INNOVATION / COLLABORATION

COORDINATING ACROSS ORGANIZATIONS TO IMPACT HEALTH

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ROGUE VALLEY COUNCIL OF GOVERNMENTS

AllCare HEALTH PLAN

WHY WE ARE HERE TODAY

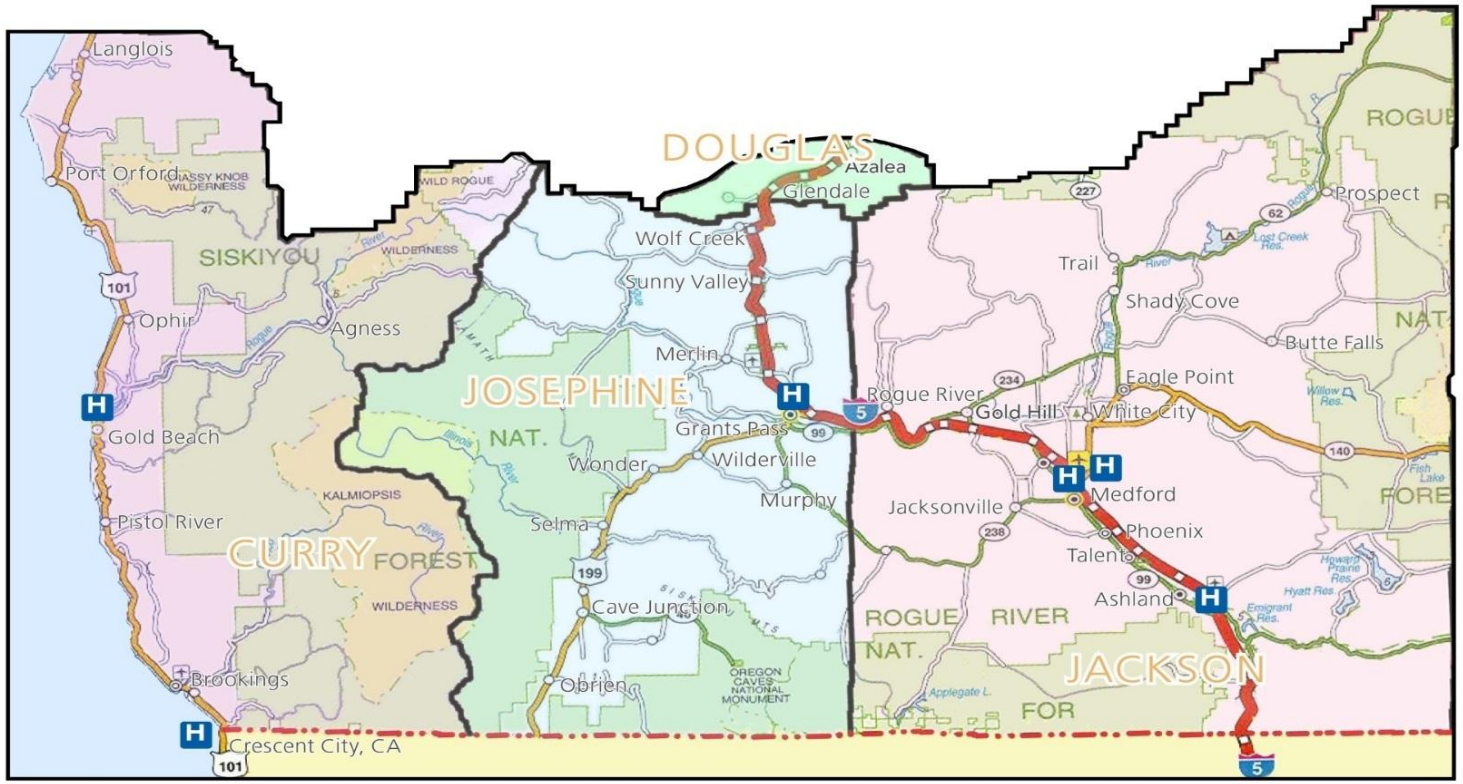
- AllCare and Rogue Valley Council of Governments Senior and Disability Services have embarked on an innovative project to help AllCare members better manage their health
- This project could help reduce health care costs and improve the quality of life for AllCare members in the Rogue Valley
- Together, we strive to become a model of best practices to the rest of the state

WHO WE ARE

- AllCare Health Plan is a State of Oregon–accredited Coordinated Care Organization (CCO) that offers health care coverage to Medicaid enrollees throughout southwestern Oregon.
- As a CCO, AllCare provides comprehensive coverage: mental, dental, and traditional health care.
- We have contracts with hundreds of health care providers throughout southern Oregon, including primary care providers, specialists, hospitals, dental groups, and mental health professionals.
- AllCare has long-standing experience helping people and professiona manage care efficiently and effectively. This starts with issues such as access to primary care and includes education, preventive care, and even transportation.
- Our goal is to ensure that all patients get the care they need in the most appropriate setting.

AllCare
HEALTH PLAN

AllCare Health Plan Service Area



WHO WE ARE

Rogue Valley Council of Governments is the Area Agency on Aging & Disabilities in Jackson and Josephine Counties

- Provides Medicaid-funded long term care including case management and transitions coordination in addition to adult protective services and other services specific to seniors and people with disabilities
- Provides additional services and evidence-based programs
  - Aging and Disabilities Resource Connection (ADRC), a single point of entry for information and referral, individual counseling, evidence-based self-management programs and community services
  - Other support programs
    - Meals on Wheels and senior meals
    - Oregon Project Independence

ROGUE VALLEY COUNCIL OF GOVERNMENTS

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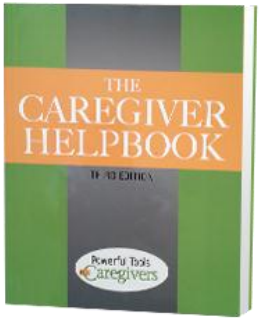
Evidence-based programs to help people manage their health

- Coleman Care Transitions
- Living Well workshops for chronic conditions, chronic pain and diabetes
- PEARLS for older adults with mild to moderate depression
- Powerful Tools for Caregivers
- Star C for caregivers of people with Alzheimer's disease or dementia

Caregiver support

- Powerful Tools for Caregivers
- Star-C for caregivers of people with Alzheimer's disease or dementia



THE LOCAL LANDSCAPE

- Some of RVCOG's services are provided free of charge through grants or other supports but most are offered on a sliding fee schedule or a requested donation.
- AllCare sees value in these services for their ability to impact individual health and ability to support AllCare members who are managing health and aging issues.
- RVCOG approached All Care with a concept of cost sharing to provide their members access to evidence-based intervention programs.
- Now, AllCare and RVCOG offer these evidence-based services free of charge to AllCare members in the Rogue Valley members

DELIVERING SERVICES

- Despite the strong desire and commitment to work together, referrals to RVCOG programs were inconsistent.
- Both RVCOG and AllCare recognized that they needed to develop a formal and robust referral process.
- Options considered
  - Develop formal procedures and train existing staff
  - Offer incentives for referrals
  - Assign one person for outreach and referrals
  - Co-locate an RVCOG staff person at AllCare to do the outreach make referrals

OUR PROJECT

INNOVATIVE SOLUTION

CHOOSING THE SOLUTION

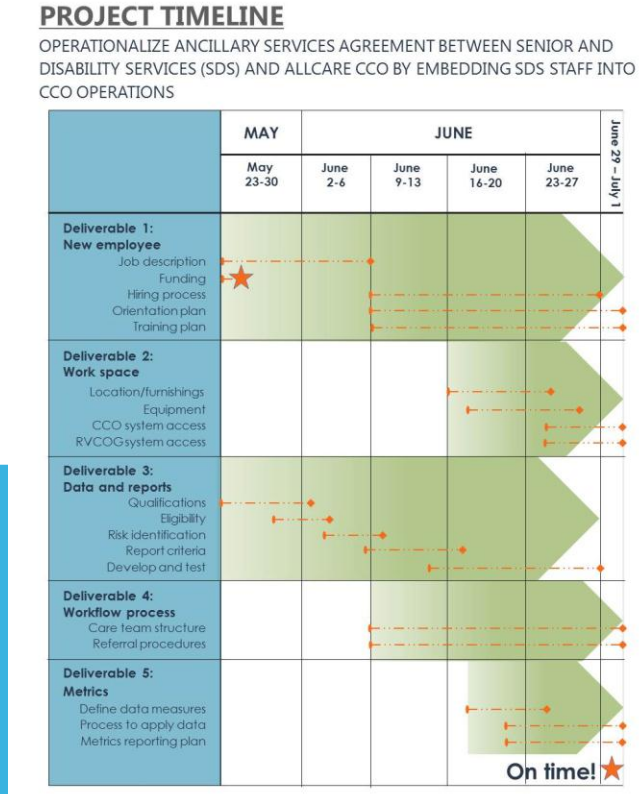
- We chose to go with a co-located staff person to ensure ownership of the referral work.
- A project was launched to make it happen
- Project statement:
  - This project will fully incorporate RVCOG services into AllCare's benefit package by co-locating an RVCOG staff member at the AllCare corporate office. This staff person will analyze data to identify AllCare members who would benefit from the ancillary services, offer those services to the member and, along with the rest of the care team, coordinate those services into the member's care plan.
- What does a successful outcome looks like?
  - New staff member at work at AllCare's office with full access to the data and care team people she or he needs to identify members in need of services along with the ability to contact those members and sign them up for the services

PROJECT FUNDING

- Health promotions funding from the State of Oregon provided funds to hire a staff person for one year.
  - The Preventative Health Referral Specialist is an employee of RVCOG
  - The specialist is supervised by RVCOG with a dotted line to AllCare
  - AllCare provides the workspace, computer, phone and appropriate systems access

PROJECT TIMELINE

- Ambitious schedule of two months from kickoff to full implementation



PROJECT DELIVERABLES

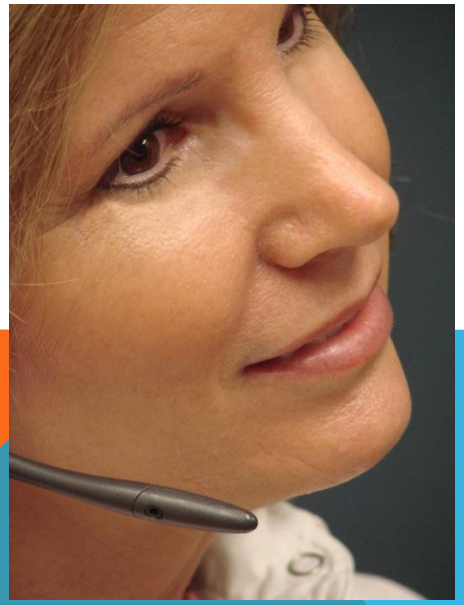
1. Creating a new position and staffing it
2. Providing work space and equipment for the new person
3. Developing data queries and reports to assist in identifying AllCare members who could benefit from services
4. Create a structure and workflow process that incorporates the ancillary services into member care plans
5. Develop metrics to measure the success of the process and the services

IMPLEMENTATION

THE REFERRAL SPECIALIST AT WORK

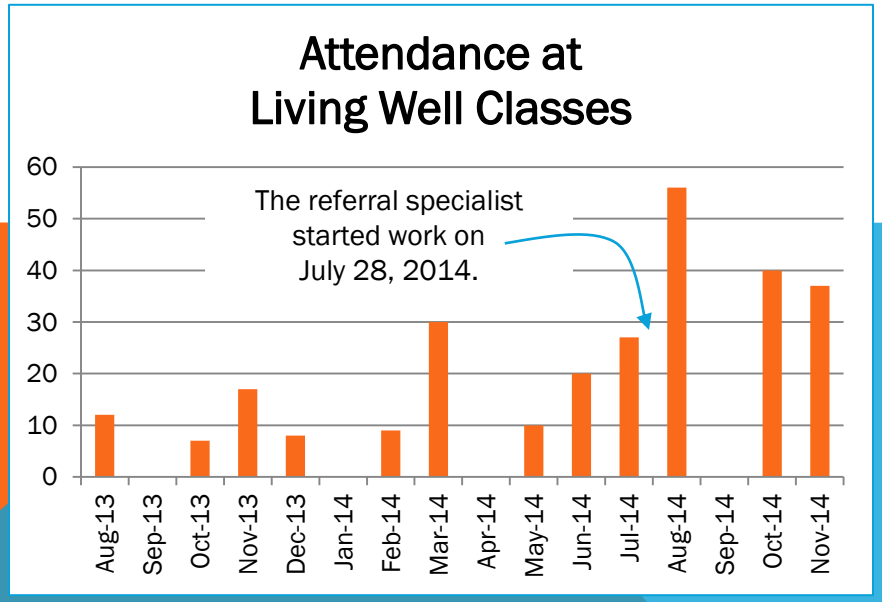
HOW IT WORKS

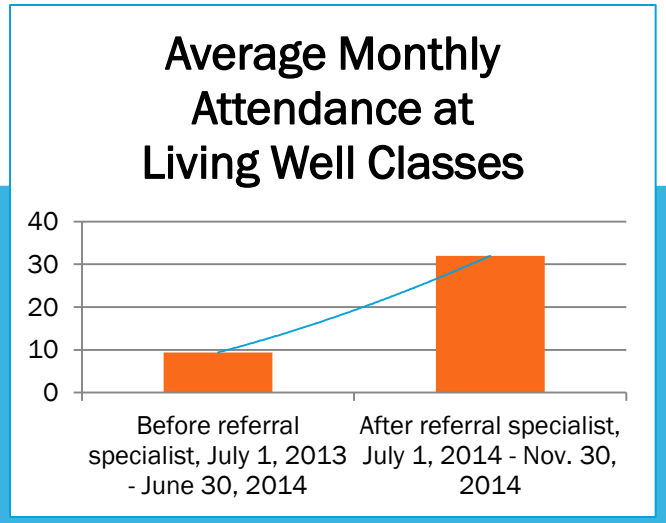
- AllCare chose to focus initially on the Living Well programs
  - Reports were developed to identify AllCare members with multiple chronic conditions, diabetes and pre-diabetes
  - Referral specialist reaches out to these members by phone to offer Living Well classes and register members for classes.
- AllCare care coordinators also use the referral specialist for direct referrals to other programs as well as requests for long term care services and supports



EARLY RESULTS

- **People who participated in Living Well programs increased 107% in the Referral Specialist's first month.**
  - In the four months since the specialist came on board, Living Well attendance has surpassed last year's total.
- **Family caregivers are being referred to support programs**
  - Enrollment in the Star-C program for caregivers of people with Alzheimer's and dementia is increasing
  - Powerful Tools for Caregivers classes have resumed with a full class in November and another scheduled for January.
- **Referrals to Coleman Care Transitions have remained steady**





THE TRUE IMPACT

- **A member was depressed, discouraged and in constant pain from her kidney disease and dialysis.**
  - Her care coordinator suggested she try the Living Well with Chronic Conditions program.
  - By class 4 she had a discussion with her provider, negotiated her own plan of care, quit smoking and was meeting with a trainer at the local club.
- **The night before his first Living Well with Chronic Pain class, another member landed in the emergency room after taking himself off pain medications.**
  - The member was determined to learn new ways to deal with his pain.
  - Throughout the classes, he made steady strides in regaining range of motion and in learning to pace himself to avoid overuse injuries.
  - He also shared his success strategies with the rest of the class and helped them develop their own action plans.

THE TRUE IMPACT

According to AllCare Care Coordinator, Kathy Mahannah

"Living Well changes lives and the partnership offered by these classes and the coordination of services offered by the CCO and RVCOG is priceless."

OUR PROJECT

INNOVATIVE SOLUTION

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