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Oregon Case Study: Shared Plans of Care to Improve Care Coordination for CYSHCN

Background

In Oregon, 18.5 percent of all children up to age of 18 are children and youth with special health care needs (CYSHCN), and 42 percent are enrolled in the Oregon Health Plan (Medicaid) and the Children's Health Insurance Program (CHIP).[1,2] Nearly all Medicaid-enrolled CYSHCN receive care through a managed care model that uses accountable care organizations called Coordinated Care Organizations (CCOs).[3] CCOs receive a global budget to provide physical health, behavioral health, and dental care for enrollees.[4] Oregon has also implemented medical homes across the state through its Patient Centered Primary Care Home program (PCPCH). PCPCH works to improve outcomes, increase quality of and access to care, and lower or contain costs.[5]

About This Case Study

This case study is part of the issue brief, State Strategies for Shared Plans of Care to Improve Care Coordination for Children and Youth with Special Health Care Needs, which examines strategies and opportunities states can use to advance the use of SPoCs for children and youth with special health care needs.

The Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) administers the portion of Oregon's Title V Block Grant that serves CYSHCN. OCCYSHN works to build and support a comprehensive and coordinated system of care for CYSHCN.[6] The Title V CYSHCN program focuses on children and youth through 20 years of age who have or are at increased risk of a chronic physical, developmental, behavioral or emotional condition and also require health and related services of a type or amount beyond what children normally require.[7] OCCYSHN works with state and local partners to ensure a coordinated system of care for CYSHCN. Furthermore, local public health agencies (LPHAs) actively partner with their regional CCOs in maternal and child health service delivery.[8]

Oregon's Approach to Shared Plan of Care Implementation

OCCYSHN contracts with LPHAs across the state to implement CaCoon, the statewide public health nurse home visiting program, to provide care coordination for CYSHCN. The LPHA contracts emphasize strategies to provide cross-systems, team-based care coordination for a select group of CYSHCN using a shared plan of care (SPoC) as a tool. CaCoon nurses oversee SPoC development in the LPHAs that participate in the shared care planning initiative.[9] The participating LPHAs are contractually required to initiate shared care planning with a specific number of CYSHCN and their families. Twenty percent must be transition-age (12 and older) and 40 percent must have complex care needs, which is defined as having two or more behavioral, physical, developmental, social, or emotional complexity conditions. These two categories are not mutually exclusive -- LPHAs can work with a complex, transition-age CYSHCN and have it count toward each of these contract requirements. OCCYSHN asks each site to include key elements in it shared care planning model, and provides LPHAs with a shared care planning template that is available in five languages. The template is based on the report, Achieving a Shared Plan of Care with Children and Youth with Special Health Care Needs, in addition to Oregon PCPCH and Title V CYSHCN programmatic standards.

In FY 2016, Oregon piloted SPoCs in one county. Lessons from the pilot informed the development of Oregon's SPoC Implementation Guide, and SPoC implementation expanded since that time. During the first year of implementation (from 2016 to 2017), 137 SPoCs were initiated. While the initial SPoC pilot was funded by the Health Resources and Services Administration's (HRSA) Maternal and Children Health Bureau through the State Implementation Grants (SIG) to Enhance Systems of Services for CYSHCN through Systems Integration, Oregon continues to support SPoC implementation through its Title V Maternal and Child Health Services block grant.

SPoC Development and Training

CaCoon nurses within the participating LPHAs typically lead the shared care planning process in close partnership with families and the other members of the children's care teams. SPoCs are developed in real time as part of meetings with all of the child's providers, which helps ensure that everyone involved in the child's care receives the same information. By contract, a member of the team is the payer (e.g., CCO coordinator, durable medical equipment coordinator), creating the opportunity to provide immediate authorization and support to the families in accessing services. OCCYSHN also requires LPHAs to involve members from all spheres of a child's care to the care team, including mental health providers and education professionals. SPoCs are either paper-based or embedded in electronic medical records, with the format varying based on the participating practice. All participants involved in the SPoC development, including families, receive a copy of the SPoC.

To enable LPHAs to better provide cross-sector care coordination and support integration of care in communities, OCCYSHN maintains a SPoC website that includes resources such as the SPoC Implementation Guide. OCCYSHN provides technical assistance and monthly webinars to LPHAs and other partners on the shared care planning process. OCCYSHN also holds regional meetings across the state to discuss CaCoon and SPoC with partners. A central component addressed in all webinars, trainings, and resources is how team members should partner with families to support and guide them in the shared care planning process.

OCCYSHN, through the Oregon Family to Family Health Information Center (OR F2F HIC), provides trainings for families of CYSHCN in important medical home concepts, including the concept of team-based care coordination and use of the SPoCs. Families learn about these concepts in the "Becoming Your Child's Health Care Advocate" seminar. These workshops are conducted across the state in a variety of communities, and provide both physical and online educational materials to families. OR F2F HIC also provides a Parent Partner (PP) service. PPs have firsthand experience caring for their own children with special health care needs and are trained to provide one-on-one education and resources to other families of CYSHCN. Depending on the families' needs, topics addressed by PPs may include medical homes, insurance, health care financing, and SPoCs.[10]

Monitoring SPOC Implementation

Oregon uses several methods to collect data on the use of SPoCs and monitor shared care planning implementation. One of the primary data collection tools created by OCCYSHN is the SPoC Information Form. LPHAs complete a SPoC Information Form following the meeting during which the SPoC is created. This form enables OCCYSHN to track the number of SPoCs initiated, the CYSHCN involved in SPoCs, and the types of team members involved in shared care planning, in addition to other data points. LPHAs also submit biannual reports to OCCYSHN describing their experiences with SPoC implementation.

Furthermore, OCCYSHN collects information from families. LPHAs provide families with a Study Interest Form, entitled, "Survey of Family Experiences Working with their Child's Care Providers." If families indicate their willingness to participate, OCCYSHN emails an electronic link or mails a paper survey to the family, depending on

the family's preference. These surveys are provided in English and Spanish, and families are mailed a $25 pre-paid vendor gift card upon completion. These surveys include questions about the education that the family received about shared care planning, which members of their care team were involved in the process, and the contents of their SPoC document.

OCCYSHN uses the information gathered from LPHA reporting and family surveys to refine and enhance its approach to SPoC implementation. OCCYSHN also is planning to pilot an evaluation to assess outcomes for CYSHCN participating in the shared care planning process in the next year.

Lessons Learned and Future

Because of its experience collaborating with LPHAs to implement shared care planning, Oregon has identified several critical lessons learned. Oregon recognized that change was a challenge for many participants involved in the SPoC initiative, as it is in many reform efforts. Oregon emphasized that engaging key players requires time and needs to be an ongoing process. The establishment of effective care teams also requires sufficient time and support to develop the systems needed for successful SPOC implementation.

To facilitate involvement of key partners in cross-systems shared care planning, the state learned to leverage areas of alignment across agencies. For example, when involving CCOs in the process, they emphasized areas in which SPoCs could assist CCOs in meeting certain performance measures. Oregon also leveraged local-level relationships, and recommended seeking out areas of expertise already present in the workforce. These strategies helped Oregon strengthen existing relationships to facilitate involvement in shared care planning and build out its SPoC efforts. Recognizing the cost of implementing SPoC, Oregon is also exploring opportunities to establish reimbursement for existing care coordination billing codes or leverage alternative payment models to support health care providers in their SPoC efforts.

Endnotes

1. Child and Adolescent Health Measurement Initiative, "2016 National Survey of Children's Health (NSCH) data query," Data Resource Center for Child and Adolescent Health, accessed June 2018, http://childhealthdata.org/browse/survey/results?q=4661&r=39.
2.   Child and Adolescent Health Measurement Initiative, "2016 National Survey of Children's Health (NSCH) data query," Data Resource Center for Child and Adolescent Health, accessed June 2018, http://childhealthdata.org/browse/survey/results?q=4828&r=39&g=619.
3.   CYSHCN involved in foster care or adoption assistance are exempt, as are CYSHCN who are American Indian or Alaskan Native.
4.   "Managed Care in Oregon," Centers for Medicare and Medicaid Services, August 2014, https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/downloads/oregon-mcp.pdf.
5.   "About the Patient-Centered Primary Care Home Program," Oregon Health Authority, accessed June 2018, https://www.oregon.gov/oha/HPA/CSI-PCPCH/Pages/About.aspx.
6.   "About," Oregon Center for Children and Youth With Special Health Care Needs, accessed June 2018, http://www.ohsu.edu/xd/outreach/occyshn/.
7.   Oregon Health Authority, Public Health Division (2017). Maternal and Child Health Services Block Grant Application: FY 2018 Application/FY2016 Annual Report. Retrieved from: https://mchb.tvisdata.hrsa.gov/uploadedfiles/StateSubmittedFiles/2018/OR/OR_TitleV_PrintVersion.pdf.
8.   "Maternal and Child Health Services Block Grant Application: Oregon FY 2018 Application/FY2016 Annual Report." Oregon Health Authority, Public Health Division, September 2017, https://mchb.tvisdata.hrsa.gov/uploadedfiles/StateSubmittedFiles/2018/OR/OR_TitleV_PrintVersion.pdf.
9.   "Maternal and Child Health Services Block Grant Application: Oregon FY 2018 Application/FY2016 Annual Report." Oregon Health Authority, Public Health Division, September 2017, https://mchb.tvisdata.hrsa.gov/uploadedfiles/StateSubmittedFiles/2018/OR/OR_TitleV_PrintVersion.pdf.
10. "Maternal and Child Health Services Block Grant Application: Oregon FY 2018 Application/FY2016 Annual Report." Oregon Health Authority, Public Health Division, September 2017, https://mchb.tvisdata.hrsa.gov/uploadedfiles/StateSubmittedFiles/2018/OR/OR_TitleV_PrintVersion.pdf.
11. "Evaluation Data Collection Procedures," Oregon Center for Children & Youth with Special Health Needs, updated December 2017, http://www.ohsuwelcome.com/xd/outreach/occyshn/programs-projects/upload/LHD-SPOC-Eval-Procedures_2017-18-final-2.pdf.