



Introduction to the Living Well Business Plan

Oregon Self-Management Forum
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What We'll Cover Today

- **Why create a business plan?**
- **How and when was Oregon's plan created?**
- **Who provided input?**
- **What's in the plan?**
- **What next?**





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 outcomes
- Our programs can help the emerging structure achieve the Triple Aim of better care, better health, and cost control





Process for Development

- **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 & community organizations
- Health care delivery systems

➤ Stakeholders & experts

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





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



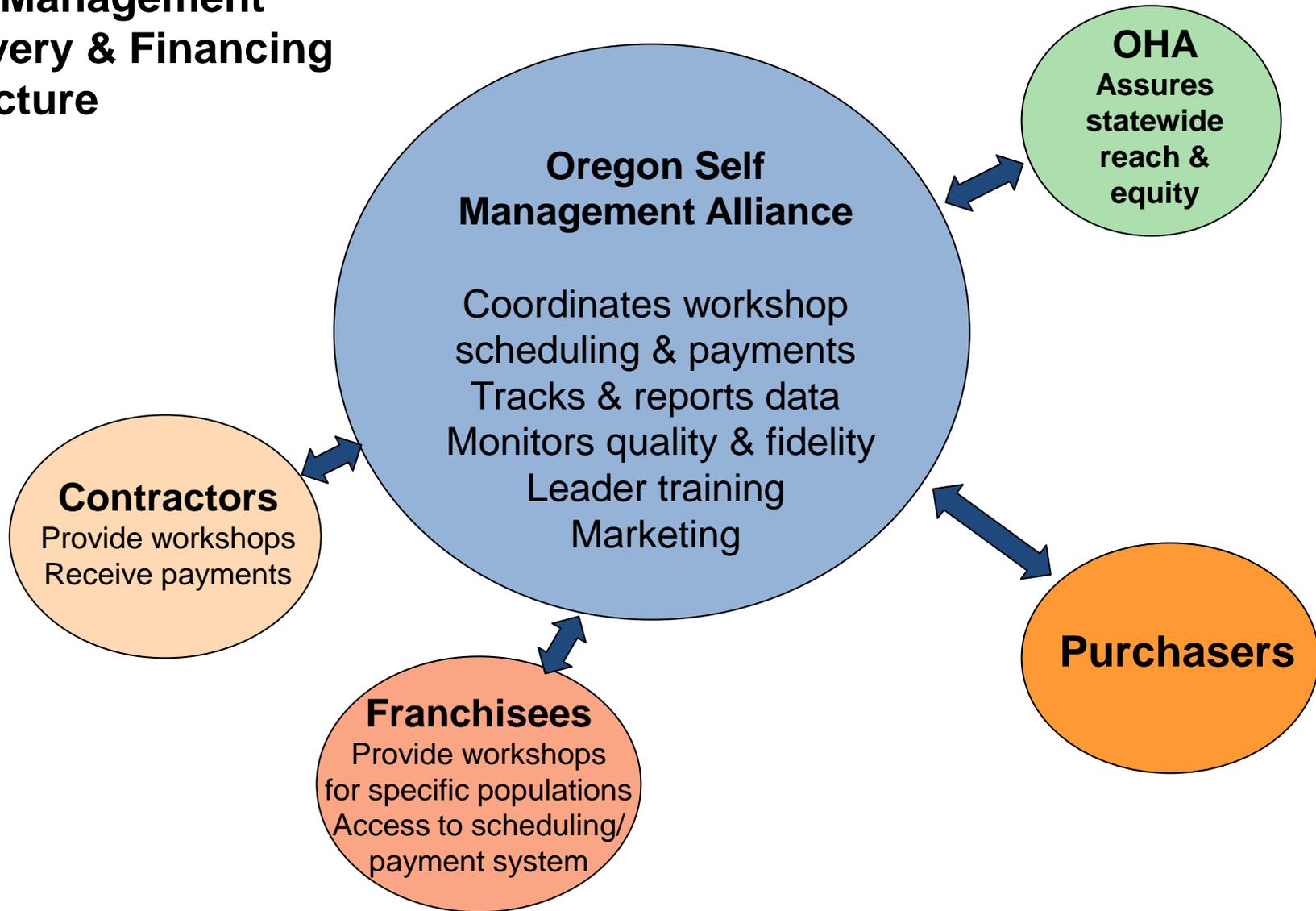


About the Business Plan

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



Oregon's Proposed Self-Management Delivery & Financing Structure







Public-Private Partnership

- Oregon Health Authority & SM Alliance
 - Model: Oregon Tobacco Quit Line
- The vision:
 - Entrepreneurial business coordinates:
 - Statewide supply and demand
 - Centralized payment system
 - Quality assurance & licensing
 - Public health focuses on equity and access



Alliance	OHA
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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)

- Contracted organizations that provide programs to “all comers”
- Characteristics:
 - SM programs help fulfill organizational mission
 - Have access to a base of leaders and/or master trainers
 - Can connect to potential participants

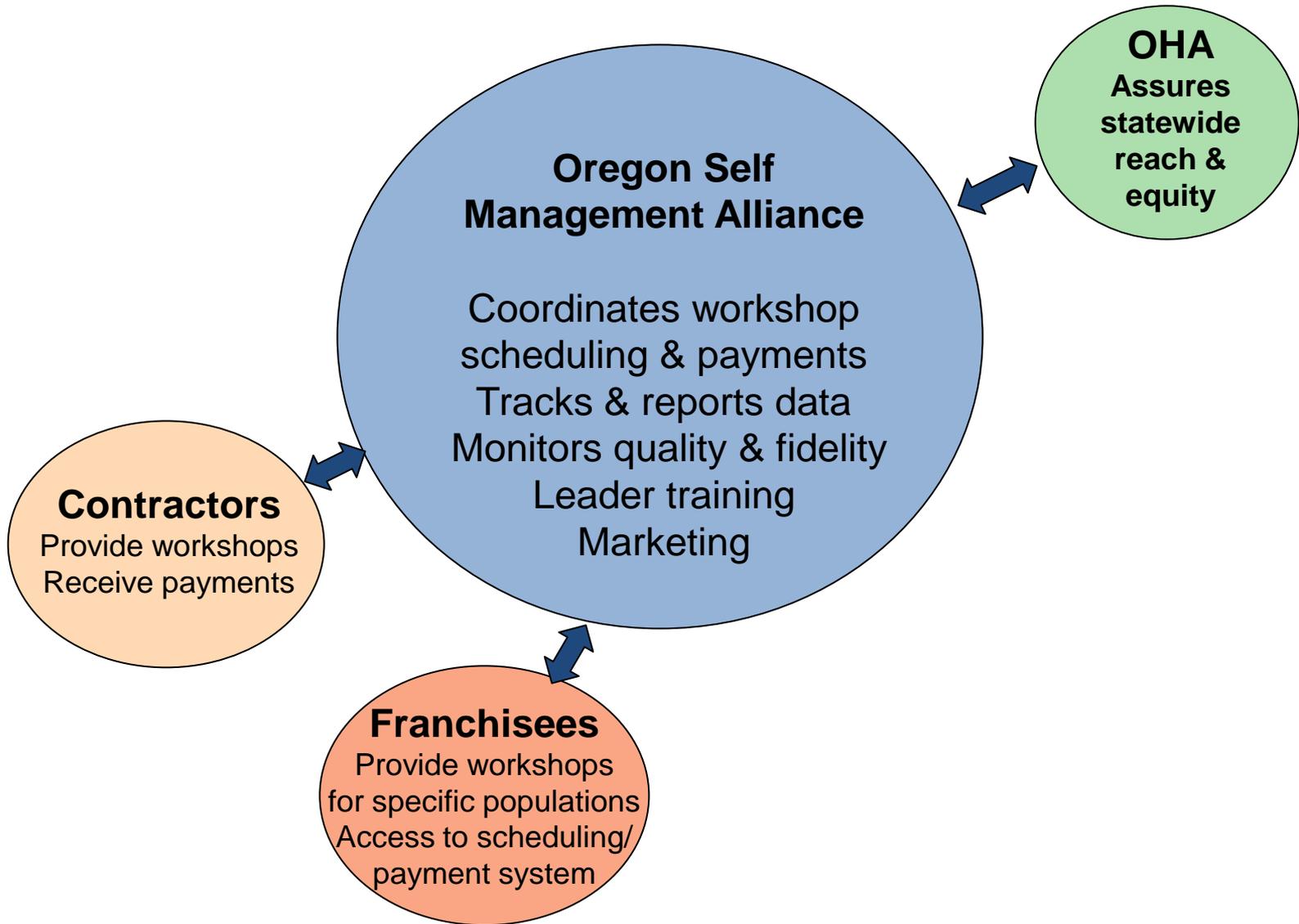


Alliance

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

Local Delivery Network Members (Contractors)

- Deliver workshops
- Maintain good standing as certified leaders
- Deliver quality programs
- 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. FQHCs, hospital systems, CCOs
- Maintain administrative structure in-house:
 - coordination
 - scheduling
 - Referrals
- Receive support from the Alliance
 - Licensure
 - Leader training & support
 - Scheduling & payment platform (as needed)

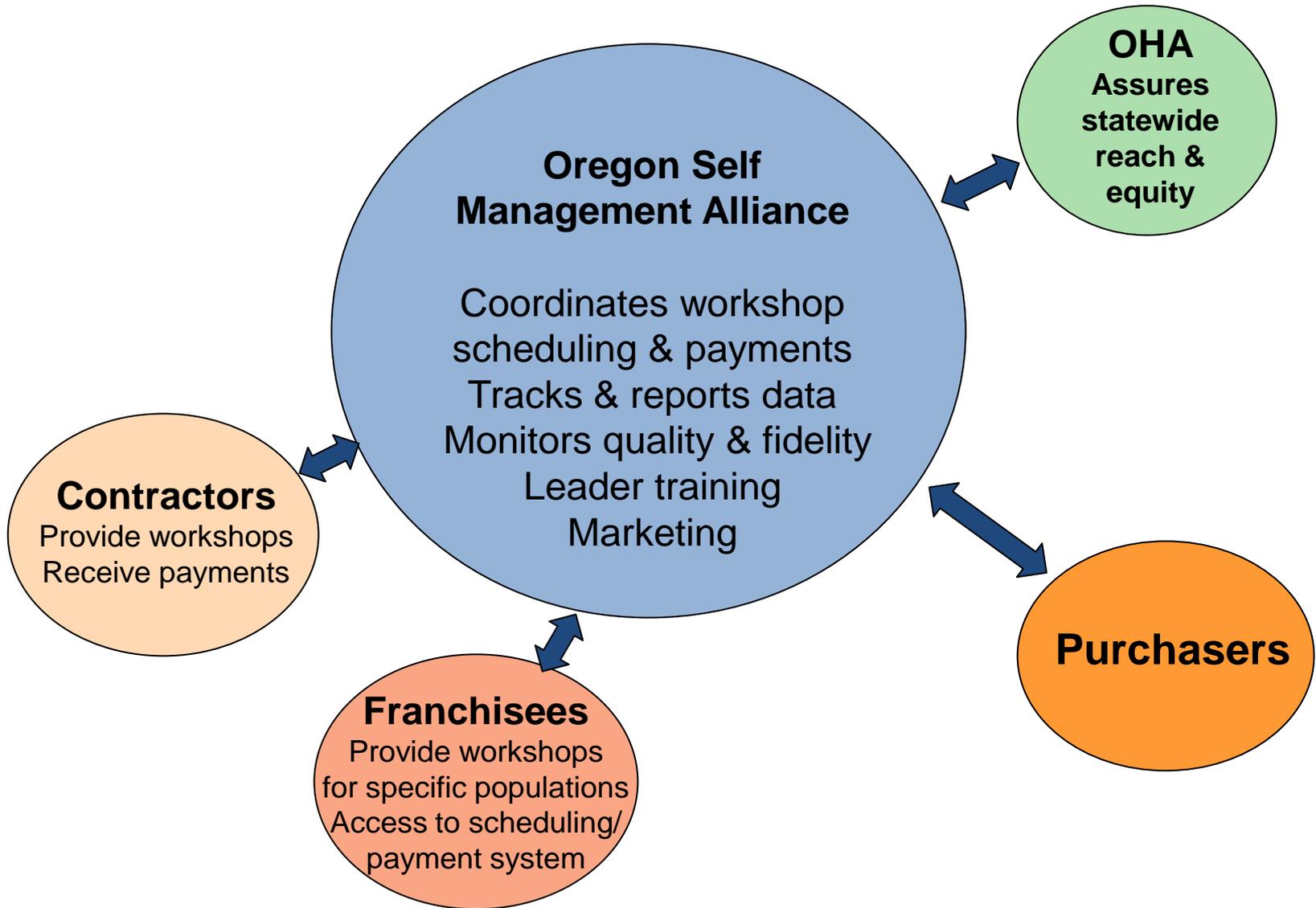


Alliance

- Start-up training and support (job descriptions, leader training, sample marketing materials, sample data tracking and other systems)
- Customized annual maintenance support (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

Franchisee/Turnkey

- 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)
 - CCOs
 - Medicare Advantage plans



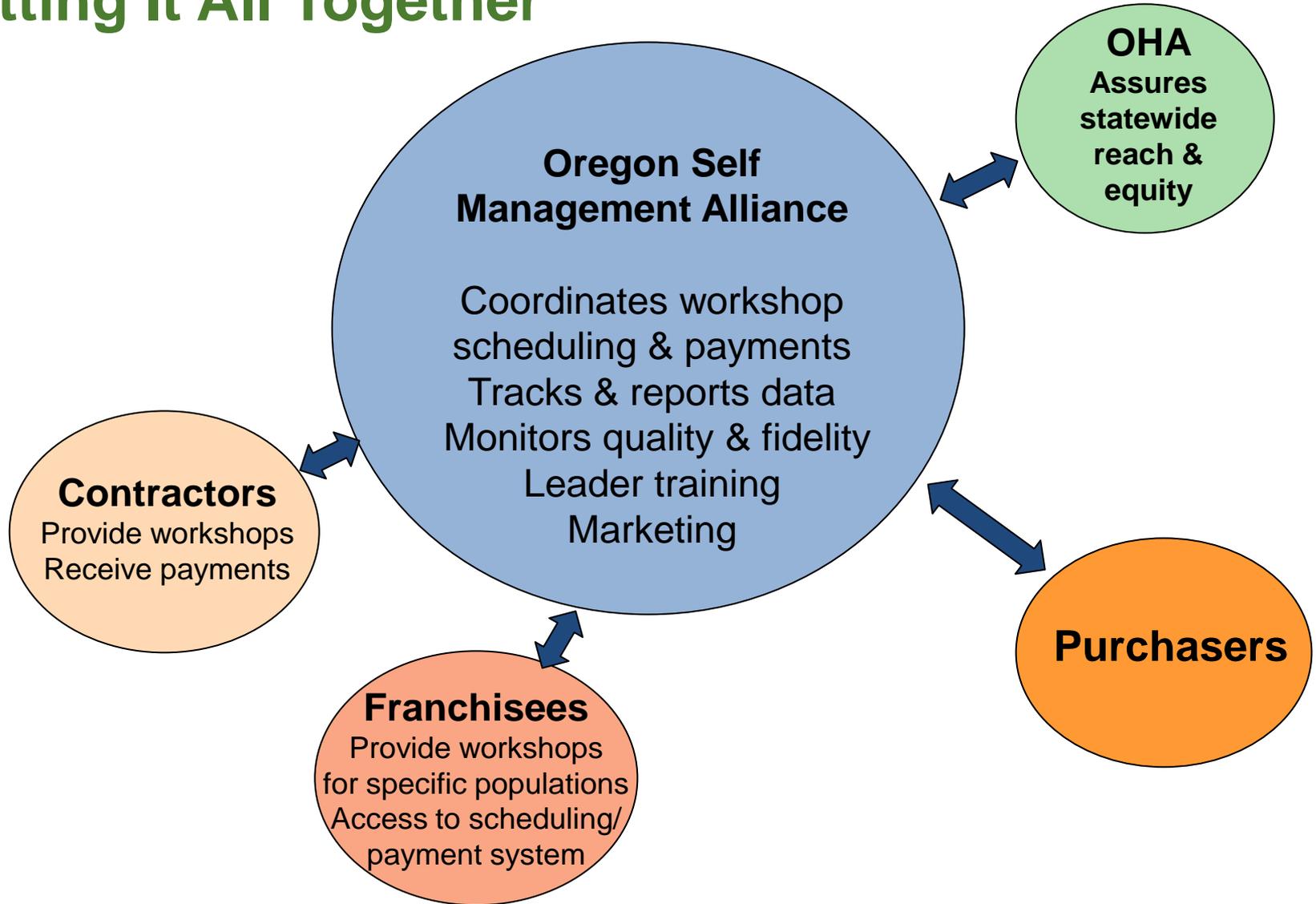
Alliance

- 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

- Are the financial benefits spread equally to smaller (especially rural) programs?
- Are we achieving cost savings and meeting our goal to reach many people?
- Do we have a convincing pitch to sell payers on the program?
- Are we sure our pricing structures and systems don't leave some people out?
- Have we balanced centralized structures with local input and control?





Benefits We Hope to Achieve

- **Funding to support programs statewide**
 - From those saving \$\$ through good patient outcomes
 - New payers, including health plans and employers

- **Increased efficiency through coordination**
 - Centralized licensing, billing and contracting
 - Statewide marketing of programs
 - Online systems to streamline registration

- **Increased program reach, especially in rural areas**





Questions?

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