Health System Transformation

Three Success Stories

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Health System Transformation // Drivers and Phases

CCO Formation

- HB 3650 and SB 1580 signed into law
- Federal demonstration waiver approved
- Two regional CCOs formed and certified
- Long Term Care carved out

Integrating/Coordinating Systems

- Innovative payment models; APM and case rates
- Public Health as lever for achieving the triple aim
- Mental Health, Addictions, and Physical Health co-located, embedded, knitted together
- Care Planning and Transitions

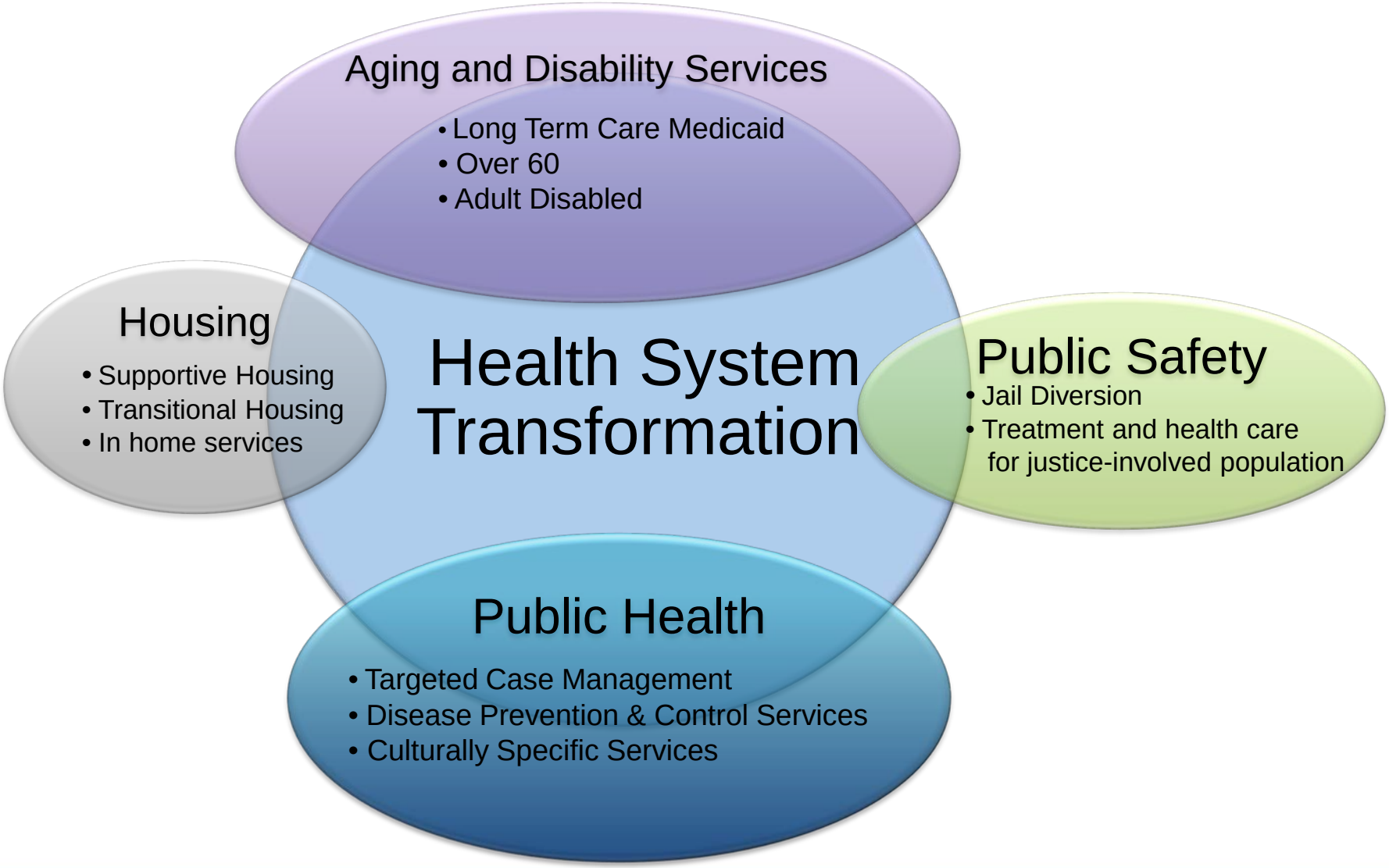
Medicaid Expansion

- Cover Oregon integrated health insurance exchange established
- 350k Oregonians enrolled in OHP; 100k over total anticipated for entire 3 years
- Multnomah County assisted in enrollment of 15k new members
- Transition Project established to split Medicaid eligibility and enrollment from Cover Oregon. Private health insurance exchange will be migrated to federal government.

State Medicaid Reform

Federal Affordable Care Act

Health System Transformation // County Systems



Health System Transformation // County Roles and Responsibilities

Multnomah County

Statutory

- Local Mental Health Authority
- Local Public Health Authority
- Area Agency on Aging and Disabilities
- Emergency Medical Services
- Corrections Health

State and Federal Contracts

- Oregon Health Plan Coverage for Adults and Children
- Mental Health Treatment Services
- Alcohol & Drug Residential Treatment Services
- OHP enrollment for adults w/disabilities, 65+
  - Long Term Services & Supports
- Public Health

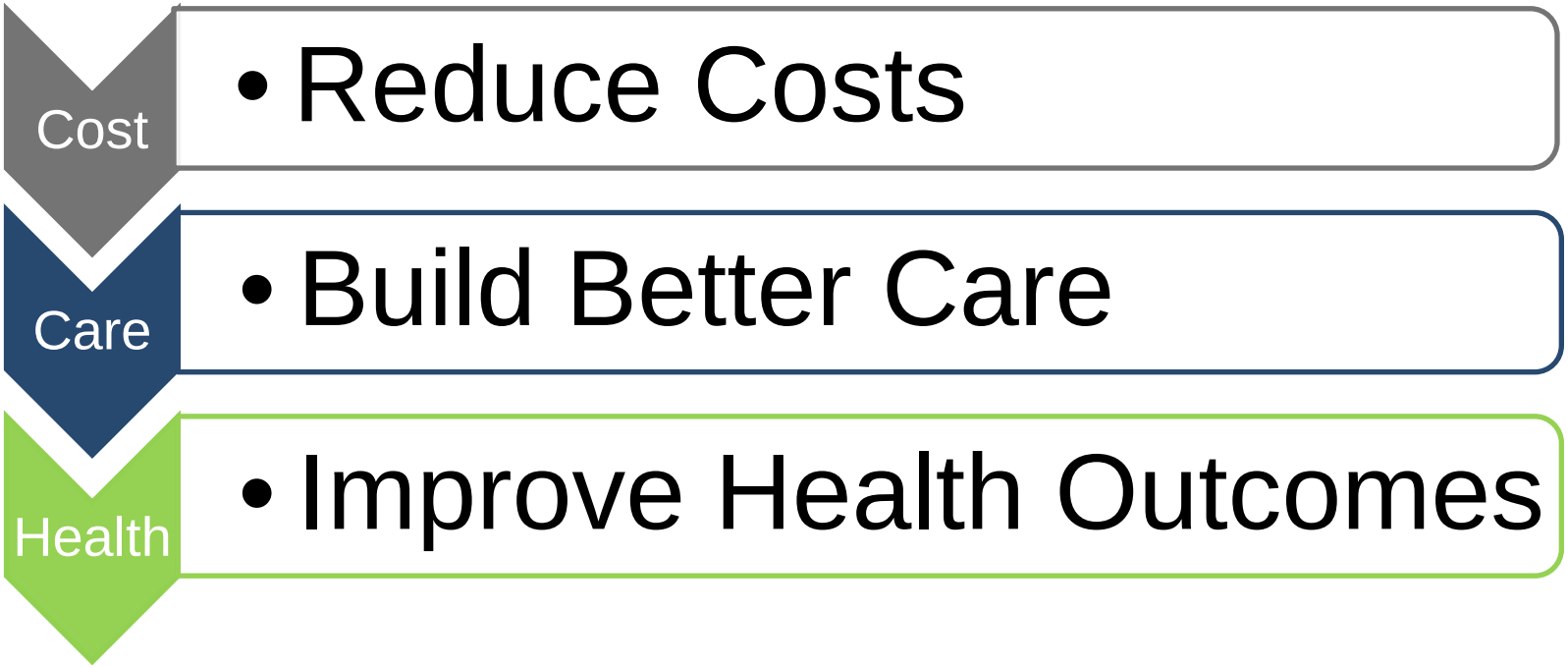
County-contracted Services

- Urgent Walk-In Clinic
- Culturally Specific providers – Mental, Physical health and Public Health
- Mental Health, Addictions, Supportive Housing providers
- Culturally specific and Health Promotion Services for adults w/ disabilities, 65+

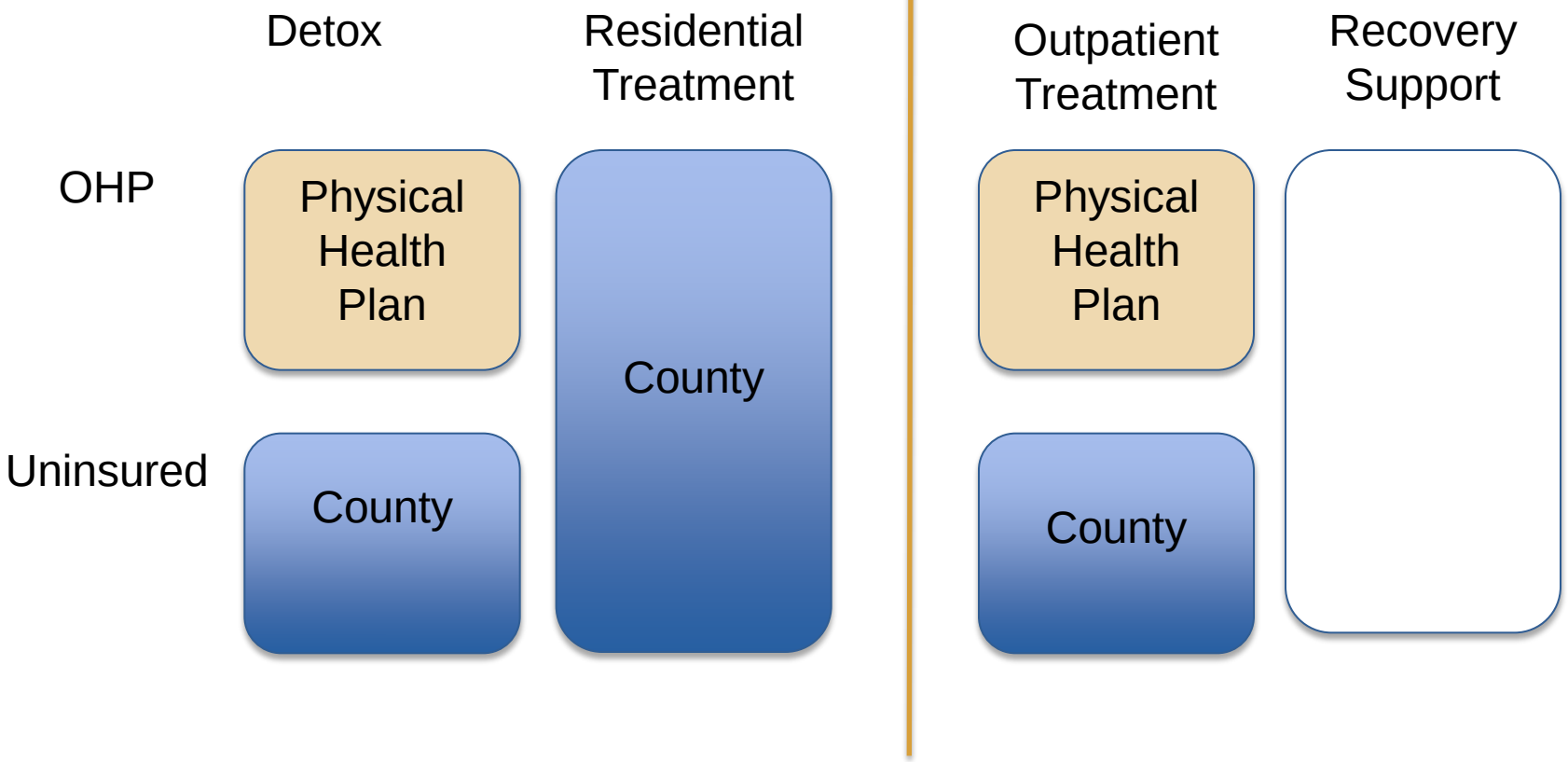
Direct Service Provider

- Health Centers
  - Medical
  - Dental
  - School Based Clinics
  - HIV Services
- STD Clinic
- SBHC Mental Health
- Early Childhood Home Visiting Services
- EASA (Early Assessment and Support Alliance)
- Mental Health Court
- Community Care Transitions

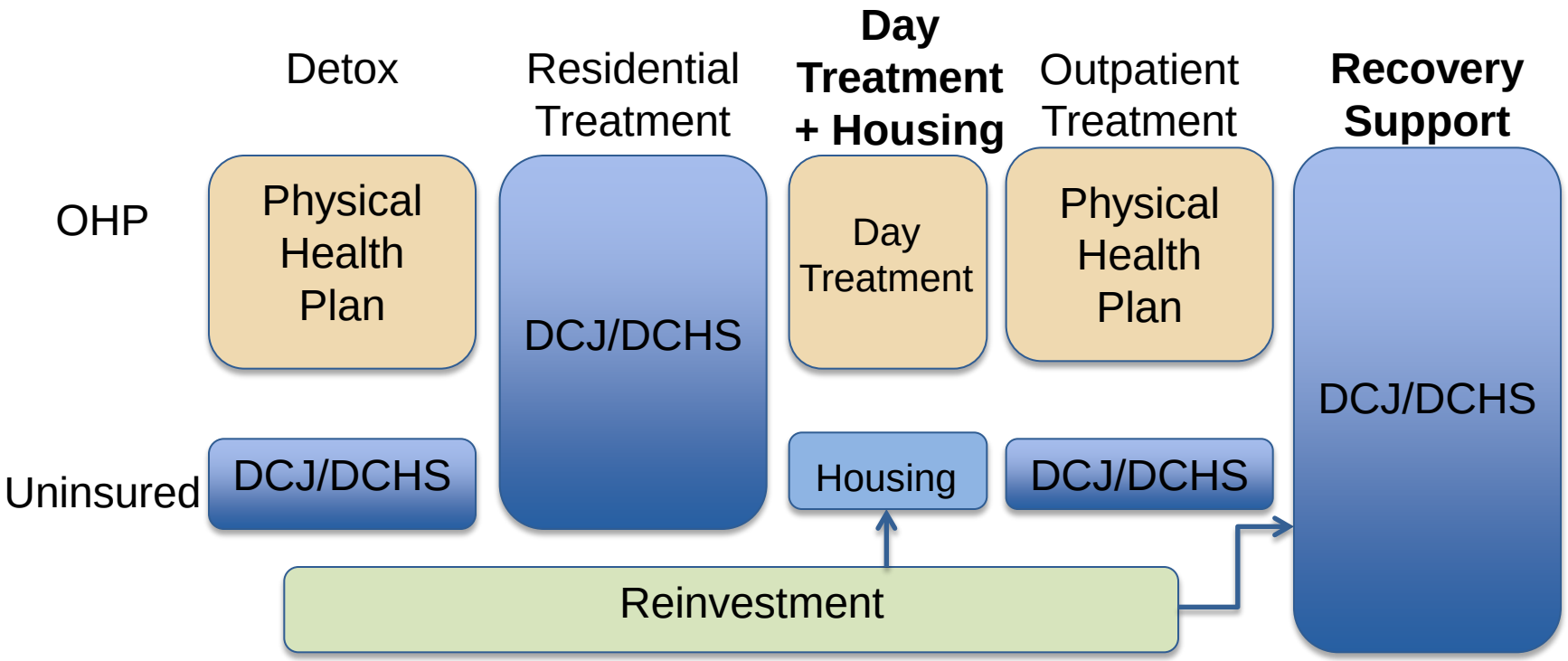
The Triple Aim



Current System



Interim State



Future of Addictions Treatment System

- Comprehensive continuum of care
- Clean and sober housing capacity
- Recovery supports such as child care, job assistance, transportation, peer mentoring
- Treatment for criminality integrated with addictions treatment

Bridging Financial Silos

- Addictions consultation number co-managed by Care Oregon and Multnomah County
- Support for Primary Care Providers to implement SBiRT – screen brief intervention and refer to treatment
- SBiRT is a CCO quality metric and no CCOs in the state achieved it during year 1
- Multnomah County's Mid-county Clinic will serve as pilot site

Bridging Financial Silos

- System bridge between physical health benefit and mental health benefit for addictions
- Coordinate between residential de-tox and outpatient services
- Partnership between Care Oregon and MHASD; using existing resources

Bridging Financial Silos

- Connecting clients to treatment
- Deploy treatment providers to metro area hospital EDs
- 3 new FTE one each CODA, de Paul, and NARA
- Addresses the co-morbid population which may be discharged with no link to treatment

Tri-County 9-1-1 Service Coordination Program

Funding:
- 3 yr. CMMI demonstration grant
- Ends June 2015

Staffing:
- 4 licensed social workers (hired Spring 2013)
- Employed by MCHD

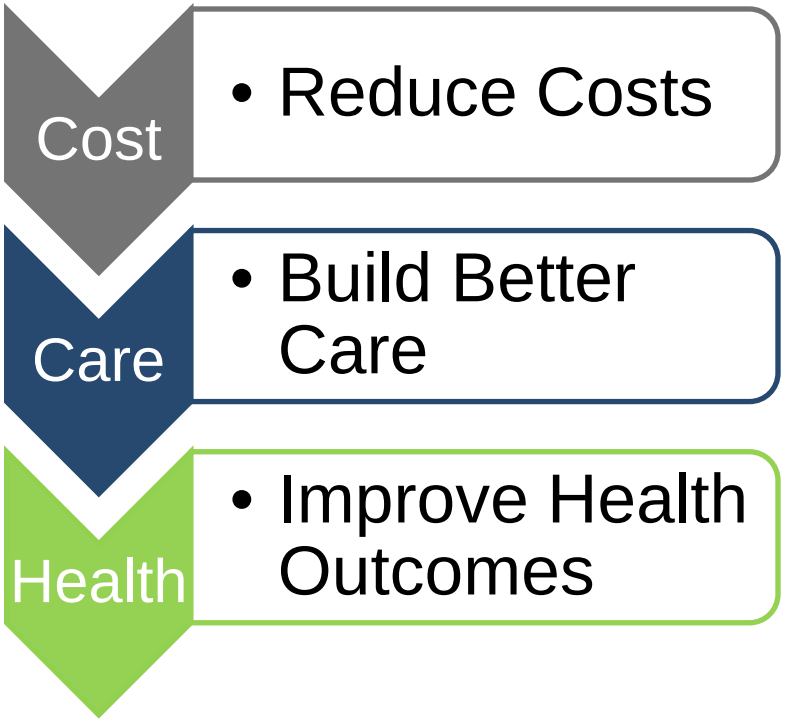
Client eligibility:
- Clack., Wash., or Mult. Co residents,
- 6+ EMS incidents in 6 mos., *and*
- Health Share of Oregon/Medicaid

Referrals:
- Data reports and crew referrals
- Fire/ambulance agencies

Goals: Reduce demands on EMS systems by linking clients to the *right care, at the right place*
(e.g. MH, A&D, PCP, housing support)

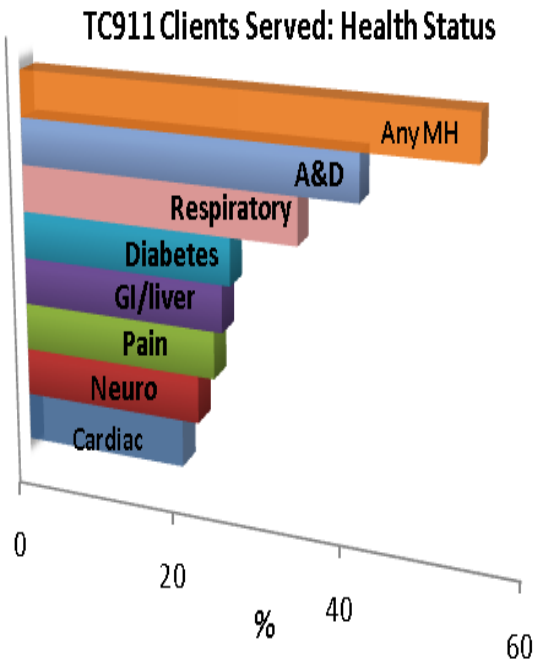
What staff do:
Assess, then….

- Provider notification/consult
- Multi-system care coordination
- Short-term intensive case management *(average 6 mo.)*



TC911 Client Profile

- 2 in 5 have severe **alcohol and/or drug dependence**
- 1 in 2 have at least one **mental health** condition *(e.g. suicidal, psychosis, anxiety)*
- 3 in 4 have at least one **physical health** condition
- 1 in 10 had a **jail intake** in the past yr *(data only from Mult., #'s likely much higher)*



Most have **multiple, complex** health issues

Outputs and Impact

- 285 individual people served
- Average 26 people per FTE (caseload)
- 120+ cases closed
  - 2 of 3 cases closed had “goal met” or “linkage complete”
  - Estimated costs per EMS response (fire, ambulance transport, ED visit) = $1500.00
  - Initial pre/post intervention data suggests 47% aggregate decrease in EMS responses & 639,000 potential cost savings

Lessons Learned

- Most clients had adverse childhood events/trauma
- Chronically vulnerable clients need *complex care management, often long term*
- Most service systems not designed for these clients
- Access to health information enables effective care management
- MH, A&D, ADS, PCP, and housing as key resource partners
- EMS/pre-hospital system is critical, untapped part of health care system

Successes

- Increased understanding of patient population and client unmet needs
- Articulating and problem-solving system barriers to client care
- New partnerships and collaborations
- New systems-level EMS interventions (e.g, single hospital transport
- EMS can play a vital role in health care delivery system and transformation conversations

Long Term Care Innovator Agent

- New role created by state to encourage coordination between CCOs and Long Term Care
- Supports tri-county region; employed by Multnomah County Aging and Disability Services Division
- Goals include greater communication, coordination, integration

Long Term Services & Supports

- Eligibility determination for public benefits – Medicaid, SNAP, Medicare savings programs.
- Eligibility & care coordination for Medicaid long term services and supports.
- Transition & diversion.

28,577 eligibility includes persons with physical mental and developmental disabilities of all ages.

7,211 Medicaid long-term services & supports for older adults and adults with disabilities.

State Seeks Closer Coordination

- Between CCOs, as well as health systems, and the aging and disability services network
- Between Medicaid and Medicare and, especially to address the needs of dual eligibles
- With other community stakeholders engaged in addressing equity issues, health promotion/prevention, housing and homelessness, veterans, and care givers

Transformation Efforts Led by Oregon DHS- Aging and People with Disabilities

- 18 months of funding for 7 regional LTSS Innovator Agents to serve as point persons for enhanced coordination with CCOs and health systems
- 12 county pilot project to expand OPI to adults ages 19-59
- State-wide system of Aging and Disability Resource Centers
- DHS APD Innovation Fund Grants

Multnomah County ADS as a Regional Leader

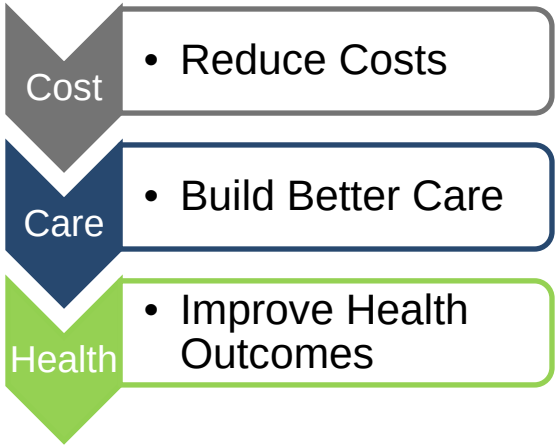
- Leading 4 county Community Transitions Program to support hospital to home transitions for Medicare (FFS) beneficiaries
- Hosting and tracking Multi-system Service Team meetings on a monthly basis
- Scheduling and tracking 3 county Inter-disciplinary Care Coordination conferences for high priority LTSS clients
- Embedded LTSS intake specialist at Providence and OHSU hospitals
- Leading veteran-directed home and community based services

The HUB Pilot Project

- Targeting a small group of the most at-risk *non-LTSS* clients in our system
    - Co-occurring mental illness, substance abuse issues, chronic illnesses or complex medical needs
    - Frequent flyers in both health and county human service systems who require long term, intensive intervention
- Project Partners include Mental Health and Addictions Service Division, Cascadia, Portland State, Macdonald Center, SEIU 503

HUB Pilot Project: Wrap-Around Service Model

- Long term case management and support to:
  - coordinate county and health services
  - reduce harm
  - achieve the Triple Aim



- Joint referral and care coordination process with mental health and addictions partners
- Peer-based outreach, recovery support services
- Joint coordination of state plan personal care services

Questions?