Oregon Coordinated Care Organization Development

eocco

EASTERN OREGON
COORDINATED CARE
ORGANIZATION

One State's efforts to implement community based health reform

Oregon's Health Care Reform: The Triple Aim

I. **Better health**
II. **Better care**
III. **Lower costs**

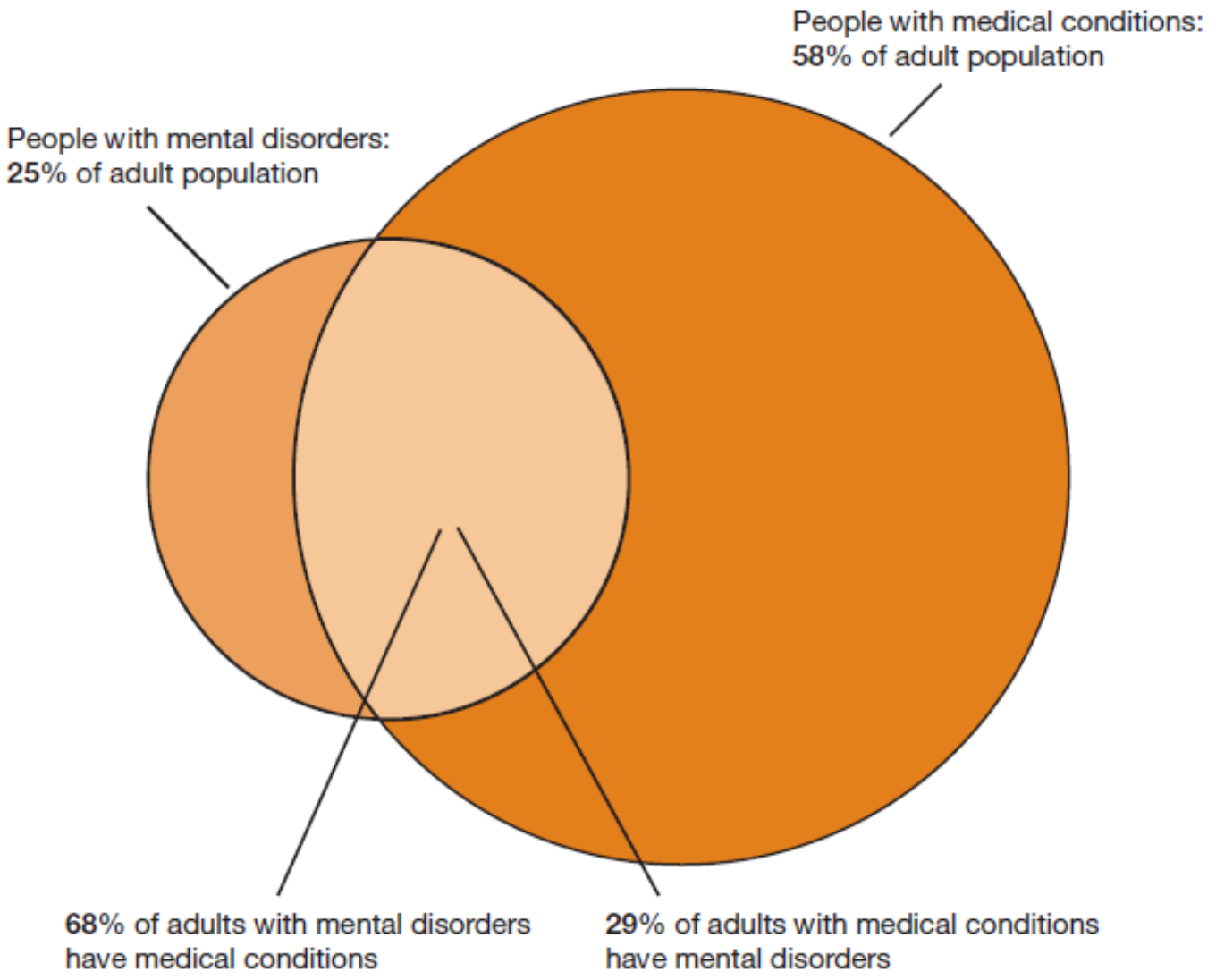
Does not happen unless we move from a crisis response system to a trauma informed crisis prevention system.

The U.S. has a *Sick Care* System, not a *Health Care* System

- ✓58% of Americans have medical conditions
- ✓50%+ of these receive care from 3+ physicians
- ✓Treatment accounts for 75% of direct medical care in the U.S

The People You Serve are in the Critical Path

Figure 1: Percentages of people with mental disorders and/or medical conditions, 2001–2003



Source: Adapted from the National Comorbidity Survey Replication, 2001–2003 (3, 83)

Most of the cost is concentrated in a small number of enrollees

- ✓In Eastern Oregon, 5% of enrollees are responsible for 55% of all Medicaid costs, each averaging $25,000 in 2013
- ✓Within that number, 2.4% of enrollees were responsible for 42% of costs→ each averaging $68,000 for that same time period

What we will cover today

- ✓How Oregon's Coordinated Care Organizations (CCO's) are organized.
- ✓How our Mental Health Organization built a CCO
- ✓How we begin speaking a common language with the rest of the healthcare community
- ✓How we are developing an upstream agenda of better personal health, prevention, and promotion

Oregon's Concept (ORS 414.625)

- ✓ Person-centered care
- ✓ *Comprehensive, coordinated care management*
- ✓ *Assistance with navigating the health care system*
- ✓ *Accessible (geographically, financially, diverse & underserved)*

Oregon's Concept (ORS 414.625)

- ✓ Emphasis on prevention, healthy lifestyle, evidence-based practices
- ✓ Focused on measurable and meaningful health outcomes
- ✓ Community-Based
  - ➢ Community Advisory Councils
  - ➢ Community Health Improvement Plans as a guide to locally achieving the Triple Aim

Core elements of a Coordinated Care Organization (CCO)

- ✓ Network of all types of health care providers who have agreed to work together in their local communities
- ✓ Flexibility to support new models of care that are
  - ➢ patient-centered
  - ➢ team-focused
  - ➢ reduce health disparities

Core elements of a Coordinated Care Organization

- ✓Coordinate services
- ✓Patient-centered focus on prevention and chronic illness management
- ✓Flexibility within a predictable global budget to provide community-based services in addition to the traditional Medicaid benefits

100% Integrated Care

- CCO's will be required to have 100% of their members enrolled in person-centered medical homes with fully integrated behavioral health services

100% Integrated Care

- CCO's will be responsible for tracking and assisting with elements of a person's health-related quality of life and well-being including:
  - ✓Transportation
  - ✓Housing
  - ✓Employment & Financial Security
  - ✓Nutrition
  - ✓Education

Mental Health Organization → CCO

GOBHI provided Medicaid mental health benefit in 17 counties of Oregon while 7 different health plans and 6 dental plans Responsible for physical heath and dental benefits in those same counties

Governor said that it was difficult enough for most persons to work with one insurance company and we were expecting most vulnerable Oregonians to work with three separate entities to access care

Mental Health Organization → CCO

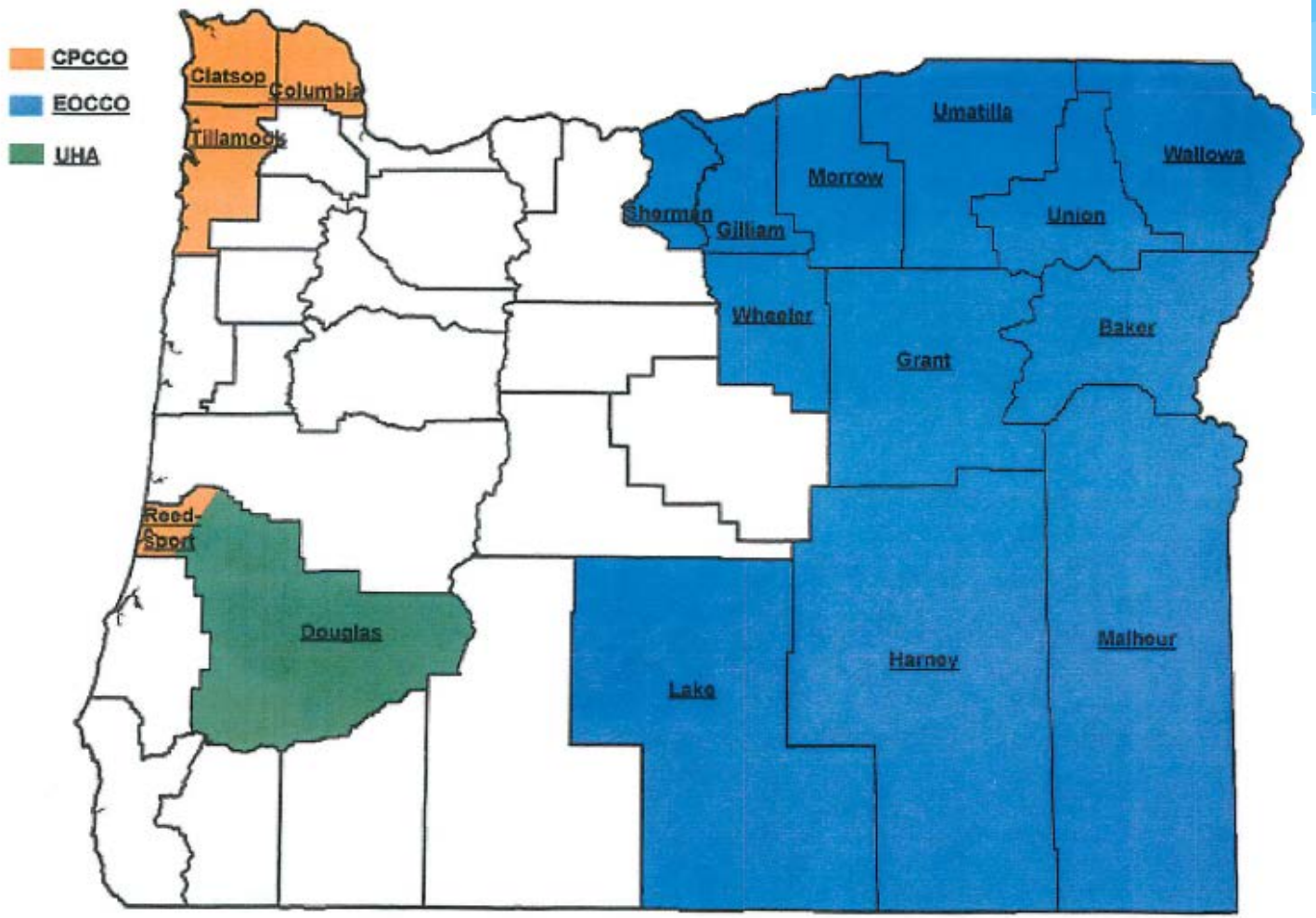
Owners of the Eastern Oregon CCO are

- GOBHI (29%)
- Moda Health (29%)
- 4 hospitals (10% each)
- Federally Qualified Health Center (1%)
- Independent Physicians Association(1%)

Mental Health Organization → CCO

- CCO Board of Directors includes not only owners but County Commissioners, Mental Health, Public Health, Juvenile, Senior Services, and Physicians
- Each County has a Community Advisory Council (CAC) with a majority of its members being consumers of health care to provide oversight of the CCO

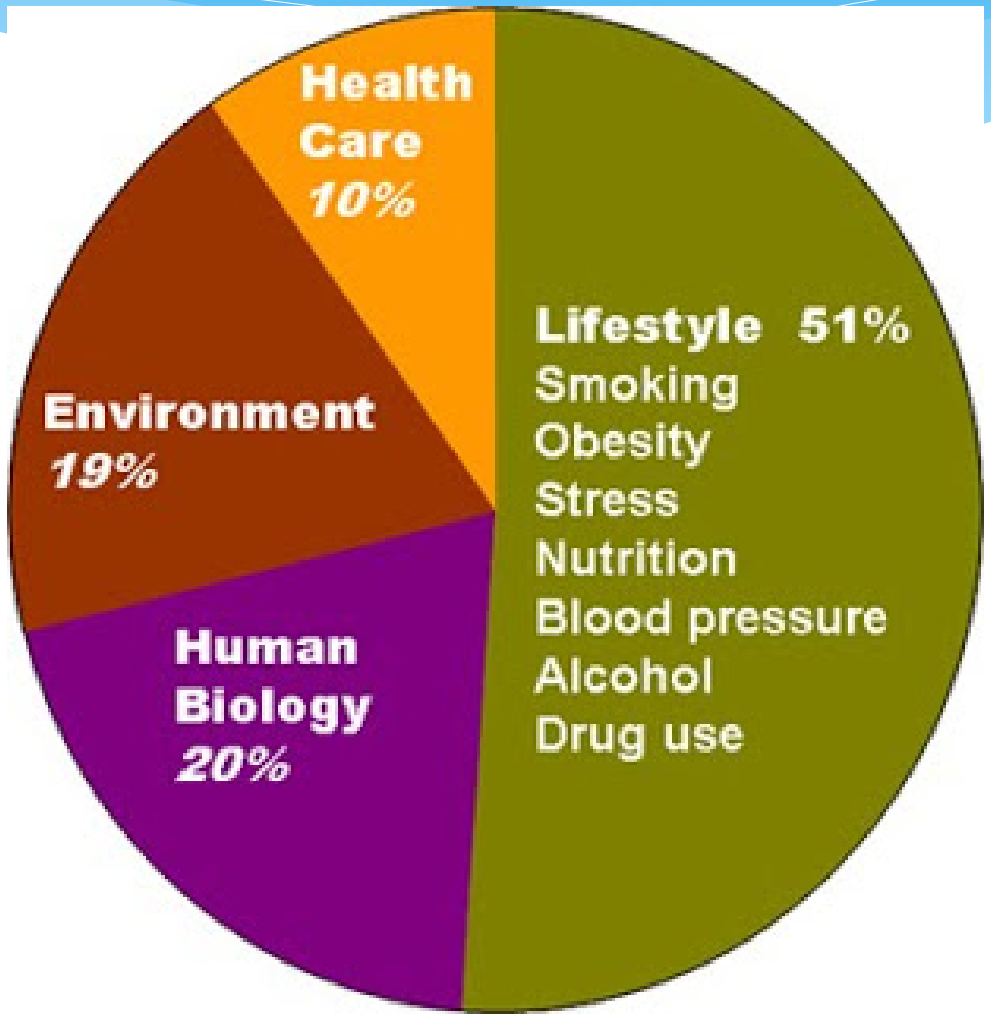
CCO's in which GOBHI is a partner of collaborator

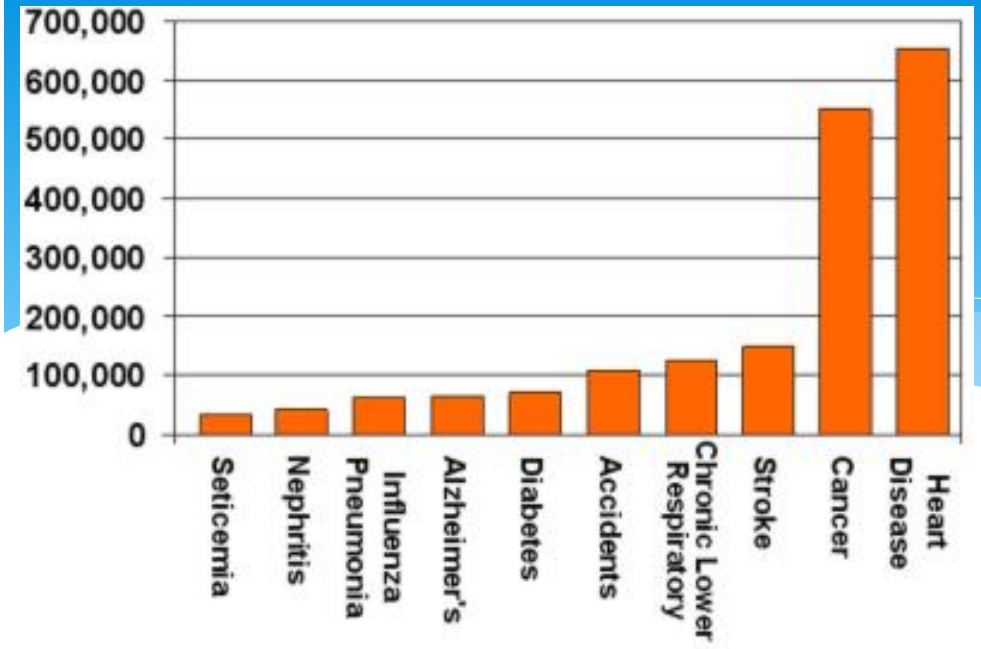


How we begin speaking a common language with the rest of the healthcare community

Determinants of Health

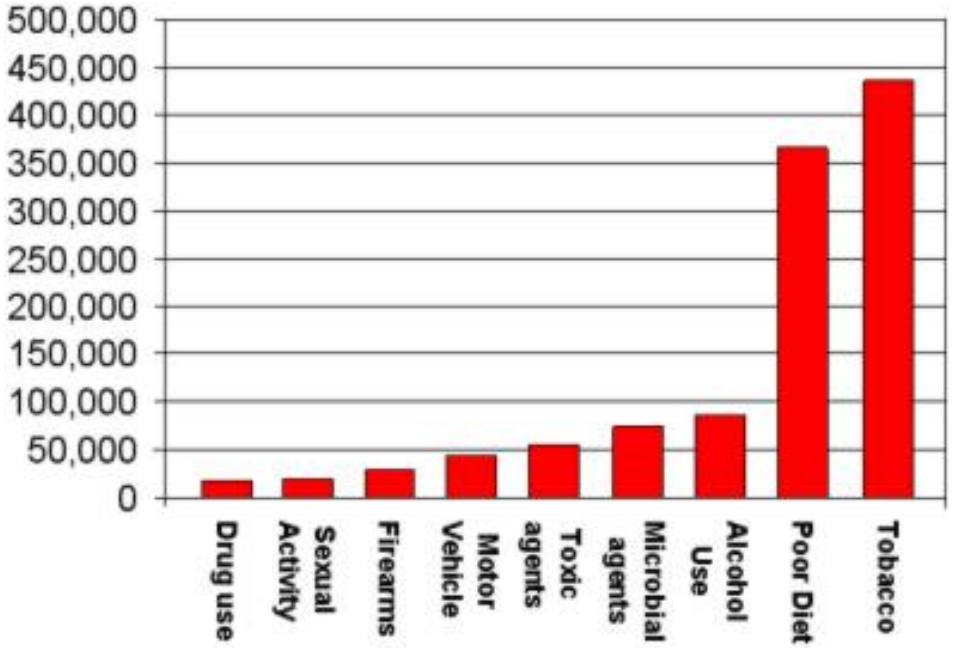
World Health Organization 2009





Leading Causes of Death

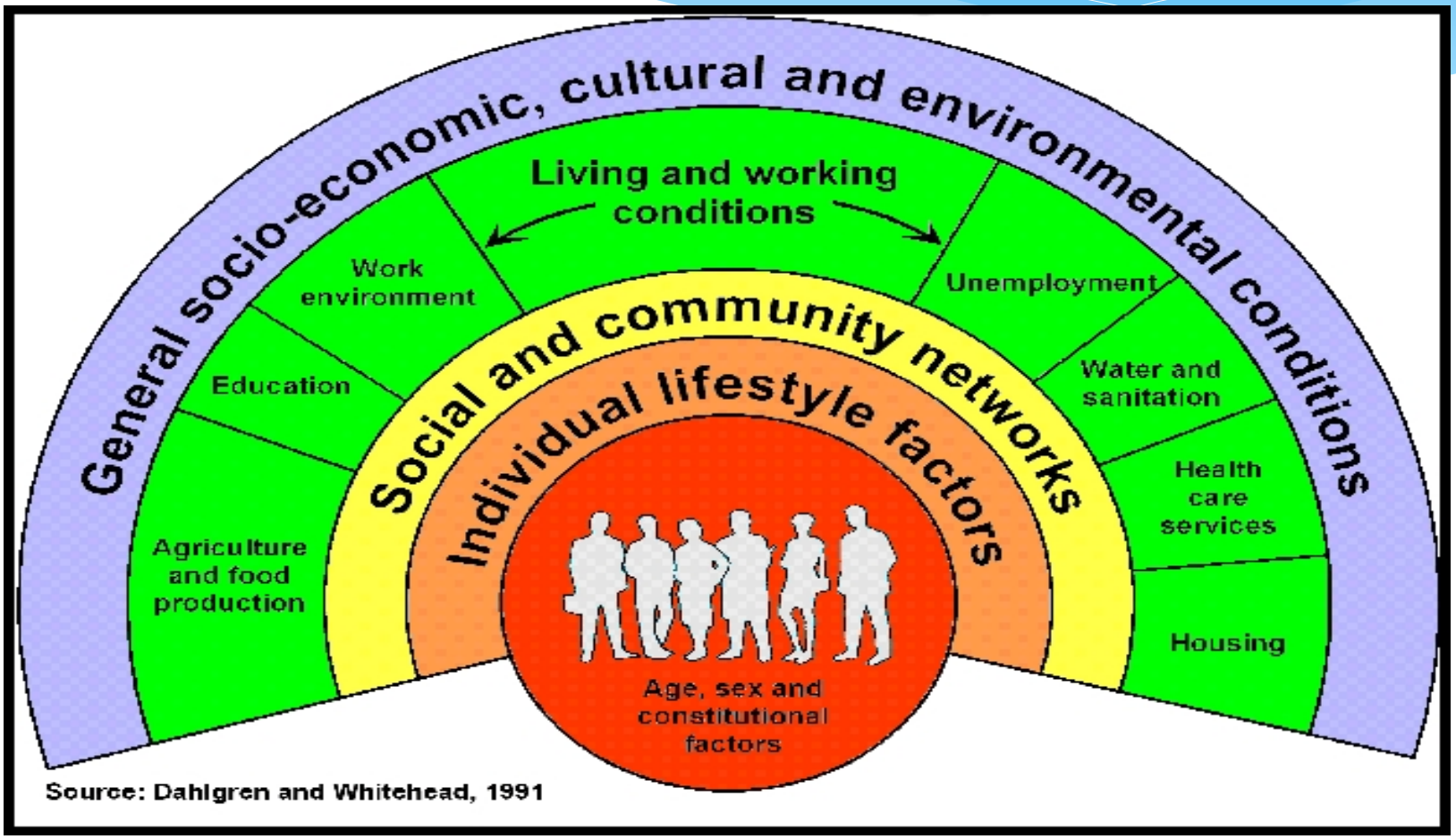
VS



Actual Causes of Death

McGinnis JM, Foege W H, 1994

This is the model we used to create CCOs



Most health problems have physical and psycho-social components

- Physicians and their patients look for purely physical causes for the patient's problems
- The behavioral specialists job is to reframe the issue to include psychosocial stressors that impact the patient's health

Behavioral health diagnoses are very prevalent in the CCO

- ✓Of the super-utilizers of services in Eastern Oregon 2013, over 65% had one or more behavioral health diagnoses
- ✓This population also has significant problems with transportation, housing, jobs, nutrition, and educational opportunity

Strength-based Approaches in CCO

- ✓All persons involved in CCO's are being trained to approach their job as a community health worker or peer supporter
- ✓Strategy: build on small successes rather than inventorying overwhelming needs
- ✓Collaborate with community partners with common agendas to identify common causes of healthy challenges

Adverse Childhood Experiences (ACE) Study

* 1998 Kaiser Permanente & the Centers for Disease Control study examining effects of adverse childhood experiences over one's lifespan (>18,000 people)
  * V. Fellitti and R. Anda
* Demographics
    * Average age 57
  * "Solidly middle class"
    * White
    * Attended college
* Surveyed about experience up to 18 yo
* "ACE Score" Computed based on positive repose to each

Adverse Childhood Events / Rate:

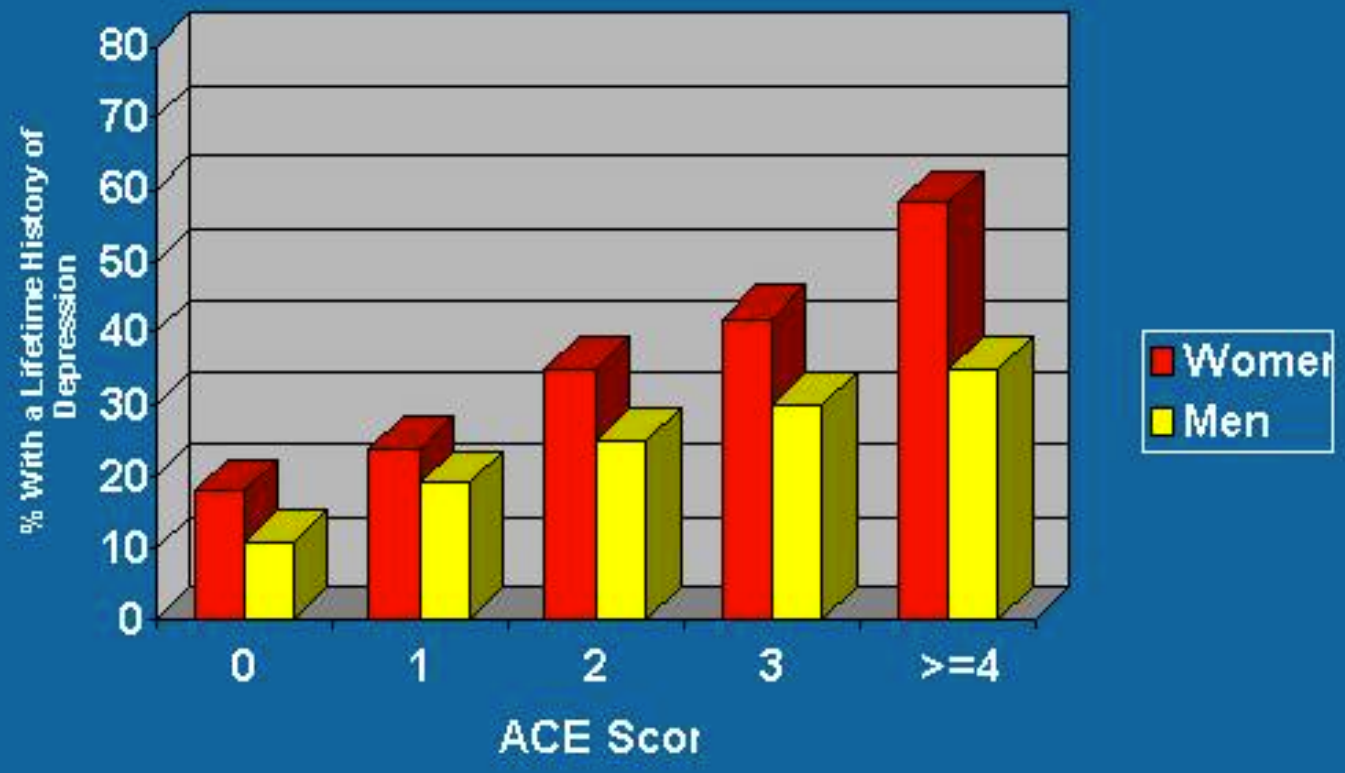
- Substance Abuse 27%
- Parental Separation/Divorce 23%
- Mental Illness 17%
- Battered Mother 13%
- Criminal Behavior 6%
- Psychological Abuse 11%
- Physical Abuse 28%
- Sexual Abuse 21%
- Emotional Neglect 15%
- Physical Neglect 10%

Health Risks

Childhood Experiences vs. Adult Alcoholism

Mental Health

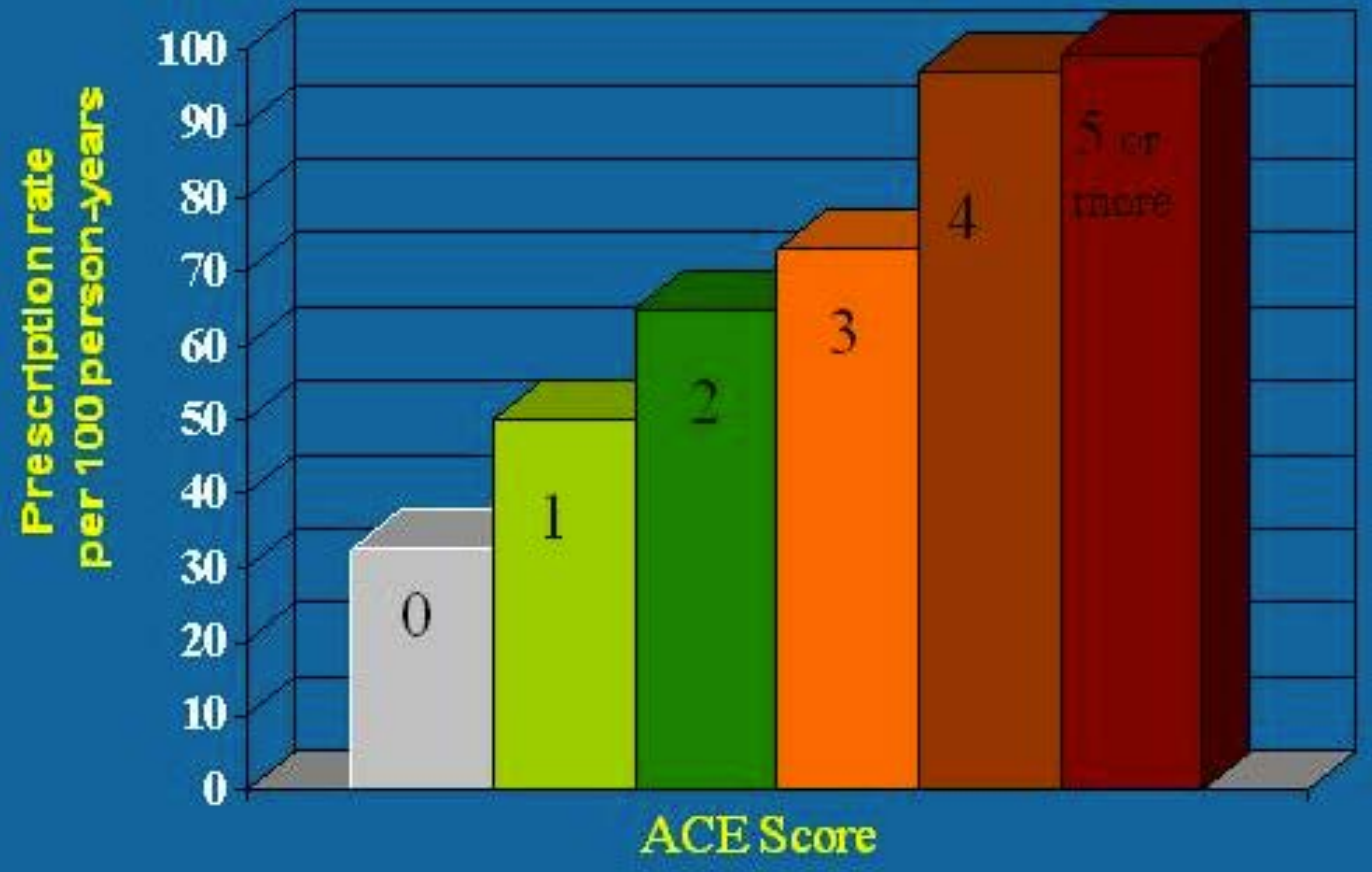
Childhood Experiences Underlie Chronic Depression



Mental Health: Costs

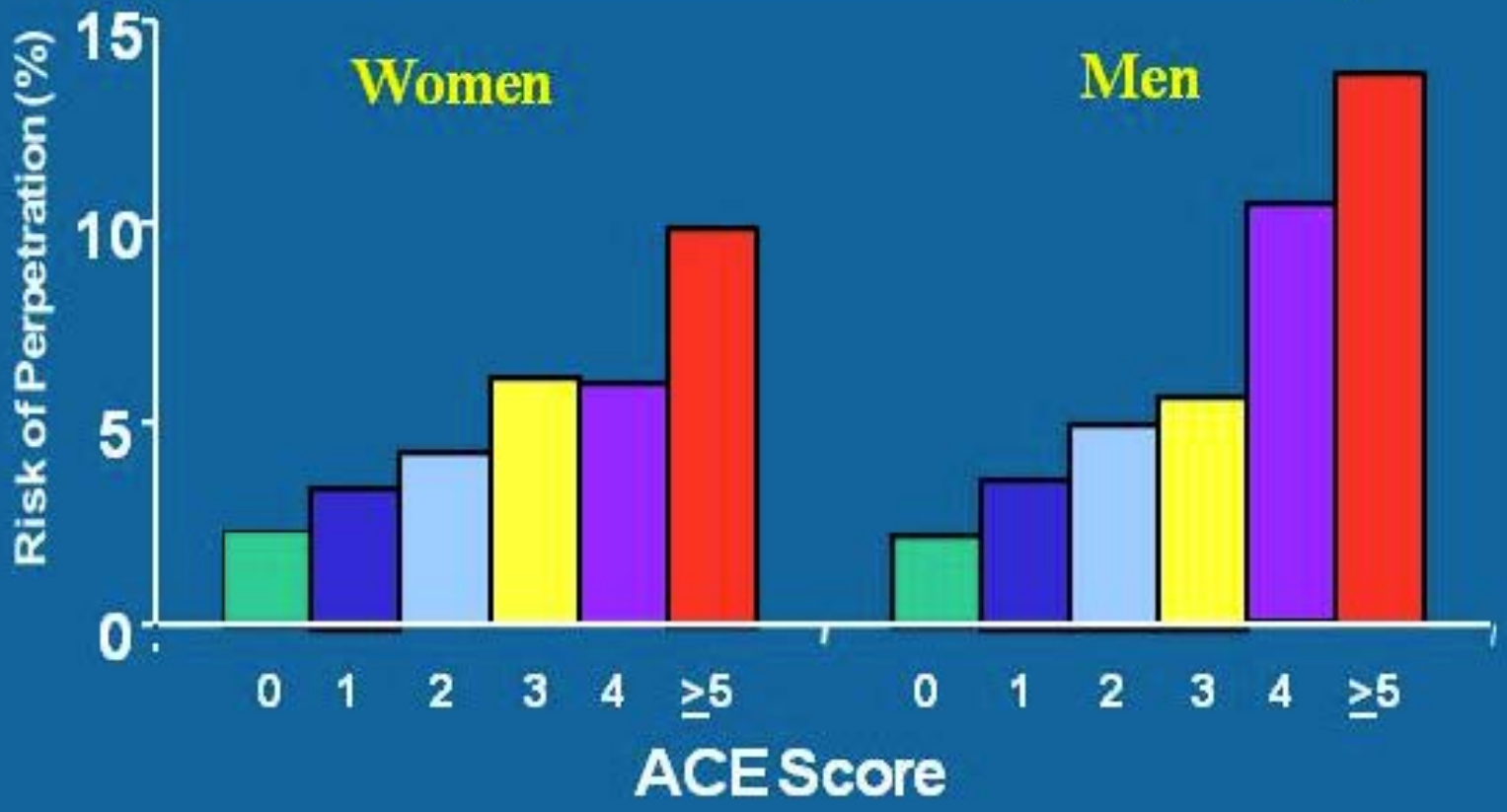
ACE Score and Rates of Antidepressant Prescriptions

approximately 50 years later



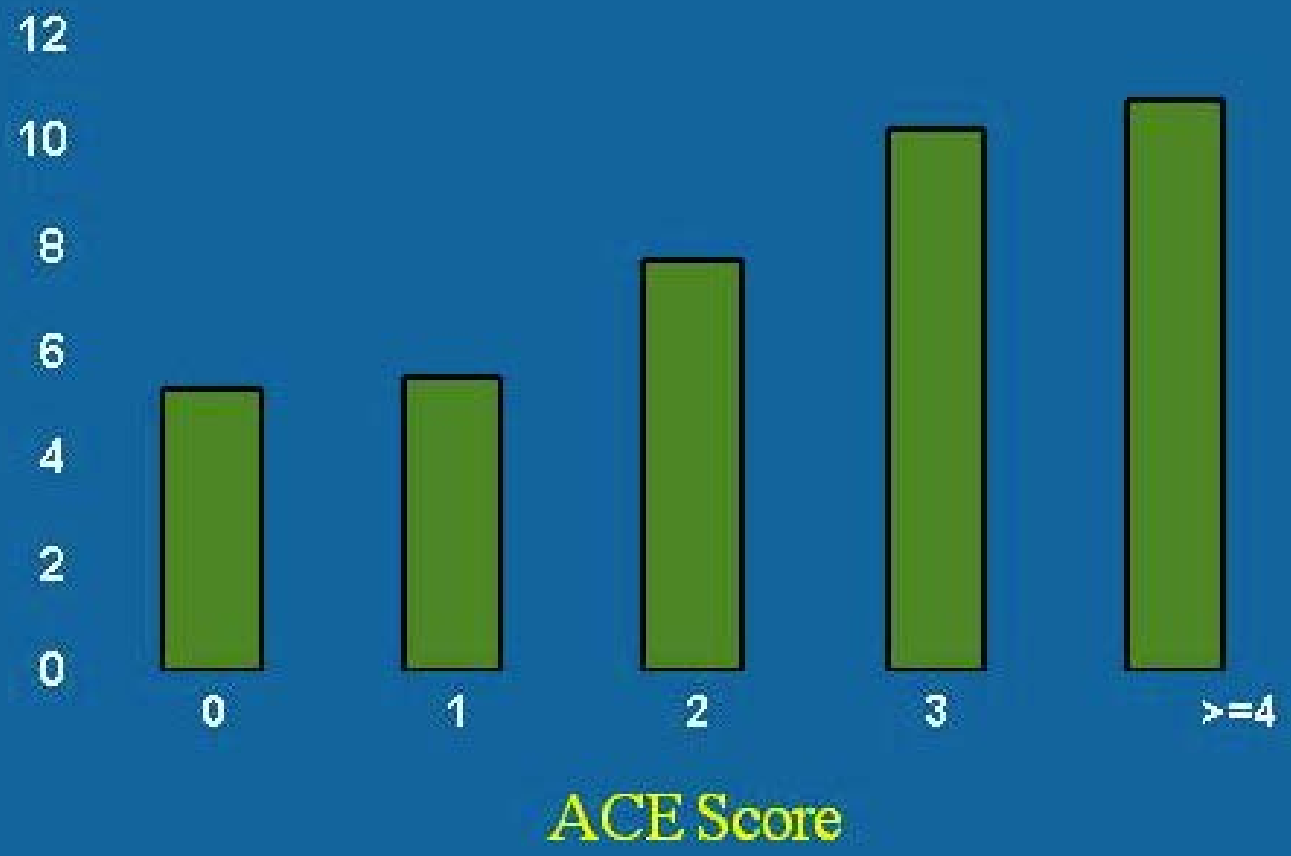
Socialfunction

ACE Score and the Risk of *Perpetrating* Domestic Violence



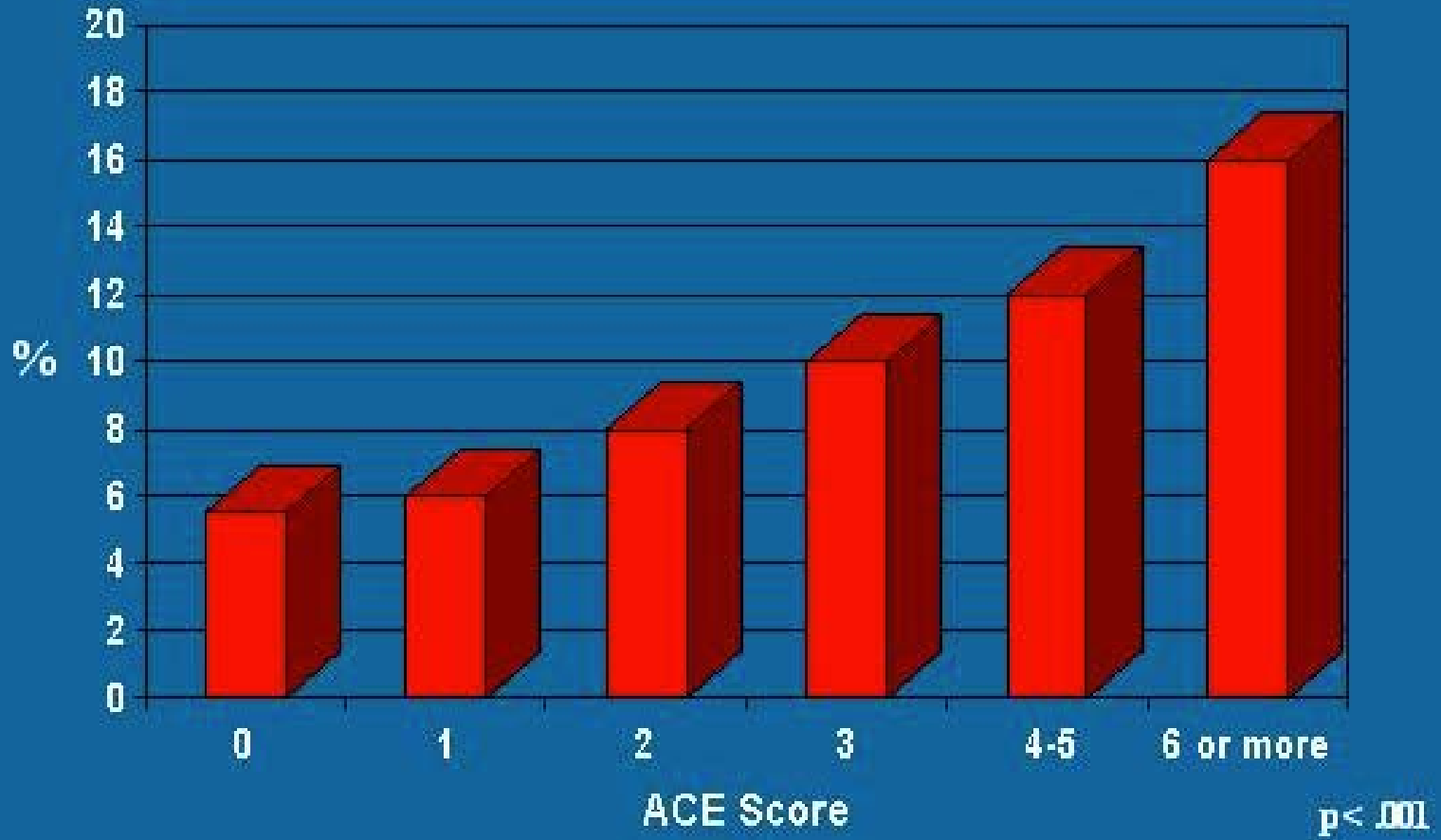
Biomedical Disease

The ACE Score and the Prevalence of Liver Disease (Hepatitis/Jaundice)



Health Risks

Adverse Childhood Experiences vs. Smoking as an Adult

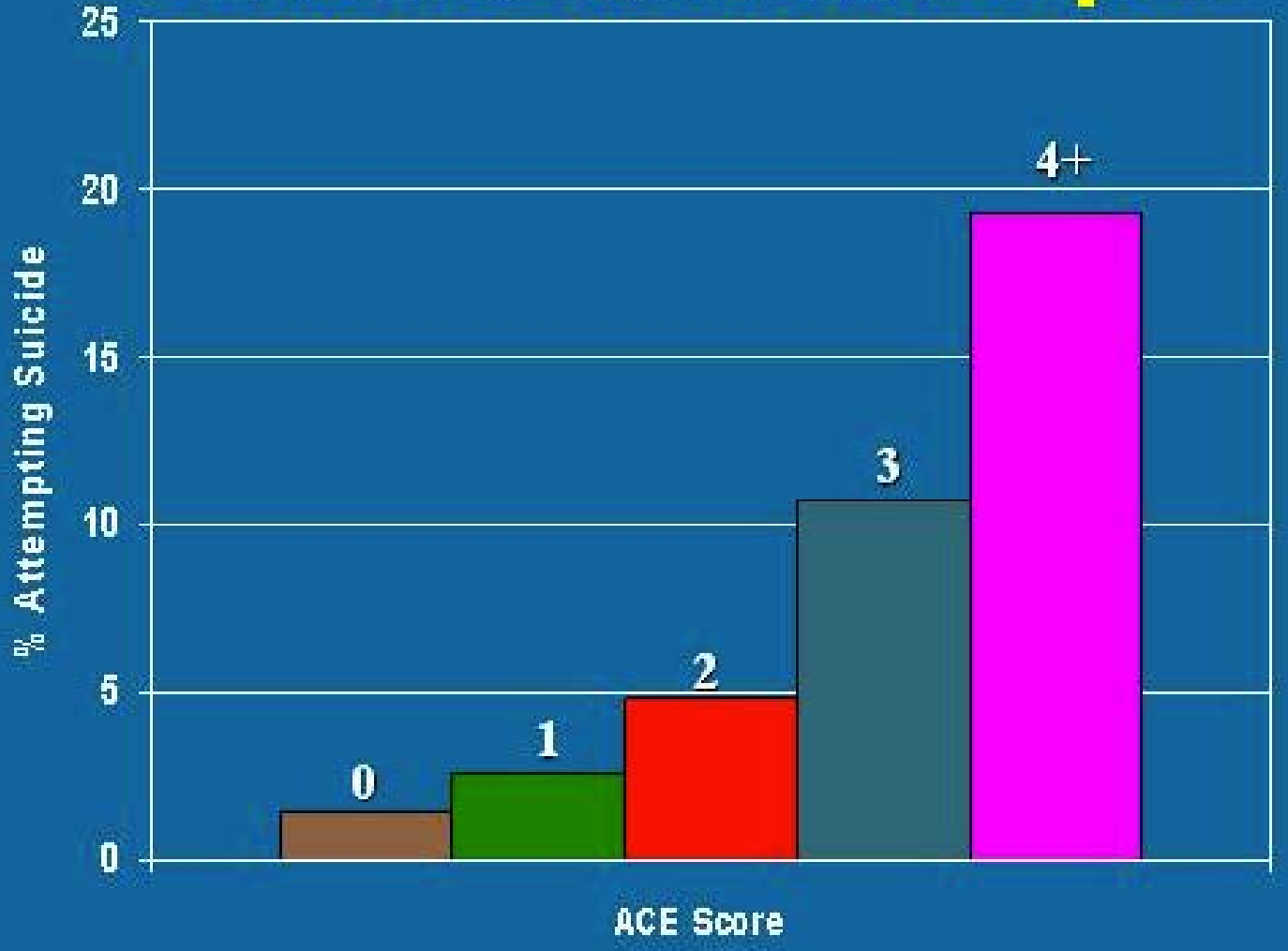


Well-being

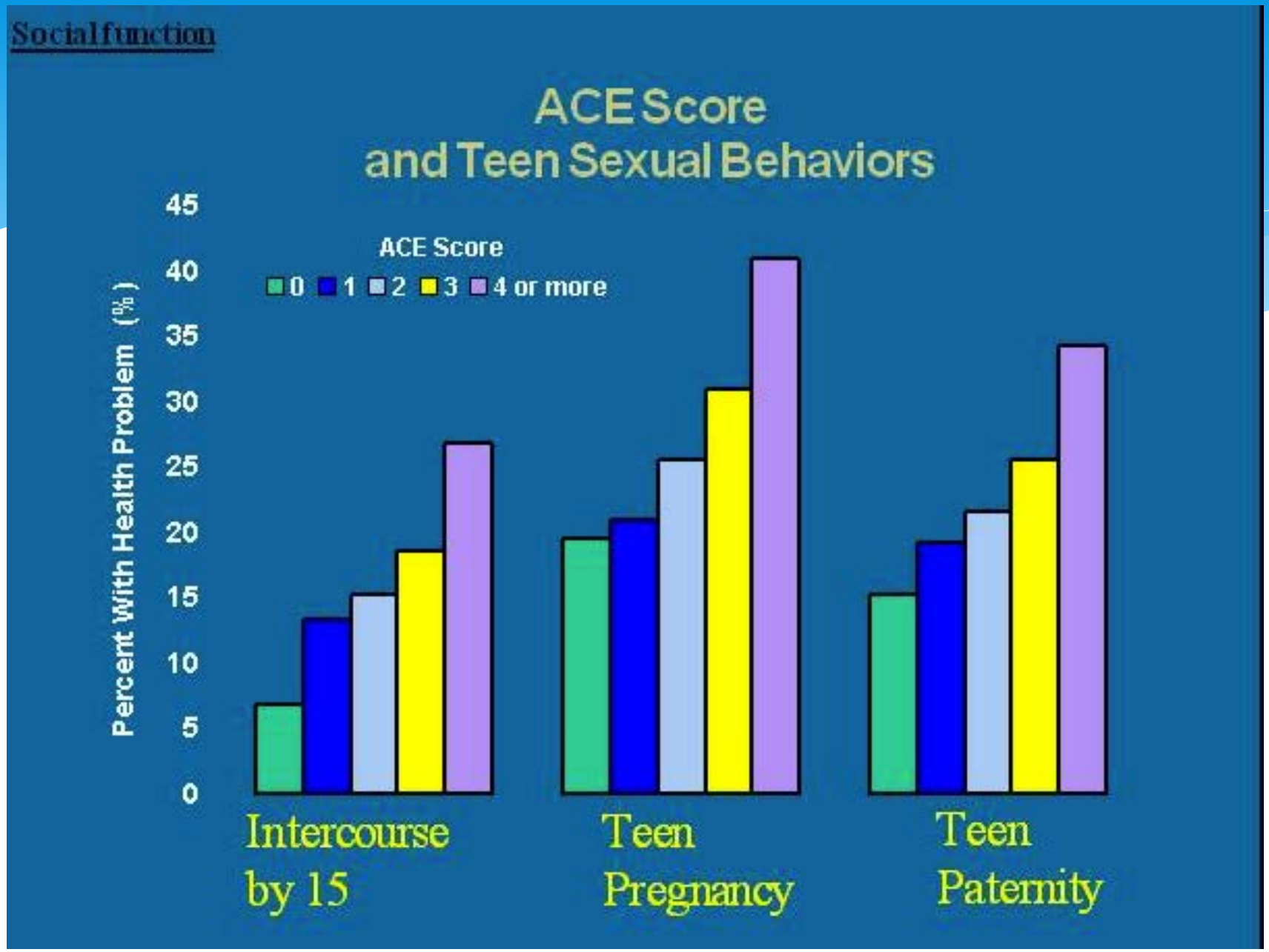

Childhood Experiences Underlie Later Being Raped
% Reporting Rape
35
30
25
20
15
10
5
0
0
1
2
3
4
+
ACE Score

Mental Health

Childhood Experiences Underlie Suicide Attempts

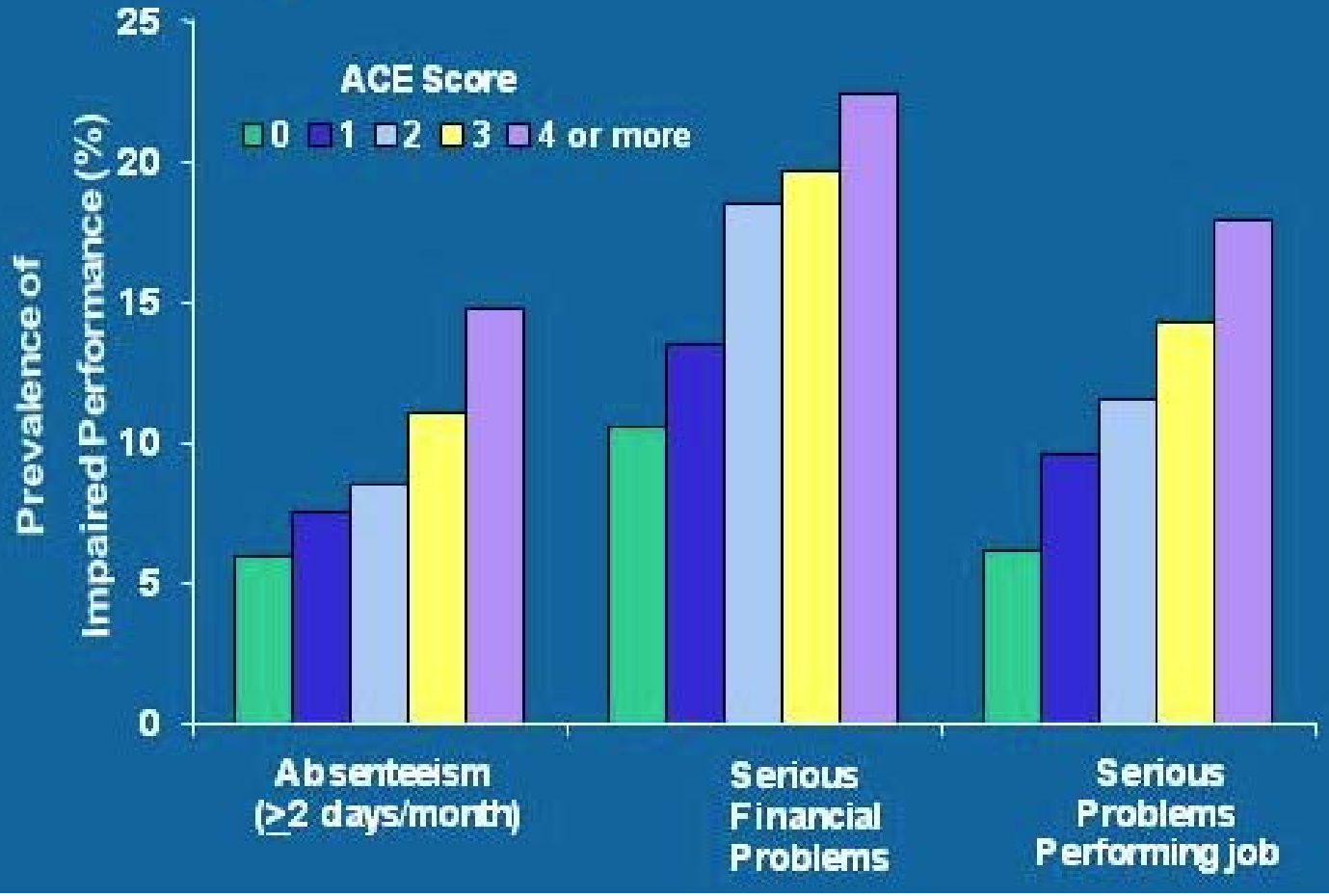


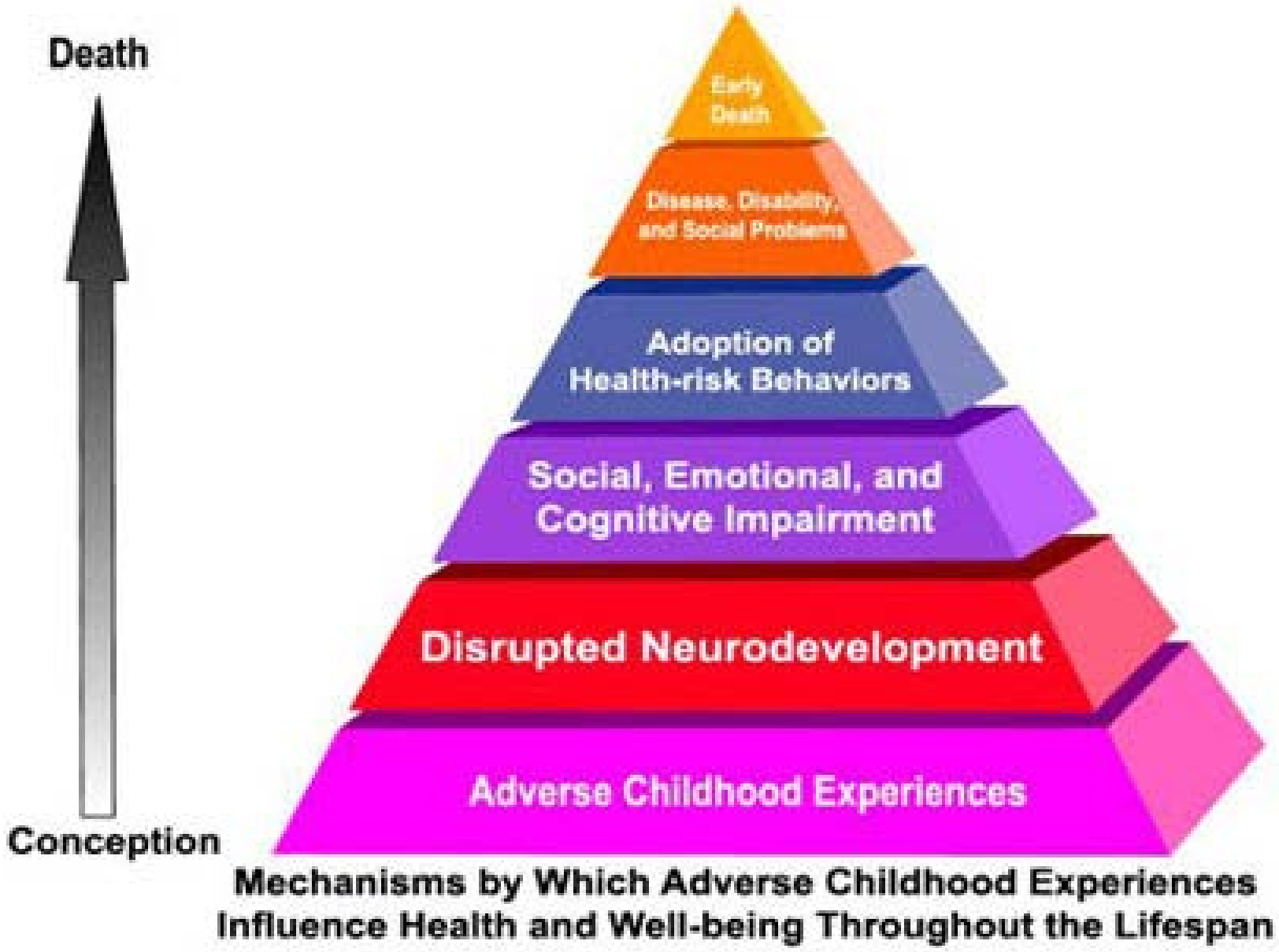
Socialfunction



Social function

ACE Score and Indicators of Impaired Worker Performance





Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

"Violence is not randomly distributed."

Poverty And Trauma

* Children in households below $15,000 / year, with non High School graduating parents or someone on public assistance, are 5 times more likely to experience maltreatment
* Families with under/unemployment have increased risk of intimate partner violence
* Hospitalizations for assaults increase with the level of neighborhood deprivation

Poverty, Trauma and Health

* 77% of children exposed to school shooting and 35% of urban youth exposed to community violence develop PTSD -- a higher rate than soldiers deployed to combat areas
* Young people exposed to violence as victim or witness are a significantly higher risk for PTSD, Depression and Substance Abuse

Fact Sheet: Violence and Health Equity
www.preventioninstitute.org/unity

Prevention Institute
Prevention and equity | at the center of community well-being

How we are developing an upstream agenda of better personal health, prevention, and promotion

- Implement efforts which will develop immediate savings in the health care system to allow further investment in prevention including:
  - ✓ Hot spotting and development of team based, person centered services for super utilizers
  - ✓ Develop Sequential Intercept Model for persons entering emergency rooms by deploying social workers to ER's during times of greatest use and developing alternatives to future use
  - ✓ Implement Crisis Intervention Team Training in every County
  - ✓ Develop and support Mental Health Courts and Drug Courts in every County
  - ✓ Develop and Support Local Crisis Resolution Centers to offer alternatives to ER or jail for persons in behavioral health crisis

2014 CCO Incentive Measures

* **Quality bonus pool available to EOCCO**
  * $6,500,000 (Estimated)
  * 2014 holdback is 3% of the global budget increase for each CCO
  * Additional challenge pool funds available
    * Diabetes HbA1c control
    * Depression screening and follow up
    * PCPCH enrollment
    * SBIRT

EASTERN OREGON CCO					
Incentive Measure	***2011 Baseline***	***2013 Final Rate***	***2014 Improvement Targets***	***2014 Rate through 8/31/14***	***On Track to meeting 2014 measure Y/N***
Adolescent well care visits	23.7%	22.3%	25.8%	12.1%	N
Alcohol and drug misuse: screening, brief intervention, and referral for treatment (SBIRT)	0.2%	0.8%	3.8%	4.4%	Y
Ambulatory care: emergency department utilization	65.7	59.2	57.7	57.8	N
CAHPS Access to care: Getting care quickly	84.0%	83.7%	85.7%	No data available	Neutral
CAHPS Satisfaction with care: Health plan information and customer service	71.0%	84.5%	86.5%	No data available	Neutral
Colorectal cancer screening	4.5	9	TBD	18.3 Per 1,000 mm	Y
Developmental screening in the first 36 months of life	6.7%	30.0%	32.0%	29.1%	Y
EHR adoption	12.0%	46.0%	49.0%	55.0%	Y
Elective delivery before 39 weeks	7.2%	1.8%	5.0%	No data available	Y
Follow up after hospitalization for mental illness	67.9%	55.3%	58.3%	50.0%	N
Follow up care for children prescribed ADHD medications (Initiation)	57.6%	56.3%	51.0%	51.7%	Y
Mental and Physical Health Assessments for Children in DHS custody	54.5%	100.0%	90.0%	27.9%*	N
Patient-Centered Primary Care Home (PCPCH) Enrollment	3.7%	63.3%	60.0%	63.0%	Y
Prenatal and postpartum care: timeliness of prenatal care	68.3%	78.3%	79.5%	84.8%	Y

**Data is incomplete. The rate is likely better.*

Core Elements of Community Health Improvement Plan

1. Improve health outcomes for children ages 0–5 through integrated services
2. To improve the skill sets of residents of EOCCO to recognize and seek treatment for mental health issues
3. To implement a standardized approach to the use of community health workers
4. Improve oral health for children under 10 years old

Core Elements of Community Health Improvement Plan

5. Better align public health services with primary care for population health management
6. Improve the skill set of all local community advisory council (LCAC) members
7. Establish 501(c)3 nonprofit organization to seek private, corporate and government funding to Implement strategies across the EOCCO region
8. Allow LCACs to use their local knowledge to test innovations in science in partnership with university-based researchers

Key Points

People throughout Oregon believe we are on the right track to achieve the Triple Aim because:

- ✓Coordinated Care Organizations are moving from medical care to healthcare in the services we deliver and through redesign of the delivery system
- ✓We recognize the importance of involvement of behavioral health in CCO development and operation
- ✓We are developing upstream agendas of better health, prevention, and health promotion by understanding the impact of social determinants of health

Kevin M. Campbell, CEO

http://gobhi.org/

http://www.eocco.com/

http://www.colpachealth.org/

http://www.umpquahealthalliance.org/