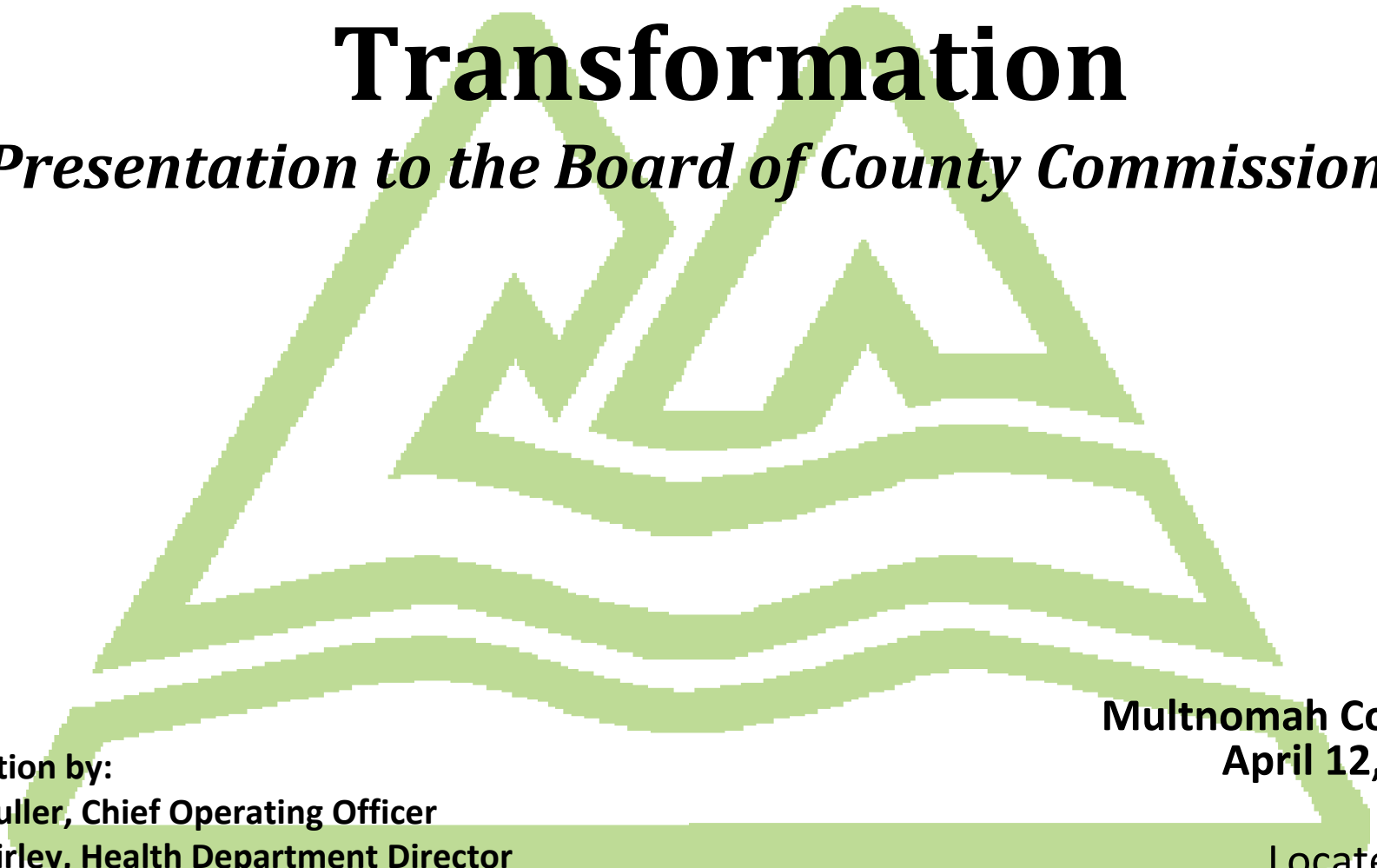




Health System Transformation

Presentation to the Board of County Commissioners



Presentation by:
Joanne Fuller, Chief Operating Officer
Lillian Shirley, Health Department Director
Claudia Black, Co-Director of Government Relations

Multnomah County
April 12, 2012

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



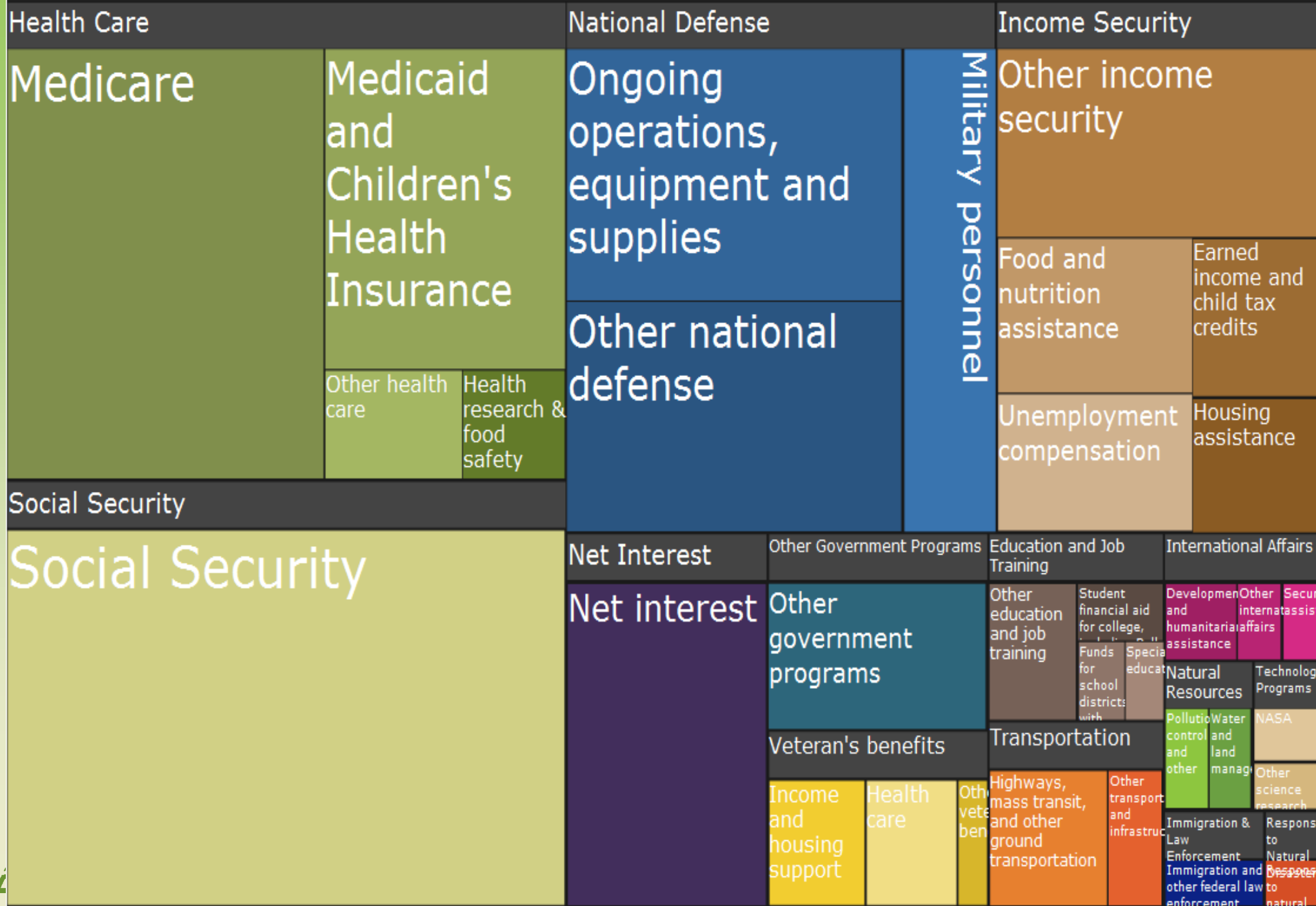
Why Transformation? Why Now?

- Health care costs are increasingly unaffordable to individuals, the state, and business.
- Current fiscal climate creates imperative and unique opportunity to redesign Oregon's health care delivery system to get better value for all.
- Outcomes are not what they should be – estimated 80% of health care dollars go to 20% of patients, mostly for chronic care.
- Lack of coordination between physical, mental, dental and other care and public health means worse outcomes and higher costs.

April 12, 2012



2012 Budget Proposal





Recent Legislative Changes

- March, 2012: Senate Bill 1580 authorizes the plan for Coordinated Care Organizations
 - ✓ Strong bi-partisan support
 - ✓ Emphasis on improving care and lowering costs
 - ✓ Developed with a year of public input – more than 75 meetings or tribal consultations
- The Legislature has mandated changes in how care is delivered to people on the Oregon Health Plan.
- People on the Oregon Health Plan will receive services through new regional coordinated care organizations, or CCOs.
- The CCO is intended to provide better care, more patient satisfaction and lower costs.

April 12, 2012





The Triple Aim

- Improve the health of the population.
- Improve the patient experience of care.
- Reduce costs.





Coordinated Care Organizations (CCOs)

- CCOs are local health entities that deliver health care and coverage for people eligible for Medicaid (the Oregon Health Plan) and also people covered by both Medicaid and Medicare.

CCOs include:

- | | |
|--|---------------------------------------|
| ✓ Local control | ✓ Focus on prevention |
| ✓ One point of accountability | ✓ Reduced administrative overhead |
| ✓ Global (single) budget | ✓ Community health workers |
| ✓ Expected health outcomes | ✓ Health equity |
| ✓ Integrating physical and behavioral health | ✓ Patient-centered primary care homes |
| ✓ Electronic health records | |

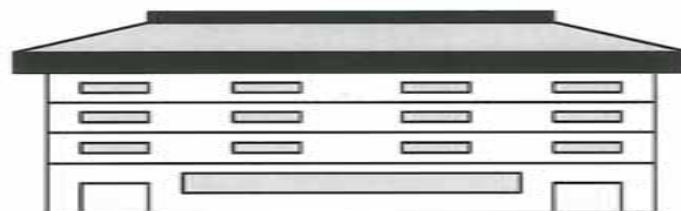
April 12, 2012



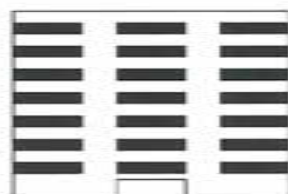
MULTNOMAH COUNTY COORDINATED CARE ORGANIZATIONS

Oregon Health Plan Only

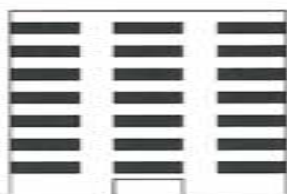
"Medical Home"



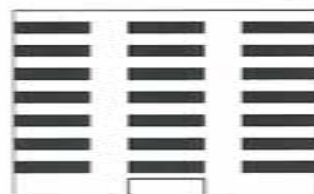
**Patient-Centered Primary Care/SBHC
Person-Centered Behavioral Health Care**



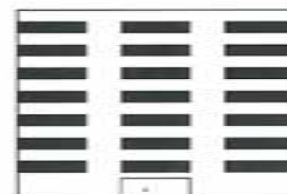
Hospital Care



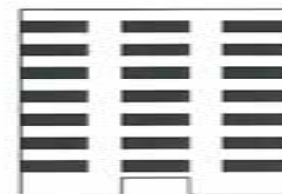
Dental Care



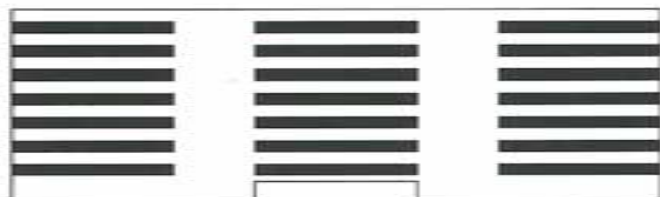
**Mental Health &
Addiction Care**



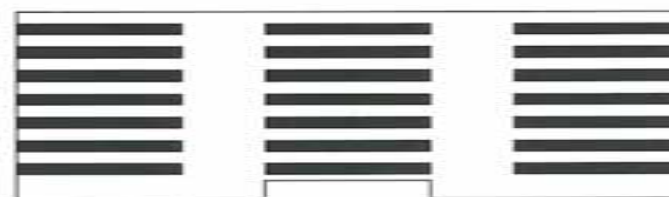
Emergency Care



Specialty Care



***Medicaid Eligibility & Services Support**



Fully Capitated Health Plan, MHO, DCO

*** Includes Patient Navigation, Case Management,
Interpretation , Long Term Care Options**



Forming a Tri-County CCO

- After months of discussion, on April 2nd, Multnomah County signed a letter of intent to the Oregon Health Authority to form a CCO along with our partners to serve 212,000 qualified residents in the tri-county region.
- Adventist Health
- CareOregon
- Clackamas County
- Family Care Health Plans
- Kaiser Permanente
- Legacy Health
- Metro Area Community Health Centers
- Oregon Health & Science University
- Oregon Medical Association
- Oregon Nurses Association
- Providence Health & Services
- Tuality Healthcare
- Washington County

April 12, 2012





Tri-County Medicaid Collaborative

An interim management structure:

- **Chief Executive Officer:** Janet Meyer, Chief Operating Officer at Tuality Healthcare
- **Chief Financial Officer:** Jeff Butcher, Health Plan Chief Financial Officer at Providence Health & Services
- **Chief Operating Officer:** Legacy Health's Director of Care Transformation Jon Hersen
- **Chief Medical Officer:** David Labby, MD, Medical Director at CareOregon
- **Chief Health Strategy Officer:** Rosa Klein, Policy Advisor at Multnomah County Health Department

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Next Steps

- Submit an application to the Oregon Health Authority by the end of April.
- We are working out what form the CCO will take:
 - What the organization will look like
 - How it will be governed, and
 - How revenues will flow in and out of it.
- All options would involve contracting with providers across the community.
- We anticipate having to approach this in a phased manner, because having a fully-formed organization ready to hit the ground on Aug 1 simply isn't possible.

April 12, 2012





CCO Mission

Our mission is to be an integrated community delivery system that improves the health of the Medicaid and high-risk uninsured population in the Tri-County community, and does so in a cost-effective, consumer-focused manner with fair contributions from all in the health care sector.

April 12, 2012





What Will Change

- Payment system focused on quality and coordination, not clinic visits.
- Improved care coordination for clients across the community.
- This touches 148,000 Multnomah County residents who received care through the Oregon Health Plan in 2010.
- Increased information sharing across the community for more holistic client care.
- More community collaboration.

April 12, 2012





What Will Stay the Same

- Multnomah County will provide primary care, dental, behavioral health services to vulnerable and under-served clients.
- Care is provided through our award-winning patient-centered medical homes which serve 70,000 clients. The state has deemed this care the model under health reform.
- Most clients will continue to see the same providers.
- We will continue to be the local public health and mental health authorities.
- Our focus remains on prevention and helping create healthier communities.

April 12, 2012





Timeline for CCOs

As of March 10, 2012

Waiver submitted to CMS	March 1
Public comment open for draft Request for Applications (RFA), model contract and temp rules	March 5-13
Temporary rules filed	March 16
RFA for potential CCOs posted	March 19
Non-binding Letters of Intent due to OHA	April 2
Technical Applications from CCOs due (Wave one)	April 30
Financial Applications from CCOs due (Wave one)	May 14
New CCOs Certified	May 28
Medicaid Contracts signed with new CCOs	By June 29
CCO-Medicaid Contracts to CMS	By July 3
Medicaid Contracts effective for new CCOs	August 1

April 12, 2012



Timeline: Medicare-Medicaid Integration

As of March 2, 2012

Public comment for draft Medicare-Medicaid Integration Proposal (30 days)	March 5 – April 4
Letters of intent to apply for 3-way contract due to CMS	April 2
Final Medicare-Medicaid Integration Proposal submitted to CMS	April 12
Medicare-Medicaid Integration benefit package due to CMS	June 4
CMS and OHA certification for Medicare-Medicaid Integration	July 31
3-way contracts signed	Sept 20
Medicare-Medicaid Integration 3-way Contract effective	Jan 1, 2013

April 12, 2012



Questions?

Visit the Multnomah County website on health care transformation:

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

Visit the Oregon Health Authority website on health care transformation:

<http://health.oregon.gov/>

April 12, 2012

