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Northeast Oregon Network (NEON) "Focusing Together on Health"

Lisa Ladendorff
Director, NEON
October, 2016

Health Reform in Oregon

Health Care Transformation in Oregon

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Coordinated Care Organizations

Oregon's Path to the Triple Aim: The Coordinated Care Model

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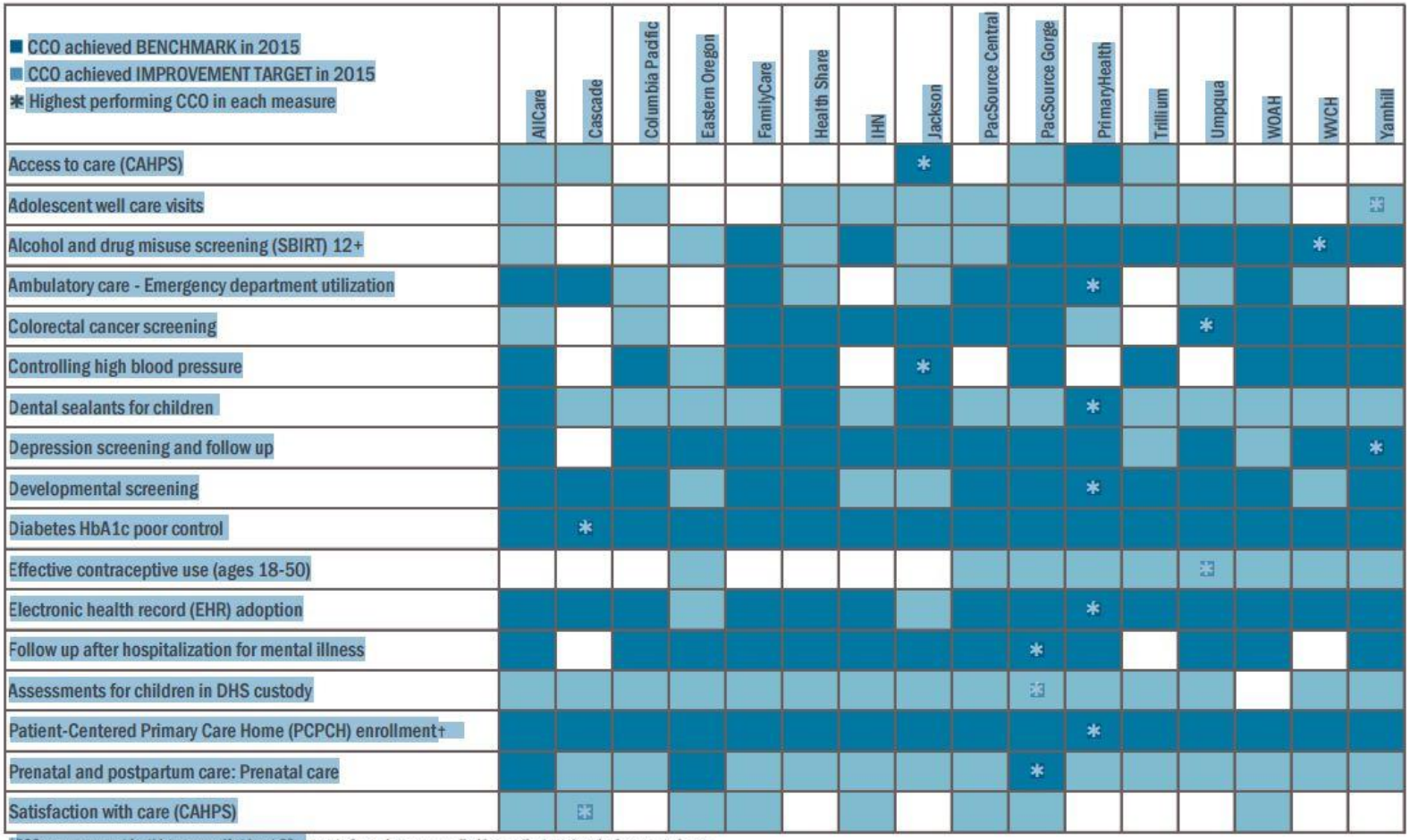

†CCOs earn payment for this measure if at least 60 percent of members are enrolled in a patient-centered primary care home.

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Community Involvement Mandates

- Required to have Community Advisory Councils composed of at least 50% Oregon Health Plan Members.
- Community Advisory Councils are responsible for Community Health Assessments and Community Health Improvement Plans
- There is a global budget that includes flexible spending
- Supposed to have the freedom to address social determinants of health

Enhancing Readiness for Value Based Care

Value Based Care

- CMS has a target of 80% of all payments made in a value based mechanism by 2018
- States also have initiatives
- Rural Health Value: Value-Based Care Assessment Tool
- http://cph.uiowa.edu/ruralhealthvalue/TnR/vbc/vbctool.php
- Also see the NEON CHW Implement Tool and CHW: Enhancing Readiness for Value Based Care Presentation slides posted on conference website.

Common Value Based Care Categories

- Care Management
- Clinical Care
- Community Health
- Patient and Family Engagement
- Performance Improvement
- Health Information Technology
- Financial Risk Management
- Governance and Leadership

Network Strategies

- Increasing partner capacity to address social determinant of health needs: **Pathways Community Hub**
- Increasing partner capacity to implement Patient Centered Primary Care Home certification: **Community Health Worker Training and Implementation Support Program**
- Increasing partner capacity to provide integrated care: **Primary Care and Mental Health Integration Initiatives**
- Increasing partner capacity for community wellness initiatives: **Blue Zone based Community Health Assessments**

Pathways Community Hub

Target Population

Adults with Diabetes, Heart Disease, and Risk Factors for:

Find

- **Identify when community member has need that could be met through the Pathways Hub**

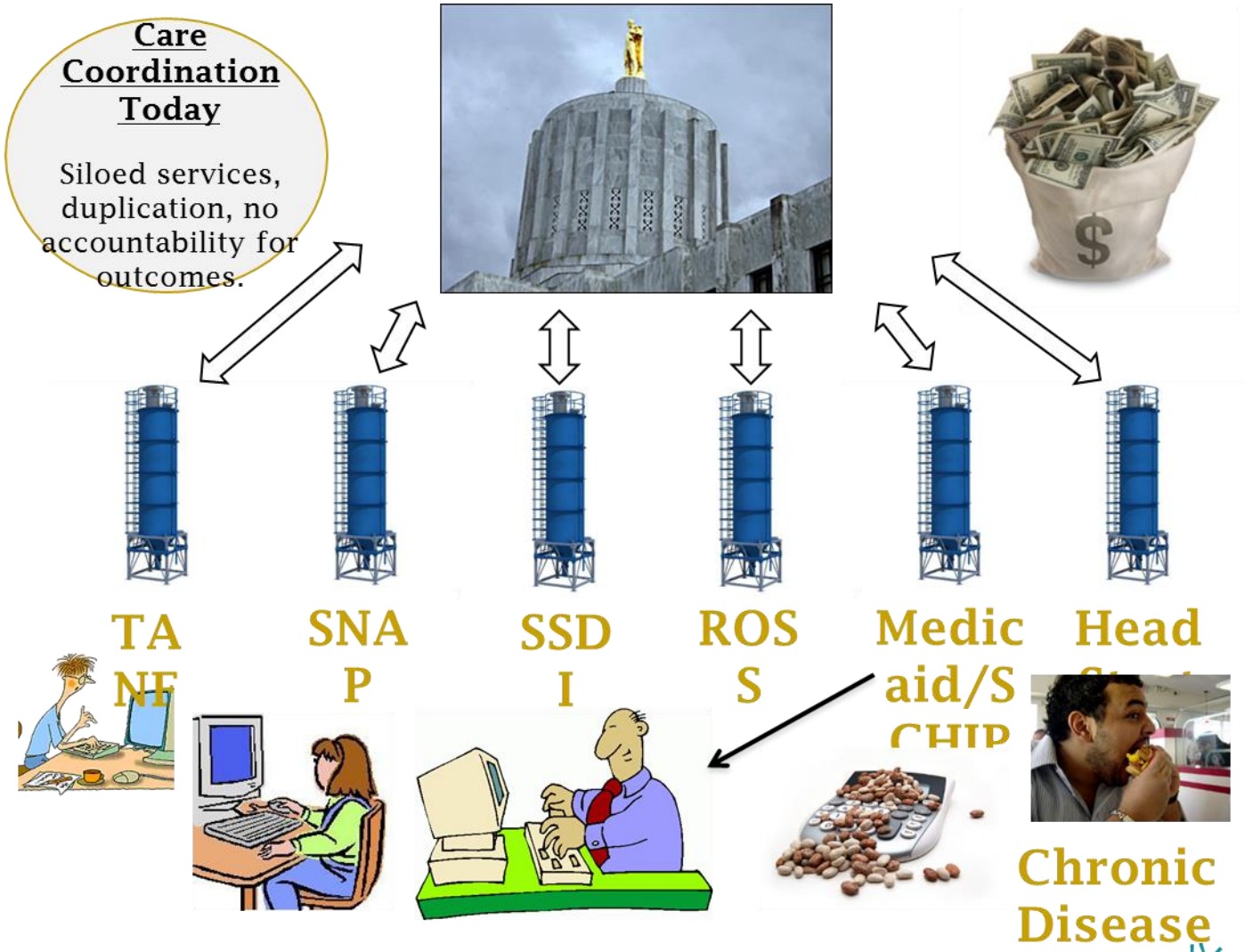
Treat

- **Develop and follow action plan (at least one 'Pathway') for treatment (focused on health related social needs)**

Measure

- **Measure outcomes by reviewing community member's progress in the Hub**

Slide content courtesy of Dr. Sarah Redding, Community Health Access Project



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Community Health Workers

Partner Organizations

Regional organization and tracking of care coordination

Care Coordination Agencies and Payers

Community Hub-Managed By NEON

Community Member linked with CHW to provide direct services

Identify community member for enrollment in the HUB

Care Coordination Tomorrow

Integrated care coordination services across a region. Performance data is managed and reported systematically, reduced duplication, accountability for outcomes.

Slide content courtesy of Dr. Sarah Redding, Community Health Access Project

NEON NORTHEAST OREGON NETWORK

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Contracted Hub Partners

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Community Hub Leadership Team Membership

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Rural Health Systems Leading Development of Community Coalitions

Jac Davies, MS, MPH
Executive Director, CAH Network
October, 2016

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http://www.ruralcenter.org

Health Reform in Washington

The State's Plan for a Healthier Washington

Build healthier communities through a collaborative regional approach

- Fund and support Accountable Communities of Health.
- Use data to drive community decisions and identify community health disparities.

Ensure health care focuses on the whole person

- Integrate physical and behavioral health care in regions as early as 2016, with statewide integration by 2020.
- Spread and sustain effective clinical models of integration.
- Make clinical and claims data available to securely share patient health information.

Improve how we pay for services

- Measure, improve and report common statewide performance measures.
- As purchaser for Apple Health and state employees, drive market toward value-based models.

Implementation tools: State Innovation Models grant, state funding, potential federal waiver, philanthropic support
Legislative support: HB 2572, SB 6312

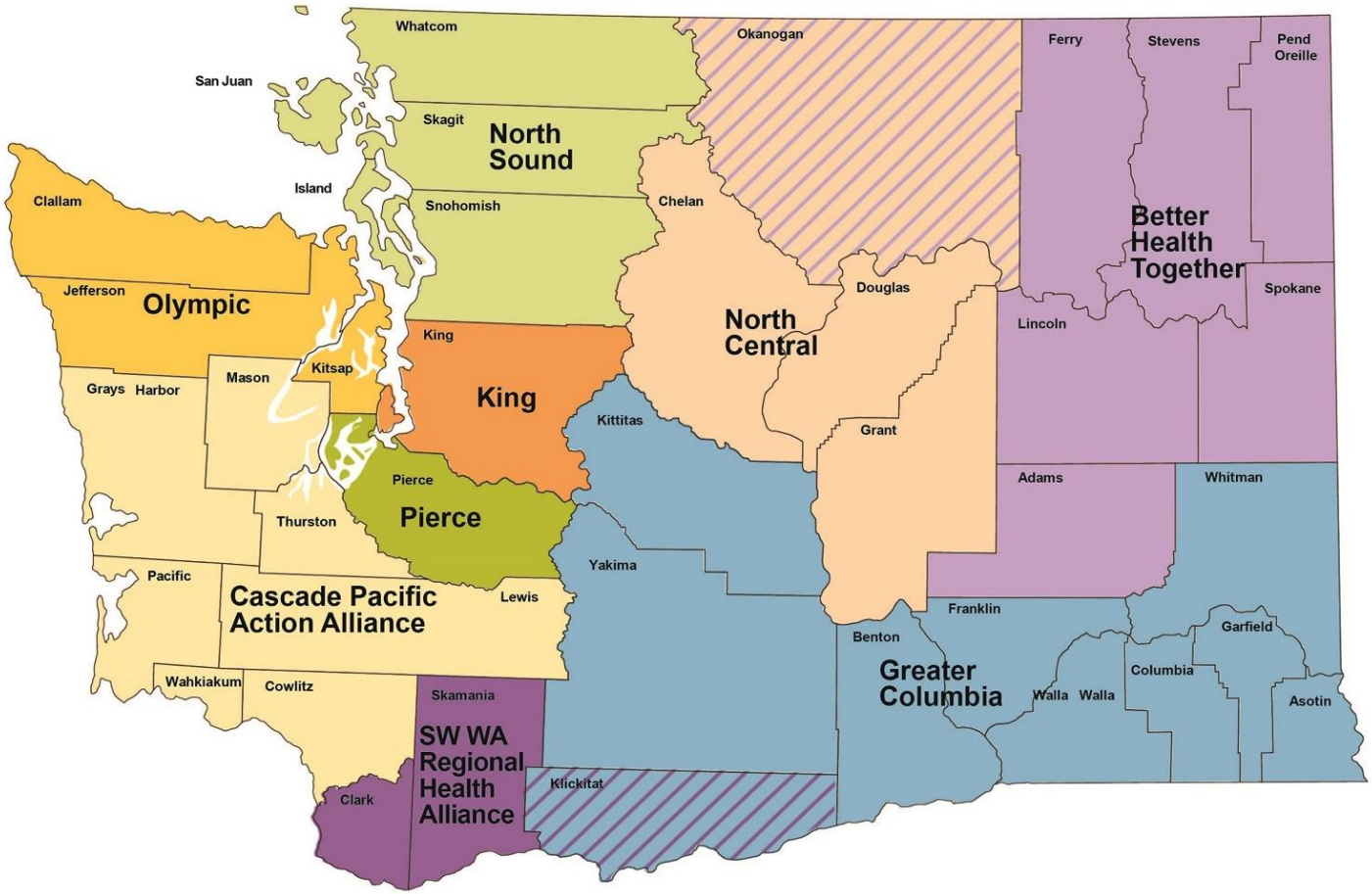
Value Based Purchasing

- Washington aims to drive 80% of state-financed healthcare and 50% of the commercial market to value-based payment by 2019
- Washington Health Care Authority is including quality incentive payments in contracts with commercial insurers that cover state employees and retirees and with Medicaid Managed Care Organizations (MCOs) that cover Medicaid population
- MCO contracts also require connection to regional Accountable Communities of Health

Accountable Communities of Health

- **Serve as a regional forum** for collaborative decision-making across multiple sectors and systems to align actions to achieve health communities and populations, improve quality and lower costs
- **Act as an accelerator**, disseminator and collector of regional best practices, lessons learned and shared challenges to drive health systems transformation focusing on population health, social determinants of health, clinical-community linkages and whole person care
- **Collectively impact health** through regional purchasing strategies starting with Medicaid

ACH Regions Map



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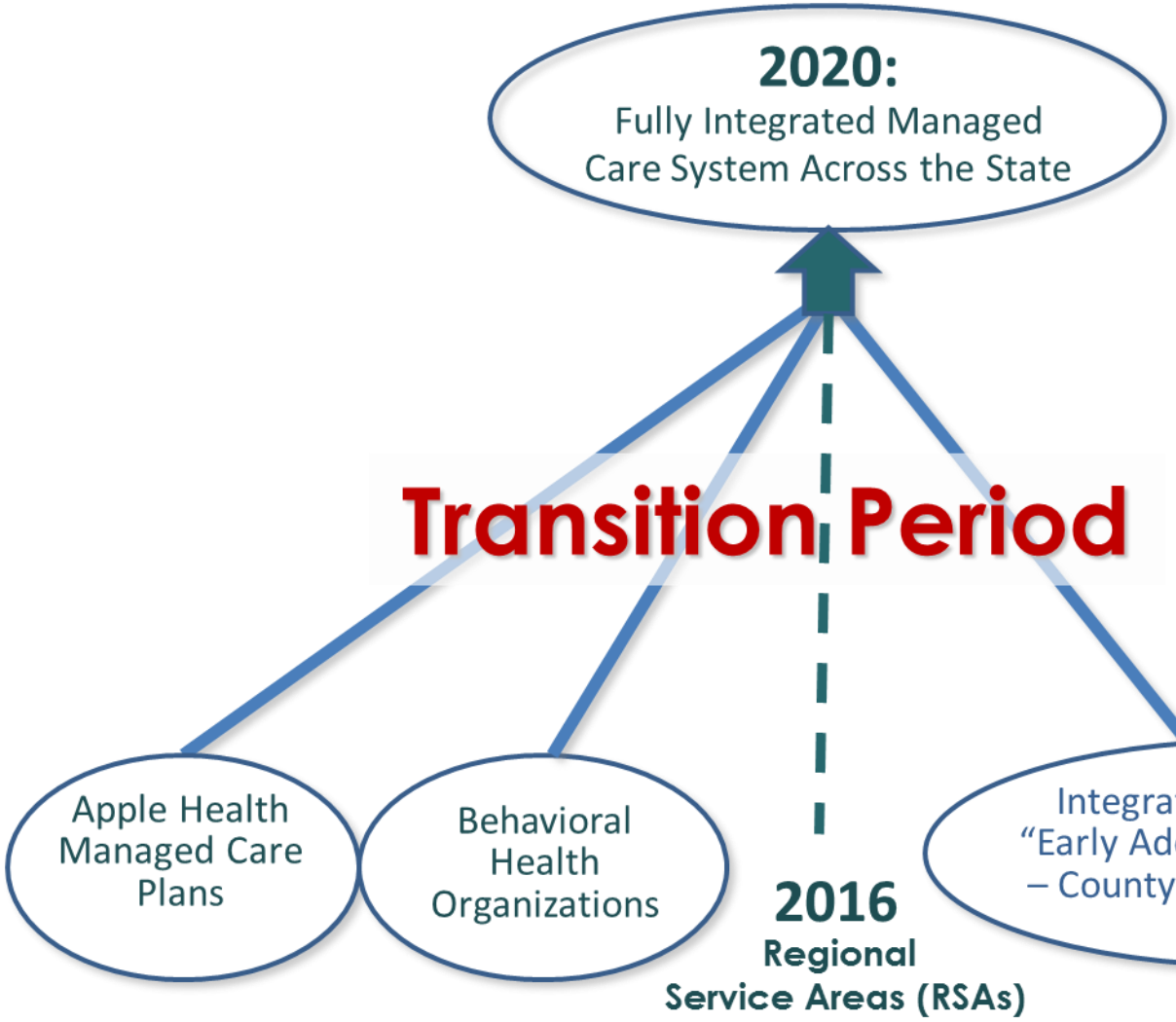
Behavioral Health Integration

- Seamless access to necessary services.
- Ability to address physical health and behavioral health issues in one system, with better coordinated care
- Better aligned financial incentives for expanded prevention and treatment and improved outcomes
- Flexible models of care that support the use of interdisciplinary care teams
- Shared savings reinvested in the delivery system

Paths to Purchasing Transformation



2014 Legislative Direction: 2SSB 6312

By January 1, 2020, the community behavioral health program must be fully integrated in a managed care health system that provides mental health services, chemical dependency services, and medical care services to Medicaid clients

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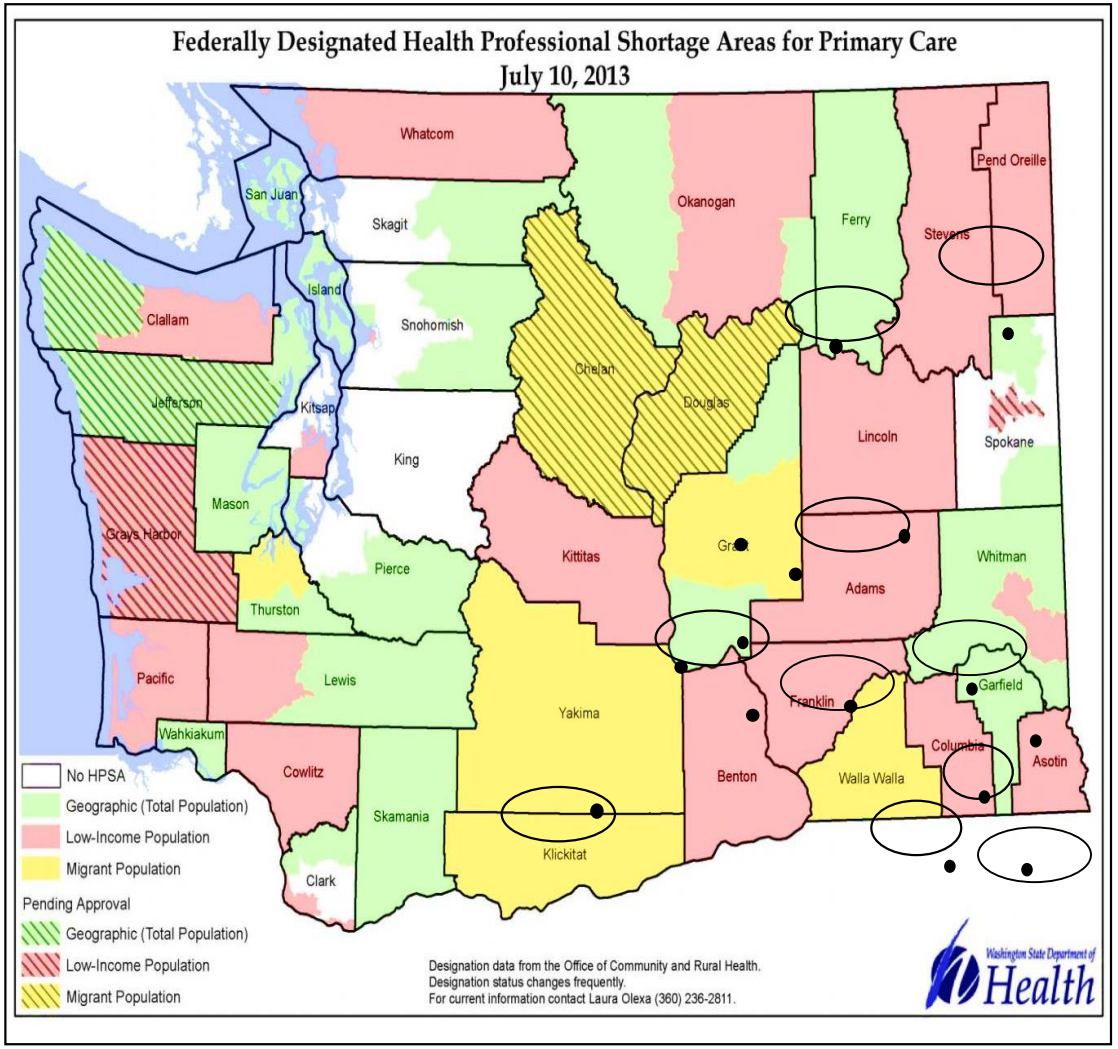
Developing Community Coalitions

Critical Access Hospital Network (CAHN)



- Established in 2002 with HRSA Network Development Grant Program.
- Has grown to 15 members:
  - 14 CAHs
  - 13 PHDs
- Located in 10 highly rural counties
- Organized as a 501c3 with a Board of Directors comprised of Member CEOs.

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CAHN Mission and Vision

Mission: To share resources and collectively support rural health systems to develop integrated models of care.

Vision: To collectively contract for and support cost effective high quality population health services in rural communities through the development of individual community capacity and innovative partnerships.

Strategic Priorities

- **Leadership** – The CEO of each CAHN member fully commits to leading the transition from volume-based to value-based
- health care.
  Partnerships - Each CAHN member participates in its local 'Accountable Community of Health-like' (ACH-like) organization and has in place clear definitions
- of accountability to that partnership.
  Care Management - Each CAHN member provides the right care, at the right place, at the right time.

Strategic Priorities

- **Information Management** – Each CAHN member provides accurate, timely and relevant data in support of both its own operations and the work of the NWRHN as a whole.
- **Operational Efficiencies and Quality** - Each CAHN member documents improved quality of care and decreased cost per patient individually and as part of the CAHN as a whole.

Partnerships: Community Health Coalitions

- Rationale
  - Supports rural health system in expanding focus to include population health
  - Allows for better coordination of care and integration of health services with critical community-based social services
- In small rural communities the health systems are logical conveners of county health coalitions as the clinical care providers and one of the largest employers

Partnerships: Community Health Coalitions

- Relationship
  - By organizing the community and creating partnerships between all key players, the community health coalitions are prepared to serve as the local partner and implementation arm for ACHs.
  - Washington has just been granted a Medicaid waiver, which includes funding for regional health improvement projects. This funding will likely flow through ACHs to community lead organizations.

Partnerships: Community Health Coalitions

- Process
  - Determine where community is starting from
    - Each community is different, with some having critical partnerships already in place and others struggling with multiple challenges
- Identify a strong local leader
  - Critical for getting the process started and getting the right organizations to the table
- Find an issue that resonates
  - Start with health issues that are recognized by many community members and where you can produce tangible results in a relatively short time

Jail Health Transitions in Ferry County

- Key Partners
  - Ferry County Hospital District, public health, jail health, county government, lead social services and behavioral health organizations
- Focus
  - Implementing Pathways Hub to connect inmates and family members to needed health and social services
- Desired Outcomes
  - Better health and economic stability for inmates and families; reduced costs for county government and health system

Childhood Immunizations in Pend Orielle County

- Key Partners
  - Newport Hospital and Health Services, public health, school district, lead social services organization, business community
- Focus
  - Identifying children in need of immunizations and making vaccinations readily available
- Desired Outcomes
  - Improved immunization rates
  - Decreased school absenteeism

Improving Access to Care for Tribal Members in Grant County

- Key Partners
  - Coulee Medical Center, public health, Colville tribe, school district, Medicaid MCOs, social service organizations
- Focus
  - Breaking down barriers that prevent members of the Colville tribe from obtaining needed health care services
- Desired Outcomes
  - Increased access to health care services, increased satisfaction by tribal members

Future Work

- Helping other rural health systems develop and grow coalitions in their communities
- Promoting work by coalitions that meets local needs and interests
- Engaging Accountable Communities of Health for Medicaid waiver projects
- Evaluation to determine effectiveness of community coalitions

A New Framework

Critical Access Hospital Network

is now the

Northwest Rural Health Network

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