



Health Share of Oregon

Integrating Population Health within a Health
Care Delivery System to Achieve the Triple Aim

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Who we serve

- Founded by the health care organizations you know and trust with 16,000 providers
- Largest CCO in Oregon
 - 165,000 OHP members --33% of total
 - 75% of OHP members in Tri-County
- Health Share Serves:
 - 89,000 Children 0 – 18 years
 - Average 2,250 Pregnant Women Each Month
 - Over 50% of our Members Identify As Persons of Color
 - 37% Speak English as Their Second Language
 - 14,000 Dual Eligible

Health Share was founded by:



MULTNOMAH
COUNTY



health
share

Transforming
health
together.

Housing = Health



health
share

Transforming
health
together.



Supportive Housing Workgroup

- Met 7 times from August 2012 – May 3013
- Tri-county membership with leaders and stakeholders from housing providers, funders, and supporters
- Initial work focused on identifying sites where vulnerable people are living (as indicated by high levels of acute care utilization), and engaging in systems improvements to provide more comprehensive and effective care.



Exploratory Assessments

- Developed semi-structured survey with more than 50 closed and open-ended questions, borrowed from similar surveys, consulted with local experts
- Confidentiality process – used oral informed consent and a signed consent as needed
- Staff from Health Share and from partner housing organizations conducted surveys
- 171 surveys were conducted between January 29 – March 7 at Martha Washington, Musolf Manor, and the Apartments at Bud Clark Commons with a 51% response rate (out of 332 residents)

Martha Washington, Bud Clark Commons, Musolf Manor



“What are your major health issues?”

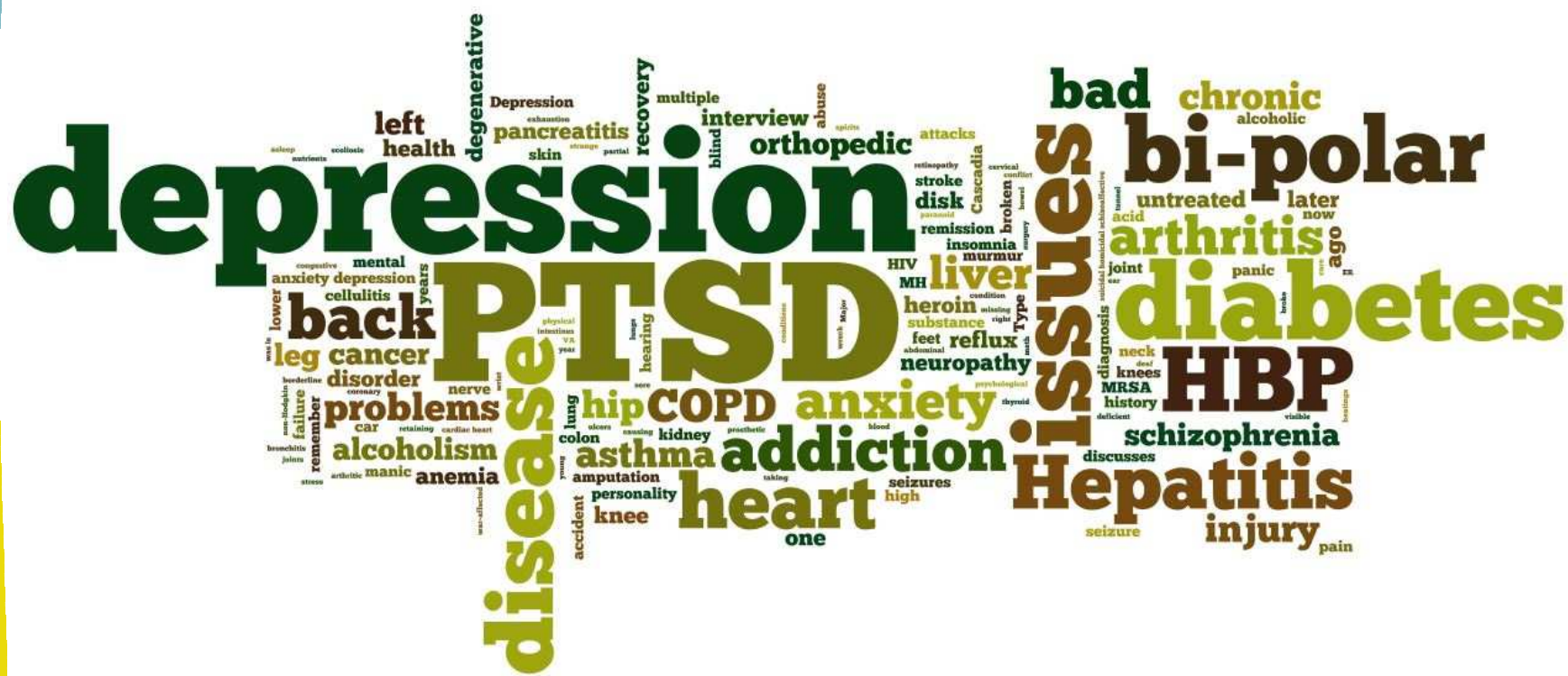
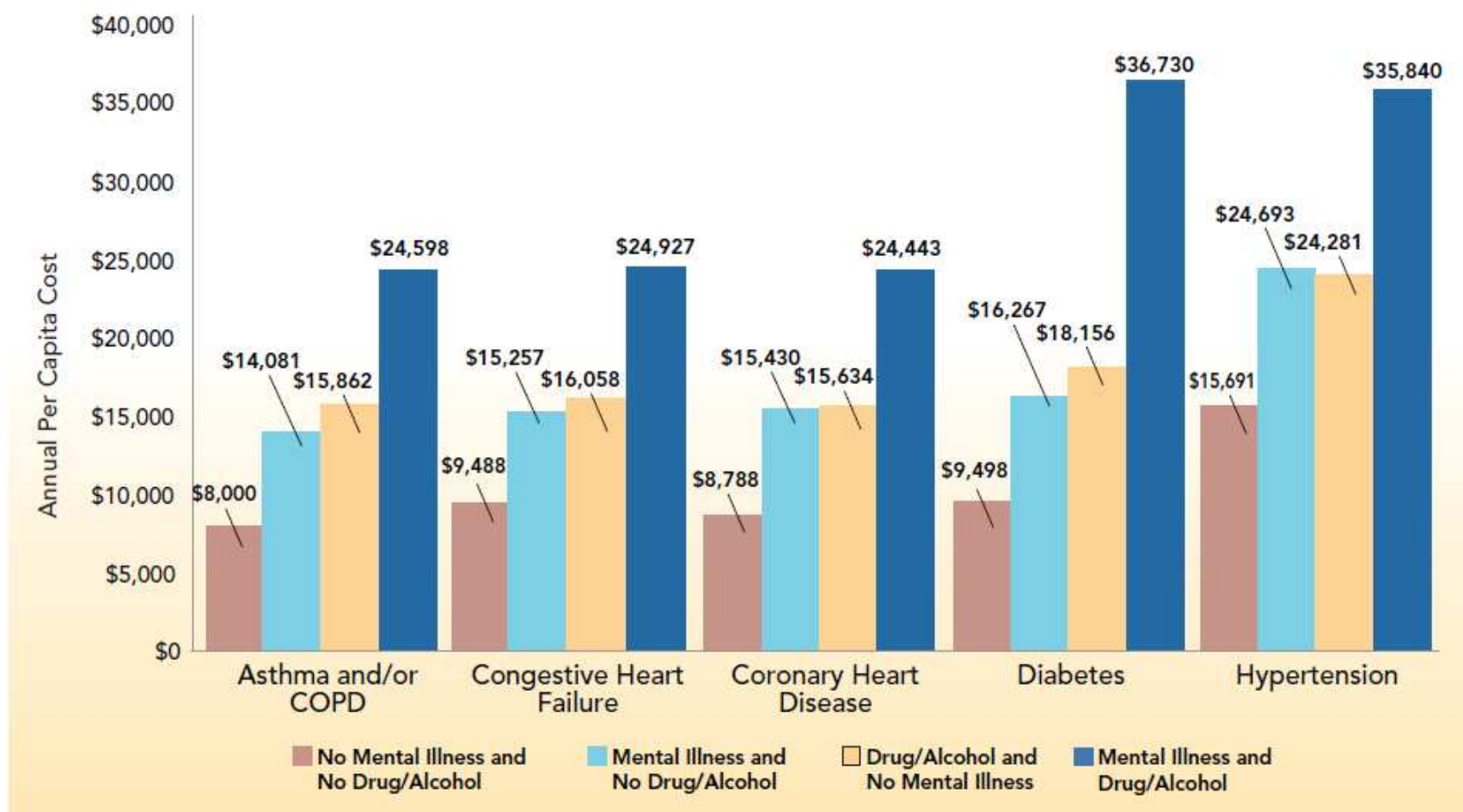


Figure 3 | Impact of Behavioral Health Comorbidities on Per Capita Costs among Medicaid-Only Beneficiaries with Disabilities



Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services for Medicaid Populations; Cynthia Boyd, Bruce Leff, Carlos Weiss, Jennifer Wolff, Allison Hamblin, and Lorie Martin CHCS DECEMBER 2010

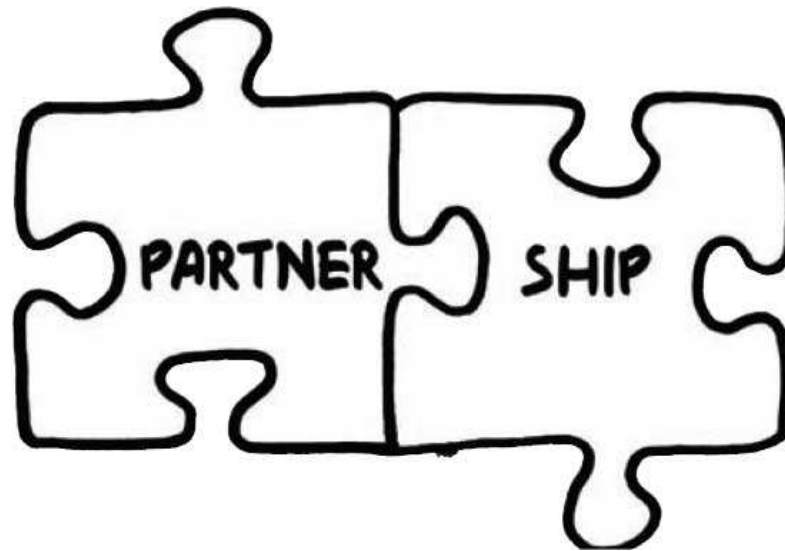


What are we learning?

- Our housing partners are already doing innovative work with few resources to support their high needs residents
- We need to take time to learn health and housing systems – both are complex and can be siloed because of funding streams
- “Housing is healthcare” became real through the survey process
- Role and type of housing varies greatly, and depending on perspective we have different approaches to defining the connection
- Our community faces a significant and growing affordable housing shortage as well as a shortage in funds for increased supports, which has a negative downstream impact on CCOs.

Seizing the opportunity

- It's important to make the link between population health interventions and impact on individuals.
- Supporting people where they live is a way of supporting their strengths and their culture; they are not a patient at home.
- Jointly defining the problem and opportunity and focusing on the partnership yields impact over time.





Health System Transformation Fund

Investment in Healthy Homes Visiting Program

- Expands public health visiting program to Clackamas and Washington County
- Total Medicaid costs for children participating in the Healthy Homes program were 48% less than similar children not participating in Multnomah County's Healthy Homes program.
- Hospitalization costs for the children in the Healthy Homes program were 62% less than costs for non-participating children, and are 1.6 times less likely to be hospitalized.

Investment in Bringing Health Home Project

- Piloting a community-based approach at 4 sites in Clackamas County
- Public health nurse and outreach coordinator from Clack. Co.
- Living Well with Chronic Conditions Classes
- Resident Services Coordinator involvement
- Could be scaled if successful



Additional Projects

Skin Health Services Project at Bud Clark Commons

- Survey results demonstrated high need for wound care and other skin care needs, correlating with high ambulatory care rates related to skin issues (abscess, injuries, MRSA, follow-up from surgery).
- Partnership with Multnomah County, CareOregon, HomeForward, Transition Projects, Outside In, Central City Concern

Housing Support Fund with JOIN

- Modeled after JOIN's partnership with VA
- Supports outreach services to individuals enrolled in one of the Health Commons Project interventions



Health Share & Housing Partners

- Support housing partners in seeking sustainable funding for projects and partnerships – develop ideas and funding will come
- Our ability to analyze data improves monthly: more to share in our connection
- Make the link between housing and health in our strategic thinking, even if behind the scenes
- Come to the table for collaborative and integrative projects
- Leverage the momentum of specific projects

Questions?

