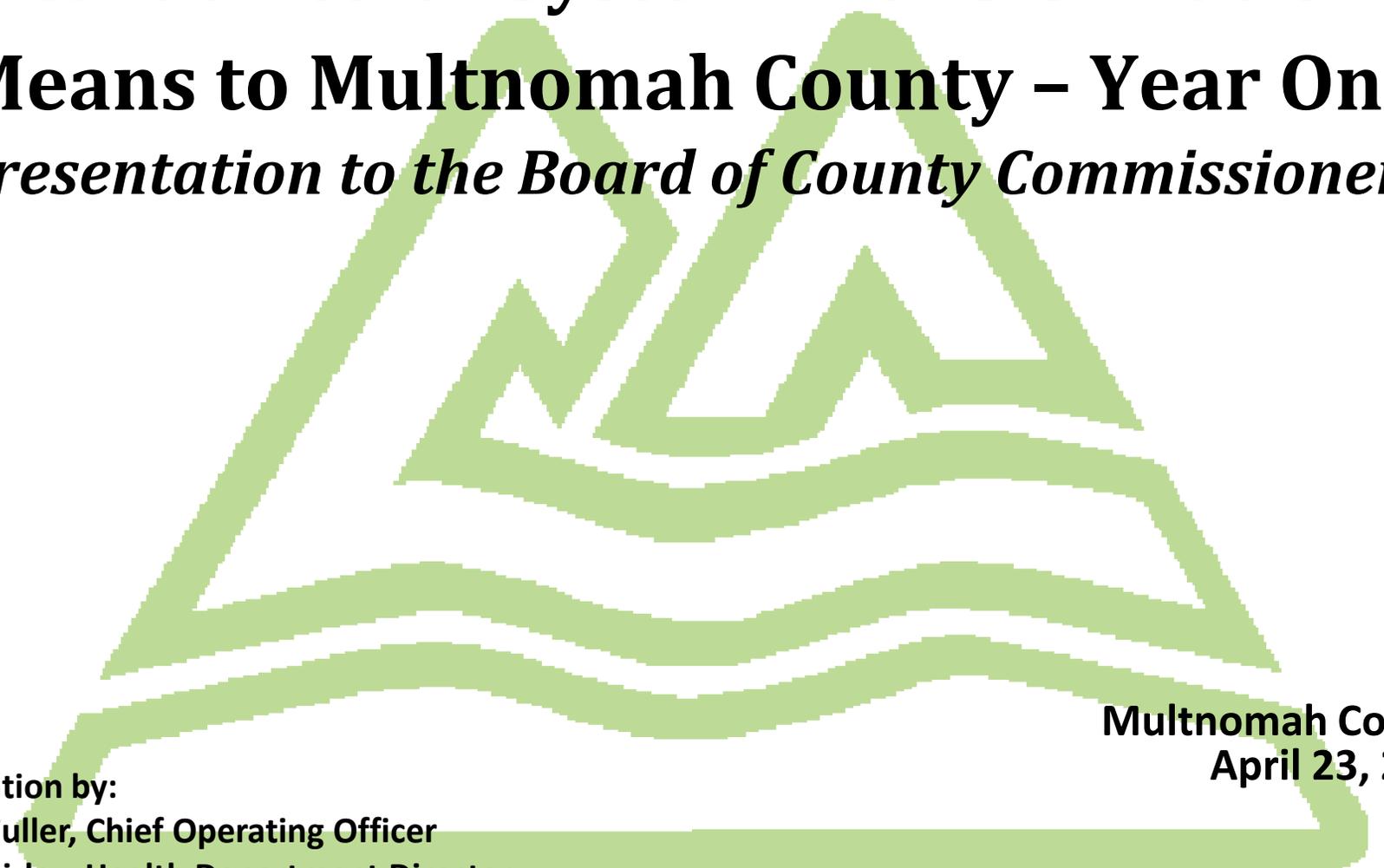


What Health System Transformation Means to Multnomah County – Year One

Presentation to the Board of County Commissioners



**Multnomah County
April 23, 2013**

Presentation by:

Joanne Fuller, Chief Operating Officer

Lillian Shirley, Health Department Director

Susan Myers, Human Services Department Director

<https://web.multco.us/beyond-transformation>

Asking for Your Continued Support

Multnomah County is working with many partners to achieve success in transformation

- Neighboring counties
- Hospitals
- Coordinated Care Organizations
- Mental Health and other community providers

Working with many partners represents our biggest challenge but will also yield our greatest payoff.



Federal Drivers of Health Care Reform

The 2010 Affordable Care Act is a federal effort to make sure people have access to health care.

- Most important part of the law calls for health insurance for everyone regardless of their health, income or age.
- Every state will be required to have a new health insurance marketplace called an exchange.
- In Oregon the health insurance exchange is called Cover Oregon; more than 200,000 Oregonians are expected to enroll.



Medicaid Reform

- On January 1, 2014, Oregonians who earn less than 133% of the Federal Poverty Level [\$14,000 as an individual, or \$29,000 for a family of four], can enroll in the Oregon Health Plan (OHP), the state's Medicaid program.
 - The federal government will pay 100 percent of this cost for three years and 90 percent the fourth year.
 - 240,000 low-income Oregonians are expected to enroll; 40% of them in Multnomah, Clackamas, and Washington counties.
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The Building Blocks for Transformation

- Coordinated Care Organizations (CCOs)
 - FamilyCare Inc.
 - Health Share of Oregon (HSO)
- Healthy Columbia Willamette
- HSO's Health Commons Grant



Coordinated Care Organizations

FamilyCare Inc.

- First CCO established in the state; delivers physical and behavioral health care to about 50,000 people on the Oregon Health Plan in the tri-county region.
- Multnomah County works with Family Care, and county staff and residents serve on its Community Advisory Council.

Health Share of Oregon (HSO)

- Largest CCO in the state comprised of three counties, area hospitals and health systems serving about 160,000 people.
 - Multnomah County is a founding member of Health Share and numerous staff across the county are working with HSO and its partners to develop an integrated care delivery system.
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Healthy Columbia Willamette Multnomah County

Assessing Community Needs, Improving Health

- Adventist Medical Center
- Clackamas County Health Department
- Clark County Health Department
- Kaiser Sunnyside
- Legacy Emanuel Medical Center
- Legacy Good Samaritan Medical Center
- Legacy Meridian Park Medical Center
- Legacy Mount Hood Medical Center
- Legacy Salmon Creek
- Multnomah County Health Department
- Oregon Health & Science University
- PeaceHealth Southwest Medical Center
- Providence Milwaukie
- Providence Portland
- Providence St. Vincent
- Providence Willamette Falls
- Tuality Healthcare & Community Hospital
- Washington County Health Department





The Building Blocks for Transformation

- Healthy Columbia Willamette

<http://www.healthycolumbiawillamette.org/index.php>

- HSO's Health Commons Grant

<http://www.healthcommonsgrant.org/>



DCHS and Medicaid Transformation

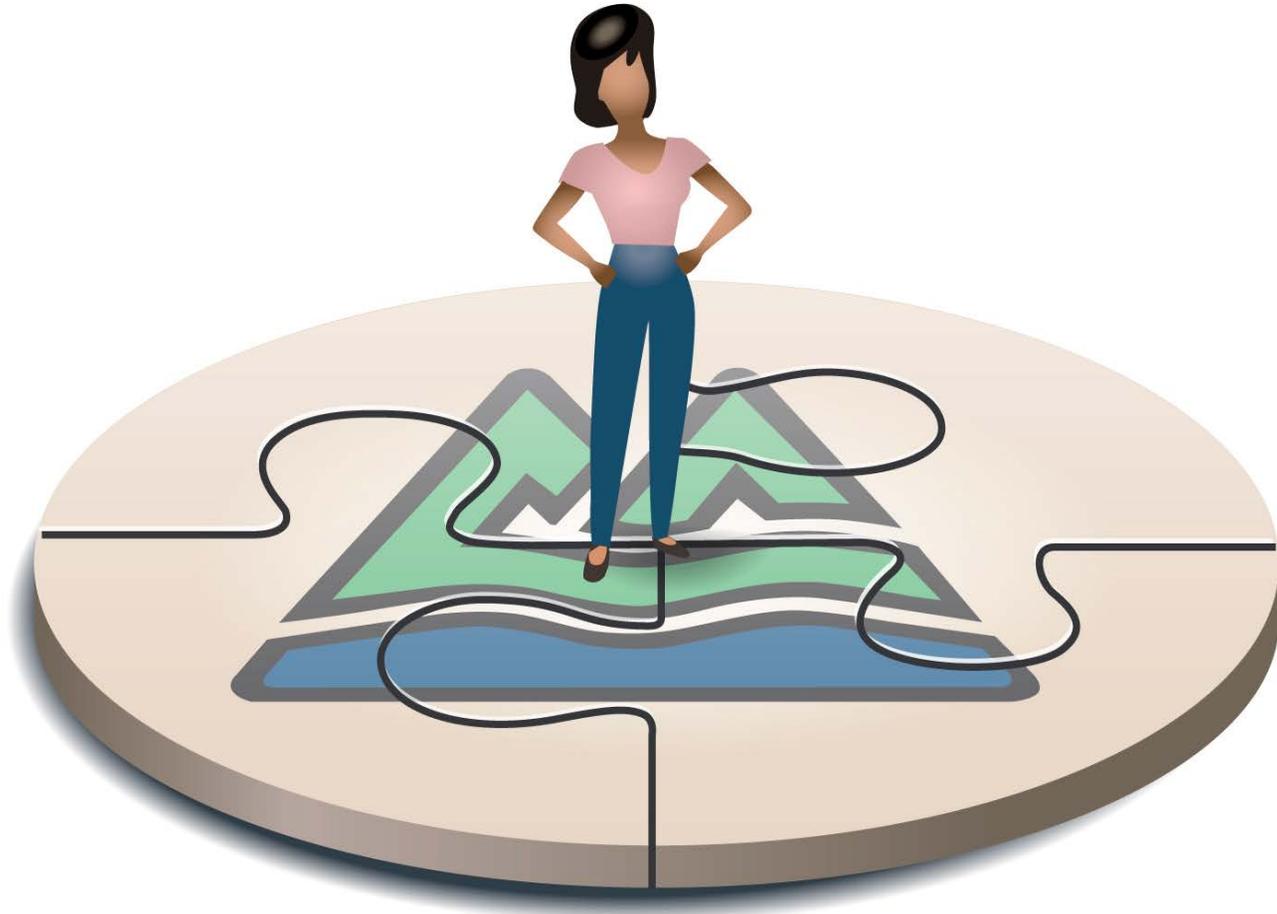
- County acts as insurance pool for HSO
- We provide services for FamilyCare but don't manage their Medicaid funds
- We manage Medicaid funds for elderly and people with disabilities requiring long-term care



Work We Are Doing Now

Integration

Regionalization



Work We Are Doing Now

Integration

- Is bi-directional: high need mental health clients who require specialty care have access to primary care in their Behavioral health home; while clients whose health home is in a primary care setting – FQHC – are able to be treated for low- and mid-level behavioral health issues there.
 - Goal is to be sure that primary care is able to provide whole person care while we can increase the capacity and strength of our specialty mental health care system.
 - Primary Care and Mental Health are sitting at the same table to work out how best to achieve this goal.
-



Work We Are Doing Now

Regionalization

- Working with Clackamas and Washington county partners we have simplified and standardized many administrative processes for providers.
- Next step is administrative consolidation.
- The goal is one regional behavioral health system where clients will receive the same type, quality and access to Behavioral Health services no matter where they live in the tri-county region.



Long Term Care for Elderly and Disabled Population

- Medicaid Long Term Care is carved out of CCO global budgets
- Coordination agreements between LTC and CCOs; five priority areas for integration:
 - Prioritization of high needs members
 - Development of individualized care plans
 - Transitional care practices
 - Member engagement and preferences
 - Establishing member care teams
- Accountability for Medicaid LTC costs & coordination
 - LTC/CCO agreements include accountability measures for outcomes & process.
 - OHA Accountability Plan – CMS requiring a study of integration of LTC into CCOs.



Technology Implications

- Complexity of partner systems environments
- HSO systems focus and requirements
- Implications for Multnomah County

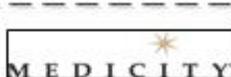
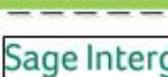


IT Oversight Partners

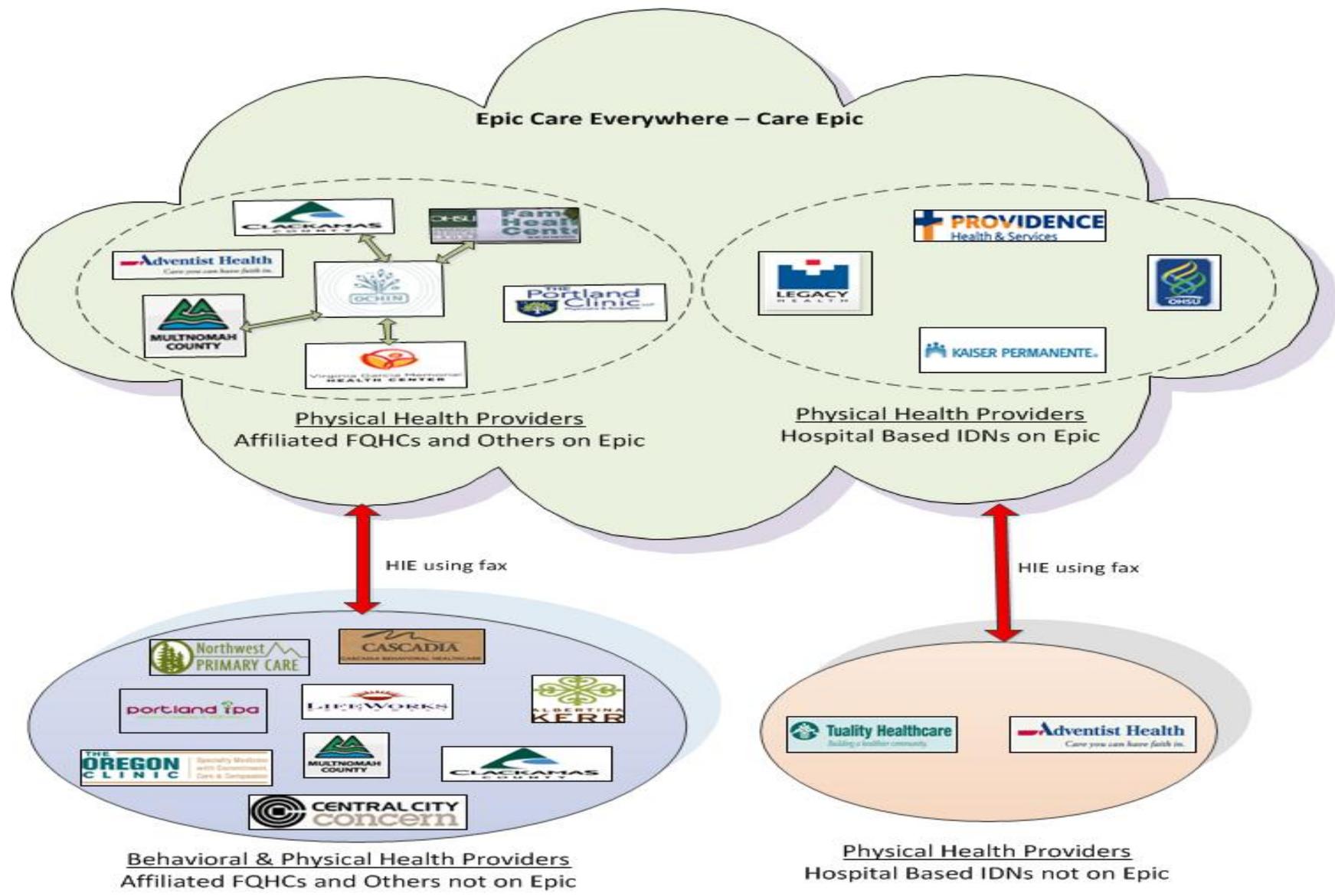
- Adventist Health
- Albertina Kerr Centers and Trillium Family Services
- CareOregon
- Cascadia Behavioral Healthcare
- Central City Concern
- Clackamas County
- Health Share Oregon
- Intel
- Kaiser Permanente
- Legacy Health
- Lifeworks Northwest
- Multnomah County
- Oregon Community Health Information Network (OCHIN)
- Oregon Health & Science University (OHSU)
- PH Tech
- Providence Health & Services
- Providence Health Plan
- Quality Corp
- Tuality Healthcare



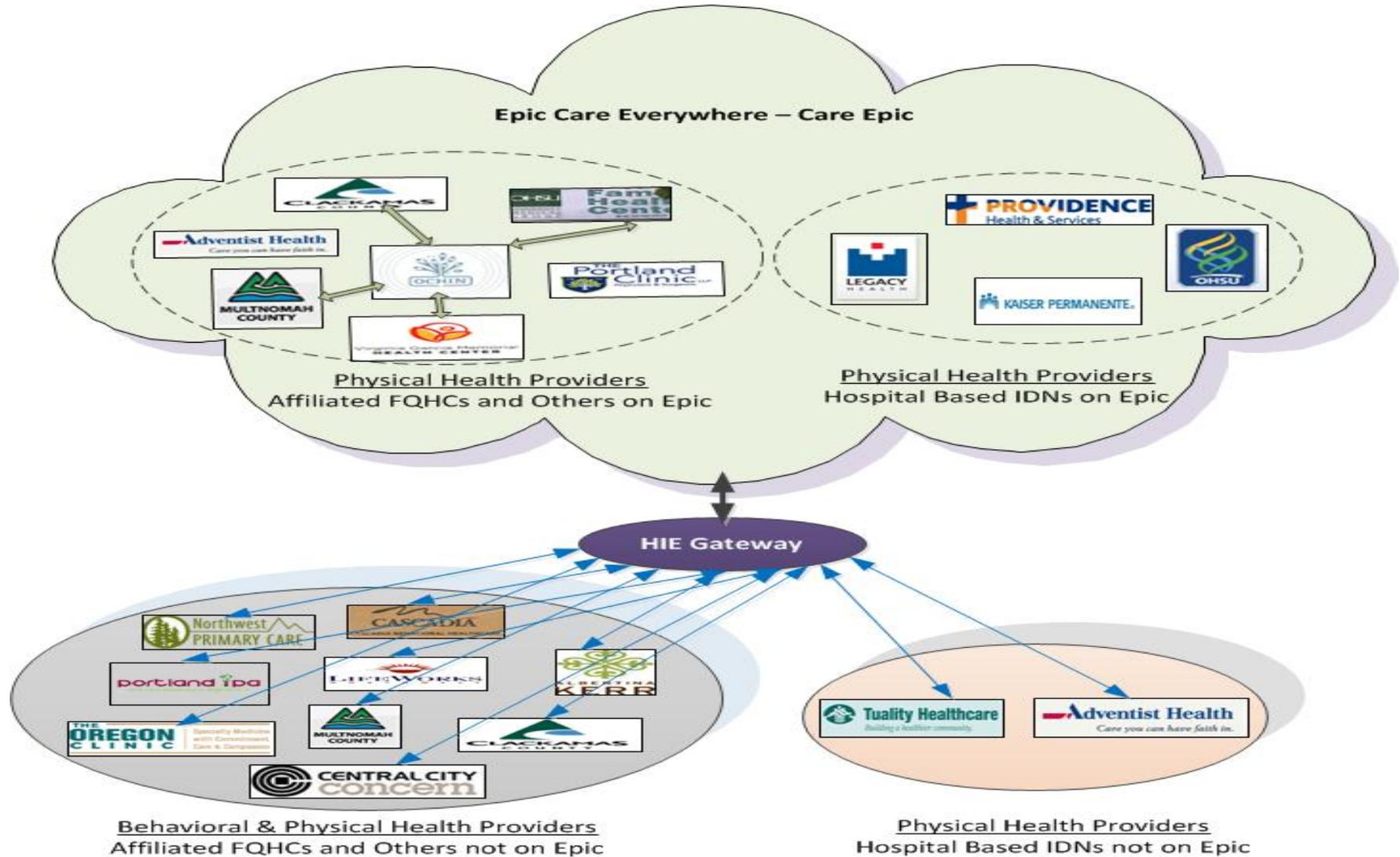
EHRs and HIEs (Current State)

Physical Health Hospital Based IDNs							
	EHR 					 	
	HIE 		?	?			
Physical Health Affiliated Providers FQHCs							•••
	EHR 						
	HIE						
Physical Health Affiliated Providers Other							
	EHR 						
	HIE						
Behavioral Health Behavioral Health Providers							•••
	EHR 						
	HIE						
Service Providers							
	EHR 						
	HIE 						

EHRs and HIEs (Current State)



EHRs and HIEs (To Be)





Medicaid Payment Transformation

- Paying for outcomes vs. transactions
- Changes underway now in our primary care provider system and in our regional behavioral health system
- CCOs investing in public health and safety net services





Oregon Accountability Plan – Pay for Performance

17 Quality Pool Metrics – CCOs can earn 2% in additional funds during year one

Four categories

- Behavioral health

Screening for depression and follow-up plan

Alcohol and drug misuse, screening, brief intervention, and referral for treatment (SBIRT)

Follow-up after hospitalization for mental illness

- Maternal/child health

Developmental screening by 36 months

- Chronic conditions

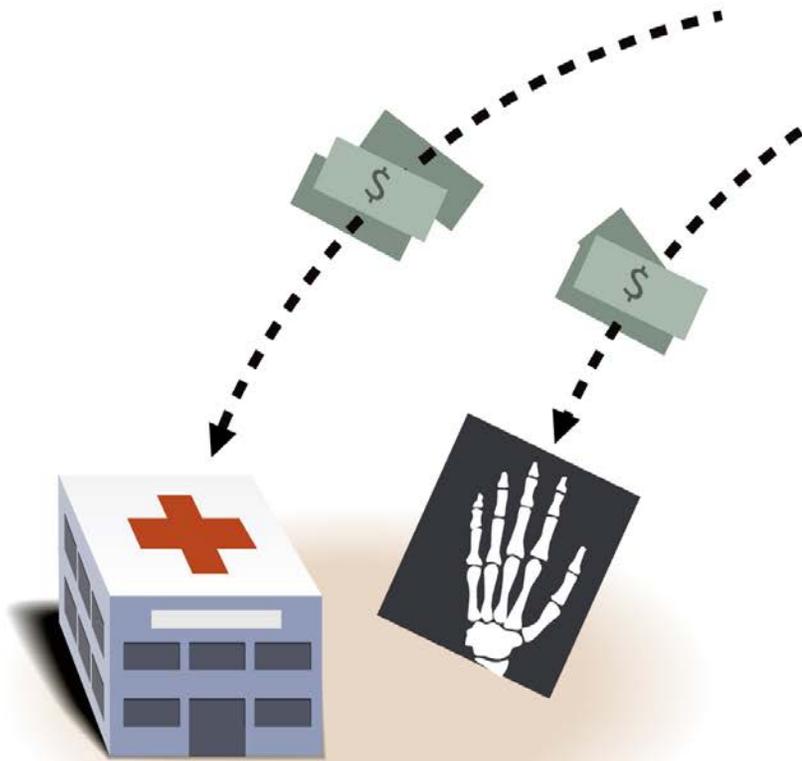
Optimal diabetes care

- Appropriate access

Rates of enrollment in Patient-Centered Primary Care homes (PCPCH)



Medicaid Payment Transformation



What's in Store for Year Two

July 1, 2013

Moving payment and services into CCO global budgets

- Targeted case management
- Residential treatment for addictions
- Residential treatment for mental health [planning now transition postponed until Jan. 2014]

2014

- Medicaid expansion
- Regionalization of mental health system

Many unknowns and lots of work ahead but we will continue working closely together to achieve transformation.

