

Health Fund Board Primary Care Renewal

David Labby, MD, PhD
CareOregon Medical Director

12/12/07



CareOregon

What I'm going to talk about...

- Who we are...
 - Largest Medicaid managed care plan
 - Quality As A Business Strategy
- CareOregon's experience in helping to build Primary Care Homes...
 - Model integration
 - Model implementation

Medical management changes:

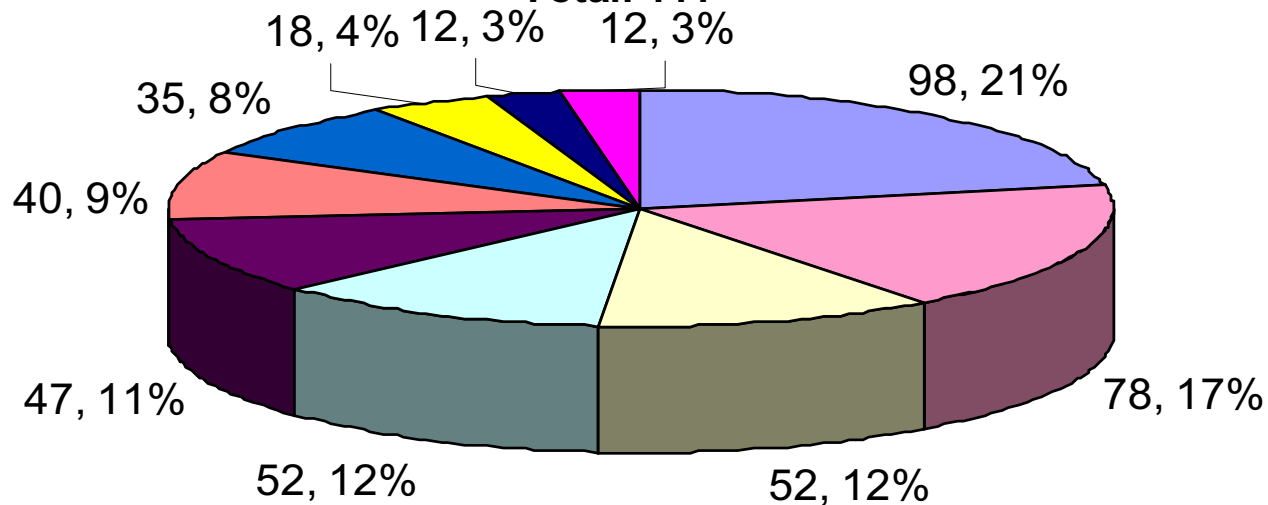
In 2003 we ramped up our internal complex care case management program...

- Johns Hopkins predictive software, ACGs
- Effective in decreasing cost and improving functional outcomes.
- Multi-disciplinary team based approach to care coordination and management.
- Improving health is about more than medical care...

Snapshot of our CareSupport population

Cases by Primary Condition as of 9/26/07

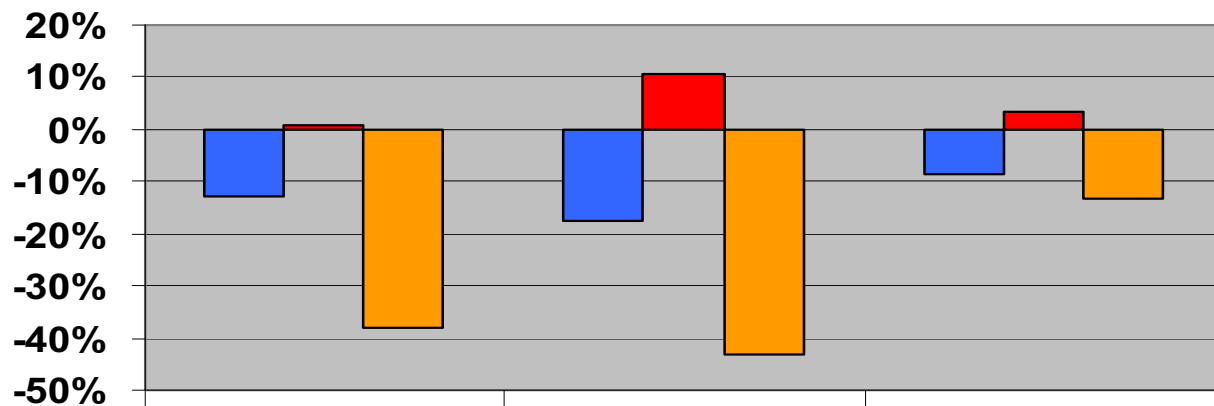
Total: 444



- Major Mental Illness
- Diabetes
- Depression
- No Primary Condition
- Chronic Pain
- CHF
- Substance Abuse
- COPD
- Asthma
- High Risk Maternity

Where have we reduced costs?

Utilization Change 2004 vs. 2005



	% PMPM diff	% Hosp diff	% ED diff
■ Brief CM (2726)	-13%	-17.48%	-8.65%
■ No CM (73643)	1%	10.82%	3.33%
■ CM (447)	-38%	-43.17%	-13.11%

CareSupport: Cost Savings



Risk	Yr 1 pmpm	Yr 2 pmpm	Hospital	ED	Paid Change
High Risk Member	\$3712	\$2016	-41%	-7%	\$1.86 Million
Lower Risk Member	\$1085	\$559	-33%	-13%	\$1.66 Million

What we've learned...

CareSupport works well for a limited population...



But how do reach more people?

Critical Partnerships...



Care Support and System Innovation Program (CSSI)

- Board supported.
- Quality Improvement Funding Initiative.
- Opportunity to partner with our provider community to enhance care and learning.
- Provide dollars and now more technical assistance.

Key Transformation Components from SCF:

"Your work is not your schedule, but the health of the population you serve."

- Team based care
 - High functioning clinician, Case Manager, CMA, BH team
- Panel Management
 - Knowing panel member needs, proactive care
- "Customer" Driven Care
 - Rich stakeholder feedback on values, performance
- Direct Access
 - Removing barriers to communication, visits
- Integrated Behavioral Health
 - Co located solution based interventions

- Plus: Commitment to process improvement and excellence
 - Dedicated Process Improvement leadership and staff, Development Center

CSSI 2006: Waiting is not an option

Goal

The goal of the CSSI Program is to foster a culture of evidence-based practice and continuous improvement in CareOregon provider organizations, helping to empower providers over time with the skills, knowledge and resources to be able to create the substantial change necessary to meet IOM goals.

Project proposals will be evaluated based on each team's experience and demonstrated ability to create change in their organization, with each new project demonstrating improved design, outcomes reporting, institutional commitment and capability.

Funding Categories and Eligibility Criteria

There are four categories of CSSI funding: ambulatory care-based projects, hospital-based projects, innovation projects, and projects solicited by CareOregon.

1) Ambulatory Care: Population Based Projects-- Improving Care for One Hundred to One Thousand Lives

The CSSI 2007 focus for Ambulatory care-based projects is improving the lives of significant populations of CareOregon members and other patients. Projects will be expected to impact defined groups of patients based on evidence-based care and/or established best practices at one of the following levels:

- a) Whole system primary care delivery redesign including ALL of the following:
 - Patient/ customer driven care
 - Same day access
 - Proactive panel management
 - Team care delivery (clinician, case manager, etc)
 - Integrated behavioral health

CSSI "PCR" Track Pilot Sites

- Virginia Garcia – Cornelius
- Central City Concern
- OHSU Richmond
- Legacy Internal Medicine
- Multnomah County Health Dept

Use Established Change Methods

- Basic Tools for creating change: “Model for Improvement”
 - Know what you are trying to improve
 - Test small changes that can be done quickly, with simple measures
 - Keep building on small changes: be ambitious, but be patient

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



Team Based Care: Change Ideas

SCF Specific Changes	Change Ideas
Allow team time to consult, review care	Block out time at beginning of sessions for team huddles, clinician calls to patients, chart review
Look at daily schedules to find visits that could be calls by RN or MD	AM team huddle to review next 3 day schedule and triage work
Create Care Plans on team basis	AM team huddle to review new care plans for proactive or follow up care
Establish target conditions, interventions	Initially focus on one or two target areas to refine processes, adding others incrementally
Allow clinic visits to all team members	Schedule RN, MA or BH visits depending on need

What we know...

- Primary Care Homes are being developed and renewed in Oregon.
- There is general agreement that these models provide better, cost effective care.
- The Health Fund Board can be a catalyst for the spread of primary care homes.
- Oregonians would benefit from access to a care home in their community.

Additional Information

David Labby MD, PhD

503-416-1425

labbyd@careoregon.org

Pam Mariea-Nason RN, MBA

503-416-5758

mariea-nasonp@careoregon.org



CareOregon