



The Living Well Business Plan

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What We'll Cover Today

- **Why create a business plan?**
- **How and when was it created?**
- **Who provided input?**
- **What is in the plan?**
- **Next steps for implementation**





Vision & Goals

- **Vision:** Ensure that self-management programs are available and paid for statewide, long term
 - Develop systems and infrastructure to bring programs to scale
 - Reach a greater proportion of Oregonians with chronic conditions
 - Generate revenue -- reinvest to support program growth and access for all





The Opportunity

- Health system transformation is happening!
 - Coordinated Care Organizations
 - Patient Centered Primary Care Homes
 - Increased emphasis on prevention and wellness
 - Shift toward financial incentives for better health outcomes
- Our programs can help the emerging structure achieve the Triple Aim of patient satisfaction, better health, and cost control





Process for Development – 2012

- **Situation analysis – key informant interviews & research (January/February)**
- **Develop business model recommendations (early March)**
- **Stakeholder/advisor review meeting (March 19)**
- **Finalize state business plan (June/July)**
- **Approval through OHA leadership (August/Sept)**





Who provided input?

- Program delivery organizations
 - Area Agencies on Aging
 - County & state-level public health
 - Community clinics
 - Health care delivery systems

- Stakeholders & experts
 - Major health care delivery systems
 - Provider group and clinic association leaders
 - State-level purchasers of health services





About the Business Plan

- Business document for recruiting a partner organization to create the Oregon Self Management Alliance
 - Demonstrates potential financial feasibility
 - 5-year plan
 - Written using business language
 - High-level view, lots of detail to be worked out

- Outlines structure, systems, partnerships, markets, customers and delivery networks needed for financial sustainability



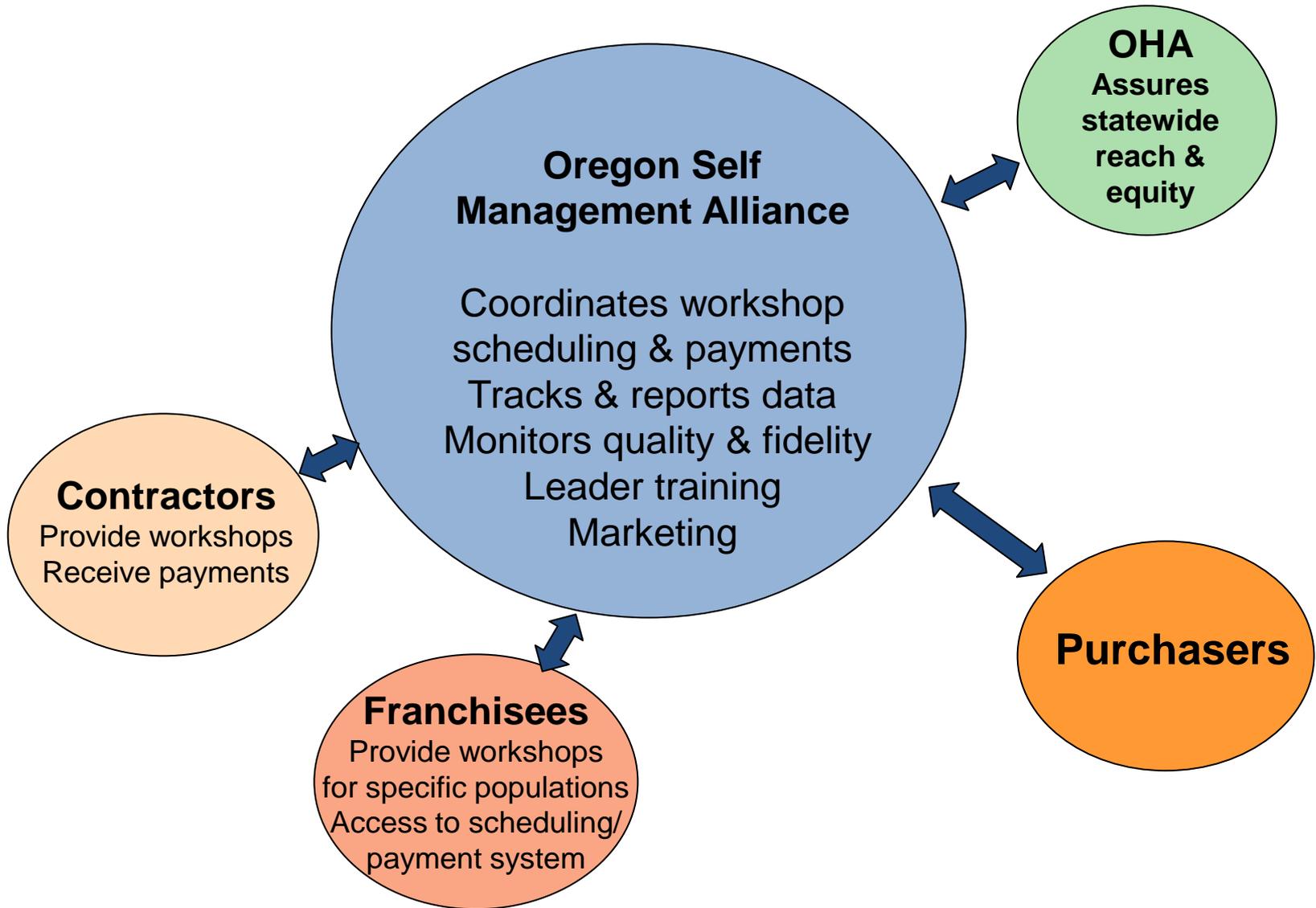


About the Business Plan

- Outlines the most efficient, effective and feasible way to deliver and fund programs
 - To guide the Oregon Health Authority's work with Living Well and Tomando Control
 - Karen Buck of Nonprofit Impact led the development process

- Stakeholder advisors agreed that the current network structure must evolve for programs to be sustainable long-term









Public-Private Partnership

- Oregon Health Authority & SM Alliance
 - Model: Oregon Tobacco Quit Line
- The vision:
 - Entrepreneurial business coordinates:
 - Matches statewide demand with supply (programs)
 - Centralized payment system
 - Data collection, quality assurance & licensing
 - Public health focuses on equity and access



Alliance

- Sign up purchasers
- Ensure a quality “product”
- Manage contracting network to provide workshops
- Collect, compile and share activity and outcome data
- Balance supply and demand for programs
- Assume technical assistance, coordination and training functions

Oregon Health Authority

- Provide start-up funds and support
- Coordinate startup with Network members
- Analyze data and identify populations most likely to benefit
- Secure funding for workshop delivery to populations experiencing health disparities
- Investigate other promising programs for future implementation





Program Delivery Network (Contractors)

- Organizations that provide programs to “all comers” are contracted to also provide programs to a specific group
- Characteristics:
 - SM programs help fulfill organizational mission
 - Have access to a base of leaders and/or master trainers
 - Can connect to potential participants

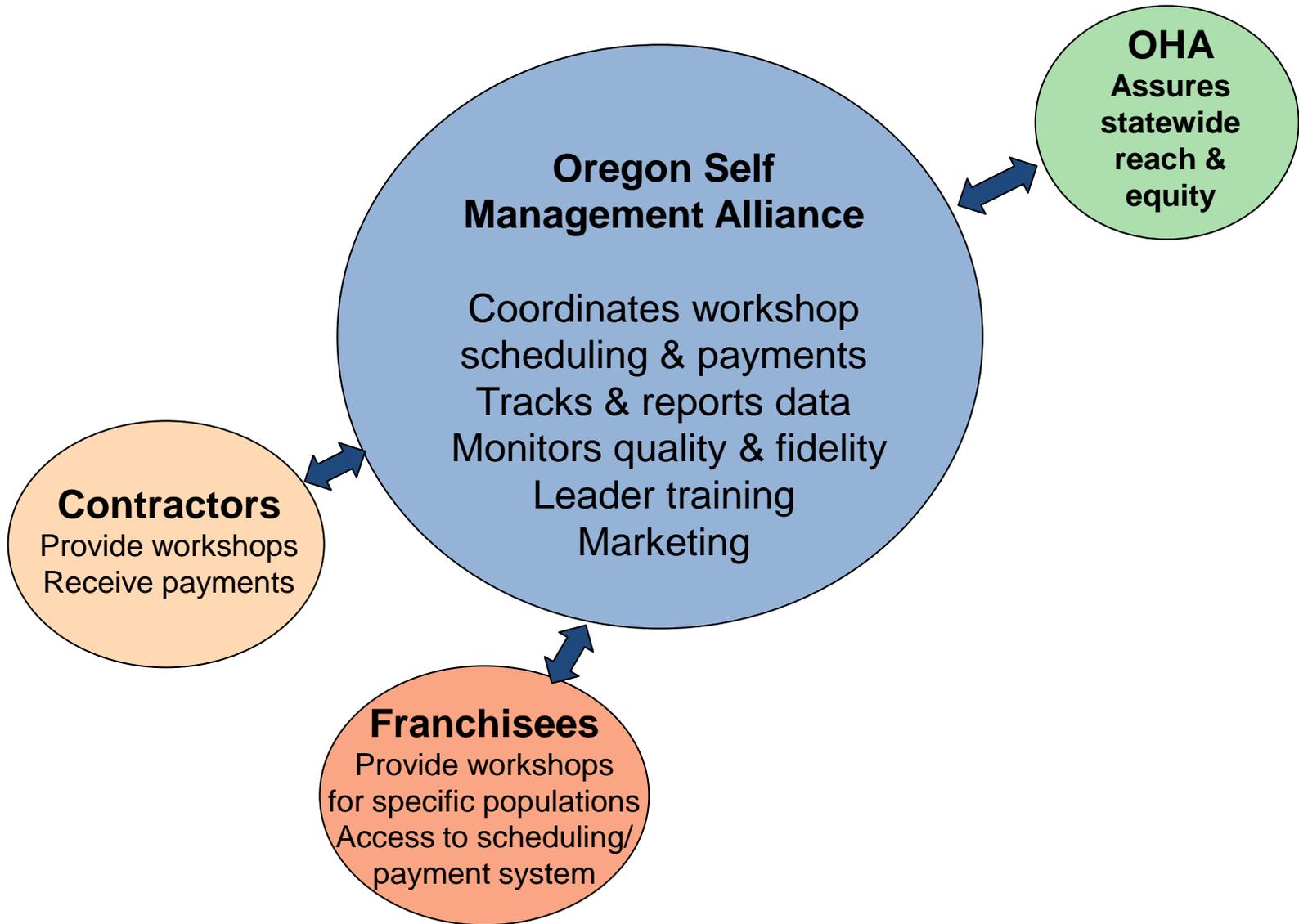


Alliance

- Manage contracting network
- Match contractors with customers
- Process payments
- Oversee/ensure statewide quality & fidelity monitoring of local delivery workshops
- Provide marketing materials
- Provide leader training
- Provide licensing

Local Delivery Network Members (Contractors)

- Deliver workshops
- Maintain good standing as certified leaders
- Adhere to workshop quality and fidelity standards
- Collect and report participant and workshop information to Alliance
- Optional: provide Living Well workshops outside of this structure



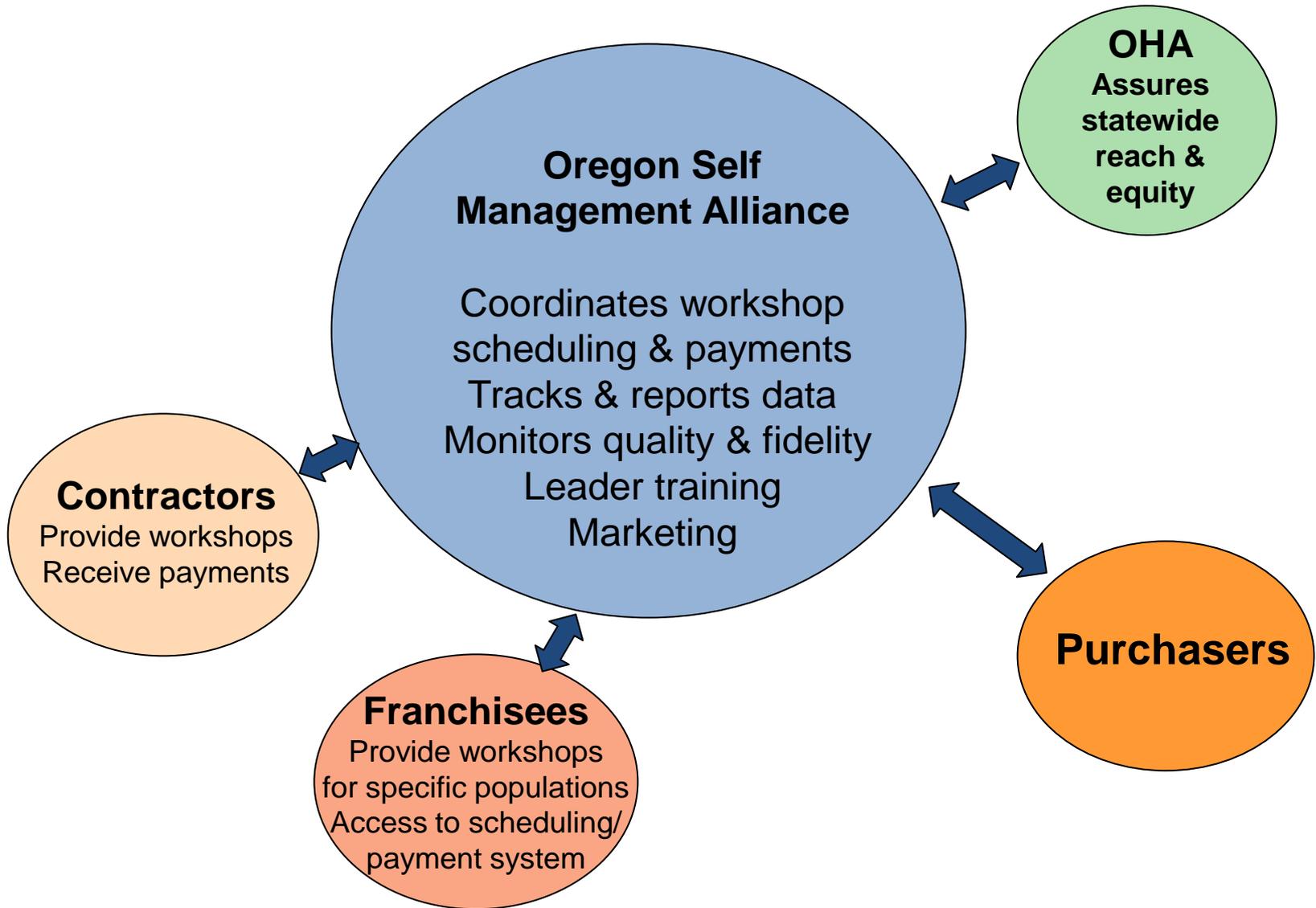


Franchisees (Turnkeys)

- Health system entities that provide services to a defined population of clients/members
 - e.g. Community Health Centers, hospital systems, CCOs
 - Maintain administrative structure in-house:
 - Program coordination
 - Participant scheduling
 - Referrals
 - Receive support from the Alliance
 - Licensure
 - Leader training & support
 - Scheduling & payment platform (as needed)



| Alliance | Franchisee/Turnkey |
|---|---|
| <ul style="list-style-type: none">•Start-up training and support (job description samples, leader training, sample marketing materials, sample data tracking and other systems)•Customized annual maintenance support (customized; likely to include set amounts of leader trainings, hours of technical assistance, hours of quality monitoring, sets of materials, etc.)•Third-party payment processing as needed | <ul style="list-style-type: none">•Recruit/ employ leaders; coordinator•Integrate Living Well referral into healthcare model•Turnkey startup fee & annual maintenance fee•Supply activity and impact data (within HIPAA constraints) |





Purchasers

- Organizations that can see the benefit of providing programs to members, employees, clients
- They bear the burden of chronic disease (health care cost, productivity)
 - Employer health care purchasers (PEBB/OEBB)
 - Coordinated Care Organizations
 - Medicare Advantage plans



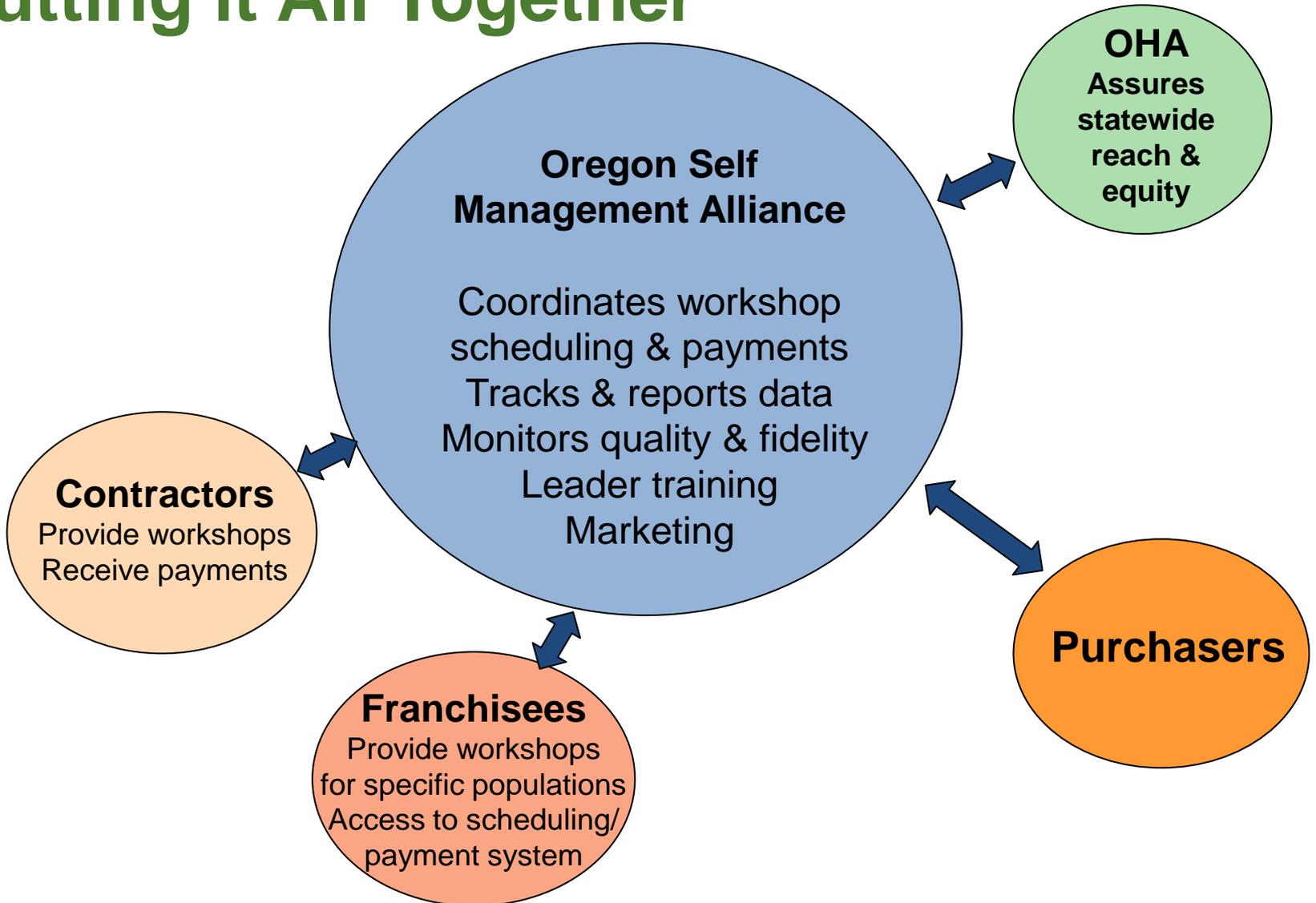
Alliance

- Match customer needs to delivery network
- Manage contracts with purchasers and delivery network members
- Schedule workshops and provide workshop materials
- Billing/accounting system and payment processing
- Data tracking, annual impact summaries, templates and tools for purchaser analysis
- Technical assistance on referral systems
- Provide marketing & outreach materials

Purchaser

- Provide information regarding workshop needs (numbers, timing, location)
- Pay for workshop participation and/or completion
- Integrate Living Well referral into healthcare model
- Promote workshops to healthcare providers and enrollees/members/employees, provide incentives whenever possible

Putting it All Together





Issues for OHA to Watch

- Make sure the financial benefits spread equally to smaller (especially rural) programs
- Need to measure if we're achieving cost savings and meeting our goal to reach many people
- Need a convincing pitch to sell payers on the program
- Need pricing structures and systems that don't leave some people out
- Make sure to balance centralized structures with local input and control





Benefits We Hope to Achieve

- **Funding to support programs statewide**
 - Funding from parts of the health system that reap the financial benefits of good patient outcomes
 - New payers, including health plans and employers
- **Increased efficiency through coordination**
 - Centralized billing and contracting
 - Statewide marketing of programs
 - Online systems to streamline registration
- **Increased program reach, especially in rural areas**





Questions?

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