



CCO & HEALTH TRANSFORMATION WORKGROUP

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ABOUT ME

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Jackson County Accreditation Coordinator

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Master of Public Health, Health Management & Policy



HOW WE GOT HERE

Coordinated Care Organizations
101

COORDINATED CARE ORGANIZATIONS: WHY AND HOW DID WE GET HERE?

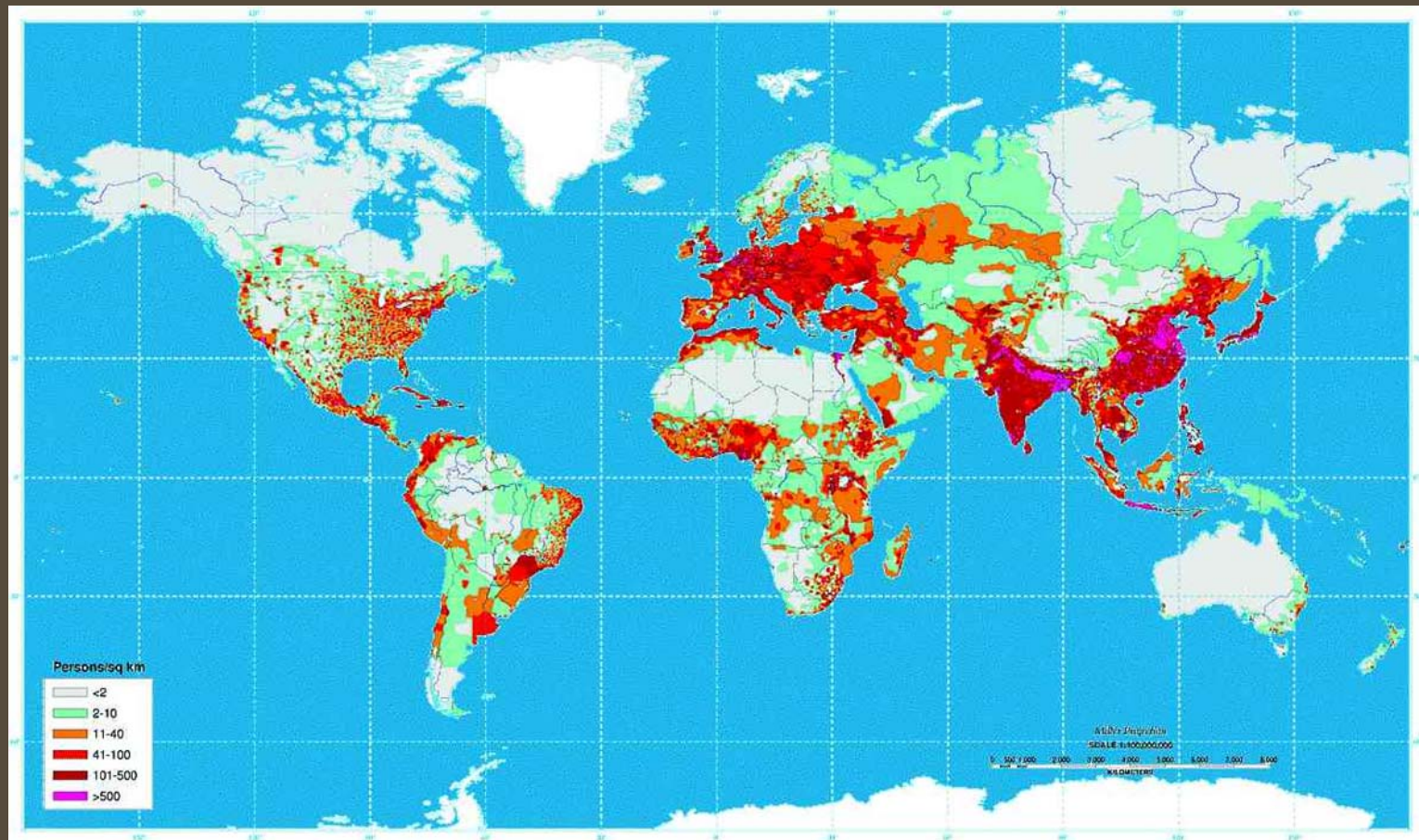
Why is healthcare transformation needed?

Why coordinated care?

How is it structured?

Who is doing it?

What will be different?

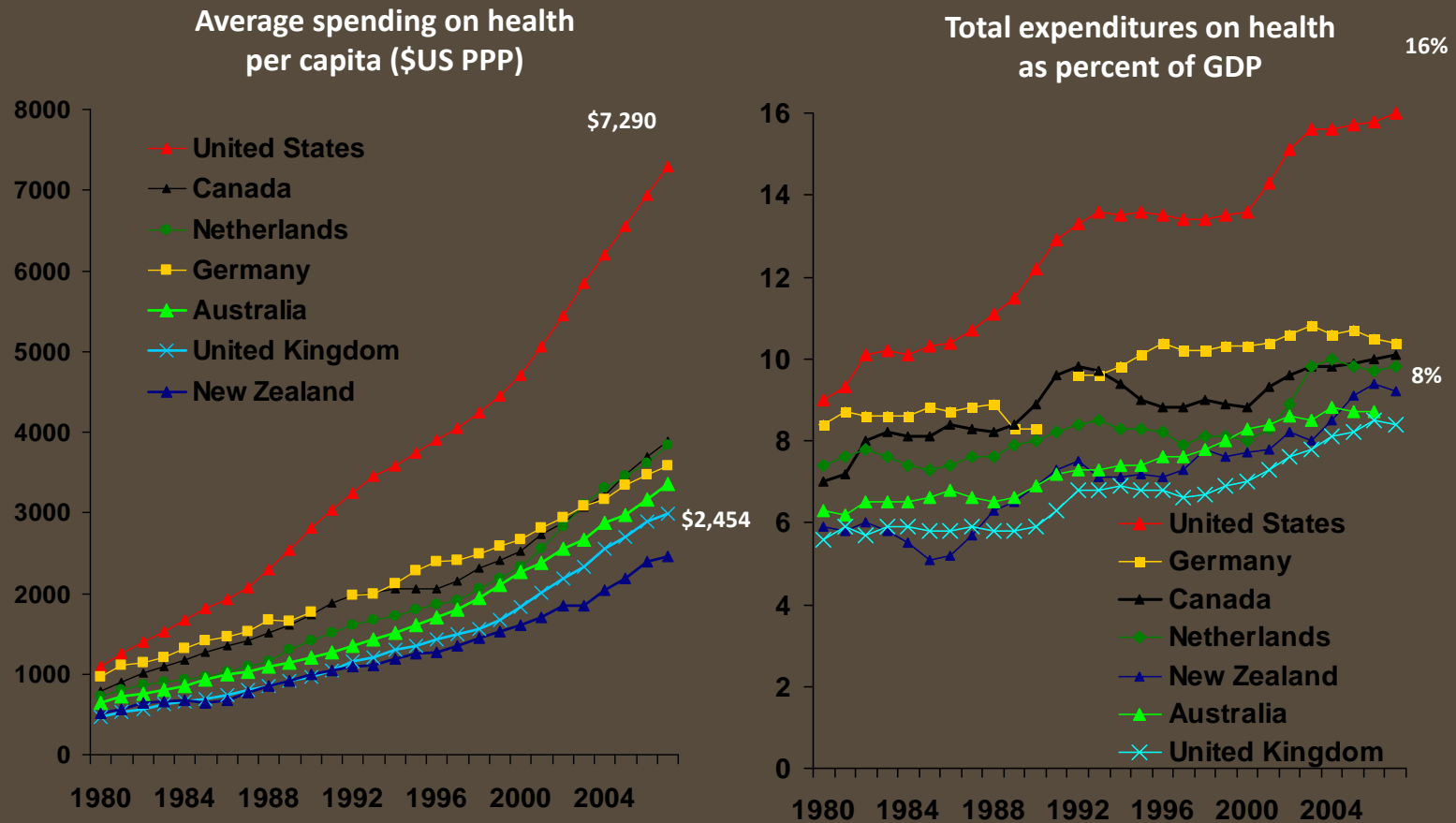


“Although the United States makes up just 5% of the world’s population, they represent more than half of every medical dollar expended on the planet. Yet for all that effort, US life expectancy appears near the bottom of rankings by the OECD.”

Martinson et. al Health Across the Life Span in the United States and England. Am J Epidemiol. 2011;173(8):858-865



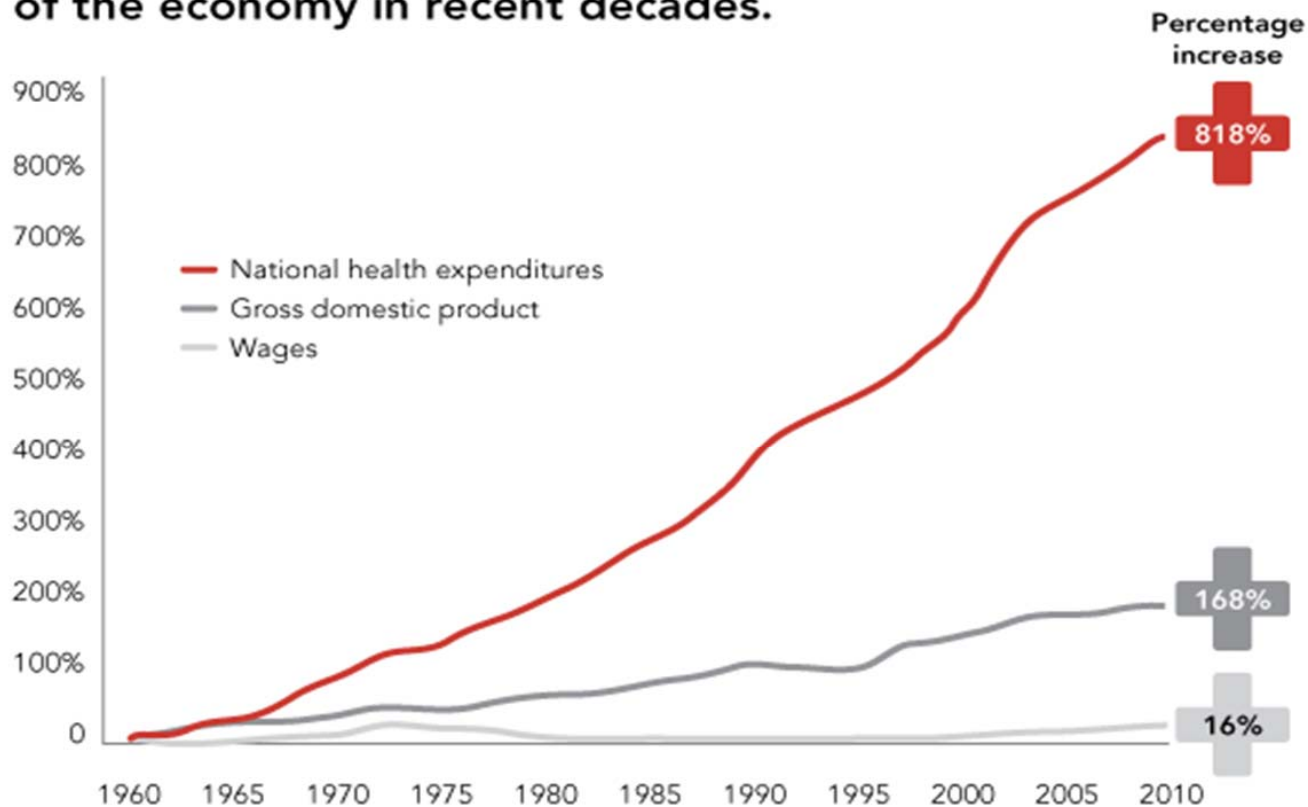
EXHIBIT 1. INTERNATIONAL COMPARISON OF SPENDING ON HEALTH, 1980–2007



Note: \$US PPP = purchasing power parity.

Source: Organization for Economic Cooperation and Development, *OECD Health Data, 2009* (Paris: OECD, Nov. 2009).

Health care spending has grown much faster than the rest of the economy in recent decades.



Sources: McKinsey, "Accounting for the Cost of U.S. Health Care" (2011),
Center for American Progress

THE HUFFINGTON POST

HEALTHCARE COSTS: RISING FASTER THAN OTHER GOODS

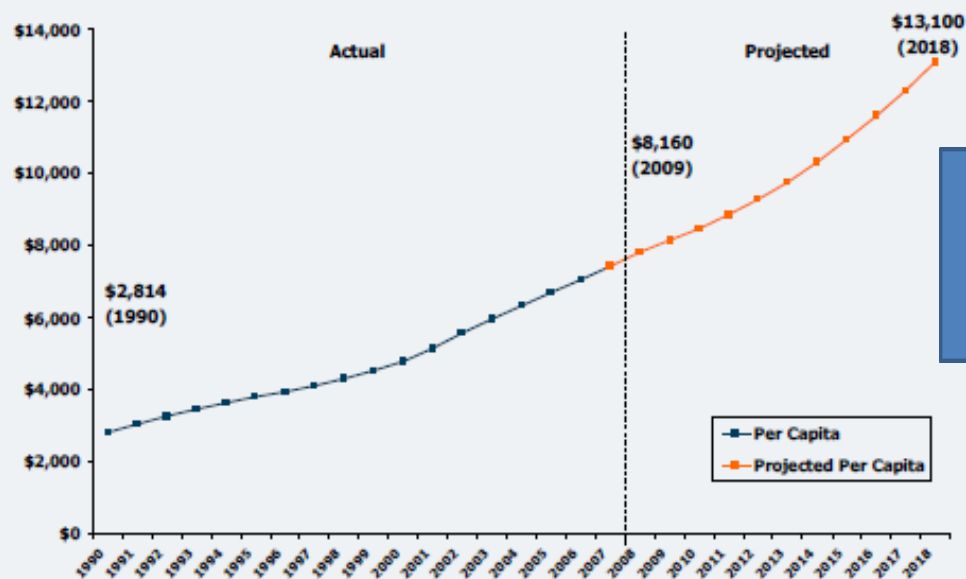
If food had risen at the same rates as medical inflation since the 1930s:

- 1 dozen eggs = \$80.20
- 1 dozen oranges = \$107.90
- 1 lb. of bananas = \$16.04
- 1 lb. of coffee = \$64.17



THE URGENCY OF “TRANSFORMATION”...

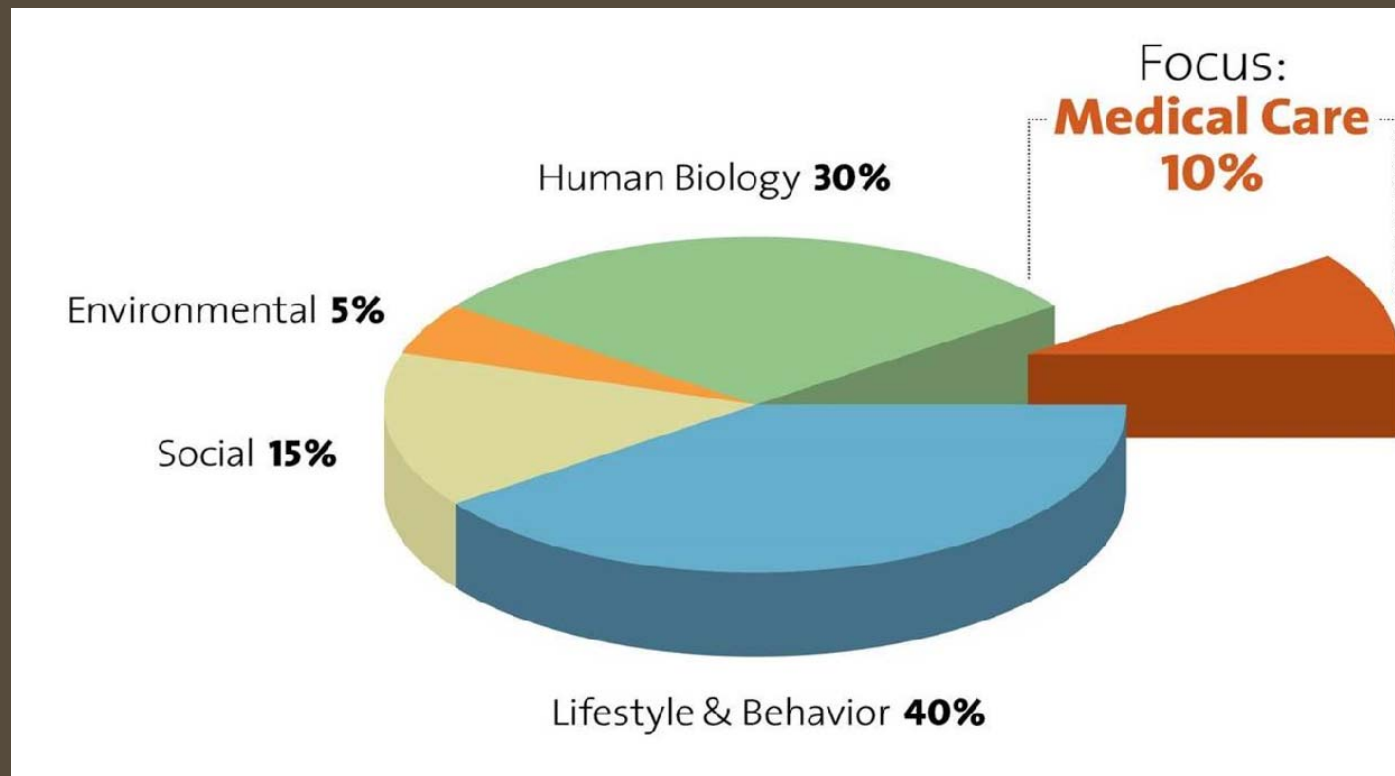
Exhibit 1: National Health Expenditures per Capita, 1990-2018



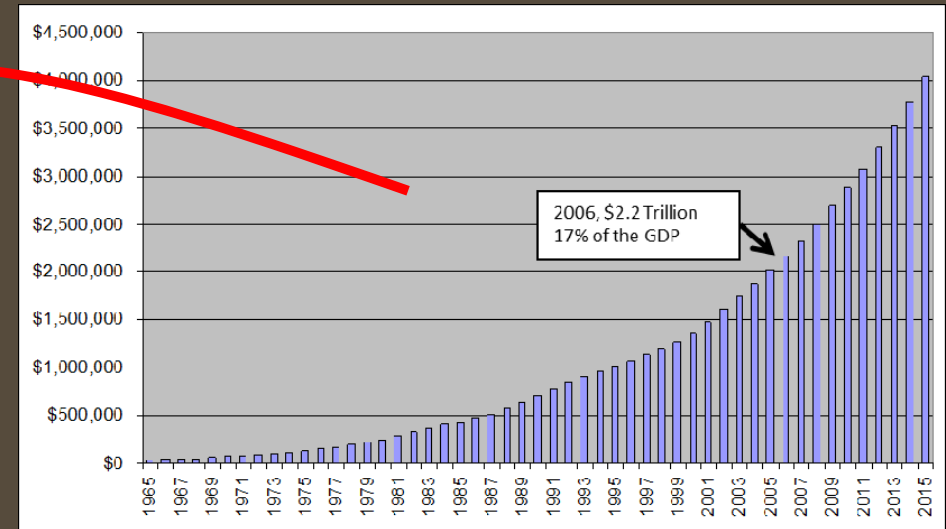
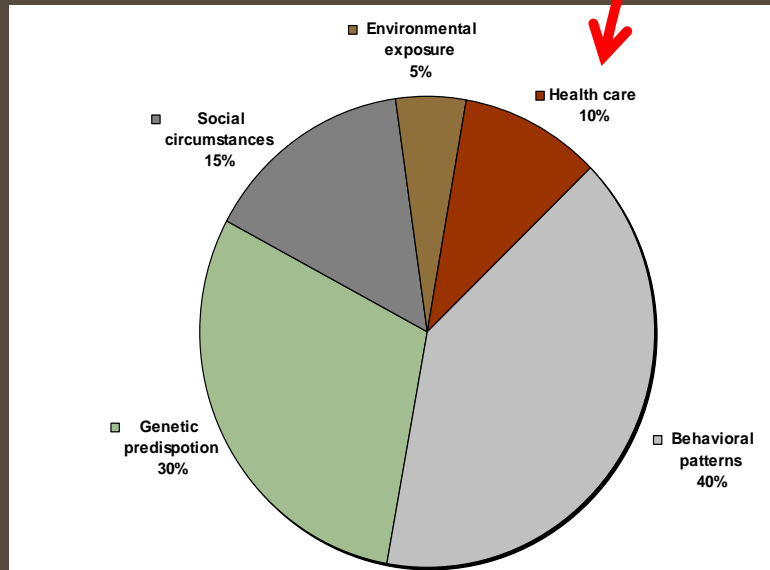
2009 US
Per Capita
Income
\$39,183

Kaiser Family Foundation, March 2009
http://www.kff.org/insurance/upload/7692_02.pdf

WRONG FOCUS = WRONG RESULTS



SO... “WHAT DETERMINES OUR HEALTH?”



“We don’t pay for health we pay for sickness.”

Schroeder, NEJM 2007;357:1221-8

OREGON'S ISSUES

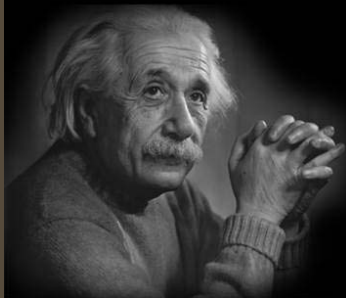
Oregon's budgetary struggle

- Oregon shortfall = \$3 Billion
- Can't fund schools: K-12 or college
- Can't fund police and jails
- Can't fund Medicaid (Oregon Health Plan) → Costs rising 8%/ year

The State's Options: How to Bend the Healthcare Cost Curve

- Cut benefits
- Cut number that can enroll
- Pay providers less
- OR.....

**We can't solve
problems by using the
same kind of thinking
we used when we
created them.**



Albert Einstein

German Theoretical-Physicist
(1879-1955)

QuoteHD.com



**In any moment of decision, the best thing you
can do is the right thing, the next best thing is
the wrong thing, and the worst thing you can
do is nothing.**

(Theodore Roosevelt)

izquotes.com

TRIPLE AIM: A NEW VISION FOR OREGON

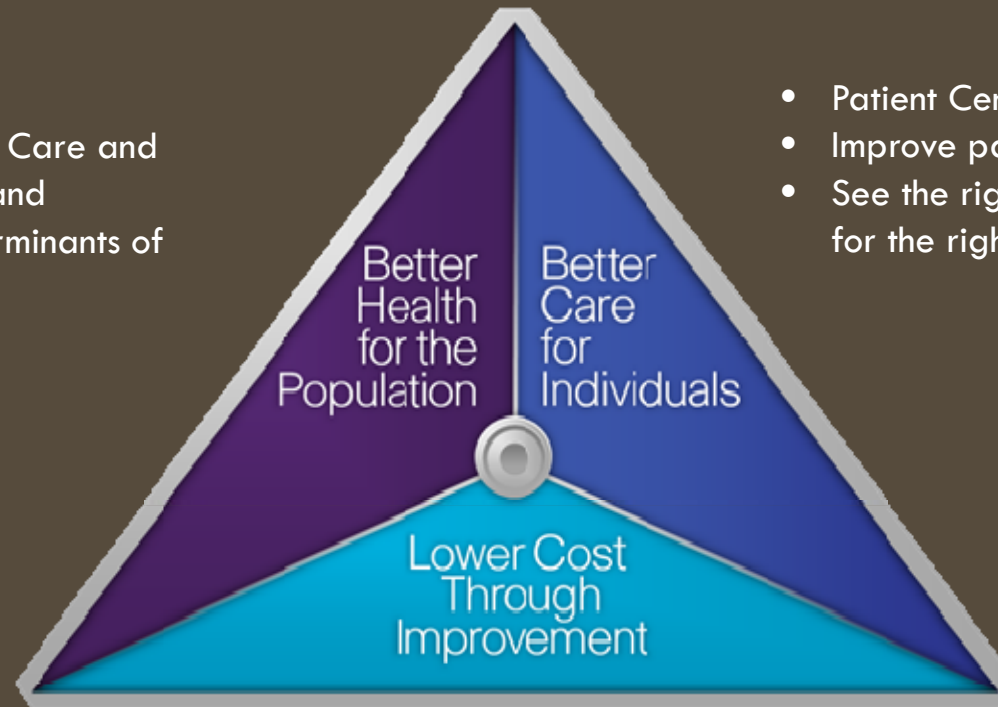
1. Better health

2. Better care

3. Lower costs

MAKING THE “TRIPLE AIM” POSSIBLE

- Focus on Preventive Care and Social, Behavioral and Environmental determinants of health (60%)



- Patient Centered Medical Homes
- Improve patient experience
- See the right person, at the right time, for the right issue

*Don Berwick, Past Director
CMS, IHI*

- Eliminate Waste, Duplication, Errors and Unnecessary care
- Change the way we pay for healthcare → insurers and providers
- Outcomes based and data driven decision making

PPACA = AFFORDABLE CARE ACT = OBAMACARE

Patient Protection & Affordable Care Act (PPACA) was signed into law March 2010

- Set out to provide new funding for public health and prevention, bolster the public health workforce and infrastructure, and foster innovation and quality

Largest changes in health care in 50 years

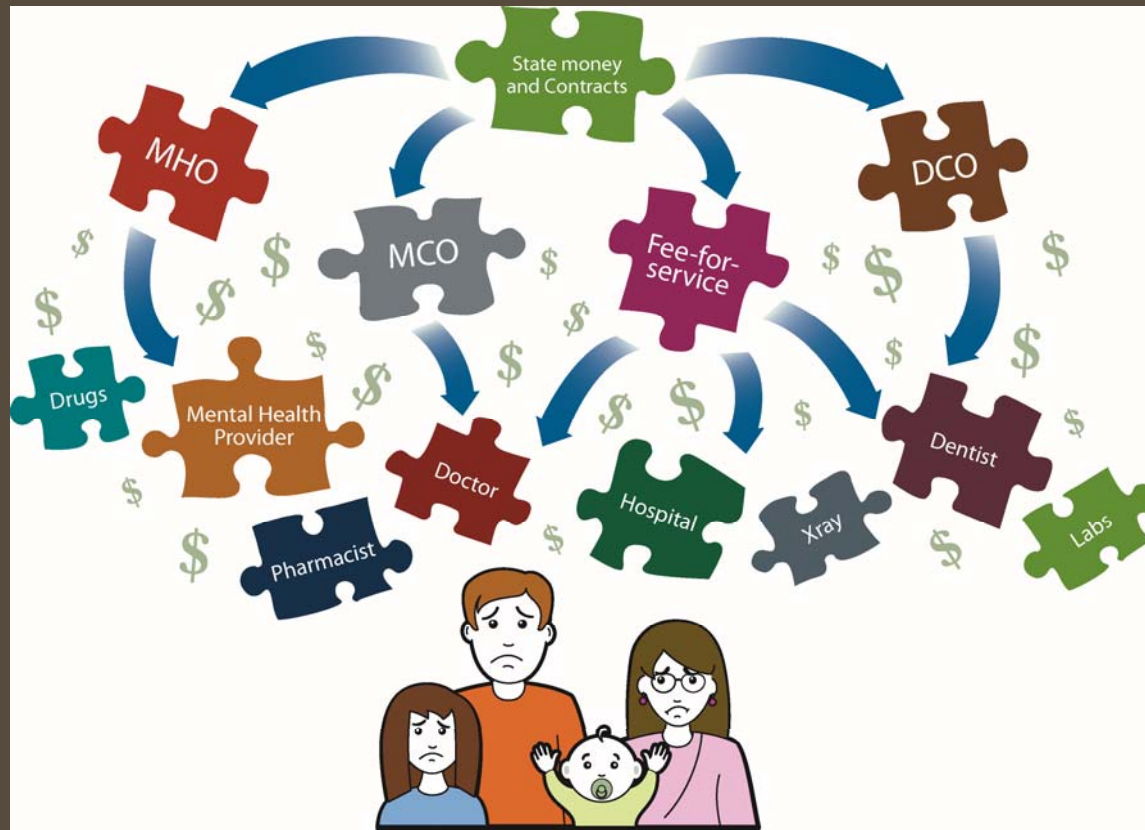
Coverage and access

- Medicaid expansion in Oregon
 - Majority of members are enrolled in coordinated care organizations
- Health insurance exchanges

Enrollment

- Total Oregon Health Plan enrollment: 1,008,953 (September 15, 2014)
- Increase of 394,770 members since December 2013

BEFORE CCOS: HEALTHCARE IS CONFUSING; HEALTHCARE IS EXPENSIVE



BEFORE & AFTER CCOs

Before CCOs

Fragmented care

Disconnected funding streams with unsustainable rates of growth

No incentives for improving health (payment for volume, no value)

Limits on services

Health care delivery disconnected from population health

Limited community voice and local area partnerships

After CCOs

Coordinated, patient-centered care

One global budget with a fixed rate of growth

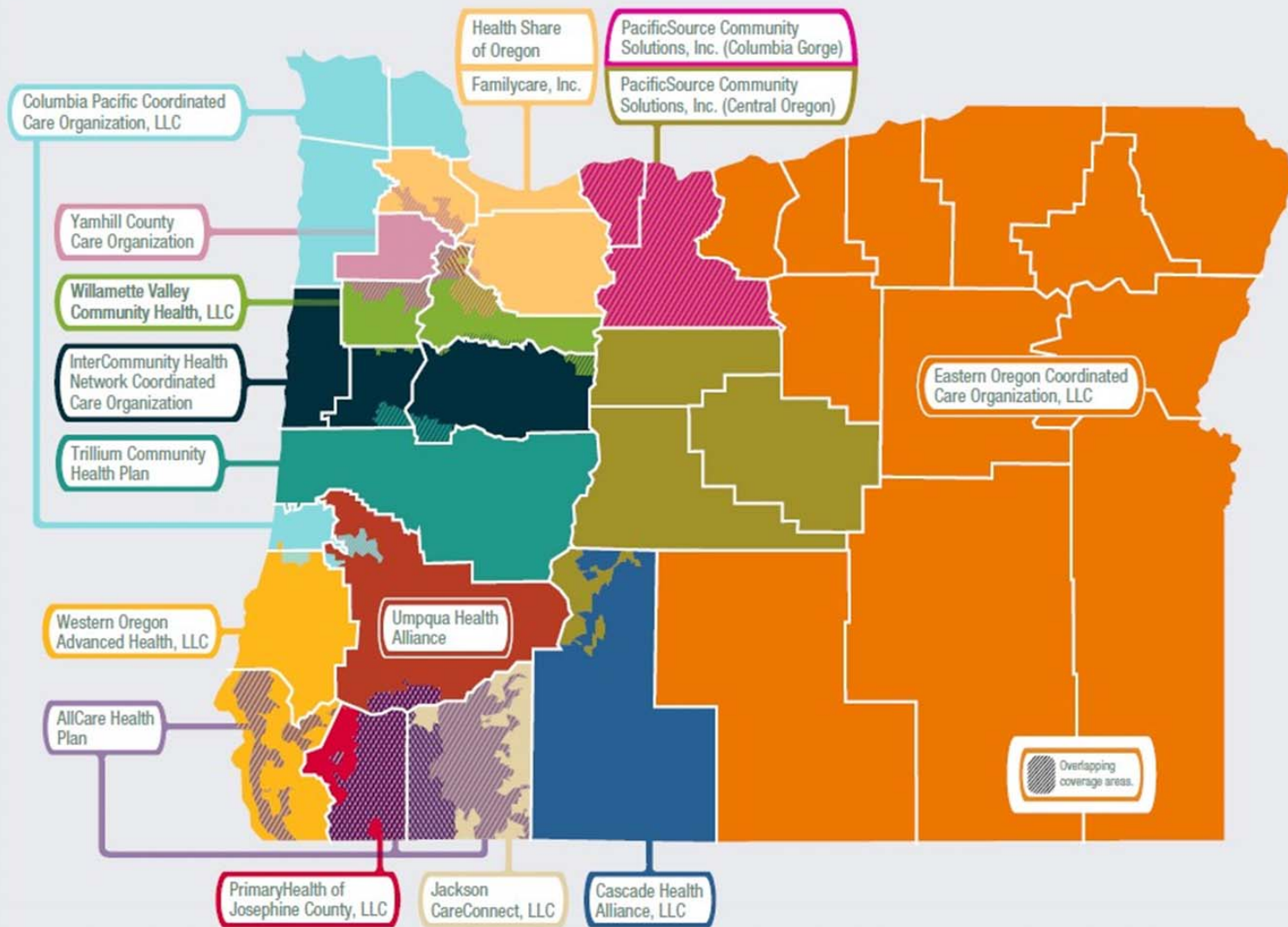
Metrics with incentives for quality

Flexible services

CCO community health assessments and improvement plans

Local accountability and governance, including a community advisory council

Coordinated Care Organizations Service Areas



THE COORDINATED CARE MODEL

Integrated and
Coordinated
Care

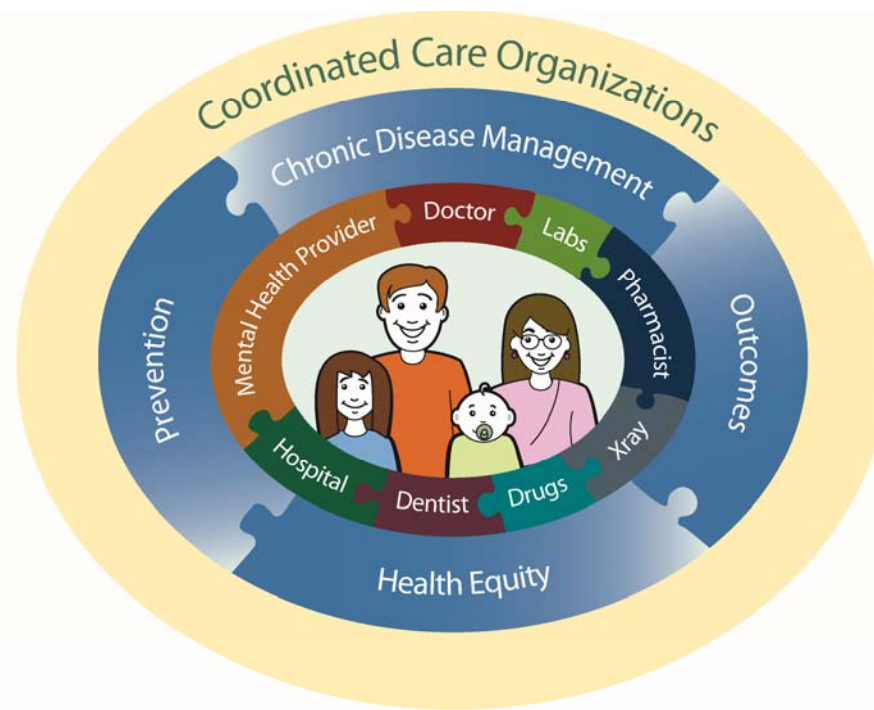
Global Budget
with Fixed Rate
of Growth

Metrics (with
Incentives)

Flexibility

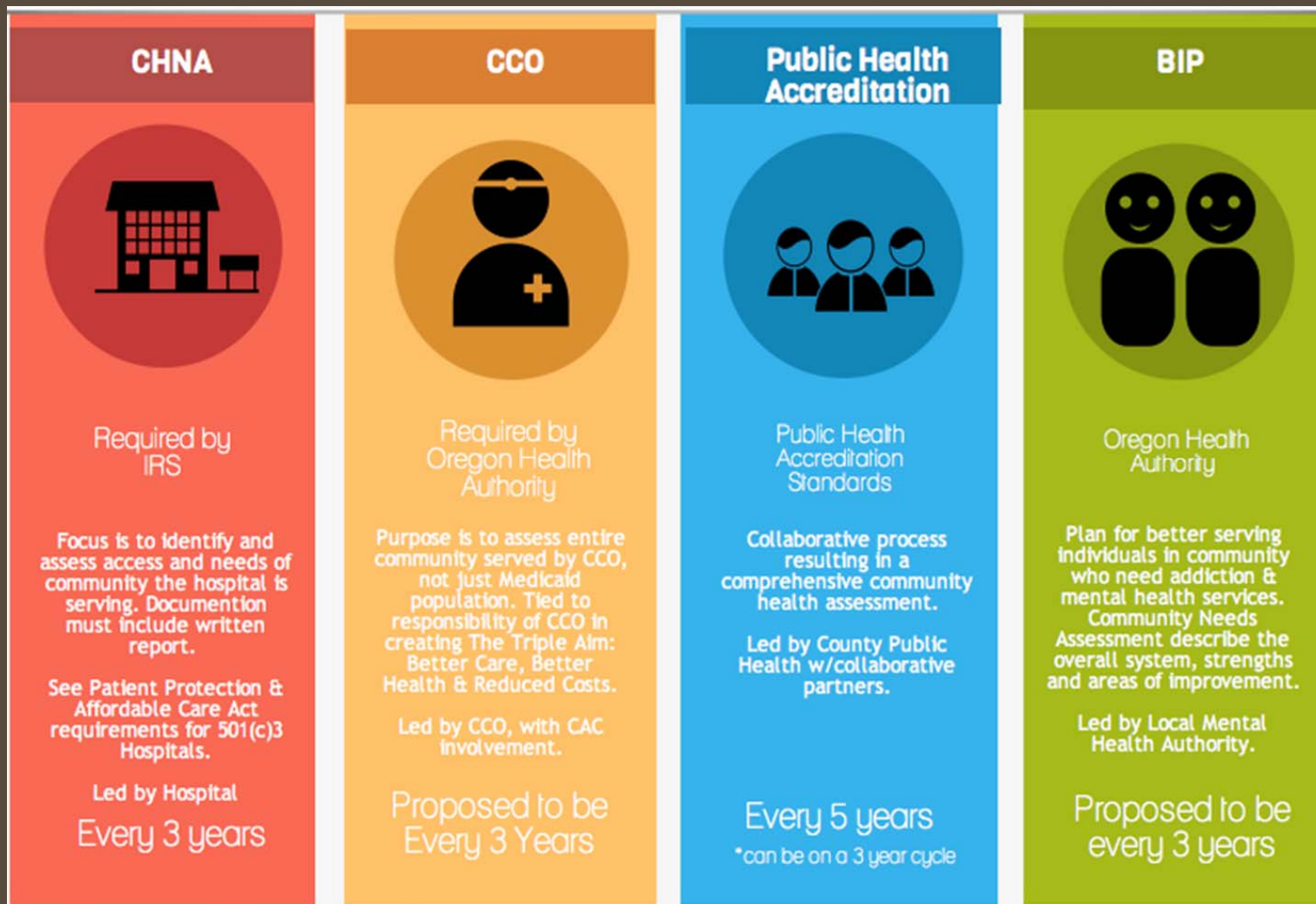
Local
Accountability
& Governance

COORDINATED CARE ORGANIZATIONS



THE COMMUNITY HEALTH ASSESSMENT (CHA)

“The CCO’s **Community Advisory Council** shall **oversee** the community health assessment and adopt a plan to serve as a strategic population health and health care system service plan for the community served by the CCO. The Council shall annually publish a report on the progress of the plan.”



OREGON CCO COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PRIORITY FOCUS AREAS*

- Mental health integration (13 CHPs)
- Maternal health, early childhood and youth (11 CHPs)
- Access to care (8 CHPs)
- Health equity and socioeconomic disparities (7 CHPs)
- Oral health (7 CHPs)
- Healthy housing and the built environment (7 CHPs)
- Public health, chronic disease and chronic illness prevention (6 CHPs)

* submitted as of July 2014 from 14 CCOs

TRANSFORMATION PLANS

Establish the foundation for OHA's partnership with CCOs to achieve Oregon's health system goals

ALPHABET SOUP

CCO = Coordinated Care Organization

CAC = Community Advisory Council

CACC = CAC subcommittee focusing on the Community Health Assessment

CHA = Community Health Assessment

CHIP = Community Health Improvement Plan

MAPP = Mobilizing for Action Through Planning & Partnerships

SWOT = Strengths, Weaknesses, Opportunities & Threats

DCO = Dental Care Organization

OAR = Oregon Administrative Rule

ORS = Oregon Revised Statutes

TRANSFORMATION CENTER



To support Health System Transformation, OHA needs to transform itself, too.

- Move beyond just regulating CCOs. Be a supportive partner in transformation and the spread of innovation.
- Transformation Center will operate as OHA's hub for innovation and improvement.
- Will also help the agency see where it needs to transform internally.

Goal: Partner with CCOs to increase the rate and spread of innovation needed to achieve triple aim.

- Our role is to help good ideas travel faster.
- Will work collaboratively with partners.

Spread elements of the coordinated care model to other payers

DIFFUSION OF INNOVATION



These strategies also help innovations spread and will be part of the Transformation Center:

- **Active Learning Network:** Peer-to-peer conversations and shared learning is critical
- **Champions of Change:** Opinion leaders and early adopters help spread the word effectively
- **Rapid Cycle Improvement:** Proven technique for enhancing speed and quality of decision making

TRANSFORMATION CENTER SUPPORT

TRANSFORMATION
CENTER

- [Innovator Agents](#)
- Learning Collaboratives
- Data & Analytics
- Technical assistance and infrastructure support
- Conferences and workshops, communications, outreach and networking
- Council of Clinical Innovators; Clinical standards & supports
- [Regional Health Equity Coalitions \(6\)](#)
- Promotion of patient-centered primary care homes, use of non-traditional health workers and elements of the CCO model

INNOVATOR AGENTS

Serve as liaison between the State and the CCOs, and the CCOs and local partners

Varied backgrounds

- Mental Health
- Long Term Care
- Child Welfare
- Public Health
- Early Childhood
- Social Work
- Developmental Disabilities



FUTURE TOPICS

1. Eastern Oregon CCO
2. Early Learning Hubs and CCOs: Collaborating Across Systems
3. Yamhill CCO & the universal referral
4. AllCare & Alternative Payment Methods (APMs)
5. Innovator Agents
6. Healthiest State & Opportunities for cross-collaboration
7. 2 new metrics (effective contraception use & dental sealants)
8. Alternative Payment Methodologies in Oregon: The State of Reform

FORMAT

