Oregon Educators Benefit Board
Strategies on Evidence and Outcomes Workgroup
June 28, 2016
Meeting Synopsis

The Strategies on Evidence and Outcomes Workgroup (SEOW) of the Oregon Educators Benefit Board held a meeting on June 28, 2016 at 1225 Ferry Street SE, Salem, Oregon.

Attendees:

Workgroup Members:
Geoff Brown, SEOW Chair
Ron Gallinat
Cherie Maas-Anderson
Nancy MacMorris-Adix

Staff/Consultant:
James Raussen, OEBB
Heidi Williams, OEBB
Glenn Baly, OEBB
Jenny Marks, Willis Towers Watson
Doug Bourlier, Willis Towers Watson

Carriers/Other Representatives:
Herb Ozer, Kaiser Permanente
Dan Thoma, Moda Health
Dr. Neal Mills, Moda Health
Paul Tyo, Reliant Behavioral Health

1. June 7, 2016 SEOW Meeting Synopsis (SEOW Attachment 1)

SEOW approved the June 7, 2016 SEOW Meeting Synopsis as presented.

2. 2014-15 Dental Dashboard & Recommendations (SEOW Attachments 2a & 2b)

Jenny Marks and Doug Bourlier reviewed the 2014-15 OEBB Dental Dashboard, including:

- Member demographics
- Cost and utilization
- Utilization of Preventive Services

- Recommendations

SEOW Actions/Information Requests

Glenn Baly asked if Willis Towers Watson provide an age breakdown of the nonusers. **Doug Bourlier** said Willis Towers Watson could provide an age breakdown of nonusers

SEOW approved Willis Towers Watson recommendations regarding OEBB's dental plans. **Geoff Brown** requested that dental plan consolidation be addressed at the January or February SEOW meeting.

3. OEBB Wellness Programs Performance Report (SEOW Attachment 3)

Glenn Baly provided a performance report on the Weight Watchers, Healthy Futures, Healthy Team Healthy U, and Fitness Rewards programs, including:

- Program Background
- Participation and engagement metrics
- Next steps

Nancy MacMorris-Adix asked if Weight Watchers had data on the effectiveness of meetings versus Weight Watchers Online in achieving outcomes. **Glenn Baly** said he would check with Weight Watchers whether such data is available.

Geoff Brown asked if the type and level of promotion causes the gradual decline in participation. **Glenn Baly** said promotion would be part of the evaluation of OEBB wellness programs.

Nancy MacMorris-Adix asked if Weight Watchers has data on how many people return to the program after initial participation. **Glenn Baly** said he would check with Weight Watchers.

4. Mental Health/Addiction Services – Network Adequacy (SEOW Attachment 5)
June 7 Meeting Recap & Potential Areas of Opportunity

Glenn Baly recapped the key points from the June 7h SEOW meeting on mental health/addition services network adequacy and provided potential areas of opportunity for SEOW to discuss.

Nancy MacMorris-Adix indicated that screening and early intervention are tied to access and workforce level. **Herb Ozer** said that organizations shouldn't limit screening based solely on access issues.

Geoff Brown asked about coordination between RBH and medical carriers. **Paul Tyo** described the RBH services and referral to medical carriers for further mental health care.

SEOW Actions/Decisions

- Carrier updates on staff training for front line staff in dealing with and referring patients for mental health care and any data on referrals for urgent care
- Mental health network adequacy map for Moda
- Regular access reports

OEBB Fitness Rewards Program
2016-17 Recommendation

Background

In 2015, the OEBB Board approved a staff recommendation to create an in-house gym reimbursement program (i.e. Fitness Rewards) that reimburses participants up to $15 per month. The recommendation was based on options referred by the Healthy Futures Workgroup after the Strategies on Evidence and Outcome Workgroup (SEOW) declined a member benefit request for a gym reimbursement program due to lack of evidence that such programs improve participant health or reduce health costs. The Board set the following goals for Fitness Rewards:

- Reward members who exercise regularly at a fitness facility
- Encourage members to join and exercise regularly at a fitness facility
- Increase completion of health assessments

The Fitness Rewards Program became effective on October 1, 2015 and is open to subscribers and spouse/partners 18 years or older who are enrolled in an OEBB medical plan. Participants must:

1. Complete an online health assessment through their OEBB medical plan
2. Register for the Fitness Rewards Program through OEBB
3. Attend a qualified fitness facility at least 8 times per month
4. Submit a reimbursement form that documents their facility attendance.

OEBB reimburses participants on a quarterly basis and as of June 30, 2016, 2,345 members registered for the program with 1,396 being reimbursed $111,478 with an average of 5 months of reimbursement per participant. There are 437 facilities attended by participants.

IRS Guidance on Wellness Incentives

Recent IRS guidance determined that cash awards or incentives received for participation in wellness programs are taxable income and must be included in employee's gross income subject to employment taxes. Subsequent Oregon Department of Justice (DOJ) guidance indicated that Oregon PERS must also be applied to cash awards or incentives obtained through wellness programs. OEBB's Fitness Rewards gym reimbursements would be subject to the taxability requirements since it's a wellness reimbursement program.

Based on the IRS guidance, staff examined the feasibility and impact to OEBB Fitness Rewards as well as other alternatives outlined below:

Option 1 - Maintaining Current Fitness Rewards program

OEBB continues the current requirements and process of reimbursing participants up to $15 per month, but with additional reporting to participants and entities to ensure that applicable federal and state taxes are applied.

- Entities would need to apply Fitness Rewards reimbursements to the gross income of participating members and would be subject to employment taxes and Oregon PERS. According to DOJ, reimbursements for spouse/partners would be applied to employees' gross income.

- Participating members may see higher payroll deductions and personal income taxes due to the addition of Fitness Rewards reimbursements potentially reducing the perceived financial benefit of the reimbursements.

- OEBB would need to report member reimbursement to entities and participants on a monthly basis. The development, maintenance, and ongoing coordination between OEBB and each of the participant's entities would require additional benefit and financial staff and possibly system resources.

- Further research is needed on the documentation and process requirements to administer this program for early retirees and COBRA members.

Option 2 – Direct Payment to Fitness Facilities

OEBB pays the fitness facility up to $15.00 per month for each participant meeting the program requirements so membership costs are reduced accordingly.

- According to DOJ, reimbursements provided directly to facilities are considered gross income subject to employment taxes and Oregon PERS under recent IRS guidance. OEBB or facilities would need to report Fitness Rewards payments to participants' entities.

- Entities would need to apply Fitness Rewards reimbursements to the gross income of participating members and would be subject to applicable federal and state taxes, including Oregon PERS. According to DOJ, reimbursements for spouse/partners would be applied to employees' gross income.

- Participating members may see higher payroll deductions and personal income taxes due to the addition of Fitness Rewards payments.

- OEBB would need to process participant reimbursements and payments to facilities on a monthly basis. The development, maintenance, and ongoing coordination between OEBB,

the facilities, and each of the participant's entities would require additional benefit and financial staff and possibly system resources.

- OEBB would need to procure and maintain individual contracts with each facility receiving reimbursements through the Fitness Rewards Program. Currently, there are 437 facilities registered with Fitness Rewards. Additional contracting staff would be needed to procure and manage these fitness facility contracts.

- Fitness facilities may not want to participate due to the administrative requirements related to split billing, payments and tracking of membership costs and payments.

- Further research is needed on the documentation and process requirements to administer this program for early retirees and COBRA members.

Option 3: - Reduction in Medical Plan Premiums

Reduce member's monthly premium invoiced to the entity (with a notification to the member their monthly premium cost was reduced by $15.00).

- OEBB would need to report adjusted premiums to entities on a monthly basis. This would require participants to submit their gym visit verification form every month by a specific date so OEBB staff can process and apply the premium reduction appropriately. This would require additional benefit and financial staff.

- Entities would have to change payroll deductions for employee premium cost sharing, possibly each month for multiple employees.

- Entities may pay for premiums in full so this may be difficult or impossible for the entity to give the employee a $15 credit.

- Reduced premiums would be part of adjusted payroll deductions rather than a direct cash incentive to participants.

Option 4 – Discounted Gym Membership Benefit

Discounted gym membership would be included as a benefit in all OEBB medical plans similar to Kaiser's Choose Healthy© currently in Kaiser plans.

- Implementation may be delayed until October 1, 2018, since the benefit is not part of the OEBB Medical RFP.
- Carriers may be unable or unwilling to offer.
- Carriers may have different discounts for different places or activities lacking consistency.
- Programs would not include a participation requirement to promote regular exercise at a fitness facility, or completion of a health assessment.

Option 5 – No-cost Gym Membership Benefit

No cost gym membership, similar to Medicare's Silver Sneakers©, included as a benefit in OEBB medical plans

- Most likely result in higher medical premiums
- Implementation may be delayed until October 1, 2018, since the benefit is not part of the OEBB Medical RFP.
- Carriers may be unable or unwilling to offer.
- Facility options would be limited to those willing to participate.
- Programs would not include a participation requirement to promote regular exercise at a fitness facility, or completion of a health assessment.

Option 6 – Discontinue Fitness Rewards Program

Discontinue the OEBB Fitness Rewards Program effective September 30, 2016 with final reimbursement requests due by November 15, 2016.

- Eliminates the additional administrative and financial burden on entities, members and OEBB associated with maintaining Fitness Rewards as described in Options 1 -3 above.
- Avoids higher premiums associated with maintaining Fitness Rewards as a no-cost gym membership benefit.

Recommendation for Fitness Rewards Program:

Discontinue OEBB Fitness Rewards effective September 30, 2016 with final reimbursement requests due by November 15, 2016 (Option 6). This will ensure wellness programs offered through, or supported by, OEBB are in compliance with IRS regulations. It also reduces the administrative and financial burden on entities, members and OEBB associated with maintaining the program in current or modified form.

IBM Watson Health

OEBB STD and LTD Analysis

SEOW Attachment 3

October 4, 2016

Analysis Objectives

- Identify key demographic differences between STD or LTD vs. non STD/LTD populations
- Identify top clinical conditions for which people went out on STD or LTD
- Identify comorbidities within each population
- Evaluate differences in key cost and utilization metrics for people with an STD or LTD vs. those without
- Identify those who have transitioned from a STD to LTD

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Reporting Parameters

- Population: OEBB fully insured
  - STD cohort: any employee having had an active case at any point during the reporting time period
  - LTD cohort: any employee having had an active case at any point during the reporting time period
  - STD to LTD: Those that had a STD in plan year 2013-2014 and have a LTD in Plan Year 2014-2015
- Medicare Eligible Retirees are excluded from this analysis
- Time Periods: Two Plan Years Oct 2013-Sept 2015
- Active STD and LTD cases may have begun *prior to or during the reporting time period*

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Executive Summary

- Key findings:
  - Pregnancy and musculoskeletal conditions are the most prevalent conditions for STD claimants
  - STD claimants have higher frequencies of ER visits, admissions, comorbid chronic conditions, and self-reported health risks than their non-STD counterparts
  - On average, for total medical costs PEPY, those with a disability case cost 8 times more than those not on disability
  - On average, dependents of those on disability, cost 2 times more than those not on disability and had inpatient cost and utilization that was four times as much.

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IBM Watson Health

STD Demographic Profile

October 2014-September 2015		People with a STD Case	People without a STD Case	Total OEBB Population excluding Medicare Eligible Retirees
Members		307	55,993	56,300
Average Age		45.0	48.5	48.5
% Male		14%	30%	30%
Allowed Amount PEPY	Total Medical	$32,441	$5,386	$5,530
	Inpatient Acute	$15,024	$1,352	$1,425
	Outpatient	$17,013	$4,010	$4,079
	Prescription Drug	$3,063	$1,027	$1,038
Admits per 1000 (All Conditions)		520.02	43.91	46.45
ER Visits per 1000 (All Conditions)		631.20	136.57	139.20
Risk Score		591	146	149

- Members with STD cases had higher utilization of inpatient and ER services as compared to the rest of the OEBB population (excluding Medicare Eligible Retirees)
- Females were more heavily represented in the STD population, due to leaves associated with pregnancy.
- Members with an STD have a significantly higher risk score than the rest of OEBB's population (excluding Medicare Eligible Retirees)

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LTD Demographic Profile

October 2014-September 2015		People with a LTD Case	People without a LTD Case	Total OEBB Population excluding Medicare Eligible Retirees
Members		321	55,979	56,300
Average Age		52.9	48.5	48.5
% Male		26%	30%	30%
Allowed Amount PEPY	Total Medical	$48,964	$5,313	$5,530
	Inpatient Acute	$22,652	$1,319	$1,425
	Outpatient	$25,764	$3,971	$4,079
	Prescription Drug	$5,174	$1,017	$1,038
Admits per 1000 (All Conditions)		465.53	44.36	46.45
ER Visits per 1000 (All Conditions)		842.58	135.70	139.20
Risk Score		890	145	149

- Members with LTD cases had higher utilization of inpatient and ER services as compared to the rest of the OEBB population (excluding Medicare Eligible Retirees)
- Females were slightly more represented in the LTD population, ***not due*** to leaves associated with pregnancy.
- Members with an LTD have a significantly higher risk score than the rest of OEBB's population (excluding Medicare Eligible Retirees)

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STD to LTD Demographic Profile

October 2014-September 2015		Patients with a STD Case in Plan year 2013-2014 and a LTD case in Plan Year 2014-2015	Total OEBB Population excluding Medicare Eligible Retirees
Members		49	56,300
Average Age		51.9	48.5
% Male		24%	30%
Allowed Amount PEPY	Total Medical	$41,709	$5,530
	Inpatient Acute	$25,824	$1,425
	Outpatient	$15,836	$4,079
	Prescription Drug	$5,989	$1,038
Admits per 1000 (All Conditions)		316.48	46.45
ER Visits per 1000 (All Conditions)		501.10	139.20
Risk Score		906	149

- Members who had an STD in Plan Year 2013-2014 and a LTD in Plan Year 2014-2015 had a higher utilization of inpatient and ER services as compared to the rest of the OEBB population (excluding Medicare Eligible Retirees)
- Members who had an STD in Plan Year 2013-2014 and a LTD in Plan Year 2014-2015 had the highest Rx spend
- Members who had an STD in Plan Year 2013-2014 and a LTD in Plan Year 2014-2015 had a significantly higher risk score than the rest of OEBB's population (excluding Medicare Eligible Retirees)

Population limited to people who had a STD case in Oct 2013 –Sept 2014 and who had a LTD in Oct 2014-Sept 2015

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Top Conditions:

What were the conditions that people went out on STD or LTD for?

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Clinical Conditions of Active STD Cases

Number of STD Cases by Clinical Condition -3 digit Code

Pregnancy
Joint Disorders, NEC
Fracture/Disloc - Knee/Patella
Fracture/Disloc - Upper Extrem
Spinal/Back Disorders, Excluding Low Back
Fracture/Dislocation - Ankle/Foot
Neurological Disorders, NEC
Mental Health-All
Cancer-All
Renal/Urinary Disord, NEC
Injury, NEC
Functional Digest Disord, NEC
ENT Disorders, NEC
Bursitis
Signs/Symptoms/Other Cond, NEC
Renal Function Failure
Infections - Multisystem
Eye Disorders, NEC
Coronary Artery Disease
Gallbladder Conditions
Carpal Tunnel Syndrome
Cardiac Arrhythmias
Asthma

0 10 20 30 40 50 60 70

- Most people went out on STD for pregnancy
- Joint Disorders was the top non-pregnancy condition for the STD

Clinical condition = “missing” is excluded

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Clinical Conditions of Active LTD Cases

Number of LTD Cases by Clinical Condition 3-digit Code

Spinal/Back Disord, Excluding Low Back
Carpal Tunnel Syndrome
Cancers-All
Infections - Musculoskeletal
Bursitis
Fracture/Disloc - Knee/Patella
Joint Disorders, NEC
Mental Health-All
Fracture/Disloc - Upper Extrem
Fracture/Disloc - Ankle/Foot
Cerebrovascular Disease
Tumors - Benign, NEC
Respiratory Disord, NEC
Renal Function Failure
Pregnancy
Neurological Disorders, NEC
Multiple Sclerosis
Injury, Musculoskeletal, NEC
ENT Disorders, NEC
Asthma

0 2 4 6 8 10 12 14

- The condition most people went out on LTD was for Spinal/Back Disorders (excluding low back)
- Carpel Tunnel Syndrome had the second highest number of active cases

Clinical condition = “missing” is excluded

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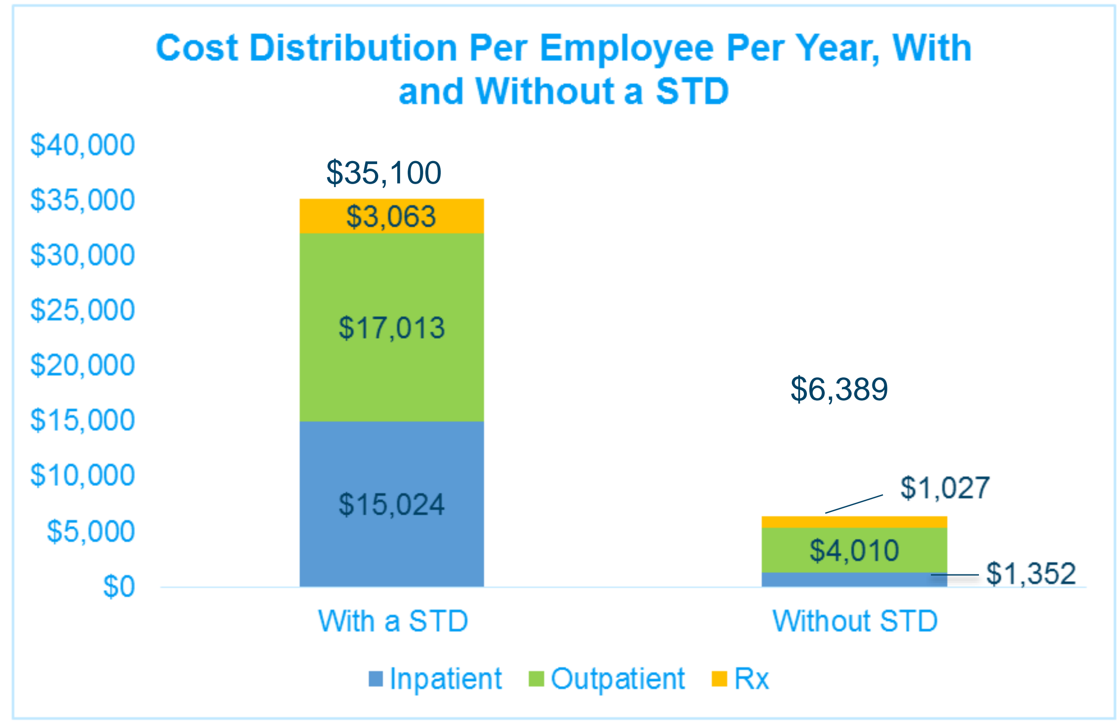
STD: Overall Cost Distribution



- On a PEPY basis, those with an STD case had significantly higher costs than those without a STD
- Members with an STD case had significantly higher costs in all categories

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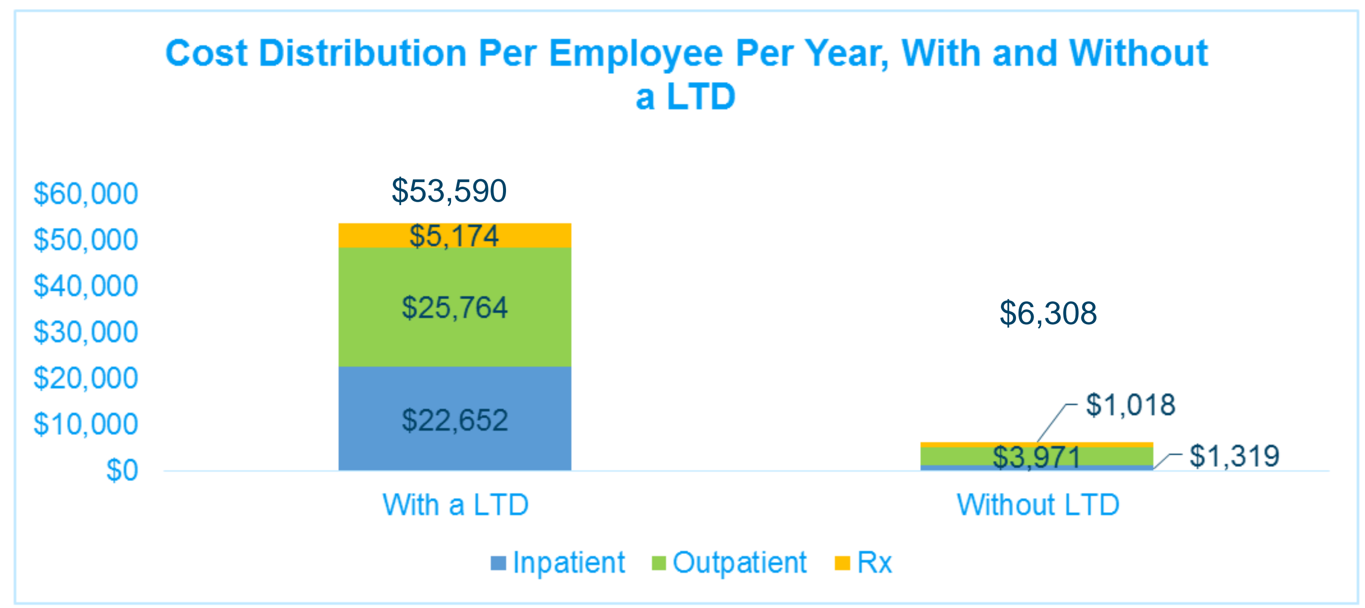
LTD: Overall Cost Distribution



- On a PEPY basis, those with an LTD case had significantly higher costs than those without a LTD
- Members with an LTD case had significantly higher costs in all categories.

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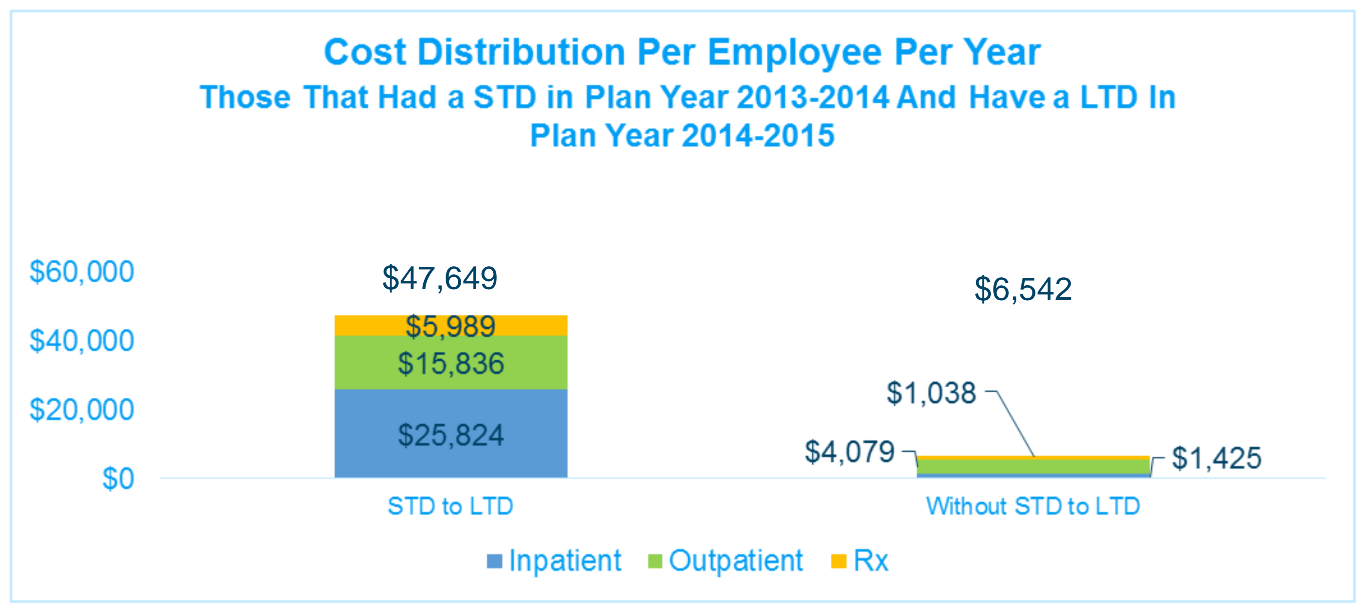
STD to LTD : Overall Cost Distribution



- On a PEPY basis, those with an STD in Plan Year 2013-2014 and a LTD in Plan Year 2014-2015 had significantly higher costs than those who did not
- Members with a STD in Plan Year 2013-2014 and a LTD case in Plan Year 2014-2015 had significantly higher costs in all categories.

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Demographics and Comorbidity Conditions

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Top 10 Comorbidity Conditions of STD Population by Prevalence

Clinical Condition*	Total Patients	Allowed Amount Medical	Allow Amount PEPY Medical
Joint Disorders, NEC	129	$229,536	$823
Pregnancy without Delivery	91	$390,909	$1,402
Pregnancy with Vaginal Delivery	81	$1,109,774	$3,980
Infections - ENT Excluding Otitis Med	75	$21,381	$77
Gastrointestinal Disorders, NEC	72	$131,911	$473
Spinal/Back Disorders, Low Back	64	$345,198	$1,238
Spinal/Back Disord, Excluding Low Back	59	$210,903	$756
Osteoarthritis	58	$628,859	$2,255
Infec/Inflam - Skin/Subcutaneous Tissue	54	$46,258	$166
Diabetes	52	$46,873	$168
All Other Values	304	$5,892,115	$21,131
Total	**307**	**$9,053,718**	**$32,470**

- Joint disorders are the most prevalent co-morbidity
- Pregnancies, with and without delivery, account for 12% of the total Allowed Amount
- Osteoarthritis makes up 7% of the total Allowed Amount

*These are not necessarily the condition for which the person went out on disability. A person can be in multiple categories . Missing/Preventive Care and Signs/Symptoms categories excluded.

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Top 10 Comorbidity Conditions of LTD Population by Prevalence

Clinical Condition*	Total Patients	Allow Amount Medical	Allow Amount PEPY Medical
Joint Disorders, NEC	152	$246,390	$948
Spinal/Back Disorders, Low Back	97	$505,563	$1,945
Gastrointestinal Disorders, NEC	76	$196,115	$755
Mental Hlth - Depression	73	$180,519	$695
Spinal/Back Disorders, Excluding Low Back	69	$245,983	$946
Osteoarthritis	68	$523,187	$2,013
Diabetes	63	$93,098	$358
Respiratory Disorders, NEC	61	$99,414	$382
Neurological Disorders, NEC	58	$205,354	$790
Infections - ENT Excluding Otitis Med	57	$18,214	$70
All Other Values	309	$10,442,813	$40,178
Total	**321**	**$12,756,649**	**$49,080**

- Joint Disorders are the most prevalent comorbidity among those with a LTD
- The Top 10 Co-morbidities account for 18% of spend for these people

*These are not necessarily the condition for which the person went out on disability. A person can be in multiple categories. Missing/Preventive Care and Signs/Symptoms NEC categories excluded.

Top 10 Comorbidity Conditions STD to LTD Population by Prevalence

Clinical Condition*	Total Patients	Allowed Amount Medical	Allowed Amount PEPY Medical
Joint Disorders, NEC	19	$61,860	$1,631
Mental Hlth - Depression	14	$28,317	$747
Spinal/Back Disorders, Low Back	13	$53,901	$1,422
Diabetes	11	$22,431	$592
Eye Disorders, NEC	11	$2,976	$78
Lipid Disorders	11	$1,284	$34
Osteoarthritis	11	$94,651	$2,496
Gastrointestinal Disorders, NEC	9	$39,547	$1,043
Infec/Inflam - Skin/Subcutaneous Tissue	9	$3,381	$89
Infections - ENT Excluding Otitis Med	9	$3,667	$97
All Other Values	48	$1,270,085	$33,497
Total	**49**	**$1,582,099**	**$41,726**

*These are not necessarily the condition for which the person went out on disability. A person can be in multiple categories. Missing/Preventive Care and Signs/Symptoms NEC categories excluded.

- Joint Disorders and Depression account for the majority of comorbidities of those who had a STD last year and a LTD case this year
- Osteoarthritis accounts for 6% of the total Allowed Amount for these people

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Appendix A

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STD Dependent and Spouse Demographic Profile

October 2014-September 2015		Dependents of People with a Short Term Disability Case	Dependents of People without a Short Term Disability Case
Allowed Amount PMPY	Total Medical	$8,170	$3,828
	Inpatient Acute	$4,308	$1,132
	Outpatient	$3,850	$2,677
	Prescription Drug	$759	$568
Admits per 1000 (All Conditions)		$191	$44
ER Visits per 1000 (All Conditions)		$266	$159

- Dependents of those with a disability case cost, on average, about 2 times as much as those dependents of those who do not have a short term disability case

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LTD Dependent and Spouse Demographic Profile

October 2014-September 2015		Dependents of People with a Long Term Disability Case	Dependents of People without a Long Term Disability Case
Allowed Amount PMPY	Total Medical	$8,528	$3,833
	Inpatient Acute	$3,289	$1,140
	Outpatient	$5,236	$2,674
	Prescription Drug	$806	$568
Admits per 1000 (All Conditions)		$90	$44
ER Visits per 1000 (All Conditions)		$359	$159

- Dependents of those with a disability case cost, on average, about 2 times as much as those dependents of those who do not have a long term disability case

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Behavioral Health Network Adequacy

Dan Thoma, LPC

Manager, Behavioral Health

SEOW Attachment 4

October 4, 2016

Network Standards

Statewide

- One Masters Level Therapist (Social Worker, Counselor, or Therapists) for every 250 members.
- One Psychologist for every 1,000 members.
- One Psychiatrist or Psychiatric Nurse Practitioner for every 1,000 members.
- One Mental Health residential program for every 50,000 members.

By County

- One Masters Level Therapist for every 400 members.
- One Psychologist for every 1,000 members.
- One Psychiatrist or Psychiatric Nurse Practitioner for every 1,000 members.
- One Chemical Dependency program for every 4,000 members.

By Distance

Zip Code Classification	Masters Level Therapists	Psychologists	Prescribing Practitioners	Performance Goal
Urban	2 providers within 8 miles	1 provider within 8 miles	1 provider within 15 miles	90%
Suburban	2 providers within 15 miles	1 provider within 15 miles	1 provider within 25 miles	90%
Rural	2 providers within 30 miles	1 provider within 30 miles	1 provider within 50 miles	90%

Sources

- NQCA, other sources silent or very lenient

- Number of providers
  - Used estimates of penetration rates and provider capacity
  - Aim to overshoot
- By Distance
  - Compared with Medical
  - Compared with network in a neighboring state

Performance

Performance By Distance

		Employees With Access	Employees Without Access
Masters Therapists	Urban	100%	0%
	Suburban	100%	0%
	Rural	99.1%	0.9%
Psychologists	Urban	99.9%	0.1%
	Suburban	99.5%	0.5%
	Rural	94.2%	5.8%
Prescribing Providers	Urban	100%	0%
	Suburban	100%	0%
	Rural	99.5%	0.5%

Therapists By County

Standard met and panel is open

Standard met and panel is closed

Standard not met

Psychologists by County

Standard met and panel is open

Standard met and panel is closed

Standard not met

Prescribers by County

Standard met and panel is open

Standard met and panel is closed

Standard not met

Chemical dependency by County

Standard met and panel is open

Standard met and panel is closed

Standard not met

Actions

- Ongoing Monitoring of Access
- Add providers if <250% of standard or if qualitative data suggest access issues.
- Contracting with Community Mental Health Programs
- Putting the word out
  - Bend Psychologists
  - Oregon Coast
- Inclusion in High Value Networks (Synergy, Summit)
- IPA Contract/recruiting statewide

moda

Appendix—Breakdown by County and Provider Type

Membership		Expected				Actual				Surplus/Deficit			
County	Members	Thx	PhD	Rx	CD	Thx	PhD	Rx	CD	Thx	PhD	Rx	CD
BAKER	1,473	4	1	1	0	15	1	2	1	11	0	1	1
BENTON	6,095	15	6	6	2	86	24	28	2	71	18	22	0
CLACKAMAS	29,770	74	30	30	7	99	85	35	7	25	55	5	0
CLATSOP	4,383	11	5	5	1	35	4	3	2	24	-1	-2	1
COLUMBIA	3,050	8	3	3	1	48	1	7	1	40	-2	4	0
COOS	6,806	17	7	7	2	23	1	3	3	6	-6	-4	1
CROOK	1,821	5	2	2	0	21	12	4	2	16	10	2	2
CURRY	1,883	5	2	2	0	13	3	2	0	8	1	0	0
DESCHUTES	23,537	59	24	24	6	175	37	38	4	116	13	14	-2
DOUGLAS	8,083	20	8	8	2	43	5	15	5	23	-3	7	3
GILLIAM	226	1	0	0	0	1	0	0	0	0	0	0	0
GRANT	1,041	3	1	1	0	6	0	1	0	3	-1	0	0
HARNEY	796	2	1	1	0	10	0	0	0	8	-1	-1	0
HOOD RIVER	2,854	7	3	3	1	43	6	4	1	36	3	1	0
JACKSON	12,983	32	13	13	3	93	26	15	8	61	13	2	5
JEFFERSON	2,095	5	2	2	1	16	2	2	2	11	0	0	1
JOSEPHINE	5,273	13	5	5	1	10	1	7	4	-3	-4	2	3
KLAMATH	6,672	17	7	7	2	40	1	7	2	23	-6	0	0
LAKE	589	1	1	1	0	6	0	1	1	5	-1	0	1
LANE	23,781	59	24	24	6	235	74	59	8	176	50	35	2
LINCOLN	3,661	9	4	4	1	51	2	11	1	42	-2	7	0
LINN	9,966	25	10	10	2	64	13	11	6	39	3	1	4

Appendix—Breakdown by County and Provider Type, cont'd.

Membership		Expected				Actual				Surplus/Deficit			
County	**Members**	**Thx**	**PhD**	**Rx**	**CD**	**Thx**	**PhD**	**Rx**	**CD**	**Thx**	**PhD**	**Rx**	**CD**
MALHEUR	2,619	7	3	3	1	52	3	16	0	45	0	7	-1
MARION	25,329	63	25	25	6	196	44	46	13	133	19	21	7
MORROW	1,158	3	1	1	0	15	0	2	1	12	-1	1	1
MULTNOMAH	53,591	134	54	54	13	378	174	198	17	244	120	144	4
POLK	7,034	18	7	7	2	17	8	10	2	-1	1	3	0
SHERMAN	246	1	0	0	0	1	0	0	0	0	0	0	0
TILLAMOOK	2,787	7	3	3	1	16	1	6	1	9	-2	3	0
UMATILLA	6,875	17	7	7	2	56	8	17	5	39	1	10	3
UNION	2,918	7	3	3	1	11	0	5	1	4	-3	2	0
WALLOWA	1,058	3	1	1	0	6	0	1	0	3	-1	0	0
WASCO	2,241	6	2	2	2	38	3	7	1	32	1	5	-1
WASHINGTON	31,441	77	31	31	8	188	103	77	9	111	72	46	1
WHEELER	173	0	0	0	0	2	0	0	0	2	0	0	0
YAMHILL	7,647	19	8	8	2	28	25	3	2	9	17	-5	0

Behavioral Health Report

Updates on Access and Population Care Processes

October 4, 2016

SEOW Attachment 5

Senior Department Administrator: Herb Ozer, LCSW

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Performance Metrics – Update: 9/6/16

Behavioral Health Telephone Assessment Team

- **Goal** – 95% of members are immediately connected with clinician for initial assessment call
  - ✓ MTD – 95.2%
  - ✓ YTD – 91.86%
  - ✓ Average call length – 28 minutes

Access Measurements

- **Goal** – 80% Urgent seen within 48 hours
  - ✓ August – 85% within 48 hours (avg. 1.1 days)
- **Goal** - 80% Routine seen within 14 Days
  - ✓ August – 57% within 14 days

Hiring

- **Goal** – 53 new clinical positions hired and On boarded by November 2016
  - ✓ 45 On boarded with 8 new staff beginning onboarding 9/6/16

Other Measures/Actions

- Press Ganey Satisfaction – Top Box Score increased by 8% since January, 2016 (all MH) >70%+
- Training – Quarterly All Staff Trainings Initiated (3/4 day) & 10 clinical podcasts since 1/1/16
- Addiction and Mental Health monthly report on shared clients for clinical review – 8/1/16

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Update on 2016 Priorities

- Improve care integration of Behavioral Health Services
- Develop and Achieve clear clinical criteria and access standards
- Develop a Zero Suicide culture
- Focus on early intervention
- Decrease stigma and shame associated with mental health or addiction issues
- Consistent identification and coordination of behavioral health care needs across all primary and specialty care providers

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Strategic Programs: Status Update

Program	Progress to date	Coming up
Role Diversification Expand internal capacity, increase throughput and build speedy escalation pathway	**95% complete** • All new roles developed: navigators, triage, case managers, additional therapists • Pilots using Team Based Care model in process	• Case Managers added at 3 remaining locations • Child Group Therapist added Eastside
Rapid Access Team Supports ongoing care provision and ease return access struggles	**90% Complete** • Saturday clinics running - using rapid access model • Processes and protocols in place • Staff hired & two pilots completed successfully	• Hiring completed • First therapists started 5/4/16 • Staff training and communications
Solutions Team Partners with Mental Health Team to support Zero Suicide initiative and care navigation for members	**60% Complete** • Processes, protocols & staff roles developed • Care Manager jobs posted • Integration with local staff & leadership • Pilot 5/1/16 – full implementation 10/1/16	• Remaining job openings posted • Therapists Hired first started 7/10/16 • MH team integration / communications • Training programs
Behavioral Health Integration Prevent excess dependence on specialty care services	**80% Complete** • Processes tested and in place • Addiction Med/BH integration - report created to track shared clients, plan to establish monthly coordinated review of care between providers	• Final cohort begins 9/6/16 • Education and training for staff • Integration meetings with Primary Care
Portals of Entry Eliminate waste and confusion regarding flow of care and methods to meet care needs	**75% Complete** • Training program 80% complete • PI consultant on board • Model review + workflows underway	• Recommendation for standardizations • UBT/PIA outreach and partnership for change
Child Program Establish comprehensive outpatient program	**60% Complete** • Program workflow complete • NFS construction timeline complete • Staff training program in process	• Hiring complete – staff starting 9/6/16 • Training and site visit 10/1/16 • Construction completed 9/1/16

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Staff Trainings

Behavioral Health (All Department Trainings)

- Abuse reporting, working with difficult families, and confidentiality and legal decision making (4 hours)
  - Completed: 10/2015
- Treatment planning #1: outpatient MH treatment at KPNW, collaborative treatment planning & patient goals, peer review process, MH safety planning – Suicide Risk Assessment (Zero Suicide Initiative – Kick off)
  - Completed: 3/2016
- Treatment planning #2: HealthConnect update, use of ACORN, case formulation and presentation, treatment framing, HealthConnect documentation, addictions overview, addictions screening and referral.
  - Completed: 7/2016

Frontline Staff (Primary Care Appointing)

- Trainings are offered twice during new hire training
  - Urgent Services (Emergency Psychiatric Service)
  - Non-Emergent Services (Mental Health Appointing)
- Periodic reminders throughout the year
- Small group trainings throughout the year

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Referrals

	Urgent/Priority	Routine	Sub-Clinical
YTD	1,894	12,137	696
Monthly Avg.	271	1,734	99
%	13%	82%	5%

Referral sources include: direct from members and through our PCPs

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Thank you!

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Behavioral Health Training for Front Line Staff

Dan Thoma, LPC

Manager, Behavioral Health

SEOW Attachment 6

October 4, 2016

Medical Customer Service

All Staff Receive Behavioral Health (BH) Training

- Dedicated OEBB BH Customer Service Line/Skillset
  - 503-382-5323
  - 1-877-796-3223
- *Any* Customer Service Staff may take BH calls
- Training provided by BH Supervisor (licensed clinician)

BH Training Content

- Intro to BH Team
  - Staff
  - Functions
- BH Basics
  - Benefits & parity
  - Provider Alphabet Soup
  - Levels of care
- Calls to transfer to BH
  - Crisis calls
  - Risk factors
  - Specialty searches
  - Difficulty finding a provider

More BH Training Content

- Overview of BH Conditions/Levels of Care
  - Types of MH Disorder
  - Substance Use Disorders
  - Continuum of care

- What's New
  - Applied Behavior Analysis
  - Expanded coverage
    - Intellectual disability
    - Paraphilias
    - Gender Dysphoria

Clinical Staff

Clinical Staff

- Health Coaches
  - RN, RD
- Medical Care Coordinators
  - RN, LPN
- Medical Case Managers
  - RN, CCM

Training and Consultation

- Depression
- Suicide Risk
  - Screening
  - Intervention
- Substance Use Disorders
- Provider Searches
- Co-morbidities/co-management

moda

Reliant Behavioral Health

Staff Training & Response to Mental Health Issues

SEOW Attachment 7
October 4, 2016

Staff Training

- Initial Customer Service Representative (CSR) Training
  - One to two months of training before taking first "live call."
  - Systems, Procedures, Products/Services
  - Protocol for handling urgent/emergent calls *(see slides 3 & 4 -- Call Handling: Non-Routine Calls)*
  - HIPAA Training
  - Calls Monitored by Supervisory Staff
- Ongoing CSR Training
  - Bi-weekly team meetings
  - Updates: procedural, products/services, regulatory/legal, etc.
  - Various department trainings (e.g., Clinical, Sales, IT).

Customer Service

- Routine Calls
  - CSR provides caller with names / contact information of RBH network counselors.
- Non-Routine Calls
  - "Warm-transferred" to a counselor for immediate counseling and navigation to appropriate level of care.
  - RBH In-house Clinicians M-F, 7am to 6pm
  - *ProtoCall Services* during after-hours, weekends, holidays. Calls taken by Masters degree counselors.

Customer Service

- Non-Routine Call Types: (CSR Warm-transfer to Counselor)
  - Caller requests to speak to counselor right away;
  - Caller states that they are in crisis
  - Caller is at-risk of self-harm and/or indicates suicidal ideation
  - Caller is at-risk of harming another person
  - Caller is concerned about the safety / wellness of a family member
  - Domestic Violence
  - Disoriented; Intoxicated
  - Caller is unsure about appropriate level of care
  - Network provider access issue

- CSR will suggest transferring a caller to a counselor
  - Tearful, upset, angry, anxious, etc.

OEBB Call Report

Reporting Period 9/09/2015 - 9/09/2016

- 3,290 calls resulting in new EAP cases
- Nearly 99% Routine
- 29 Urgent calls
- 5 Emergent calls