Creating a Culture of Health through Medicaid: Oregon’s Approach

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Overview

• Oregon’s health system transformation
• Addressing population health through Medicaid:
  – Health-related services
  – Community advisory councils and community health improvement plans
  – CCO incentive metrics
• Moving upstream: CCO story
• Successes/challenges/lessons learned
OREGON’ S HEALTH SYSTEM TRANSFORMATION
Oregon’s Health Reform Timeline

• **2011**: Oregon Legislature passed a bi-partisan bill proposing a statewide system of coordinated care organizations (CCOs)
  
  – CCOs are networks of all types of health care providers (physical health, addictions and mental health, and dental care) who work together to serve Oregon Health Plan (Medicaid) members through implementing the coordinated care model.

• **2012**: State legislation created CCOs; CCOs launched; federal Medicaid waiver approved (2012-2017)

• **2017**: Waiver renewed on January 12, 2017 (2017-2022)
Oregon’s Coordinated Care Model

- Best Practices to manage and coordinate care
- Paying for outcomes and health
- Transparency in price and quality
- Sustainable rate of growth
- Shared responsibility for health
- Measuring Performance

Better Health
Better Care
Lower Costs
# Oregon’s Coordinated Care Model within Coordinated Care Organizations

<table>
<thead>
<tr>
<th>Before CCOs</th>
<th>With CCOs</th>
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<tbody>
<tr>
<td>Fragmented care</td>
<td>Coordinated care: physical/behavioral/oral health</td>
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<tr>
<td>Disconnected funding streams with unsustainable rates of growth</td>
<td>One global budget with a fixed rate of growth</td>
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<td>No incentives for improving health (payment for volume, not value)</td>
<td>Metrics with incentives to improve quality and access</td>
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<tr>
<td>Health care services paid for</td>
<td>Health-related services beyond traditional medical care may be provided to improve health</td>
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<tr>
<td>Health care delivery disconnected from population health</td>
<td>Community health assessments and improvement plans</td>
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<td>Limited community voice and local area partnerships</td>
<td>Local accountability and governance, including a community advisory council</td>
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POPULATION HEALTH & MEDICAID
Health-related Services

- CCOs’ global budgets give them flexibility to provide non-medical services that result in better health/lower costs, such as:
  - Housing supports and services
    - Transitional housing; home improvements; rental assistance, utilities, moving expenses, deposits
  - Mental health and counseling services
    - Mental health professionals embedded in school systems
    - Employment counseling to support job searches
  - Wellness supports
    - Exercise shoes; gym memberships; healthy cooking and exercise classes
Community Advisory Councils and Community Health Improvement Plans

- Community advisory councils (CACs)
  - “Ensure that the health care needs of the consumers and the community are being addressed”
  - “Identify/advocate for preventive care practices”
  - Consumers (majority), community, local government
  - Oversee community health assessment and community health improvement plan (CHPs)

- CHPs
  - 60% of the CHP priorities focus on public health/social determinants of health/health equity
What Helps You Stay Engaged in Your CAC?

• “I love that we have had conversations between social service agencies, primary care, CCO members, and schools.”

• “To know that I am engaging in a collaborative effort to help my community and to actually see the efforts unfold makes me proud to be a CAC member.”

• “I have never experienced such community involvement and such a dedication to working with all community providers for a common goal.”
CCO Incentive Measures

• Annual assessment of CCO performance on 18 measures
  – Quality pool paid to CCOs for performance
  – 4.25% of CCO’s global budget in 2017

• Original CCO incentive measures focused on process and in clinical settings

• Incentive measures added on population health:
  – Effective contraceptive use among women at risk of unintended pregnancy
  – Tobacco use prevalence
  – Childhood obesity

• Future upstream measure under consideration:
  – Kindergarten readiness
MOVING UPSTREAM: CCO STORY
CCO Goes Upstream Using Multiple Levers

• One CCO’s CACs oversee projects that address CCO incentive measures and CHP priorities
  – CAC uses quality pool dollars to fund projects

• One CAC’s project addresses two incentive metrics:
  – Cigarette smoking prevalence
    • The CAC’s geographic area has the highest tobacco use by Medicaid members in Oregon.
  – Percentage of adults with high blood pressure whose condition was adequately controlled

• Part of a larger CCO effort—including regional partners—to promote smoking reduction, including state and local policy
  – For example, increasing tobacco-free places
CCO Incentive Metric: Cigarette Smoking Prevalence

CCO incentive metric (new in 2016)

Tobacco use prevalence, statewide
Data source: CAHPS survey
Lower is better

Cigarette smoking prevalence, statewide.
Data source: Electronic health records

Lower is better
29.3%
Benchmark: 25.0%

<table>
<thead>
<tr>
<th>Year</th>
<th>Prevalence</th>
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<tbody>
<tr>
<td>2011</td>
<td>31.1%</td>
</tr>
<tr>
<td>2013</td>
<td>34.1%</td>
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<tr>
<td>2014</td>
<td>33.0%</td>
</tr>
<tr>
<td>2015</td>
<td>30.1%</td>
</tr>
<tr>
<td>2016</td>
<td>29.1%</td>
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Oregon's 1115 demonstration waiver goal: 25.0%
CCO Incentive Metric: Blood Pressure

Percentage of adults with high blood pressure whose condition was adequately controlled, statewide.

Data source: Electronic Health Records
CAC-led Project Addresses Smoking and High Blood Pressure

- CCO partners with local community behavioral health provider to offer “Power Clean” program
- 20 participants in addictions recovery meet weekly to:
  - Exercise
  - Learn about nutrition & CCO’s tobacco-cessation benefit
    - CareMessage: 25-week tobacco cessation texting program
  - Receive food from local food bank
- CCO collects progress on smoking cessation, blood pressure, etc.
- No outcome data yet, but some participants report they stopped smoking due to the program.
SUCCESES, CHALLENGES AND LESSONS LEARNED
Successes

- Health system culture shift
  - CCOs are increasingly engaging community partners to promote health
- Costs held to 3.4% growth
  - Avoided costs of $1.3 billion since 2012
- Outcomes generally moving in the right direction
  - Decreased emergency department visits
  - Increased developmental screenings
  - Increased primary care
Challenges

• Reforming the delivery-system in context of short timelines and expanded enrollment
  – Truncated timeline
    • 2012:
      – Waiver negotiated
      – CCOs: RFP, certification, contracts
    • 2016/17: Expedited waiver renewal
      – Affordable Care Act enrollment in 2014
      • Increased Medicaid enrollment by almost 70%
Lessons Learned

• Vision and leadership:
  – From elected officials, state leadership

• Engage stakeholders early to develop trust

• Build in upstream focus from the beginning
  – 2010 Action Plan for Health

• Set health system transformation goals but don’t prescribe how to meet them
  – Promote local innovation
Thank You!
Questions?

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