

---

# Health System Transformation

We're all in this together.

Adrienne Mullock

Transformation Analyst

Dustin Zimmerman

Innovator Agent

Oregon  
Health  
Authority

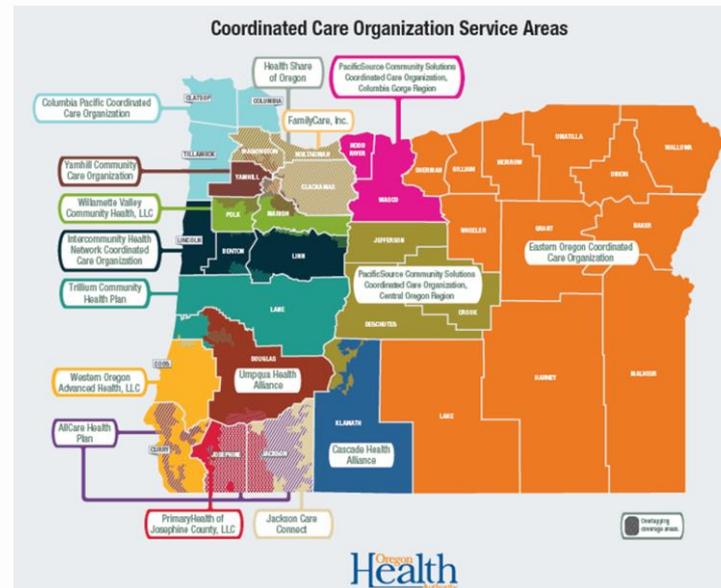


# Session Objective

- By the end of this session, local agency WIC staff will:
  - recognize the names of their CCO and CAC organizations.
  - share how they are partnering with their CCO or involved in their CAC.
  - understand the difference between the CCO and its CAC and how they are connected.
  - identify ways to enhance integration and explore partnership opportunities with other community services and organizations.

# Introductions & Map Exercise

- Place a post-it with your name & organization within your geographic service area
- Introduce yourself by answering the following questions:
  - Are you connected with your local CCO?
  - Are you connected with your local CCO's CAC?
  - If yes, briefly explain how.



# HEALTH SYSTEM TRANSFORMATION

The Changing Face of Oregon's Health System

# Affordable Care Act: Overview

- The Affordable Care Act (ACA) encompasses the largest changes to American health care in 50 years.
- Increase of more than 454,000 covered patients since the ACA took effect in January 2014
- Total Oregon Health Plan (OHP – state Medicaid) enrollment: more than 1,000,000 ... and this is just here in Oregon.

# Health System Transformation Goals: The Triple Aim

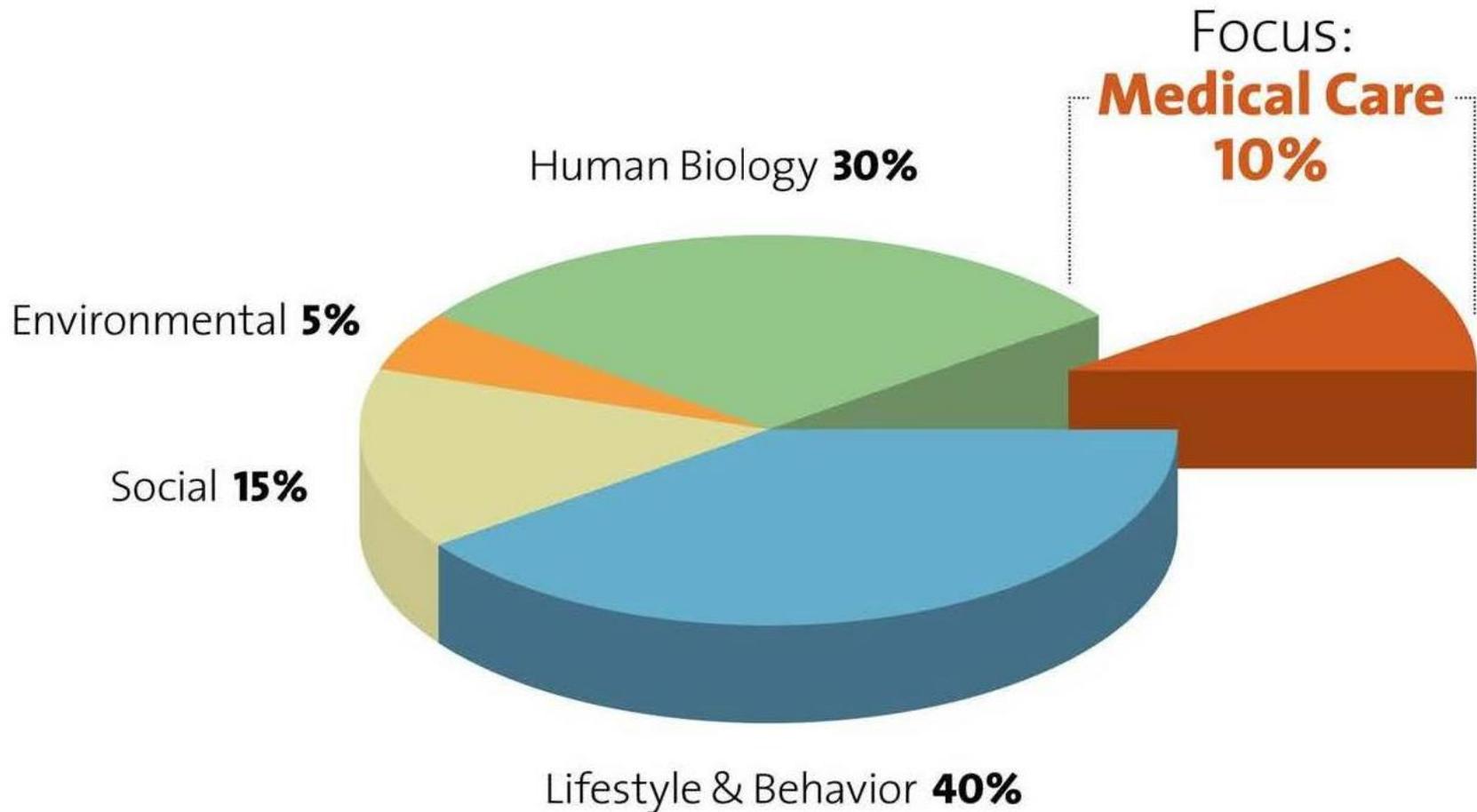
The Triple Aim guides all of our work. It simply and clearly states what CCOs and CACs are all here for:

- 1 **Better health.**
- 2 **Better care.**
- 3 **Lower costs.**

# COORDINATED CARE ORGANIZATIONS

**Pulling It All Together**

# Narrow Focus = Deficient Results



# Oregon's Coordinated Care Model



# Coordinated Care Organizations: Overview

**Most people receiving care under the Oregon Health Plan are enrolled in a CCO. CCOs are local health care networks focused on:**

- Comprehensive patient-centered care
- Communication between all types of care providers
- Preventive care
- Chronic disease management
- Early intervention
- Addressing regional, cultural, socioeconomic, and racial disparities in health care
- Reducing waste and inefficiencies, such as duplicative treatments

# Before and After CCOs

Before CCOs	With CCOs
Fragmented care	Coordinated, patient-centered care
Disconnected funding streams with unsustainable rates of growth	One global budget with a fixed rate of growth
No incentives for improving health (Payment for volume not value)	Metrics with incentives
Limits on services	Flexible services
Health care delivery disconnected from population health	CCO Community Health Assessments and Improvement Plans
Limited community voice & local area partnerships	Local accountability and governance, including a Community Advisory Council

# Observations from local agency WIC staff

- What differences have you noticed since the creation of CCOs?



# MEASURING SUCCESS

# CCO Performance

## OHA accountability and CCO incentives

### State Performance Measures

- Annual assessment of statewide performance on 33 measures
- Financial penalties to the state if quality goals are not achieved

### CCO Incentive Measures

- Annual assessment of CCO performance on 18 measures
- Quality pool paid to CCOs for performance
- Compare current performance against prior baseline year



# CCO Incentive Measures

- Originally, incentive measures focused on clinical care
- New incentive measures focus on population health:
  - Dental sealants on permanent molars for children (2015)
  - Effective contraceptive use among women at risk of unintended pregnancy (2015)
  - Tobacco use prevalence (2016)
- More information on CCO incentive measures can be found here:

[www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx](http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx)

# WIC & CCOS

# Linking WIC with CCO Incentive Metrics

- Review handout and discuss with your neighbor how WIC is linked with CCO incentive metrics?
- How can WIC can help with certain performance metrics?

WIC & CCO Partnership = Prevention = Savings!



# CCO and WIC Collaborations



- Review handout
- Group discussion:
  - What other collaborations are happening that are not documented here?
  - What other ideas do you have for ways CCOs and WIC could be collaborating?
  - How are collaborations impacting the incentive metrics?
  - Note CCO and WIC collaborations that are designed to support CCOs in meeting these metrics.

# What do you think?

## OHPB CCO Town Hall Listening Sessions

The Oregon Health Policy Board (OHPB), a nine-member group appointed by the Governor to oversee health policy at OHA, is holding a series of community meetings across the state this September and October to gather public input about Oregon's coordinated care organizations (CCOs) and how they deliver services.

[www.surveymonkey.com/r/OHPB](http://www.surveymonkey.com/r/OHPB)



# What do you think?

## OHPB CCO Town Hall Listening Sessions

Thinking about your local Coordinated Care Organization (CCO), what health care services are working for you, your family and your community? What could your CCO do to improve the health and well-being of families and the community? For example, are there specific services outside of a typical health plan benefit or resources that your CCO is providing or could help provide that would make a difference? Is health care connecting you with community resources to help with employment, housing, education, finances, and access to healthy foods and other essentials?

# What do you think?

## OHPB CCO Town Hall Listening Sessions

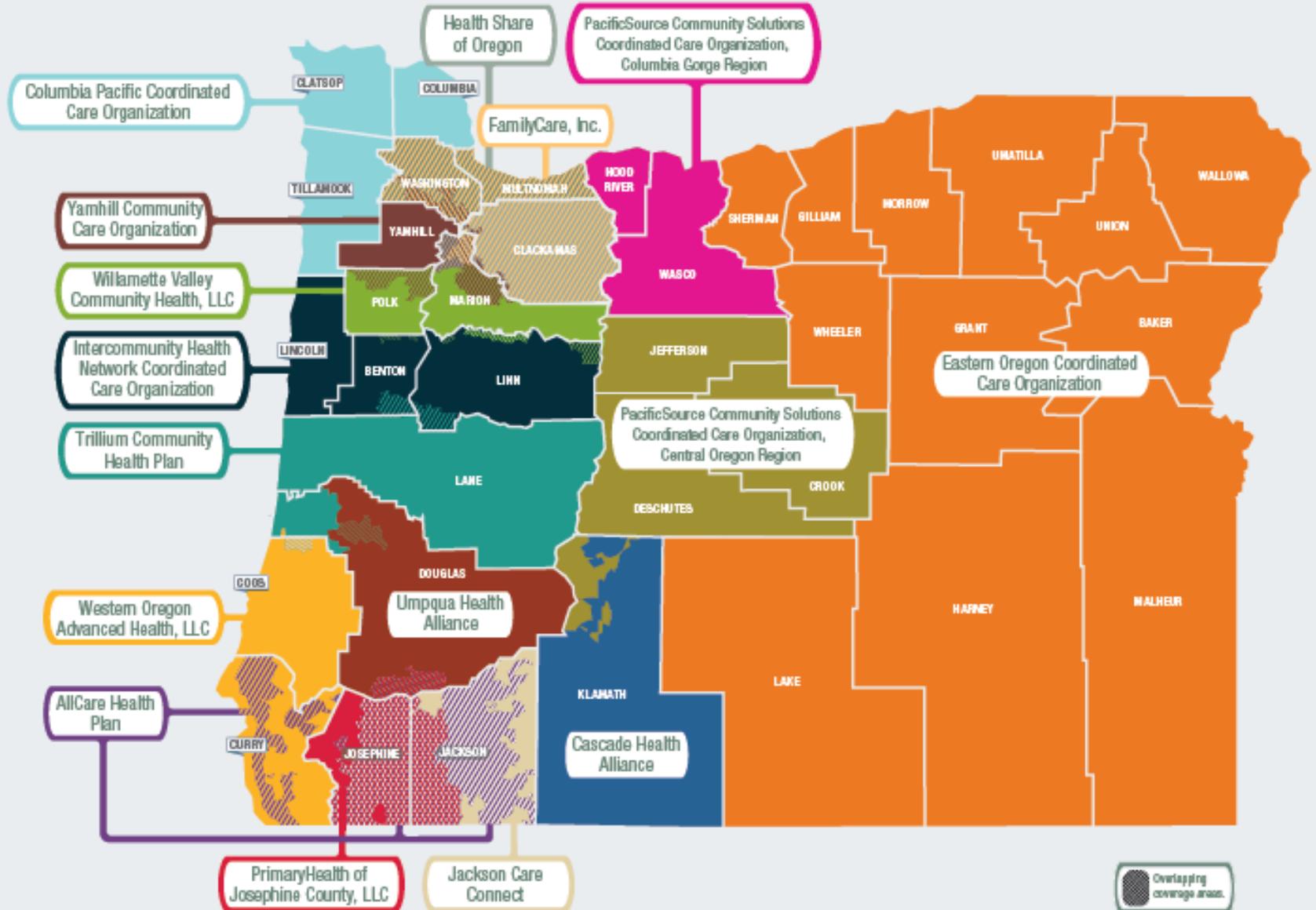
When reflecting on care received from a CCO, do dental care and mental health care feel connected with primary care? If they feel connected, please tell us why. If they don't feel connected, why is that the case? For example, do primary care providers ask about overall health, including oral and behavioral health?



# COMMUNITY ADVISORY COUNCILS

Who They Are and What They Do

# Coordinated Care Organization Service Areas



# CACs Around the State

- AllCare Health Plan: 3
- Cascade Health Alliance: 1
- Columbia Pacific CCO: 3
- Eastern Oregon CCO: 13
- FamilyCare, Inc: 1
- HealthShare of Oregon: 1
- Intercommunity Health Network: 3
- Jackson Care Connect: 1
- PacificSource Central Oregon: 1
- PacificSource Columbia Gorge: 1
- PrimaryHealth of Josephine County: 1
- Trillium Community Health Plan: 2
- Umpqua Health Alliance: 1
- Western Oregon Advanced Health: 2
- Willamette Valley Community Health: 1
- Yamhill County Care Organization: 1

# Community Advisory Councils: Overview

Oregon Revised Statute (ORS) [414.625](#) requires CCOs to create Community Advisory Councils (CACs), which must:

- meet regularly to ensure the CCO is addressing the health care needs of CCO members and the community.
- include representatives of the community of each county served by the CCO. Consumer representatives must constitute a majority of the membership (at least 51%).
- include a representative from each county government in the service area.

# CAC Duties

Oregon Revised Statute (ORS) [414.627](#) describes the responsibilities of CACs:

- identifying and advocating for preventive care practices to be used by the CCO.
- overseeing a community health assessment (CHA).
- adopting a community health improvement plan (CHIP) to serve as a strategic plan for addressing health disparities and meeting health needs of the communities in the service area.
- annually publishing a report on the progress of the CHIP.

# COMMUNITY HEALTH ASSESSMENTS

**Unearthing Community Priorities**

# WIC and Community Health Assessments

- Who in the room has been involved with a community health assessment?
- What has that involved?
- Does WIC do a community health assessment?
- How are you aware of the need of your participants and the barriers that prevent optimal health outcomes?



# Community Health Assessments: Overview

## A CHA:

- is a process of collecting, analyzing, and interpreting information about a community's health assets and needs.
- helps to identify and prioritize areas needing improvement.
- informs policy formulation, implementation, and evaluation.
- must be overseen by each CAC every five years, although many are doing them every three years to link up with hospital and county accreditation.

# Commonly Prioritized Health Issues

- Access to health care
- Mental health
- Chronic disease
- Substance abuse
- Culturally competent data and care
- Oral health
- Domestic violence
- Cancer
- Maternal and child health
- Sexual health

# COMMUNITY HEALTH IMPROVEMENT PLANS

**Where The Rubber Meets the Road**

# Community Health Improvement Plans: Overview

A CHIP is based on data from the CHA. It is a detailed working outline used to:

- identify priority issues.
- develop strategies for action.
- ensure accountability for creation of measurable health outcome improvement.
- guides work of CAC members.

Providing youth with access to confidential health services

Helping people quit tobacco

Supporting access to healthy foods

Connecting to community resources

Encouraging physical activity

Improving oral health

Helping families be healthy



Source: Oregon Public Health Division

# WIC and CHIP Priorities



- Identify alignment between WIC's priorities and those identified in the CHIP of your CCO
- Where did you find areas of alignment?
- Have you worked with your CCO on these priorities? How?
- Do you have a story to tell about working with your CCO to help them implement their CHIP?

<http://bit.ly/cco-chip>

# What do you think?

## OHPB CCO Town Hall Listening Sessions

For Oregon Health Plan Members and Advocates: Do you feel your needs are understood by others? Do you believe culturally appropriate services are available when needed? (This may include language interpreter and translation services, culturally competent clinical medical staff, access to a Traditional Health Worker, etc.). What barriers, if any, prevent you from getting the health or health care services that you need? (This may include language barriers, physical access, cultural differences, lack of cultural understanding, stereotyping etc.).

# What do you think?

## OHPB CCO Town Hall Listening Sessions

Regarding CCO decision making -- do you know who's "at the table" to make decisions? Who should be? What kind of decision-making structure would best reflect community needs and priorities? Should CCO decision makers be locally-based and part of the community?



# RECRUITING AND ENGAGING OHP MEMBERS ONTO COMMUNITY ADVISORY COUNCILS

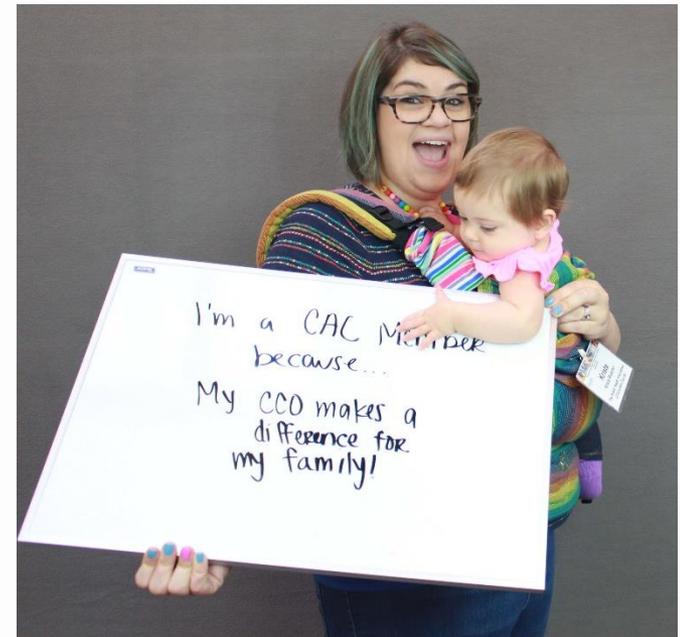
# Public Service Announcement



[www.oregon.gov/oha/OHPB/Pages/cac.aspx](http://www.oregon.gov/oha/OHPB/Pages/cac.aspx)

# How to engage with your CAC

- Become a CAC member
- Encourage OHP members to become a CAC member
- Attend a CAC meeting – see open meetings at-a-glance
- Contact CAC Coordinators
  - Discuss priorities
  - Ask to present @ a CAC meeting



[www.oregon.gov/oha/OHPB/Pages/cac.aspx](http://www.oregon.gov/oha/OHPB/Pages/cac.aspx)

# RESOURCES AND REFERENCES

## CAC 101

[www.youtube.com/watch?v=Hzos4zHtveM&noredirect=1](http://www.youtube.com/watch?v=Hzos4zHtveM&noredirect=1)

## CAC Learning Collaborative

[www.transformationcenter.org/learning-collaborative/cac](http://www.transformationcenter.org/learning-collaborative/cac)

## OHA Transformation Center

[www.transformationcenter.org](http://www.transformationcenter.org)

## Health System Transformation

[www.health.oregon.gov](http://www.health.oregon.gov)

# Questions?

**Adrienne Paige Mullock, MPH, CHES, RYT**

*Transformation Analyst, Transformation Center*

Health Policy and Analytics Division,

Oregon Health Authority

O: 971.673.3384 C: 971.207.1383

[adrienne.p.mullock@state.or.us](mailto:adrienne.p.mullock@state.or.us)

**Dustin Zimmerman, MPH**

Innovator Agent; FamilyCare, Health Share, and PacificSource  
Columbia Gorge

Oregon Health Authority; Health Systems Division

Cell:503-983-0859

[dustin.c.zimmerman@state.or.us](mailto:dustin.c.zimmerman@state.or.us)

This project was supported by Funding Opportunity Number CMS-1G1-12-001 from the U.S Department of Health and Human Services, Centers for Medicare & Medicaid Services and the content provided is solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.