



# Columbia Gorge CCO Update

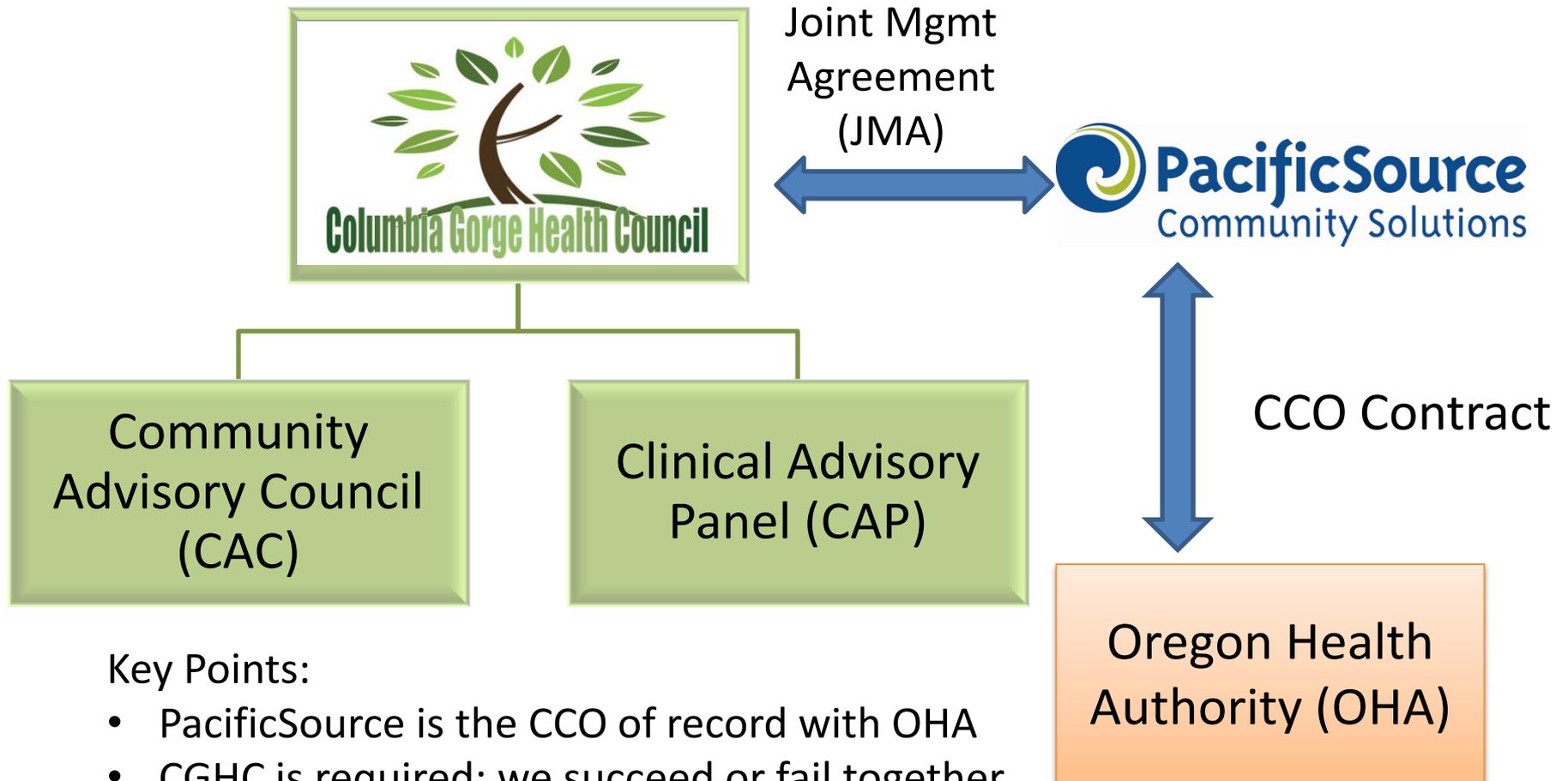
Health Policy Board

Nov 5, 2013

# Today's Agenda

- Governance Model
- Focus Areas
- Community Health Assessment Process
- Questions
- Backup
  - Metrics

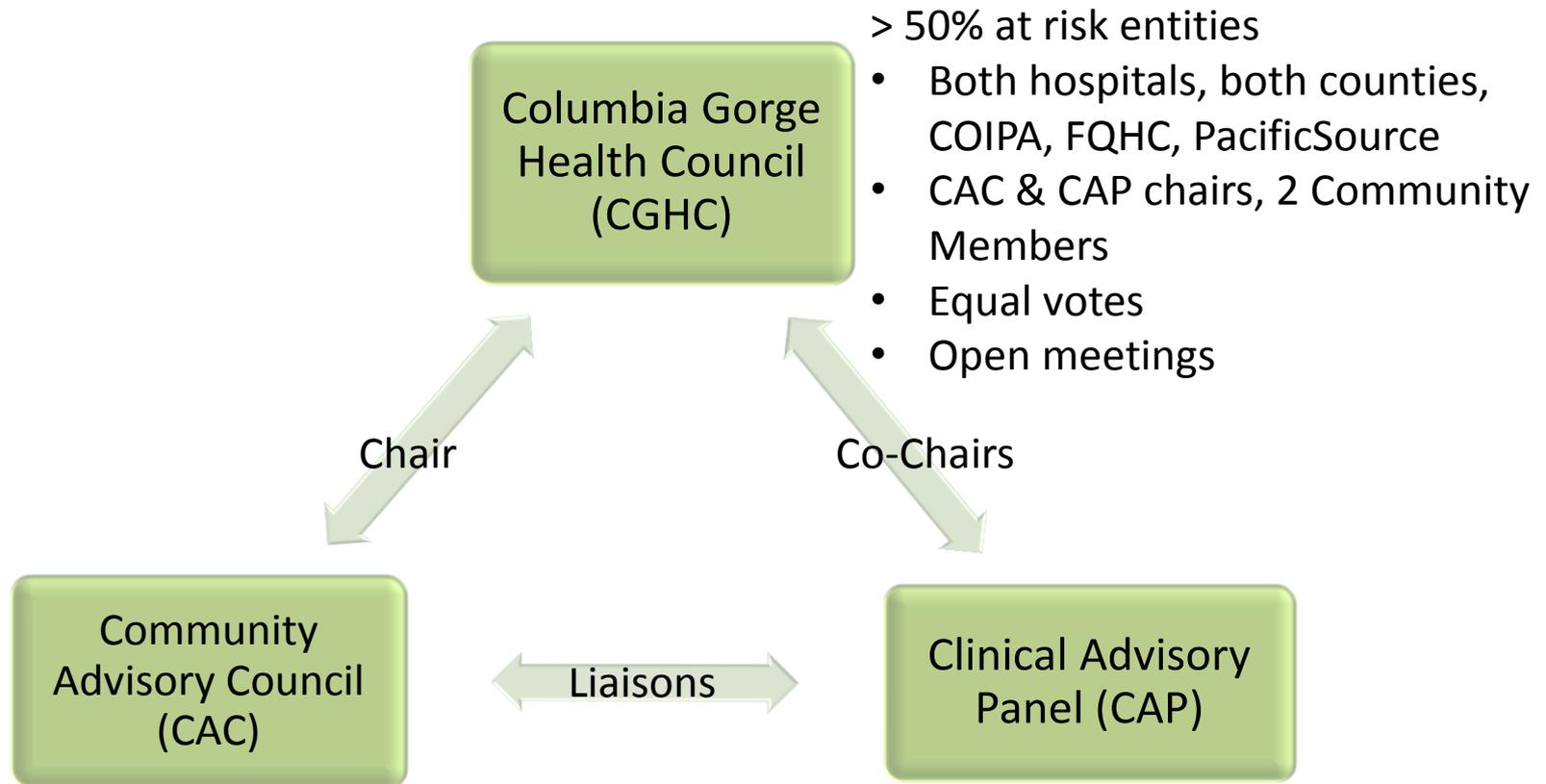
# Columbia Gorge CCO Model



## Key Points:

- PacificSource is the CCO of record with OHA
- CGHC is required; we succeed or fail together
- CGHC has latitude beyond CCO scope
- Central Oregon model is similar

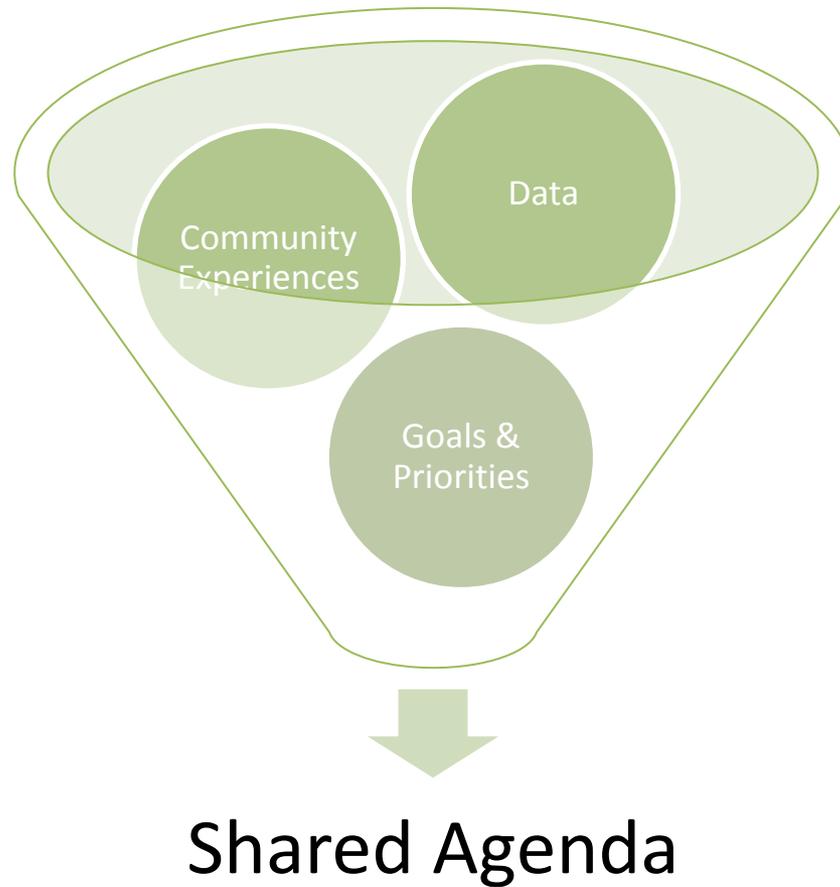
# Columbia Gorge Health Council Committee Roles



- > 50% consumer voting members
- Consumers = users of OHP
- Extended membership includes 16 additional agencies (e.g. Fire Dept, DHS, homeless shelter, etc.)
- Open meetings

- Co-chairs = Primary + Behavioral clinicians
- 17 providers – medical, dental, behavioral, counseling, PT
  - Open meetings

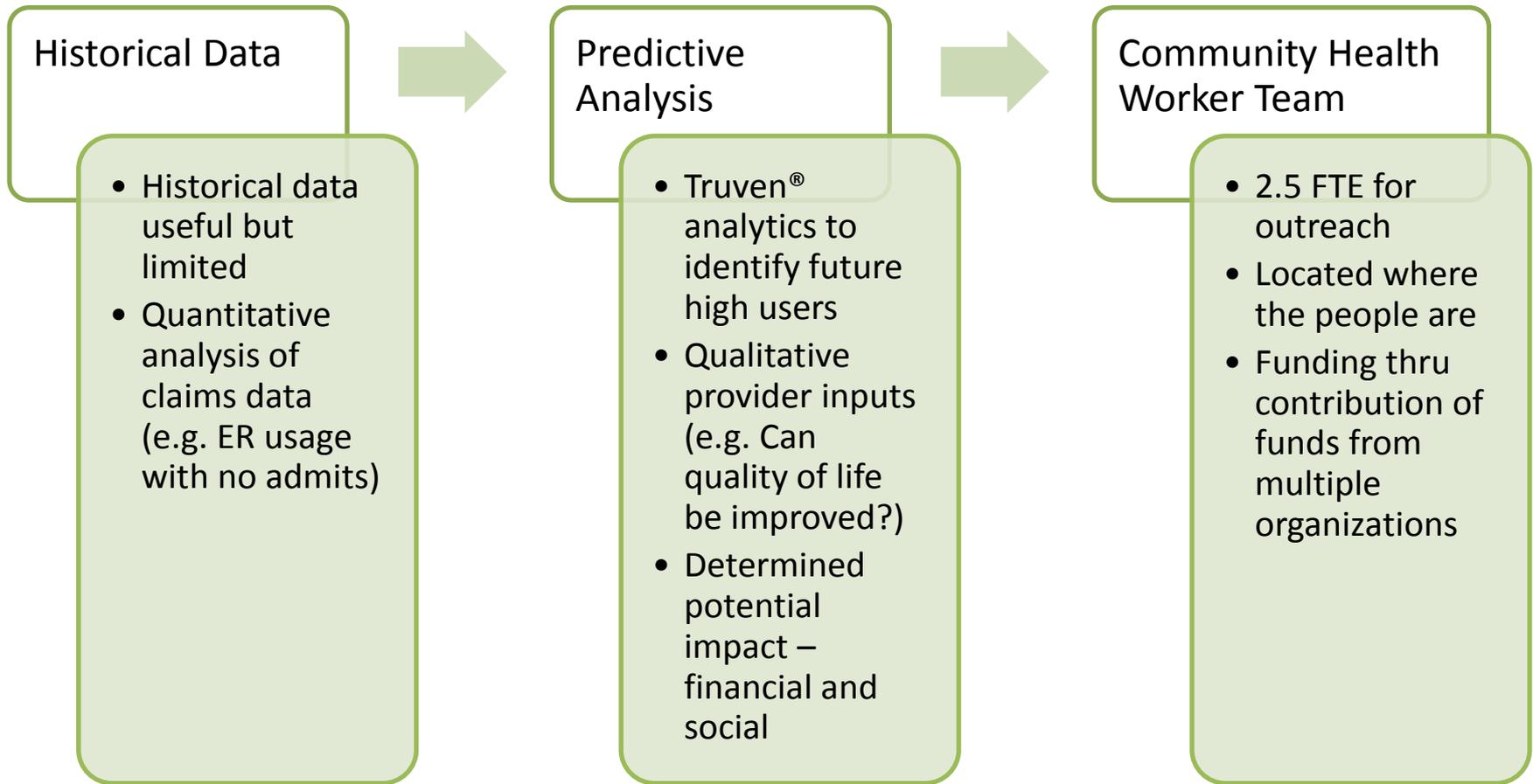
# Collaborating is key; Reconciling facts is paramount



# Using Data to Identify Focus Areas

Focus Area	Why – what the data suggested
Super Users	2.2% of OHP clients use ~40% of money Next 3.7% of OHP clients use next ~20% of money
ER Usage	Overall ER usage is about same as Average Wasco is ~2x Hood River ... but OHP split is ~55%/45% 5th highest claim category ER Diversion is an incentive measure
Behavioral Health Integration	Poorly managed Behavioral health conditions magnify costs of treating chronic physical conditions Transformation plan objectives
Out of Region Activity	Patients leave the region for services Coordination of care is extremely complicated afterwards
Pregnancy & Newborn until age 2	2 <sup>nd</sup> largest overall chunk of paid claims ~300 births/year – targeted effort possible Allows focus on upstream activity/preventive 2 incentive measures in this category
Chronic Pain	Pain meds are 2 of Top 10 of spend Pain meds are 5 of Top 10 of Quantity Unclear on Behavioral Health connections

# Focus Area – ‘Super Users’



# Community Health Assessment Process

- 11 Healthcare organizations coming together for 1 shared health assessment
  - Oregon - Columbia Gorge Health Council, Hood River County Health Department, Mid Columbia Medical Center, Mid-Columbia Center for Living, North Central Public Health District, One Community Health, Pacific Source Community Solutions, Providence Hood River Memorial Hospital
  - Washington - Klickitat Valley Health, Klickitat Valley Health Department, Skyline Hospital
- Established collaboration principles
  - A collaborative community health assessment (“CHA”) can be better; more accurate and actionable as community providers agree on the needs within our region and communities and will support our ability to address those needs together.
  - A collaborative CHA will maximize collective resources available for improving population health.
  - A collaborative CHA must be truly collaborative, requiring commitments of cash or in-kind resources from all participants who would use it to satisfy a regulatory requirement.

# Using MAPP\* for Community Health Assessment

## Community Themes

Consumer Survey –  
>1,000 surveys

Community Sessions –  
>100 participants

## Health Status

Demographic Data – agreed to PSU and Truven<sup>®</sup> data sources

## Local Health Eco-system

Agency Sessions – 24 agencies; 5 counties

Provider Sessions – 140 providers; 4 hospitals; 4 Health Department's

## Forces of Change

Agency Session- 24 agencies; 5 counties

Provider Session

# Opportunities & Help Needed

Integrating  
Funding

- Increases the list of opportunities
- Help: Access to historical data; level playing field

Outcomes  
& Risk

- Incentive measures cover medical side
- Help: Balanced scorecard; risk for all

Accurate  
Data

- Relationships allow us to be nimble
- Help: Eliminate barriers for agencies, ELCs, healthcare & CCO to appropriately exchange Protected [Health] Information

Customer  
Experience

- It's not enrollment – it's onboarding ... and successful offboarding
- Help: Simplify, simplify..... 'FastTrack' the norm
- Help: Cross-CCO service levels

Safe Harbor

- Help: Toolkits & policies that safe harbor communities (e.g. 1 release of information)

**BACKUP**

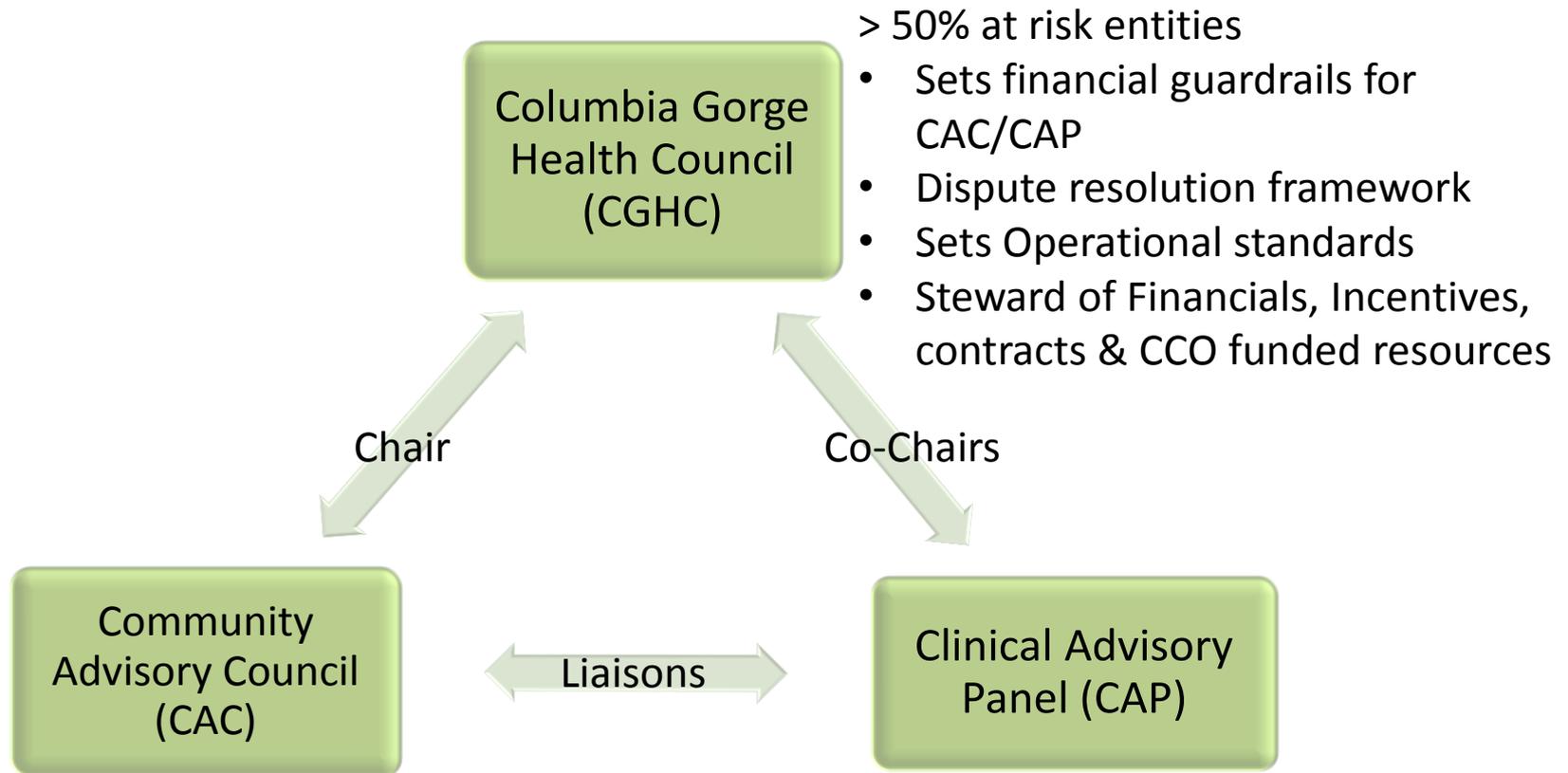
# Summary of CGHC Articles of Incorporation & Bylaws

- **Mission:** Improve the quality and efficiency of healthcare delivery and outcomes
- **For Who:** community members in the Columbia Gorge region which may include all or a portion of Hood River and Wasco Counties, Oregon and adjoining counties
- **Strategy:** Includes but is not limited to governing the coordinated care organization serving the region, bringing public and private stakeholders together to develop and implement ...
- **Tactics:** ... coordination, integration, prevention, accountability, elimination of disparities and lower costs

# CGHC Board Composition

Name	Organization & Role
Karen Joplin	Chair, Executive Committee Member, Hood River County Rep
Kristen Dillon MD	Vice Chair, Executive Committee Member, COIPA rep
Duane Francis	Executive Committee Member, MCMC rep
Ed Freysinger	Providence HRMH rep
Josh Bishop PharmD	Executive Committee Member, PacificSource Community Solutions rep
Shawn Whalen	One Community Health (FQHC) rep
Molly Rogers	Wasco County rep
Kim Humann MD	CAP Co-Chair
Judy Richardson MD	CAP Co-Chair
Ellen Larsen RN	CAC Chair
Connie Burton	Community at Large
Sharon DeHart PA-C	Community at Large

# Columbia Gorge Health Council Committee Roles

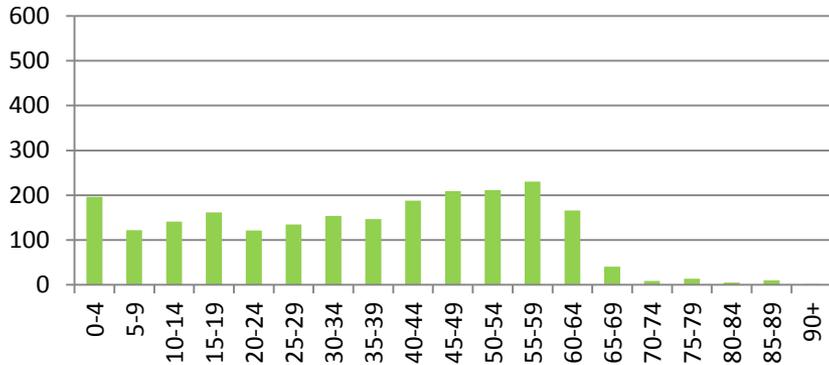


- > 50% consumer voting members
- Steward of the Community Needs and Health Improvement Plan
  - Champions Community priorities
  - Reviews and reports on progress

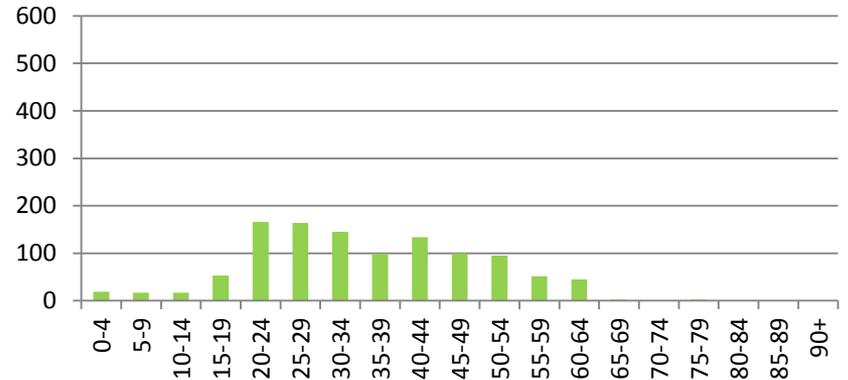
- Co-chairs = Primary + Behavioral clinicians
- Steward of best clinical practices
  - Clinical standards within community
  - Determines how clinical priorities are implemented

# 2010-2011 ED Visits by Age and Insurance Gorge Residents – Providence HRMH

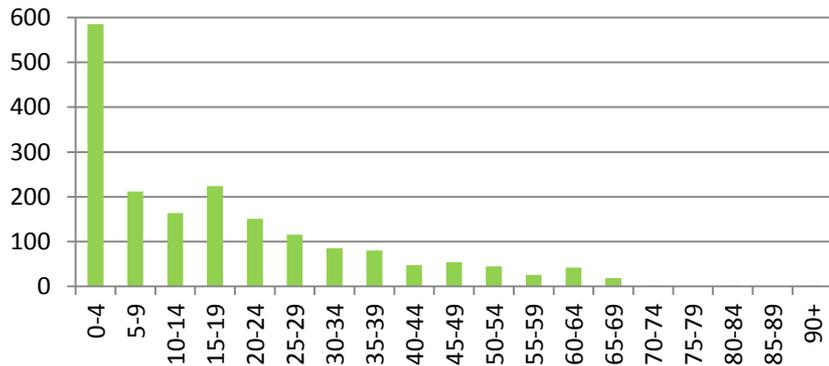
## Commercial



## Self-Pay



## Medicaid



## Medicare

