals occurring both at clinics, and by providers going to the schools. Yamhill CCO has strengthened its relationship with the schools/districts, through routine collaborations, and is bolstering strategies to increase the number of AWC checks completed by our physicians administering school sports physical events. New and future programs will now also meet adolescents where they are, and expand brief sports physicals into more comprehensive exams. In addition, Yamhill CCO is working to encourage PCP engagement by encouraging the distribution of incentives. Clinics may also hold youth-centered events in an effort to bring groups of adolescents inside clinics for screenings, many of whom might be having their very first engagement with their PCPs.

SBIRT

The third area Yamhill CCO has an opportunity to improve its performance in is the implementation of the Screening Brief Intervention and Referral for Treatment (SBIRT) for



substance use disorders. This represents an innovative, evidence-based approach to addressing unhealthy substance use with medical patients through the performance of universal screening in the medical setting, regardless of medical complaint. Use of this tool by CCO's network clinics is tracked by the OHA as one of its 17 financial performance metrics.

In 2013, the first year in which SBIRT screening was adopted, Yamhill CCO's rate, like many other CCO's in the state was low at 1.7%. The low rate was felt due to several factors including lack of knowledge of the screening tool in the provider community and limited training on how to use the tool along with what to do with the results. Over the course of 2014, the Yamhill CCO put in place multiple initiatives to support the use of SBIRT. These included provider education at the organization's Primary Care Learning Collaborative and fostering the sharing of best practices around optimal workflows for SBIRT adoption in the clinic setting. Additionally, efforts were made to leverage the behaviorists in primary care to strengthen the SBIRT screening process. As a result of these efforts, the organization improved its screening rate to 5% to date in 2015, exceeding the established OHA improvement target rate of 4.7%. SBIRT use has also expanded to the Emergency Department. With this, an opportunity exists to improve referral of members for treatment who screen positive on the exam.

Addictions treatment penetration rates remain a high priority for Yamhill CCO, and while SBIRT represents a tool for primary care providers, there are other Yamhill CCO supported innovations taking place in order to increase access and retention for substance use treatment. One example is the expanded use of Certified Recovery Mentors who are deployed throughout the community to engage individuals and help them along a path to recovery and wellness. These individuals are peers with lived experience who can often make the difference to help someone find the courage to enter treatment and choose a life that is alcohol and drug free. Some Certified Recovery Mentors work within existing programs like specialty drug courts aimed at criminal justice populations and transitional treatment activities for parents who have children involved in the Child Welfare system, while others are solely community-based to meet individuals wherever they spend their time.

In closing, while improving upon SBIRT screening, Emergency Department utilization and primary care access has been important, the process by which this improvement has taken place by coordinating community wide efforts through the Yamhill CCO speaks to the power of the organization to serve as a platform for health systems transformation.

The Yamhill CCO has functioned as a convener to bring together providers, educators, community partners, local government and most importantly members receiving benefits to design, build and successfully manage a system which has improved the health and lives of the community it serves. Our community stands united with a vision for long term population health improvement, stewardship of public resources, and ensuring that every member receives high quality health services.



End
