CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS

Study Session Worksheet

Presentation Date:	Approximate Start Time:	Approximate Length:
April 24, 2012	10:00 am	60 minutes

Presentation Title: Health Transformation

Department: Health, Housing & Human Services

Presenters: Cindy Becker

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?

This study session item is in response to the Board's request for an update on health transformation. We are requesting the Board to accept the report (attached).

EXECUTIVE SUMMARY (why and why now):

The 2011 and 2012 legislatures passed significant legislation to transform the way health care is delivered in the state. Clackamas has been working with thirteen major health partners in the region to set up a tri-county Coordinated Care Organization in response to the legislation. In addition to regular participation, county staff have held two meetings with the Chair and Vice-Chair of Clackamas, Multnomah, and Washington to brief them on our activities. The full BCC has asked for an update on the status of health transformation and our involvement in the CCO. The three attachments are intended to provide the relevant information. They include:

- Fact Sheet including an overview, a description of the Tri-County Medicaid Collaborative (TCMC), and Clackamas County impact
- Before/After Graphic of the system
- Local Mental Health Authority and Community Mental Health Program Chart that delineates the various functions association with the LMHA and CMHP

FINANCIAL IMPLICATIONS (current year and ongoing):

Please see attached fact sheet.

LEGAL/POLICY REQUIREMENTS:

Health transformation is contained in state statutes.

PUBLIC/GOVERNMENTAL PARTICIPATION:

Numerous organizations and individuals across the three counties have been involved in committees focused on developing different aspects of the CCO with particular emphasis on developing a transformed model of care. Additionally, TCMC has held two stakeholder meetings and one public meeting in Portland. There will be a public meeting held in Clackamas in the next month or so. Consumer focus groups are also being assembled to include consumers from all three counties.

OPTIONS:

- Accept the report
- Do not accept the report

RECOMMENDATION:

We recommend acceptance of the report (attachments)

ATTACHMENTS:

- Fact Sheet including an overview, a description of the Tri-County Medicaid Collaborative (TCMC), and Clackamas County impact
- Before/After Graphic of the system
- Local Mental Health Authority and Community Mental Health Program functions

SUBMITTED BY:
Division Director/Head Approval _____
Department Director/Head Approval _____
County Administrator Approval _____

For information on this issue or copies of attachments, please contact Cindy Becker @ 503-650-5696

Clackamas County Health Transformation

April, 2012 Update

Overview

Health transformation – as mandated in HB 3650 (2011) and SB 1580 (2012) – is focused on people covered by the Oregon Health Plan (Medicaid). The goal of Health Transformation is to achieve the Triple Aim:

- Better health
- Better health care
- Lower/controlled costs

The primary mechanism to achieve the Triple Aim in Oregon is through Coordinated Care Organizations (CCOs). CCOs are networks of providers who will work together to provide coordinated care for the organization's members. This care will integrate physical health, mental health, and oral health as part of a coordinated system of care. It will also include community services and supports in an effort to prioritize prevention, and solve health problems before they require more serious and costly interventions.

CCOs are similar in concept to the President's Accountable Care Organizations (ACOs). A key difference is that CCOs cover individuals with Oregon Health Plan coverage as well as those who are dual eligible (Medicaid and Medicare), while ACOs focus solely on individuals with Medicare.

Neither HB 3650 nor SB 1580requires continuation of the federal health care law. However, over $2.5 billion in potential federal start up funds negotiated by the Governor could be impacted if the law is overturned.

Financial Impacts

Statewide, the majority of OHP clients receive their services through three different kinds of health plans:

- Physical health and Addictions through 14 Managed Care Organizations
- Dental health through eight Dental Care Organizations
- Mental Health through nine Mental Health Organizations

Note: approximately 20% of OHP clients are not in managed care and get their services through "fee for service open cards".

Health, Housing & Human Services
CLACKAMAS COUNTY

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The new CCOs will replace these types of plans above as well as services offered on a fee-for service (FFS) basis. CCO's will receive global budgets which can then be used to provide services previously covered by the various plans and FFS. The global budget will allow for greater flexibility and efficiency, but will also reflect significant budget reductions. The state legislature has approved reductions of approximately $250 million in state general funds and $350 million in federal funds for a statewide total of $600 million.

CCOs will be required to report to the Oregon Health Authority on outcomes in a variety of areas related to quality and effectiveness of care. The specific measures are in the process of being developed. The overall goal is to align financial incentives with value, not volume.

Tri-County Medicaid Collaborative

In December, 2011 several health care organizations came together to work on a tri-county CCO. Since that time, the partners have grown in number and include: Clackamas, Washington, and Multnomah Counties, Adventist, Providence, OHSU, Tuality, Keizer, and Legacy health systems, CareOregon and Family Care managed care plans, Oregon Medical Association, Oregon Nurses Association, and the Metro Community Health Centers. Although we don't have an official name, we're calling ourselves the Tri-County Medicaid Collaborative (TCMC).

The first major task was to apply for a Center for Medicaid/Medicare Innovation (CMMI) grant. Our grant request - $34 million over three years - is aimed at improving health and reducing costs among adult Medicaid and dually-eligible enrollees. The grant was submitted in late January and we are waiting for a response. Responses were expected at the end of March but the deadline has been extended due to the overwhelming number of applicants.

Since January, the TCMC has been working on building relationships, staffing substantive committees to address the model of care, finance, governance, and technology. We have decided that to incorporate as a 501 (c)(3).

Model of Care

The keys to transformation are changing the way we engage consumers, provide services, and share information.

- **Engage consumers**
  - Build relationships
  - Ensure that services are culturally competent and offered in the language of choice of individuals. This should occur at all levels including leadership – cultural proficiency in all areas
  - Focus on holistic, whole-body integration. Meet patients where they are and addresses the social determinants of health

- **Changing the health delivery system**
  - Coordinating and integrating physical, behavioral, and oral health care
  - Ensure that access is available through new venues ("no wrong door")
  - Focus on wellness, prevention, and education
  - Engaged in the community and supported by community partners
  - Implement standardization through evidence-based medicine and appropriate care

- **Sharing information across providers**
  - Coordinated information technology and sharing
  - Meaningful data analysis

Measures of Success

- **Reduce cost and improve efficiency**
- **Improve access and engagement**
- **Promote culturally appropriate care and workforce**
- **Improve prevention and safety**
- **Improve continuity and coordination**
- **Deliver patient/family-centered care**
- **Practice evidence-based care**

Targeted Activities

1. **Transitions of Care:** Create a system that improves information transfer and care coordination at all points of the patient transfer
2. **High Utilizers:** Craft a system that provides appropriate levels of case management and care coordination to reduce ED and Hospital utilization to a more expected level based on severity of illness
3. **Emergency Department:** Create a system that ensures patients are utilizing the ED appropriately, that uses triage/care coordination to direct patients to other levels of care when appropriate has a standard management plan for key areas (pain meds, MH/CD), and shares key information easily
4. **Behavioral Health/Physical Health Integration:** Construct a system/guideline for integrating Behavioral Health and Physical Health (ideally in the same location) with clear coordination and role definition
5. **Health Home:** Build a set of guidelines so that each member has a consistent and stable relationship with a care team responsible for preventive and primary care and for comprehensive care management
6. **Specialty Care:** Develop guidelines for referrals for specific diagnoses, care coordination agreements, and new consulting methodologies

Clackamas County Impact

Services

- **Mental Health and Addictions**
  - We currently administer mental health benefits through our MHO, as do Multnomah, Washington, and Lane Counties. Other MHOs in the State function as non-profit organizations. Once the CCO is launched, the Medicaid funds that we receive will be transferred to the CCO as part of the global budget. We anticipate that the CCO will sub-capitate the funds back to each County's MHO for the first year to ensure that there is minimal disruption to clients as we build the CCO infrastructure.

- **Community Health – Public Health and Primary Care**
  - There is much discussion about expanding health clinics like Beavercreek. This may include enhanced specialty services that are not currently provided in our primary care settings. Funding for these clinics has not yet been discussed
  - Integrated health clinics that incorporate physical, dental, and behavioral health along with ties to social services will become the norm. Clackamas County has started down this path already
  - It is unclear which Public Health services will be included in the global budget.

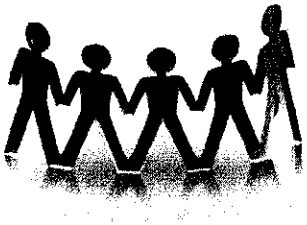
- ***Finance***
  - Some of the funds from the CMMI grant mentioned previously are targeted to increase capacity for transition services and care management in Clackamas County.
  - To date, we have contributed $36,000 for TCMC start-up costs.
  - All of the existing plans already are required to maintain reserves, these will be carried forward at the plan level.
  - At this point, future assessments will be related to the amount of the financial gap that TCMC may experience. (This will be a function of the amount the state receives from the federal government for start up as well as cost savings/cost avoidance resulting from CCO activities.) We would look to our Medicaid reserves to cover the assessment.

MENTAL HEALTH AND ADDICTIONS

LOCAL MENTAL HEALTH AUTHORITY (LMHA)/COMMUNITY MENTAL HEALTH PROGRAM (CMHP) ROLES

INTEGRATED SERVICES	SPECIALTY SERVICES	SYSTEMS MANAGEMENT	SYSTEMS COORDINATION
Services integrated with physical and dental health to support **patient-centered health home**	Specialty Services are provided for people with **more complex Mental Health and Addictions**	LMHA / CMHP as **Service Planner, Quality Assurance and Safety Net**	LMHA/CMHP **Coordination and Consultation with Community Partners**
• Behavioral Health Consultation • Individual, group and family counseling • Peer-delivered services; • Medication management; • Care Coordination with other health services and social services Services can be provided or contracted through CMHP or primary care clinic	More intense services described on the left **plus:** • Case Management • Supported housing • Supported employment • Supported education • Early psychosis programs • Community skill-training: budgeting, shopping, food prep, use of public transport, accessing social activities, and spiritual life Services are provided or contracted through CMHP and delivered in the community	• 24/7 crisis response • Pre-commitment investigation and court testimony for commitment • Abuse investigation and reporting • Co-management of Oregon State Hospital patients, referral and discharge • Jail liaison and release planning • Psychiatric Security Review Board (PSRB) discharge planning and supervision of community placements • Facility siting and community planning • Service development and contracting • Licensing and oversight of residential facilities • Statutory biennial community needs assessment and state plan for mental health and addictions services • Assurance of quality in a system of care • Workforce development • Primary and secondary prevention activities • Disaster planning and training • Peer program development	• Commissions on Children and Families • Local offices of Department of Human Services: Seniors & People with Disabilities; Children, Adults and Families • Local Mental Health and Alcohol and Drug Planning Committees • Schools, district offices and ESDs • Local public safety – sheriff, police and courts • Community Corrections • Oregon Youth Authority • Emergency food and shelter services • City and county housing authorities • Community emergency preparedness entities • NAMI, DDA and other support groups

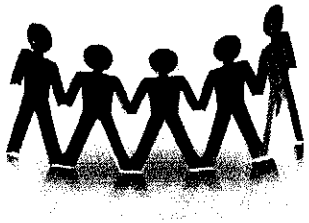
Current System: Tri-County



Person applies to OHA to get on Oregon Health Plan

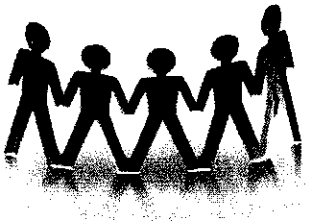
Oregon Health Authority

OHA contracts with Managed Care Plans

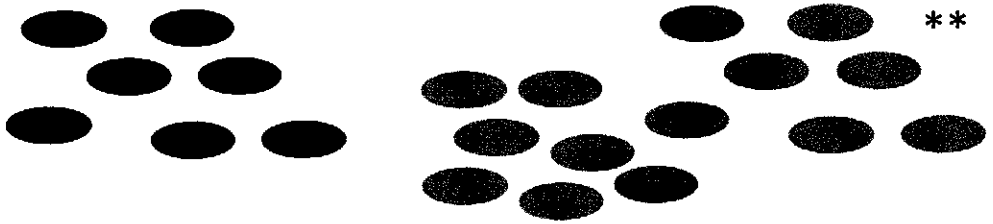


Person assigned to separate
Physical, dental, and mental health plans

Plans contract with providers with separate capitation



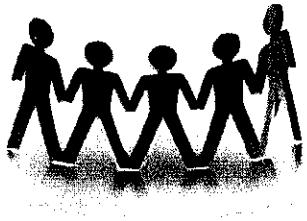
Person receives services from providers
contracting with the separate plans
with separate data systems



* Counties "own" 3 of the 4 mental health plans; Multnomah also owns a dental plan

** Counties provide/coordinate mental health services

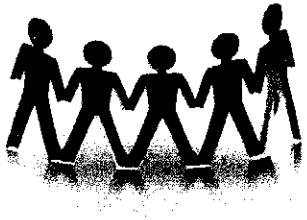
Future State: Tri-County Coordinated Care System



Person applies to OHA to get on Oregon Health Plan

Oregon Health Authority

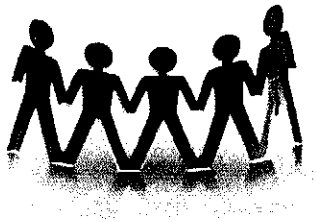
OHA contracts with Coordinated Care Organization



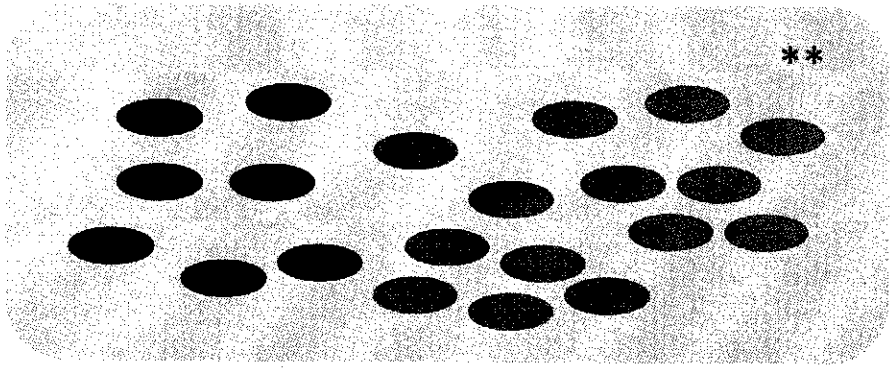
Person assigned to single CCO

Tri- County Health Plan*

CCO contracts with providers with global budget



CCO coordinates all services to member using shared information



* Counties part of governance

** Counties could provide/coordinate mental health services