Integrating Public Health and Social Services with Delivery System Reform: Innovative Strategies from Oregon

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Presentation overview

- Oregon’s Health System Transformation: the coordinated care model and coordinated care organizations
- CCO Metrics and Population Health
- CCO/Public Health Partnerships
- Community Grant Program
- Community Advisory Councils
Oregon’s health system transformation

- Began implementing the coordinated care model within coordinated care organizations (CCOs)
  - CCOs are networks of all types of health care providers (physical health, addictions and mental health, and dental care) who work together to serve Oregon Health Plan (Medicaid) members

- Now spreading the coordinated care model to other payers
## Oregon’s Coordinated Care Model within Coordinated Care Organizations

<table>
<thead>
<tr>
<th>Before CCOs</th>
<th>With CCOs</th>
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<tbody>
<tr>
<td>Fragmented care</td>
<td>Coordinated care: physical/behavioral/oral health</td>
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<td>Disconnected funding streams with unsustainable rates of growth</td>
<td>One global budget with a fixed rate of growth</td>
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<td>No incentives for improving health (payment for volume, not value)</td>
<td>Metrics with incentives to improve quality and access</td>
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<td>Health care services paid for</td>
<td>Flexible services beyond traditional medical care may be provided to improve health</td>
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<td>Health care delivery disconnected from population health</td>
<td>Community health assessments and improvement plans</td>
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<td>Limited community voice and local area partnerships</td>
<td>Local accountability and governance, including a community advisory council</td>
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### Coordinated Care Organization Service Areas

- Columbia Pacific Coordinated Care Organization
- Willamette Valley Community Health
- Portland Community Health Network Coordinated Care Organization
- Willamette Valley Community Health Plan
- Western Oregon Medicaid Health, LLC
- OHIOHealth Alliance
- Oregon’s Health Alliance
- PacificSource Community Solutions/Coordinated Care Organizations
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Early successes

Performance Report on CCO Quality Measures
• Staying within budget
• Decreased emergency department visits
• Decreased hospitalization for chronic conditions
• Increased primary care

MEASURING SUCCESS
CCO Incentive Measures

• Annual assessment of CCO performance
  – Quality pool paid to CCOs for performance
• Originally CCO incentive measures focused on process and in clinical settings
• New incentive measures focus on population health:
  – Dental sealants on permanent molars for children (2015)
  – Effective contraceptive use among women at risk of unintended pregnancy (2015)
  – Tobacco use prevalence (2016)
  – Immunization rate by 2nd birthday (2016)
CCO/Public Health Partnerships

• Trillium CCO invests $1.33 per member per month to the county public health department
  – Goal: support prevention programs that reduce the demand for chronic care and improve community health

• Intercommunity Health Network CCO created Regional Healthy Communities Steering Committee
  – Collaboration with three county public health departments and other community stakeholders
    • Goal: coordinate health initiatives and blend services and infrastructure

Community Prevention Grant Program

• State Innovation Model (SIM) funds: $1.6M
• Joint application: CCO and Local Public Health
  – Identified issue using community health assessment
• Required community and health system intervention
• Focus of grants:
  – Opiate overdose prevention
  – Prenatal and early childhood health promotion
  – Tobacco prevention
  – Preconception health
Example: Opiate overdose prevention

Community interventions

- Community distribution of naloxone through social service providers, law enforcement, EMTs, etc.
- Good Samaritan law to encourage individuals to call 911 in the event of an overdose
- Campaigns to educate about the danger of prescription opiates; alternative pain therapies

Health system interventions

- Standardized opiate prescribing guidelines across provider offices and hospitals
- Co-prescription of naloxone with opiates

Preliminary outcomes: 877 opiate overdose reversals reported from community members receiving naloxone; 29% decrease in heroin-related deaths.
Community Advisory Councils (CACs)

CCOs must have a CAC “to ensure that the health care needs of the consumers and the community are being addressed.”

CACs:
• Consumers (majority), community, government
• “Identify/advocate for preventive care practices”
• Oversee community health assessment and community health improvement plan to serve as “strategic guidance for the CCO to address health disparities and meet health needs for the communities in their service area(s)”

Ensuring CACs are Effective in Promoting Community Health

• Individual and organizational supports needed:
  – Outreach
  – Orientation
  – Retention
    • Stipends, meals
• Subject matter expertise
• Official interactions with CCO leadership
  – CAC representation on boards and agendas
Community Health Improvement Plans: priorities & projects

• Public health/social determinants/health equity: 60% of CHIP priorities
  – Clinical: other 40%

• Innovative CAC-led projects:
  – Meals on Wheels for all Medicaid members discharged from the hospital
  – Using a Community Health Worker to support pregnant teens at a local high school
  – Integrating chronic disease management in supported housing

Health System Transformation
Health.Oregon.gov

More information at:
TransformationCenter.org