



Better Health | Better Care | Better Cost

PacificSource's Coordinated Care Model A Force for Community Health

Unleashing the Power of Communities to Improve Health: Accelerating Collaboration & Innovation

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Presenters

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Themes

- 1 The genesis of Oregon Coordinated Care Organizations (CCOs) and Medicaid transformation
- 2 New ways of thinking about local governance and stakeholder buy-in
- 3 How local governance married with community engagement can lead to policy change and equity
- 4 The Health Plan as a Partner

Who We Are

- Independent, not-for-profit community health plan serving the Northwest
- Founded in 1933, PacificSource is based in Eugene Oregon, with local offices throughout Oregon and in Idaho and Montana
- 300,000 government programs and commercial members
- 46,300 physicians, hospitals and other healthcare providers
- Our family of companies employs more than 700 people

“We’re In It For the People”

- Reputation for friendly, personal customer service
- Ranked Highest in Member Satisfaction among Commercial Health Plans in the Northwest Region (JD Powers and Associates)
- NCQA accreditation
- Collaborating with communities and investing in local solutions to address access, quality and community health concerns

Foundation for Health Improvement

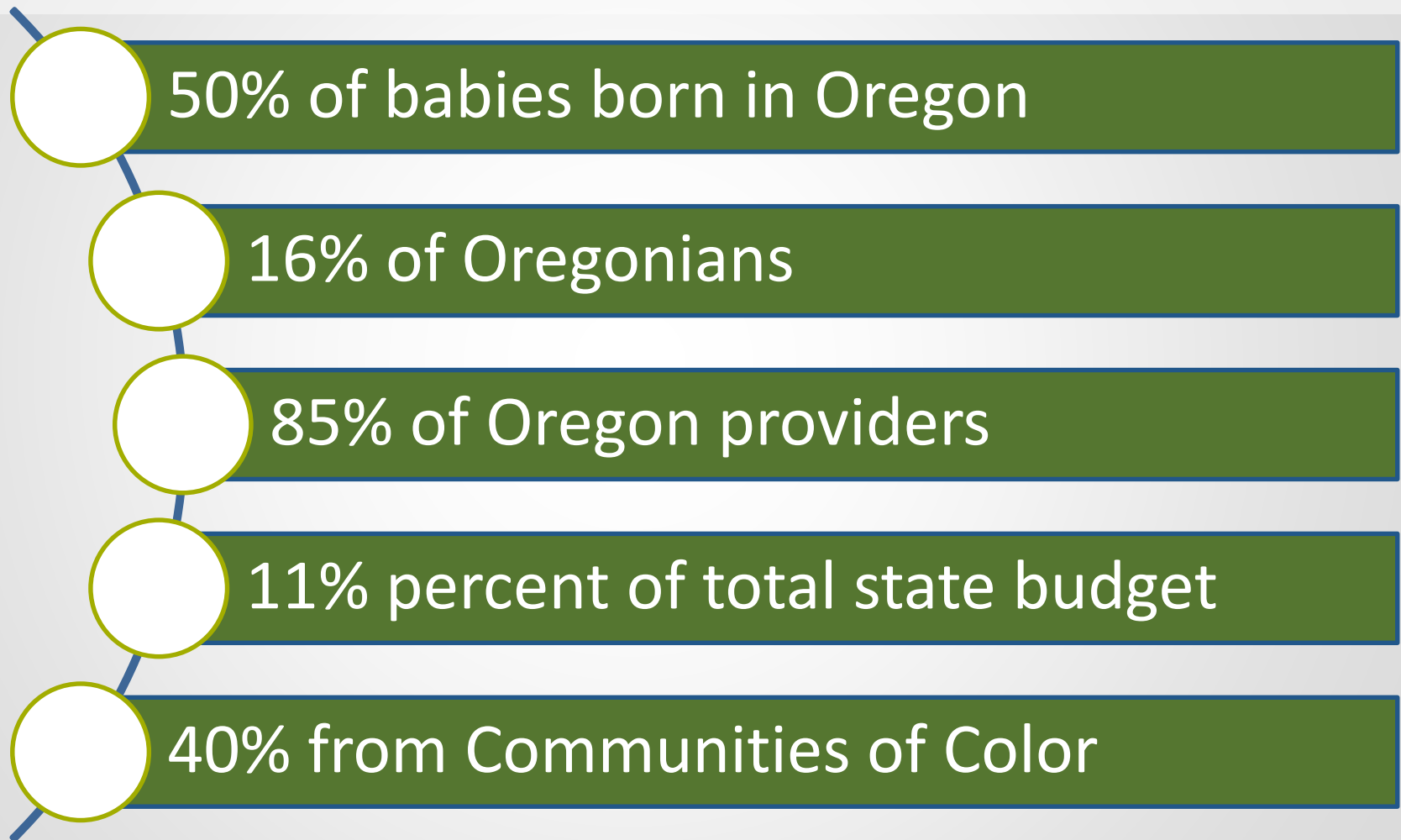
- Charitable investments
 - Access to care
 - Healthcare innovations that improve quality and change how care is delivered
 - Other strategies that improve overall community health and wellness



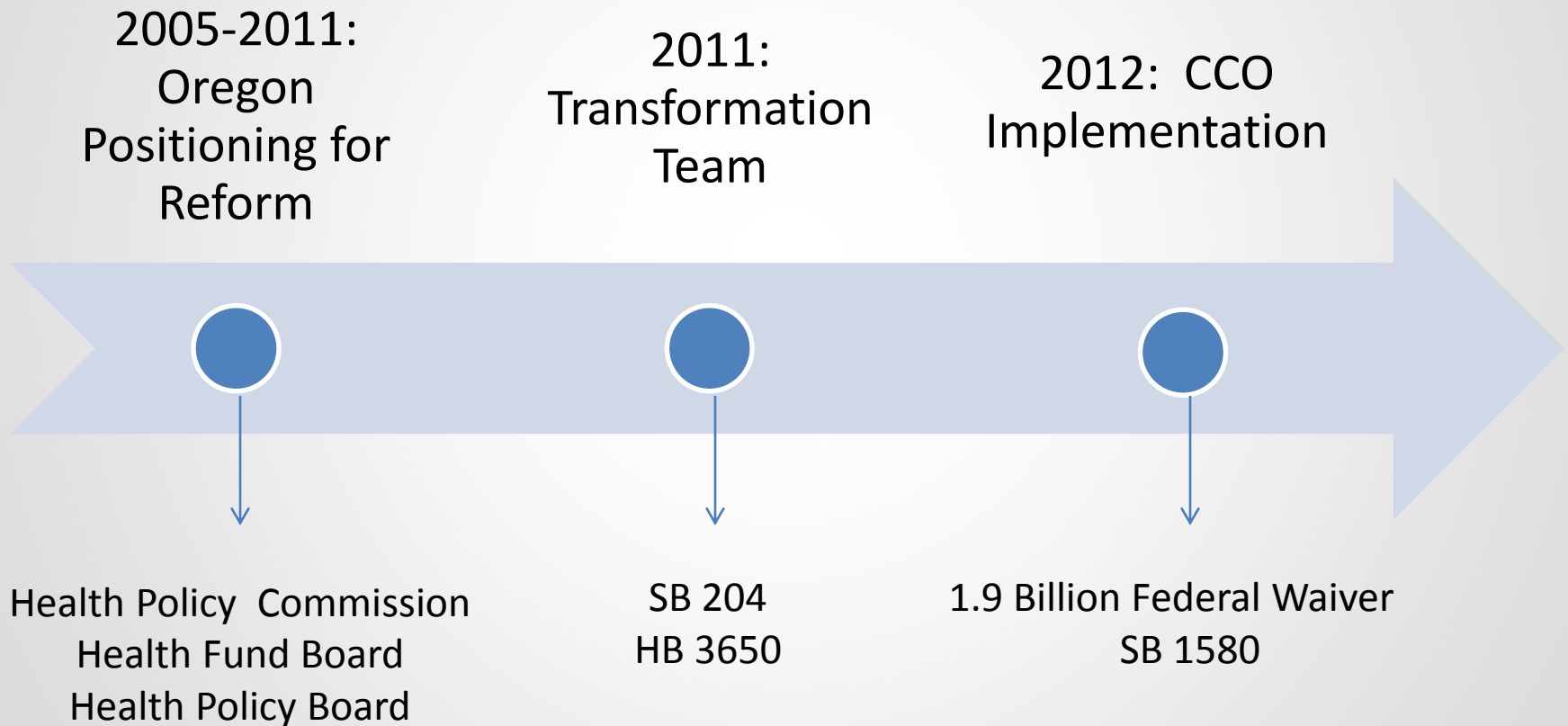
Other Investments Toward Community Health

- Healthy Communities – Sponsorships
- Healthy Life – Health Promotion and Wellness Program
- Provider partnerships and investments in new care models (Bridges Health, Clinical Pharmacy Model)
- Transformation Funds
- Community Health Development as standard practice

CCO Genesis: Oregon Health Plan

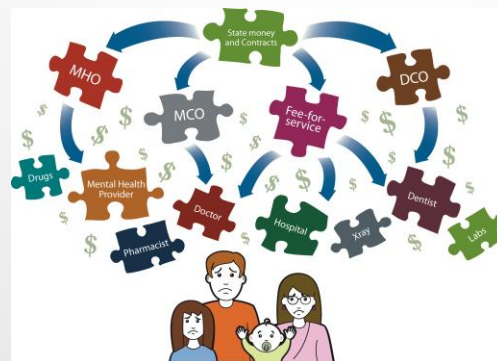


CCO Genesis



What are CCO's?

- 16 local/regional networks
- Patient Centered Primary Care Homes
- Integrated care
- Emphasis on moving care Upstream



Key Characteristics of a CCO

Medicaid Benefits and services are integrated and coordinated

One global budget that grows at a fixed rate

Metrics: standards for safe and effective care

Local governance and accountability for health and budget

Local flexibility

How are CCO's Unique?

Component	Approach
Local governance and oversight	<ul style="list-style-type: none">• Health care as a community asset• New levels of transparency and collaboration
Advancing patient centered care models	<ul style="list-style-type: none">• Focused attention on vulnerable populations with medical complexity• Integration of care• New partnerships between health care, public health, social services to help patients meet basic needs• Moving care upstream
Community standards	<ul style="list-style-type: none">• Consistency to manage population health
New payment models	<ul style="list-style-type: none">• Incorporates roles and services not traditionally paid for• Quality of care and outcomes, vs. volume• Shared Savings
Community health improvement assessment and planning	<ul style="list-style-type: none">• Drives CCO strategic priorities• Focus on health inequities and health disparities

Governance Constituents

- Major components of health care delivery system
- Entities or organizations that share in financial risk
- At least two health care providers in active practice
 - **Primary care** physician or nurse practitioner
 - **Mental health or chemical dependency** treatment provider
- At least two community members
- At least one member of **Community Advisory Council**

Governance - Framework

PacificSource CCO

- CCO fiscal and legal entity
- Lead CCO operating entity
- Managed care and TPA functions
- Integration “hub”
- Ensure work plan carried out for beneficiaries
- Risk bearing entity
- CCO contract holder with state
- Contracts: downstream entities

Regional Health Council

- Oversees CCO strategic and annual work plan
- CCO performance metrics
- Global budget framework
- “Shared savings” principles
- Transparency and accountability to community
- Dispute resolution among stakeholders

CCO Joint Management Agreement

Governance - Committees

HEALTH COUNCIL (Central Oregon, Columbia Gorge)

- Governing board for CCO
- Role: Strategic plan, annual plan, global budget framework

1. Community Advisory Council

- Chair sits on the Health Council
- Role: ensure CCO focuses on health assessment and disparities

2. Clinical Advisory Panel (multidisciplinary)

- Chair sits on the Health Council
- Role: establish standards of clinical care

3. Operations Council (Central Oregon Only)

- Regional leaders in areas of public, physical and behavioral health
- Role: Assures major initiatives are carried out

CCO's in Action



**Addressing Disparities,
Achieving Health Equity**



The Transformation Plan

- 2-year roadmap to transform the way care is delivered and experienced toward better health outcomes
- Contract deliverable with the Oregon Health Authority and Centers for Medicaid/Medicare
- 8 core areas of focus (called elements)
- Metrics set and negotiated to show incremental improvement within each element, year by year
- Enhanced focus on health equity and the elimination of health disparities

Health Equity Elements

Element 4

- Integrating health equity into community health assessments and improvement plans

Element 7

- Assuring that the culturally diverse needs of members are met

Element 6

- Assuring communications, outreach, member engagement and services are tailored to cultural, health literacy and linguistic needs

Element 8

- Developing a QI plan focused on eliminating racial, ethnic and linguistic disparities in access, quality of care, experience of care, outcomes

Health Equity Task Force

- Working with organizations serving communities of color (Let's Talk Diversity Coalition, Latino Community Association, The Next Door)
- Engage CCO Consumer Advisory Council
- Use of story-telling methodology to engage voices not traditionally heard in policy and decision making
 - Written and video report related to Latino and Native American experience of care
- Visibility at CCO governing board to inform policy level decision

Community Story Telling



HETF Outcomes & Next Steps

- Board motion to adopt national CLAS standards (Columbia Gorge), conduct provider assessment related to key issues and themes identified in the Task Force reports, including:
 - Language access
 - Inclusive environments
 - Culturally competent care and service delivery
 - Workforce diversity

PacificSource Actions

- Training offered on use of interpreters, cultural competency & diversity
- Addressing disparities in access, quality & member engagement
 - Tracking quality outcomes by race, ethnicity, language
 - Tailored communications & outreach; enhanced focus on Latino & Native American members
 - Supporting use of Traditional Health Workers
 - Culturally appropriate QI interventions
 - Annual QI and work planning

PacificSource Actions

- FTE devoted to Health Equity
- Culturally and linguistically appropriate materials
 - Fotonovela style messages
 - Animated short videos
 - Changes to member handbook
- Continued community engagement
- Provider trainings



Discussion & Questions