Coordinated Care Organizations and Care Coordination

CENTRAL CITY concern

Central City Concern: Who we are

Providing comprehensive solutions to ending homelessness and achieving self-sufficiency.

Serving approximately 13,000 individuals yearly.

CENTRAL CITY concern

Four Dimensions to Mission

Housing – 1,600 units

Integrated Care – 150,000 visits

Peer Support – 42,700 hours of service

Employment – 460 jobs

History: healthcare transformation in Oregon

Governor Kitzhaber
Old Town Clinic – Feb 2011

Governor Kitzhaber
Old Town Recovery Center– May 2012

CENTRAL CITY concern

Central City Concern role in Health Share of Oregon

- Founding member
- Strategic education
- Portland metro area Community Health Centers
- Tri-County Community Behavioral Healthcare Network
- Workgroups

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Health Share of Oregon Board of Directors

Founding Members

Hospital Systems:
- Adventist Health
- Kaiser Permanente
- Legacy Health
- Oregon Health & Science University
- Providence Health & Services
- Tuality Healthcare

Counties
- Clackamas County
- Multnomah County
- Washington County

Other

CareOregon (MCO)
Central City Concern

Elected Board members

-Primary Care Provider physician
-Specialist physician
-Nurse Practitioner

-Mental Health Treatment Provider
-Addiction Treatment Provider
-Dentist
-Community-at-Large – two members

-Chair of Community Advisory Council:

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$1.9 Billion Federal Support for CCOs!

- 5 year Investment
  - Cut cost growth by 1% pts after 2 years, then 2%
  - Measurably improve quality and access
    - 17 P4P metrics, 2% global budget bonus at risk
    - 1% timely reporting withhold for quarterly data
- 6 Key Transformation "Levers"
  - Focus on "those with multiple or complex conditions"
  - Alternative payment methods focused on outcomes
  - Integrated physical, behavioral, oral models of care
  - Administrative simplification / new models of care
  - "Flexible services"
  - Learning systems for accelerating innovation spread

CCO Criteria

- ✓ Operate within a global budget
- ✓ Manage financial risk, establish financial reserves, meet minimum financial requirements
- ✓ Coordinate physical, mental health and chemical dependency services, oral health care
- ✓ Encourage prevention and health through alternative payments to providers
- ✓ Engage community member/health care providers in improving health of community
- ✓ Address regional, cultural, socioeconomic and racial disparities in health care

www.health.oregon.gov

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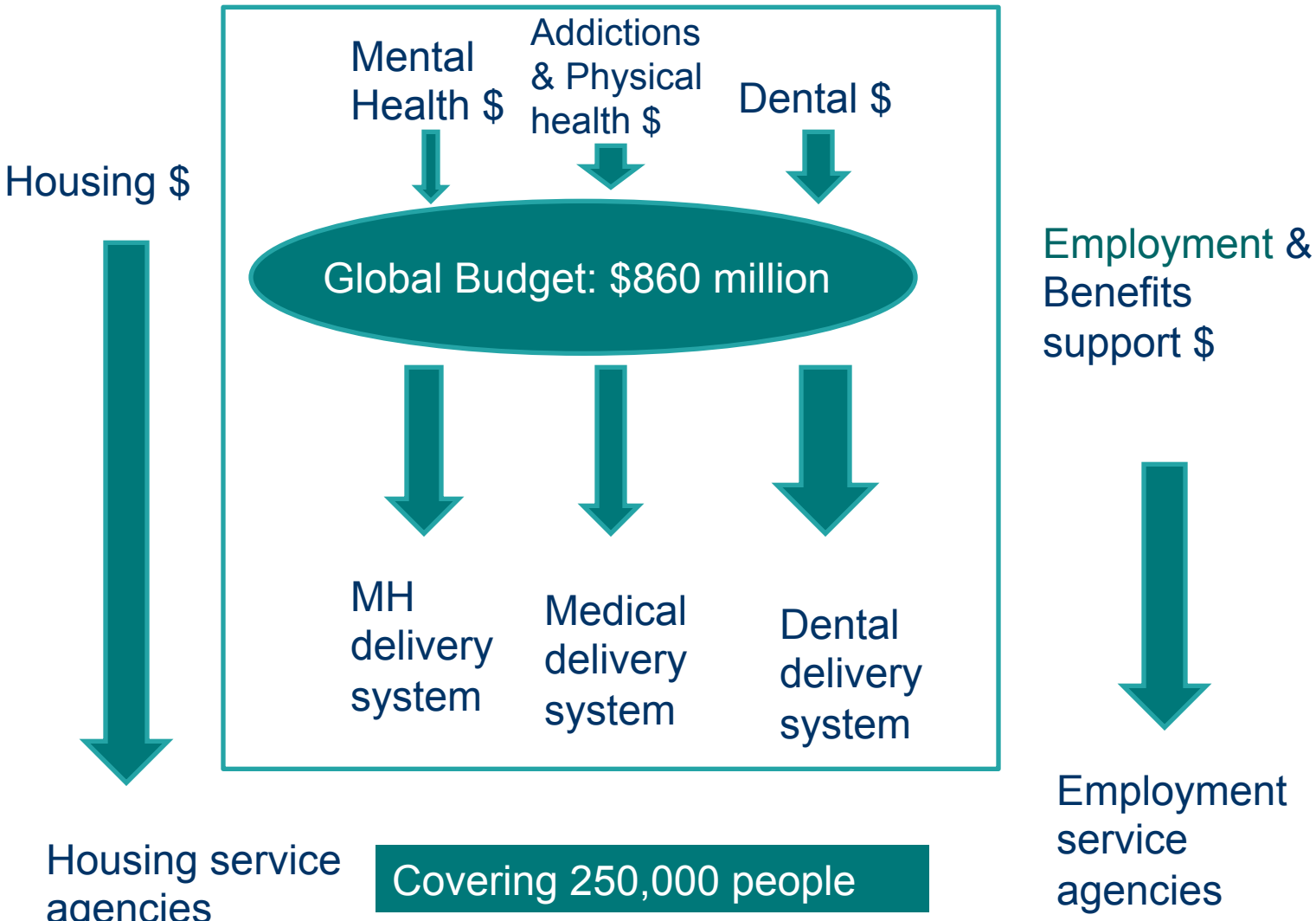
CCO Model – Health Share of Oregon



The Work So Far (and what we are doing now)

- Diverse and historically competitive organizations;
- Awarded $17 million grant from the Centers for Medicare and Medicaid Innovation to fuel transformation of clinical care for high utilizing OHP enrollees;
- Certified as Coordinated Care Organization Effective September 1, 2012; the largest CCO in the State;
- Community Advisory Council and 20 Member Board of Directors;
- Hiring permanent staff;
- Stakeholders, community members, and creating systems for transformation
- Transformation Plans:
    - Model of Care
    - Administrative Consolidation (Seven Health Plans)
    - Risk and Payment Methodology

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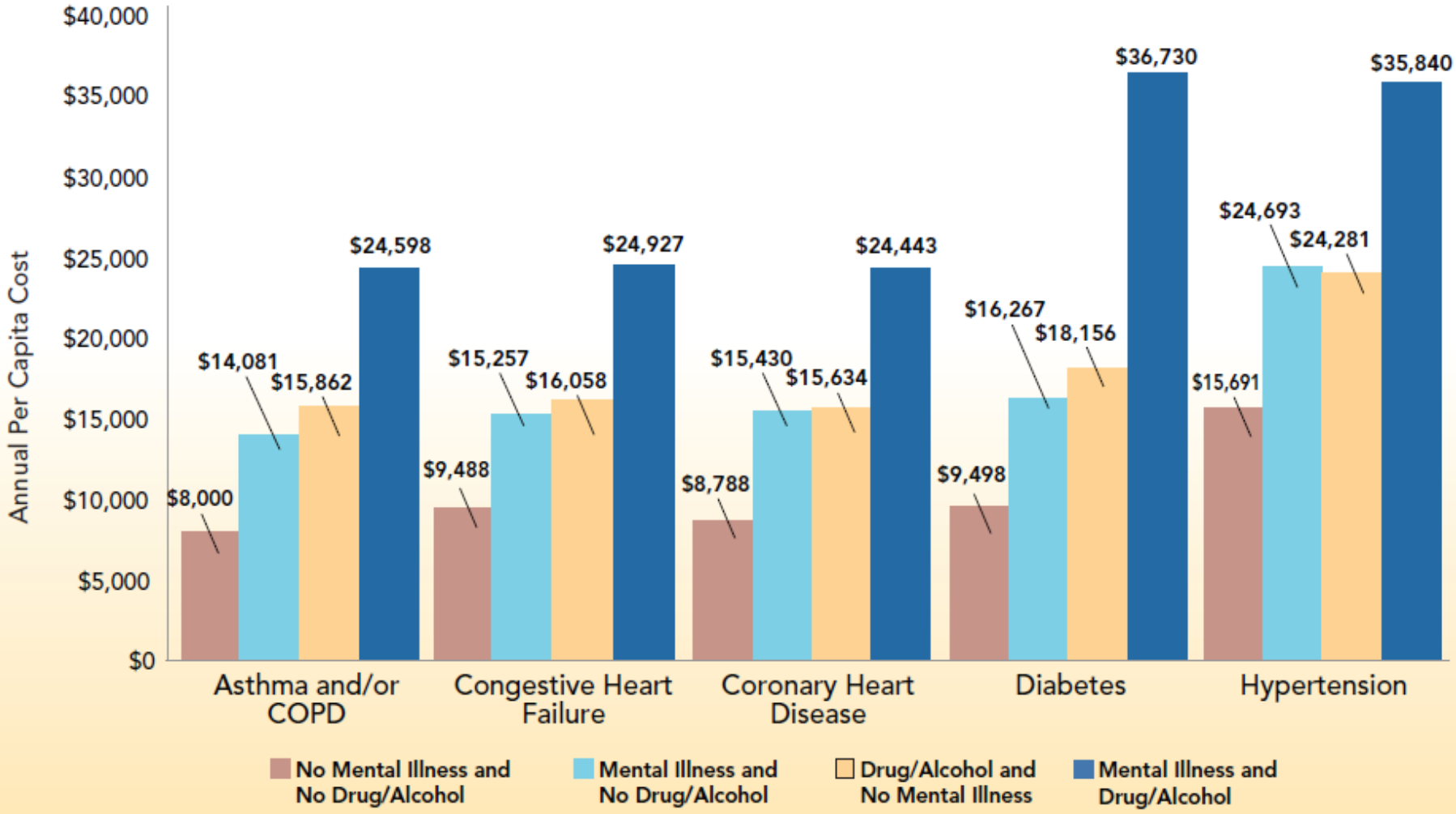
Figure 3 | Impact of Behavioral Health Comorbidities on Per Capita Costs among Medicaid-Only Beneficiaries with Disabilities



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Center for Medicare & Medicaid Innovation (CMMI) grant

- Three– year $17 million grant focused on re-designing service delivery from the Center for Medicare & Medicaid Innovation (CMMI)
- Focusing on high utilizers of hospitals and Emergency Departments
- Strategies include care coordination and intensive patient support services through community-based and cross-disciplinary care teams

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Where Do We Start?

- **Strategy #1: Leverage CMMI Health Commons Grant as springboard for broad delivery system change.**
  - Creates new 50+ FTE new direct service HSO workforce to focus on reducing high utilization driven by unmet socio behavioral needs
  - Target group approx one third of all high acuity/ cost members
- **Strategy #2: Align clinical efforts of partner organizations around CMMI Health Commons effort**
  - Coordinate Care Management efforts of all partner organizations to create "virtual care management system;" Care Management Taskforce
  - Drive practice change efforts from needs of managing high acuity members: embedded care management and behavioral health, integration with mental health and addictions
- **Strategy #3: Build community partnerships with services that effect HSO outcomes and cost**
  - EMS, supportive housing, social services, family support programs, schools etc
  - Help align local community assets to support those at risk

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“Total System Transformation”