

FamilyCare, Inc. Coordinated Care Organization

Transformation Plan Summary

Background

FamilyCare has been serving Oregon Health Plan Members for more than 27 years as a Managed Care Organization prior to attaining Coordinated Care Organization status. As an organization with an established physical and mental health network, FamilyCare has built a Transformation Plan that reaches to impact the community in new ways, while also utilizing the strengths of their existing business practices. Within the Transformation Plan, FamilyCare has paid particular attention to deploying existing best practices while continuing to develop a community based approach to the coordination and delivery of all patient care.

Transformation Initiative Descriptions

(1) Developing and implementing a health care delivery model that integrates mental health and physical health care and addictions and dental health, when dental services are included. This area of transformation must specifically address the needs of individuals with severe and persistent mental illness.

FamilyCare has operated as an integrated physical and mental health plan since 1997 and will continue to utilize this approach for dental services. The basis of the coordination of medical, dental, and mental health is founded in the role of Service Coordinators. Service Coordinators will act as the communication hub for members and service providers in order to identify need, remove barriers, and coordinate all necessary transitions for the member. Continued coordination and additional contracting of care via social support systems and state agencies is a staple to the transformation plan and ensuring patients will receive improved care delivery.

Benchmarks include: collecting information on 80% of qualifying members' dental needs by July 2015 with protocols and the outline of data being identified by July of 2014; service coordination for 80% of qualifying dental members by July 2015; Screening, Brief Intervention, and Referral to Treatment (SBIRT) training offered to all contracted primary care providers by December 2013.

(2) Continuing implementation and development of Patient-Centered Primary Care Home (PCPCH)

FamilyCare is dedicated to supporting the provider community with information, tools, and resources that allow for patient focused care. Currently FamilyCare is contracted with 11 PCPCH clinics that represents approximately 20% of membership. The organization has set a goal to create an integrated strategy to support PCPCH's in achieving medical home status with a multi-pronged approach that includes engaging members, developing partnerships to provide technical assistance and education, and researching alternate payment methodologies.

Benchmarks include: 50% of members assigned to Tier 2 or Tier 3 PCPCH by July 2015; will implement payment models to contracted primary care providers by July 2014

(3) Implementing consistent Alternative Payment Methodologies that align payment with health outcomes

Utilizing the viewpoint that Primary Care plays the most important role in patients' care, FamilyCare has implemented enhanced base rates and bonuses for primary care providers when they are providing services in a cost-effective manner. FamilyCare has also implemented an incentive structure for key quality initiatives, such as immunization rates. FamilyCare is also researching the ability to allow for reimbursement for non traditional service settings like telephone and email encounters. FamilyCare currently offers differential payments for PCPCH recognized clinics.

Benchmarks include: October 2013 review of contracts to determine if Alternate Payment Methodologies are appropriate; by July 2015 will offer APM to contracted providers other than primary care providers including financial incentives related to outcome measures.

(4) Preparing a strategy for developing Contractor's Community Health Assessment and adopting an annual Community Health Improvement Plan consistent with SB 1580 (2012), Section 13.

FamilyCare is in the process of developing a baseline community health assessment by utilizing existing assessments through the published work of local hospitals, counties, and other services agencies as well as with another Coordinated Care Organization serving the same counties. Subjective data assessments will be incorporated into the overall health needs assessment and improvement plan. The Community Advisory Council within the FamilyCare CCO will oversee this process.

Milestones include: by October 2013 present Community Health Assessment and draft of Community Health Improvement Plan to Community Advisory Council; by 2015 develop a CHA that informs the CAC in adopting a CHIP.

(5) Developing a plan for encouraging Electronic Health Records; health information exchange; and meaningful use

The FamilyCare provider network currently employs a variety of health information technology resources including EHR and claims management systems. The implementation of Clinical Management Software will assist in identifying high-risk membership through registries.

Currently discussions with the statewide vendor for health IT, OCHIN, are occurring to develop an electronic health information sharing solution.

Benchmarks include: Assessment of provider EHR utilization within provider network by December 2013, work with Oregon Health Authority for statewide Health IT solution by July 2014, ability to determine EHR use and barriers to utilization and exchange of health information electronically by July 2015

(6) Assuring communications, Outreach, Member engagement, and services are tailored to cultural, health literacy, and linguistic needs.

FamilyCare prides itself on a long history of providing education in order to engage members, families, and other caregivers in the care of an individual. It is a cornerstone of the delivery model to include members' choices in the development of treatment plans and is integral in the transformation plan. This initiative will be realized by further applying the Interdisciplinary Care Team approach to members with identified extra or special conditions.

Benchmarks include: Conduct member survey and review Community Health Assessment to identify gaps in language and culturally specific delivery of materials by July 2014; by July 2015 membership will receive culturally specific materials via letters, electronically and through an ADA compliant website.

(7) Assuring that the culturally diverse needs of Members are met (Cultural Competence training, provider composition reflects Member diversity, non-traditional health care workers composition reflect Member diversity)

Based on FamilyCare's Service Coordination program and the understanding that ongoing training and education will be necessary, the organization will be implementing evidence-based practices to meet the needs of its' membership. Beginning with a Health Risk Assessment, inclusive of interpretation services, FamilyCare will continue to offer a patient-centric continuum of mental, physical, social, environmental and behavioral healthcare needs while simultaneously expanding and improving care coordination through alternative methodologies (eg. Non-traditional health workers).

Benchmarks include: By December 2013 will collect provider languages spoken and member preferred language; by December 2015 will be able to identify the race and ethnicity of contracted providers and members

(8) Developing a Quality Improvement plan focused on eliminating racial, ethnic, and linguistic disparities in access, quality of care, experience of care, and outcomes

FamilyCare has an established Quality Management Committee (QMC) that the Board of Directors oversees. Currently, there are multiple Quality Improvement initiatives that are occurring and FamilyCare is in the process of capturing data in order to identify further initiatives specifically related to the Coordinated Care Organization structure. Once data has been captured FamilyCare will organize the QMC to implement quality initiatives.

Benchmarks include: by December 2013 will identify areas of disparity of membership, by July 2014 Community Health Assessment will identify areas of race/ethnicity and linguistic disparities, by July 2015 FamilyCare will have a Quality Improvement Plan inclusive of metrics for identified disparities surrounding access, quality, experience, and outcomes