
Care Coordination/ICC Learning Collaborative

January 20, 2022



Today's Agenda

Time	Topic	Presenter
Noon	Welcome/Learning Collaborative Details	Jackie Wetzel
12:10 pm	Opening Remarks	Dr. Dawn Mautner
12:20 pm	Results – Learning Collaborative Interest Questionnaire	David Simnitt
12:30 pm	Breakout Room Activity	David Simnitt
1:05	Break	
1:15	Themes – CCO Feedback re CC/ICC Report	Shawna McDermott
1:35 – 2pm	Participant feedback & discussion	All

Learning Collaborative (LC) Format

12-month, virtual learning community and forum to support CC/ICC

- Content guided by LC participants
- Sessions are not being recorded
 - Open, candid communication – but please no PHI
 - Session summary (key discussion points & questions) will be shared after each meeting
- LC limitations and plan for ongoing communication to participants
- Input is welcome between sessions:
 - Jackie.Wetzel@state.or.us (OHA Transformation Center)
 - Dsimnitt.dsc@gmail.com (LC Facilitator)

Zoom Logistics

Throughout this learning collaborative, please:

- Use your webcam whenever possible
- Mute your microphone unless you are speaking
- Use the 'raise hand' function to share information or ask a question
- Add information and questions to the chat
- If you are having technical Zoom issues, send a chat message directly to Tom Cogswell
- Participate! Collaborate! Engage!

Please do not put your call “on hold” if you are dialed in.

Thank You

Health
Oregon
Authority

Learning Collaborative Interest Survey Results



Learning Collaborative Interest Survey Results

- 90 total responses
- More than 25 different organizations represented
 - All CCOs
 - Many counties
 - Numerous health systems
- Large variety of roles and responsibilities across respondents
 - Care coordination directors
 - Medical directors
 - Behavioral health directors
 - Oral health directors
 - Care team managers, supervisors, and other staff
 - Adult and youth services staff
 - Regulatory and compliance staff

Learning Collaborative Interest Survey Results

- Almost everyone expressed high interest in and need for the learning collaborative
- Some identified successes in their own programs and a willingness to share details with the group (I will be reaching out to you!)
- A few additional topics were suggested
 - Provider engagement – especially with ICC
 - Health equity and individualized/customized services for BIPOC members
 - Workforce shortages

Learning Collaborative Interest Survey Results

Topic list presented in survey was almost universally supported as the right list. Respondent rankings:

Priority	Topic Area
Highest	<ul style="list-style-type: none">• CCO contract requirements and OARs related to CC/ICC• Interdisciplinary Care Team (ICT) meetings• Care coordination reporting requirements/template• Prioritized populations
Higher	<ul style="list-style-type: none">• CC/ICC staffing models• Sharing assessments and care plans
High	<ul style="list-style-type: none">• Face-to-face requirements in rural/urban areas• Using data to support CC/ICC activities and workflows• In lieu of services (ILOS) and care coordination

Questions



Headline Activity



It's 2024, *The Oregonian* (or some other publication of your choice) is doing a feature story about the improvements, outcomes or successes you and your organization have brought about through high quality care coordination.

What's the headline?

Spend the next 5 minutes identifying the headline and starting to write the story.

Headline Activity

Breakout Rooms (about 15 minutes)

Introduce yourself to other participants

- Name
- Organization/Position
- Length of time doing care coordination work
- Short fact people might be surprised to learn about you

Share headline and a little about why you would be proud to be featured in that story

Identify breakout group spokesperson to share with full group

- Most surprising fact you learned about another group member
- One great headline and overall themes from your group

Full Group (about 10 minutes)

- Breakout group summary round robin – as many as we have time for
- Everyone – share your headline in group chat



CCO Care Coordination Report Feedback



CCO Care Coordination Report Feedback

1
Data

40 comments

2
REALD

7 comments

3
Narrative

3 comments

Foundational / Overall

5 comments

CCO Care Coordination Report Feedback

Foundational / Overall

Desire to collaboratively define reporting elements to ensure CCOs understand the intent and are reporting similar information

Clarify focus and intent of “Member eligible for care coordination”

- Provide criteria or definition if seeking something different than the number of CCO Lives

Explore feasibility and value of reporting on the number and types of staff assigned to Care Management programs across CCOs

CCO Care Coordination Report Feedback

Foundational / Overall

Clearly define Tech Specs:

- **Population-specific:** provide clarity on the timeframe/timing and the qualifying event to include in the count
- **Rate requested:** place to report Numerator and Denominator with rate automatically calculated
- **CC general vs. ICC specific:** Do we want to report on both CC and ICC in the same report? Clear delineation between the two on the quantitative report.

CCO Care Coordination Report Feedback

1: Data

Member progress on goals (%):

- *Please clarify whether we should include any member active in care coordination or ICC during the reporting period or only those who have been closed out of care coordination services during the reporting period?*
- *If a member engaged in activities Q1 – Q3, met 1 goal in Q1, 1 goal in Q2, and 3 goals in Q3, we could benefit from clarity on whether we report that member in Q3 as meeting 3 goals, or if we report them as meeting 5 goals because that is their cumulative total.*

CCO Care Coordination Report Feedback

1: Data

Reason for refusal:

- Not currently tracked; platform not configured to capture
- Concern that "lack of understanding" is subjective
- Link to narrative question #6: How do CCOs approach the ongoing care needs of persons eligible to receive ICC services but not participating due to either member refusal or lack of CCO capacity.
- Seek to better understand outreach method, tracking, and follow-up of those who do not respond to initial outreach

CCO Care Coordination Report Feedback

1: Data

Type of reassessment trigger that led to reassessment:

- Pare down elements
- *We do not currently receive this information*
- *Clarify which pieces would be identified by self-reporting*
- *Please define the diagnosis codes to include*
- How to capture when a client has multiple triggering events at the same time

CCO Care Coordination Report Feedback

2: REALD

Language:

- *Not of all the languages in our population are represented in the Language section. Should we roll everything else up into “Other”...*
- *Is the expectation to list all out all other reported languages we have even when we may only have 1 member in our entire population who speaks that language?*
- *Asking for preferred written or spoken language?*

CCO Care Coordination Report Feedback

2: REALD

Race and Ethnicity:

- *Guidance on whether they really wanted primary race/ethnicity or any race/ethnicity more clearly specified in the technical specs would be helpful.*
- *Is there a crosswalk file that needs to be utilized to ensure that members are placed in the right buckets?*
- Clarify to align with what is reported/transmitted on the 834 file

CCO Care Coordination Report Feedback

3: Narrative

Format – Word (separate file) rather than Excel (consolidated)

Frequency:

- *process and structure does not change frequently and may be more appropriately reported annually rather than semi-annually*

Focus:

- *Ideally the narrative would ask about all programs offered in CM, utilization of each program, and pros/cons of each program. This would better reflect the whole picture of CM.*

Thank You

The logo for the Oregon Health Authority is centered within a light blue, rounded rectangular shape. It features the word "Oregon" in a smaller, orange, serif font, positioned above the word "Health" in a larger, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font.

**Oregon
Health
Authority**

Wrap-Up and Feedback

OARs and contract requirement questions

Details could include:

- Specific question written as clearly and concisely as possible
- The OAR or contract requirement (for example, the OAR # and section, contract page #, or specific rule/requirement language)
- Reasons and details about why this requirement is creating confusion, problems, etc.
- Any solutions or workarounds that you've been able to implement or tried to implement to solve the issue
- Any recommendations you have that would solve the issue
- Supporting documentation or details that help explain the issue and/or your proposed solution

Wrap-Up and Feedback

Upcoming Sessions – Tentative Plan

- Program successes
 - Assessments / workflows / care plans
 - Member engagement / health equity focus
 - Staffing models
- Contract and OAR Requirements
- Member stories
- Transitions
 - Oregon State Hospital / incarceration / residential care
- Long Term Services and Supports
- Health IT / sharing of care plans / managing workflows

THANK YOU!

See you next month
February 17, Noon – 2pm

Please provide session feedback here:

<https://forms.office.com/r/qVuXZGNNtt>

Or using the QR code
function on your phone:

