

2017

>> Oregon Health Authority Transformation Center

2013-16 Report



Oregon
Health
Authority
PUBLIC HEALTH DIVISION

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Executive summary

The Transformation Center is the hub of innovation and quality improvement for Oregon's health system transformation efforts. These efforts aim to achieve better health, better care and lower costs for all. The Center identifies, strategically supports and shares innovation at the system, community and practice levels. Through collaboration, the Center promotes initiatives to advance the coordinated care model.

The Center was created through initial funding from Oregon's State Innovation Model grant in April 2013. During its first two years, the Center focused on the following:

- Building and fostering a culture of innovation across coordinated care organizations (CCOs);
- Promoting health system transformation; and
- Building an effective peer-learning network for CCOs and their providers.

In mid-2015, the Center's goals evolved to include more targeted technical assistance based on CCOs' performance metrics and evaluation outcomes. The Center focused on the following areas: behavioral health integration, population health integration, oral health integration, incentive measures, value-based payment, health equity and clinical delivery support. These targeted technical assistance strategies grew out of the Center's earlier learning collaboratives and were tailored to the requests of CCOs and community advisory councils (CACs). For example:

- The CCO incentive metric technical assistance the Center provides resulted from statewide CCO learning collaborative participants asking for deeper dives on topics delivered at the monthly sessions.
- The Center developed an online behavioral health integration resource library. The idea for the library originated at a breakout brainstorming session at the June 2015 Innovation Café.
- The Center's focus on helping CACs recruit and engage members came from participant evaluations of the CAC learning collaborative, which had covered a broad range of topics.

In spring 2016, the Oregon Health Authority (OHA) Patient-Centered Primary Care Home (PCPCH) program came under the Transformation Center. The PCPCH program provides the Center with additional opportunities to promote health system innovation and quality improvement on the clinic level. This launched a strategic planning process to hone in on the Center's specific topic areas and strategies through the next biennium.

In 2017 and beyond, the Center will continue work in key areas including primary care, behavioral health integration, oral health integration, population health and value-based payments. Using a health equity lens through all its work, the Center will continue to offer targeted technical assistance and hold key convenings to support the path toward a healthy Oregon.

Strategic areas of support

The Transformation Center has supported CCOs' health system transformation efforts through learning collaboratives and events, transformation funds, the Council of Clinical Innovators Program, technical assistance (TA) through the TA Bank, and other targeted strategies.

Learning collaboratives and events

Between 2013 and 2016, the Center held more than 100 learning collaborative sessions and other events. The Center held 97 learning collaborative sessions, which included in-person trainings or sessions and webinars. The Center also held nine large events or one-time convenings. These events included summits about the coordinated care model and CCOs in 2013, 2014 and 2015; complex care collaborative meetings in 2013 and 2014; a flexible services learning collaborative in 2015; an Innovation Café in 2015; and multiple events for CCO community advisory councils. These events built relationships across Oregon's health system, promoted health system transformation, and created opportunities to share and spread innovative work across the state.

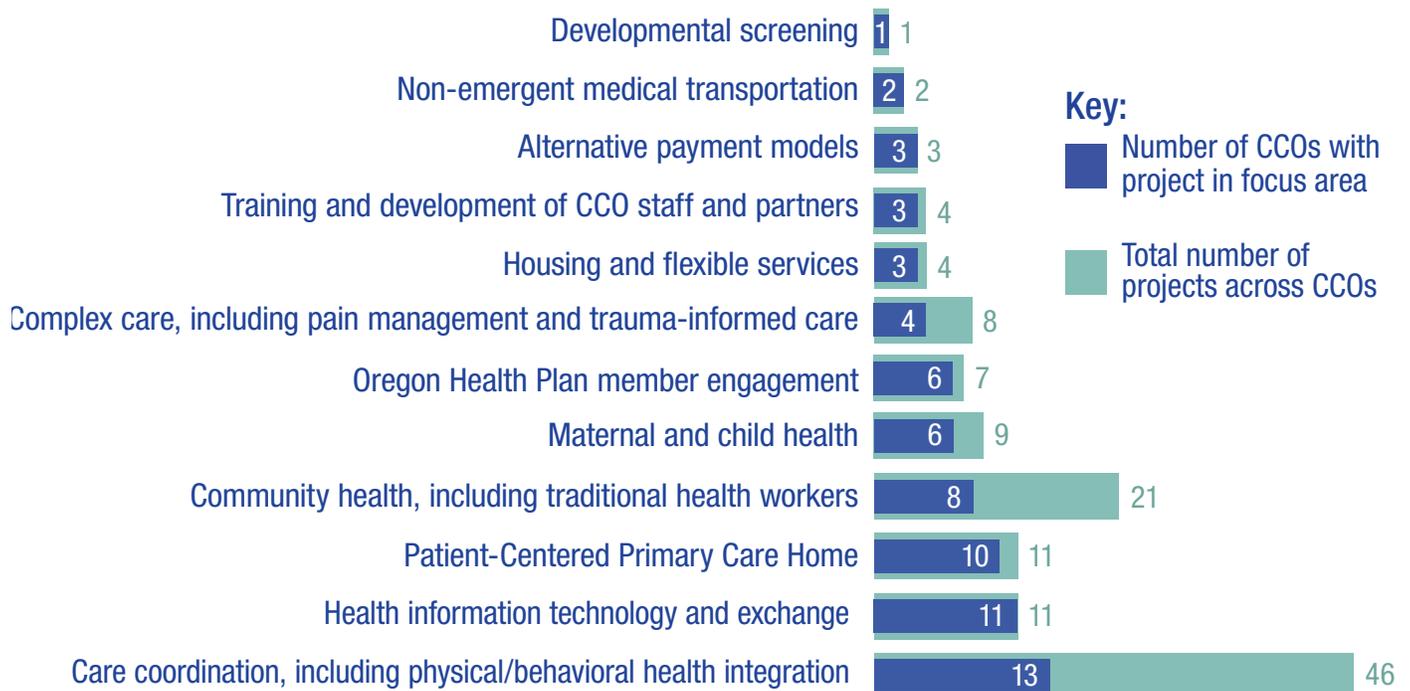
Transformation fund

In 2013, the Oregon Legislature approved the Health System Transformation Fund. The fund provided a \$27,000,000 investment in the 16 CCOs to engage in innovative projects that support better health, better health care and lower costs in their communities. The Transformation Center managed these grants, which ended in 2015. This support included providing technical assistance for measurement and setting up a quality improvement community of practice. Funding led to 127 projects that influenced health care utilization, care integration, provider capacity and patient outcomes (see chart on page 6 for project focus areas). In final reports to OHA, CCOs pointed to

Transformation Fund grants as the reason these innovative projects were possible. Highlights of the Transformation Fund projects include the following:

- One hundred (79%) of the Transformation Fund projects were expected to continue after the grant ended through CCO, community partner or billable services funding.
- Final reports show projects are leading to the following:
 - » Decreased emergency room visits;
 - » Expanded provider capacity;
 - » Advanced care integration;
 - » Improved health outcomes of patients with complex needs; and
 - » Decreased costs through changing payment models.
- As a result of their Transformation Fund experience, all 16 CCOs have adopted similar internal grant-making processes. These grants fund local innovation projects in their communities.

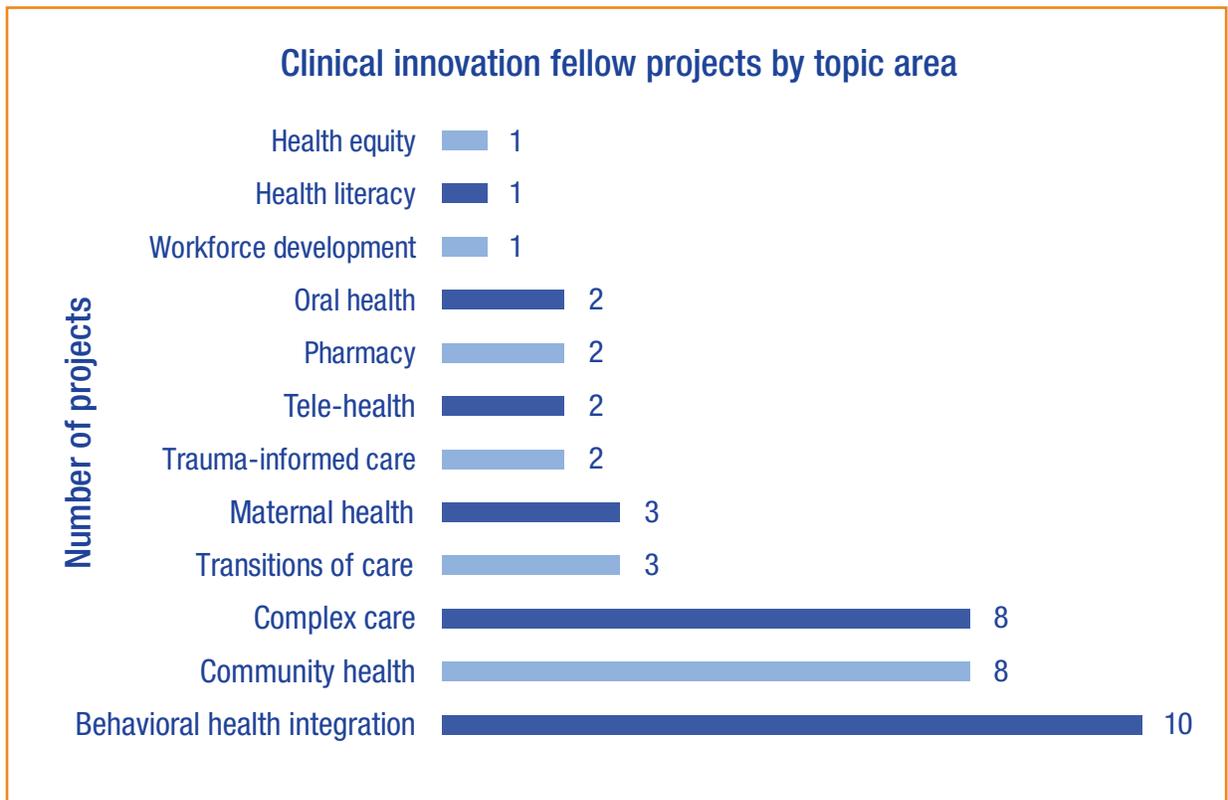
Number of CCOs with Transformation Fund projects by focus area



Examples of Transformation Fund projects:

- **Yamhill Community Care Organization** prevented unnecessary emergency department visits through a community paramedicine program. Members in this program had a 5.7% reduction in ambulance transport costs, 6.2% reduction in inpatient service costs and 16.8% increase in primary care costs.
- **Cascade Health Alliance** developed the region's first-ever local short-term youth crisis respite program. The goal is to improve services to youth with behavioral health disorders. The program keeps families and other community supports more closely engaged with fewer transfers outside of the community. It is now fully self-sustaining through Medicaid and DHS funds.
- **PacificSource – Central Oregon** increased access to specialty care by implementing telemedicine cardiology services in a rural primary care clinic.
- **Eastern Oregon CCO** improved access to behavioral health services by co-locating a bilingual behavioral health clinician in the rural Yakima Valley Farm Workers Clinic. In six months, 930 patients (14.4%) met with the behavioral health clinician. More than 50% of patients who met screening criteria significantly improved their depression (PHQ-9) scores. In addition, about 68% significantly improved their anxiety (GAD-7) scores.
- **PrimaryHealth** improved birth outcomes and increased access to comprehensive care by developing a maternal medical home.
- **Willamette Valley Community Health** developed a centralized care coordination system for children with complex medical needs. These needs include medical, mental health, school and support services. Family support coordinators have become a permanent piece of the CCO's delivery model.
- **PacificSource – Columbia Gorge** set up a community health record. This framework connects the CCO to social services, nonprofit organizations and the regional jail.

- **AllCare CCO** developed six value-based payment models. These models are for primary care, pediatrics, specialty care, behavioral health, dental care and facilities. Each value-based payment method has a shared savings component that rewards providers.
- **Columbia Pacific CCO** developed three persistent pain clinics in rural settings. Patients with chronic, non-cancer and non-terminal illness pain enroll in a 10-week behavioral health and movement-based group program.



Council of Clinical Innovators: clinical innovation fellows

The Clinical Innovation Fellows Program is a yearlong learning experience for a network of emerging innovation leaders. During their fellowship, these leaders carry out health system transformation projects in their communities. The program focuses on leadership, quality improvement and spreading innovation expertise across the health system.

Across three years of the program, 40 fellows participated, representing all 16 CCO regions. Fellows included the following:

- Physicians;
- Nurses;
- Social workers;
- Public health professionals;
- Expanded practice dental hygienists;
- Pharmacists;
- A psychologist;

- A psychiatrist;
- A physician's assistant;
- A physical therapist;
- A dietician;
- A paramedic; and
- Quality improvement leaders.

The fellows' innovation projects covered a variety of topic areas (see chart on page 9).

Information about the Council of Clinical Innovators available at: <http://www.transformationcenter.org/cci>.

Examples of fellows' project successes include:

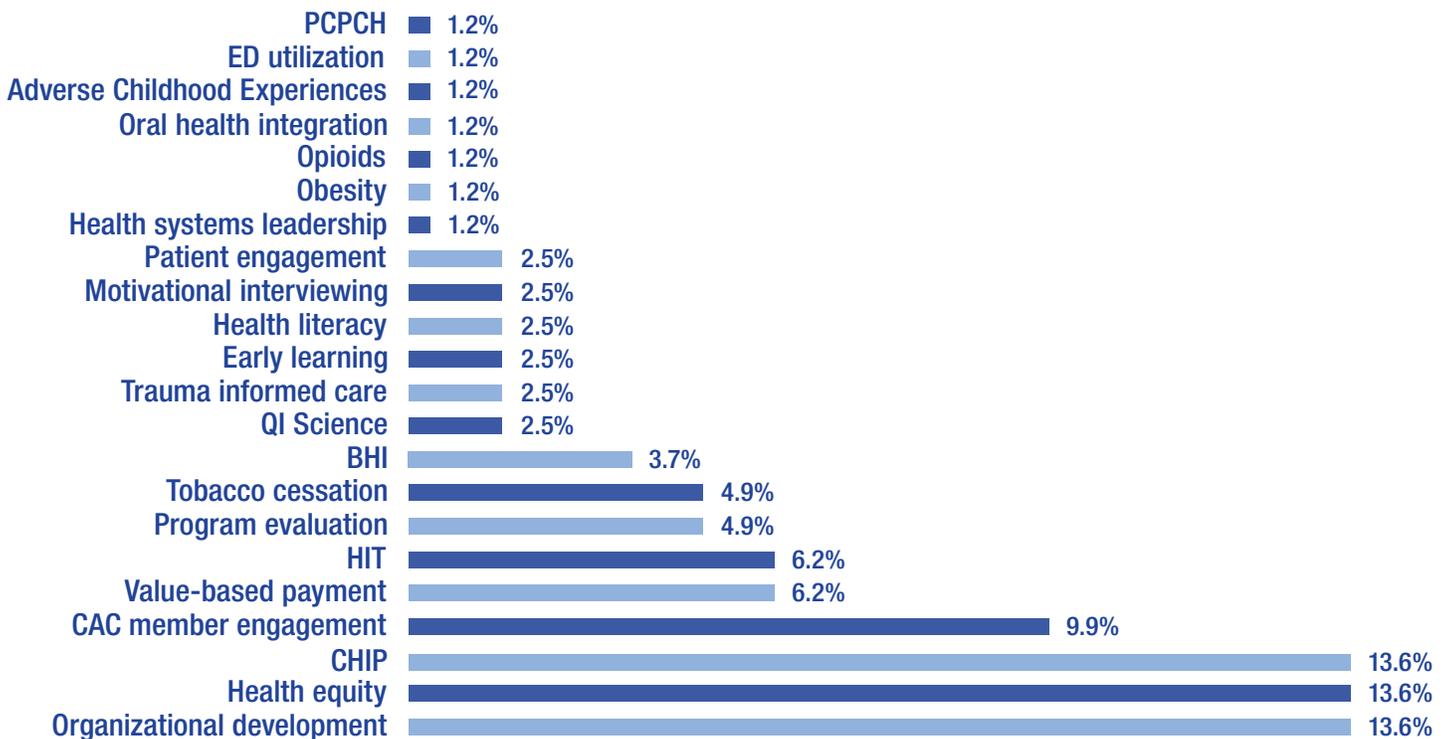
- **Behavioral health medical home:** Enrollment in a behavioral health medical home reduced hospital visits. Enrollment also reduced cost by an average of 76% per member per month.
- **Pain management:** A pain education program showed 86% of participants improved their ability to function in the presence of pain.
- **Tele-dermatology:** 4,000 Yamhill Community Care Organization members gained access to tele-dermatology through their primary care provider.
- **Patient-centered care transitions:** An outpatient program to improve care transitions lowered an all-cause hospital readmission rate to 11%. The hospital had a related readmission rate of less than 4%.
- **Care coordination:** Intensive case management of complex high-risk patients improved health, decreased deaths and reduced health care costs by over 30%.

Technical assistance

The Center offers technical assistance through the Technical Assistance (TA) Bank. The Center also offers focused TA on the following topics:

- Behavioral health integration;
- Value-based payments;
- Health equity;
- Oral health;
- Population health;
- CCO incentive metrics;
- Primary care; and
- Clinical delivery support.

TA Bank projects by topic: October 2014 - December 2016



Technical Assistance bank

In 2014, the Center began offering technical assistance to CCOs through the TA Bank. CCOs had a set number of hours to access internal OHA staff or outside consultants. This support was to move innovation forward within CCOs.

Year one of the TA Bank ran from October 2014 to September 2015. Year two ran from October 2015 to December 2016. In the first year, the Center offered CCOs 35 hours of TA. In the second year, the Center offered CCOs 50 hours. Each year, the Center encouraged CCOs to use at least 10 of their hours to support community advisory councils (CACs) and other community-based work.

By December 31, 2016, the Transformation Center had provided 873 TA hours. The Center received 63 TA requests from 16 CCOs. Many requests focused on organizational development, primarily for community advisory councils. These requests included supporting the development of CCOs' community health assessments and community health improvement plans. Other requests focused on health equity, member engagement, value-based payment and health information technology. All CCOs who responded rated the assistance as very valuable (78%) or valuable (22%). In meeting their project goals 96% of CCOs rated the assistance as very effective (61%) or effective (35%). Examples of TA Bank projects include:

- Yamhill Community Care Organization worked with a consultant to develop cost parameters for **primary care value-based payment efforts**. They also completed a return-on-investment analysis.
- Willamette Valley Community Health worked with a consultant to find opportunities to set up and improve **value-based payment methods**.
- A consultant provided **organizational development** technical assistance to Cascade Health Alliance CCO's community advisory council.
- An InterCommunity Health Network CCO work group worked with a consultant to implement a **health disparities strategic plan and evaluation measures**.

More information about topics, consultants and project examples is available at: <http://www.transformationcenter.org/tabank>.

Targeted support

Behavioral health integration

Center staff conducted behavioral health integration consultations with 14 of the 16 CCOs. The participating CCOs shared a total of 23 requests for targeted technical assistance. Project focus areas included the following:

- Readiness for integration;
- Behavioral health homes;
- Value-based payment;
- Trauma-informed care; and
- Team roles within an integrated primary care clinic.

Here are the results as of the end of 2016:

- Six projects were complete;
- 11 projects were underway;
- Two projects have work plans in development; and
- Four projects were deferred until 2017.

Technical assistance also took the form of funding two Project ECHO clinics. Project ECHO is a telementoring program that uses video conferencing to connect primary care providers with specialty providers. The Oregon Rural Practice-based Research Network completed a five-session pilot Project ECHO on team-based care strategies to improve behavioral health integration into primary care. Topics covered included the following:

- Team attributes;
- Roles and goals;
- Financial sustainability; and
- Chronic pain management in primary care.

Participant engagement and satisfaction was high, as measured through post-session evaluations. Oregon Health and Science University also convened an ongoing child psychiatry ECHO clinic for 17 rural clinics, which met 17 times. The following topics were included:

- Child psychiatric assessment;
- Psychotropic prescribing;
- Specific mental health issues; and
- Making referrals.

Value-based payment and alternate payment methods

The Center has supported value-based payments (VBPs) in a number of ways across the system.

The Center supports the Primary Care Payment Reform Collaborative (Senate Bill 231), a meeting of payers to share best practices. The collaborative met seven times in 2016 and created recommendations that went to the Oregon Health Policy Board. The recommendations support sustainable primary care payment reform. They cover technical assistance, measurement, data aggregation, primary care behavioral health integration, collaborative governance and a potential payment model. The Board voted to endorse the recommendations and send them to the Oregon Legislature for consideration.

The Center also supported the Comprehensive Primary Care Plus (CPC+) application. The Center managed the Medicaid fee-for-service application process for the federal CPC+ application. Following the selection of Oregon as a CPC+ region, the Center began supporting the Medicaid fee-for-service implementation.

The Center also provided VBP technical assistance to 11 CCOs. These CCOs applied to receive support in designing and setting up VBP models. For example, one CCO developed VBP options for an integrated maternal health and substance use disorders. Another CCO developed a VBP for community mental health providers. Additionally, the Center provided behavioral health integration VBP grants to two CCOs. Some CCOs have also chosen to use their TA Bank hours for VBP support.

Health equity

In 2015, CCOs asked the Transformation Center and OHA Office of Equity and Inclusion to hold a health equity learning collaborative for CCO staff leaders. The goal was to provide a supportive environment to increase CCO capacity to address health disparities. The collaborative held four sessions focusing on Transformation Plan elements related to health disparities:

- Addressing members' cultural, health literacy and linguistic needs,
- Provider network and staff ability to meet culturally diverse community needs; and
- Quality improvement plan – eliminating racial, ethnic and language disparities.

In 2016, the Transformation Center, in collaboration with the OHA Office of Equity and Inclusion, worked with a consultant to provide one-on-one consultations to each of Oregon's CCOs.

During consultations, participants discussed opportunities for advancing health equity work within their CCOs. CCOs spoke about the health equity strategies in their Transformation Plans and community health improvement plans. CCOs also sought strategies to reduce racial and ethnic health disparities related to the CCO incentive measures. Upon completion of the health equity consultation, CCOs were offered 10 additional hours of technical assistance to further their health equity efforts.

Oral health integration

CCOs were created in 2012. However, oral health services funding did not transition to the CCOs until 2014. Since then, the Center has provided technical assistance to support CCOs as they work to integrate oral health into the coordinated care model.

The Center, working with consultants, conducted an environmental scan of both local and national efforts supporting oral health integration, including extensive interviews with state officials and their key partners. The Center shared recommendations for strategic approaches to further integration through a white paper, “Oral Health Integration in Oregon.” In addition, an Oral Health Toolkit includes resources for supporting oral health integration in Oregon.

The “OHA Oral Health Roadmap: Moving into the Future” is the final product of a cross-divisional strategic planning process. This process helped clarify a vision and goals for oral health. It also enhances coordination and collaboration across the agency.

Population health

Since its inception, the Center has supported CCO community advisory councils (CACs) through hosting a CAC learning collaborative. That support has included events, regular meetings, tools and materials. The learning collaborative has reached CAC members, coordinators and CCO staff across all CCOs. After learning the CACs needed support on member recruitment, the Center developed public service announcements to recruit CAC members. The Center distributed customized multimedia files to each CCO in both English and Spanish. The Center has also developed outreach materials to support OHP member recruitment efforts.

In 2016, the Center provided grant funding of up to \$30,000 for each CCO to help carry out strategies in their community health improvement plans. Grant activities focused on some of these topics:

- Substance abuse and mental health;
- Oral health;
- Tobacco prevention;
- Diabetes prevention;
- Chronic disease self-management; and
- Health equity.

CCO incentive metrics

The Center has provided CCO- and practice-level targeted technical assistance on four CCO incentive metrics:

- **Tobacco cessation:** The Center worked with a consultant to do the following:
 - » Assess the current environment in CCOs;
 - » Create a best practices document;
 - » Develop a training plan to promote evidence-based approaches in clinics; and
 - » Identify culturally responsive materials relevant to specific populations.

- **Childhood immunization:** The Center contracted with two consultants and partnered with the OHA Public Health Division's Immunization Program to pilot a root-cause analysis with one CCO. Support will expand to other CCOs in 2017.
- **Colorectal cancer screening:** The Center contracted with the Oregon Rural Practice-based Research Network to facilitate a five-session webinar series and consultations for CCOs. This helped CCOS learn best practices and share strategies for improving colorectal cancer screening rates. Fifteen CCOs participated in at least one webinar. Ten CCOs participated in follow-up consultation calls.
- **Adolescent well-care visits:** The Center contracted with Oregon Pediatric Improvement Partnership to hold a 10-session webinar series. The series helped CCOs learn best practices and share strategies for improving adolescent well-care visits. Thirteen CCOs participated in at least one webinar. Support for this metric included three "Eye-to-Eye" youth-led trainings held across the state. These trainings helped improve provider communication with youth. The Center also established a relationship with the Oregon School Activities Association to improve cross-organization support for adolescents receiving well-care visits.

Primary Care and clinical delivery support

The OHA Patient-centered Primary Care Home program came under the Transformation Center in the spring of 2016. The program provides the Center with additional opportunities to promote health system innovation and quality improvement.

The Center provides clinical delivery support through the statewide CCO Learning Collaborative. This regular convening of CCO medical directors and quality managers provides an opportunity to focus on CCO incentive measures. Between 2013 and 2016, there have been 27 learning collaborative sessions, with an average of 70 participants at each. Eighty-seven percent of participants rated sessions as valuable for supporting their work.

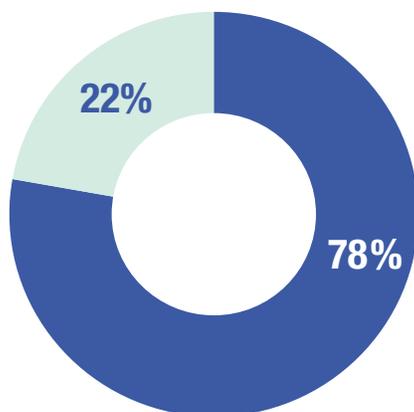
Lessons learned

To further support the clinical delivery system, the Center partnered with the Patient-Centered Primary Care Institute to launch an online clinician and organizational vitality resource library. Over 40 resources are available, including two custom webinars. The library is available at <http://www.pcpci.org> under “Resources.”

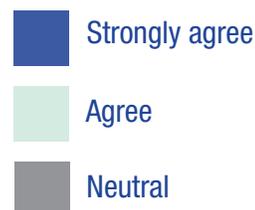
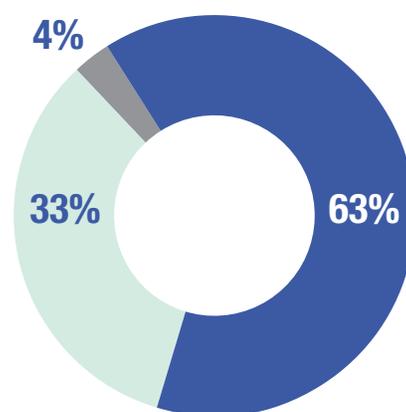
Over its first three years, the Transformation Center learned valuable lessons about championing health system innovation and quality improvement:

- In the early stages of Oregon’s health system transformation, CCOs worked more independently than we see today. Through the Transformation Center’s networking and learning opportunities, change agents across organizations developed relationships. They grew to **see each other’s expertise and experience as valuable resources to help achieve shared goals**. A cohesive network of early adopters has been essential in the following areas:

TA Bank Project was valuable



TA Bank Project was effective



- » Testing emerging best practices in multiple communities;
 - » Sharing data and lessons learned; and
 - » Implementing successful projects statewide.
- The Technical Assistance Bank has proven to be a well-received and valuable tool to support innovation and spread best practices. This **individualized, request-based approach to quality improvement addresses CCO priorities and readiness levels**. At the same time, it is furthering key areas of health system transformation.
 - When the Transformation Center has identified statewide areas of need (for example, health equity and behavioral health integration), CCOs have been extremely receptive to **individual consultations followed by extra hours of project-based technical assistance**. This technical assistance model has helped CCOs focus on an identified topic while allowing them to choose the specific projects that will advance their goals.
 - Emerging health care leaders in Oregon have **few formal, ongoing learning opportunities for leadership development, project implementation and networking**. Activities like learning collaboratives and the Clinical Innovation Fellows program have begun to build a network of next generation change leaders across Oregon.
 - The Transformation Center’s learning collaboratives, trainings and technical assistance have **strengthened local innovation leadership capacity within CCOs**. Over time, the work of the Transformation Center is spreading. These local change leaders now carry forth the charge of health system transformation within their local and regional organizations and health systems. In general, the Transformation Center has helped support Oregon health care leaders’ motivation for change and strengthen the culture of continuous health system transformation.

Learn more about the Transformation Center’s work at:

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



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