

Community Advisory Councils: Innovation from the Ground Up

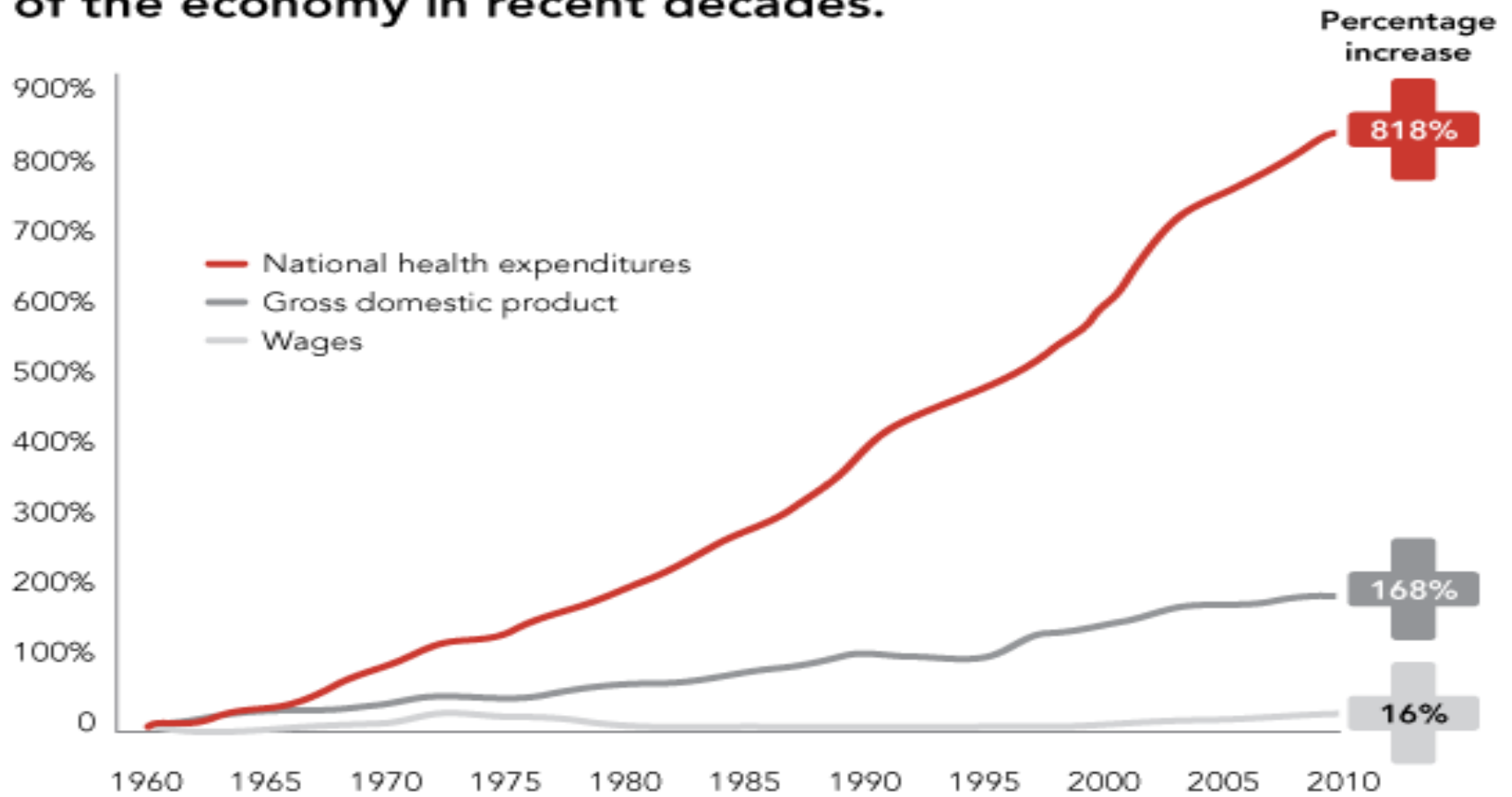
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Oregon Health Authority Transformation Center*

10/22/2014

Session Overview

- Oregon Health System Transformation Background
- OHA Transformation Center
- Community Advisory Council (CAC) Overview
- Panel Conversation with CAC Members

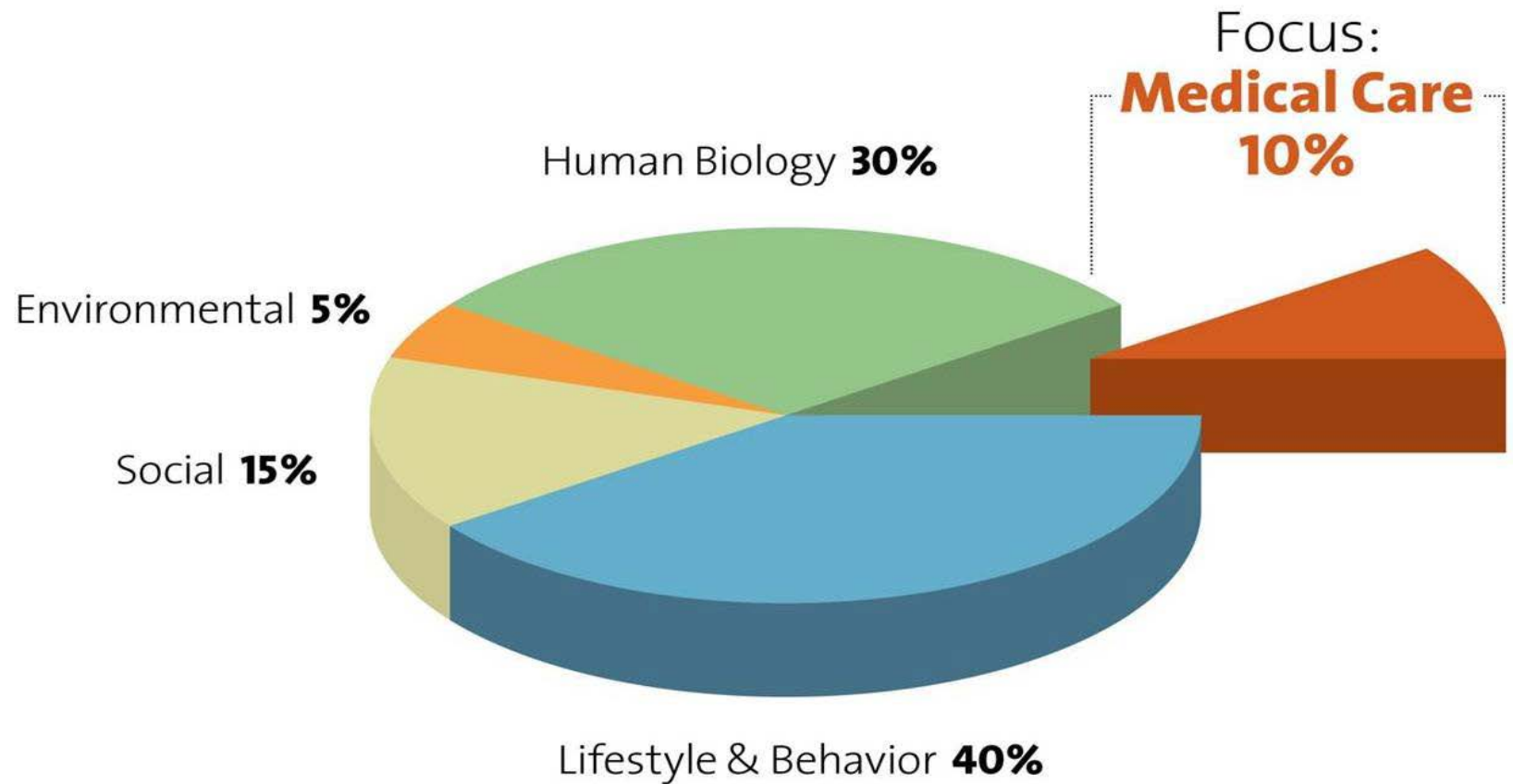
Health care spending has grown much faster than the rest of the economy in recent decades.



Sources: McKinsey, "Accounting for the Cost of U.S. Health Care" (2011),
Center for American Progress

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Wrong Focus = Wrong Results



Triple Aim:

A new vision for Oregon

- 1 Better health.**
- 2 Better care.**
- 3 Lower costs.**

The Coordinated Care Model

Integrated and
Coordinated
Care

Global Budget
with Fixed Rate
of Growth

Metrics (with
Incentives)

Flexibility

Local
Accountability
& Governance

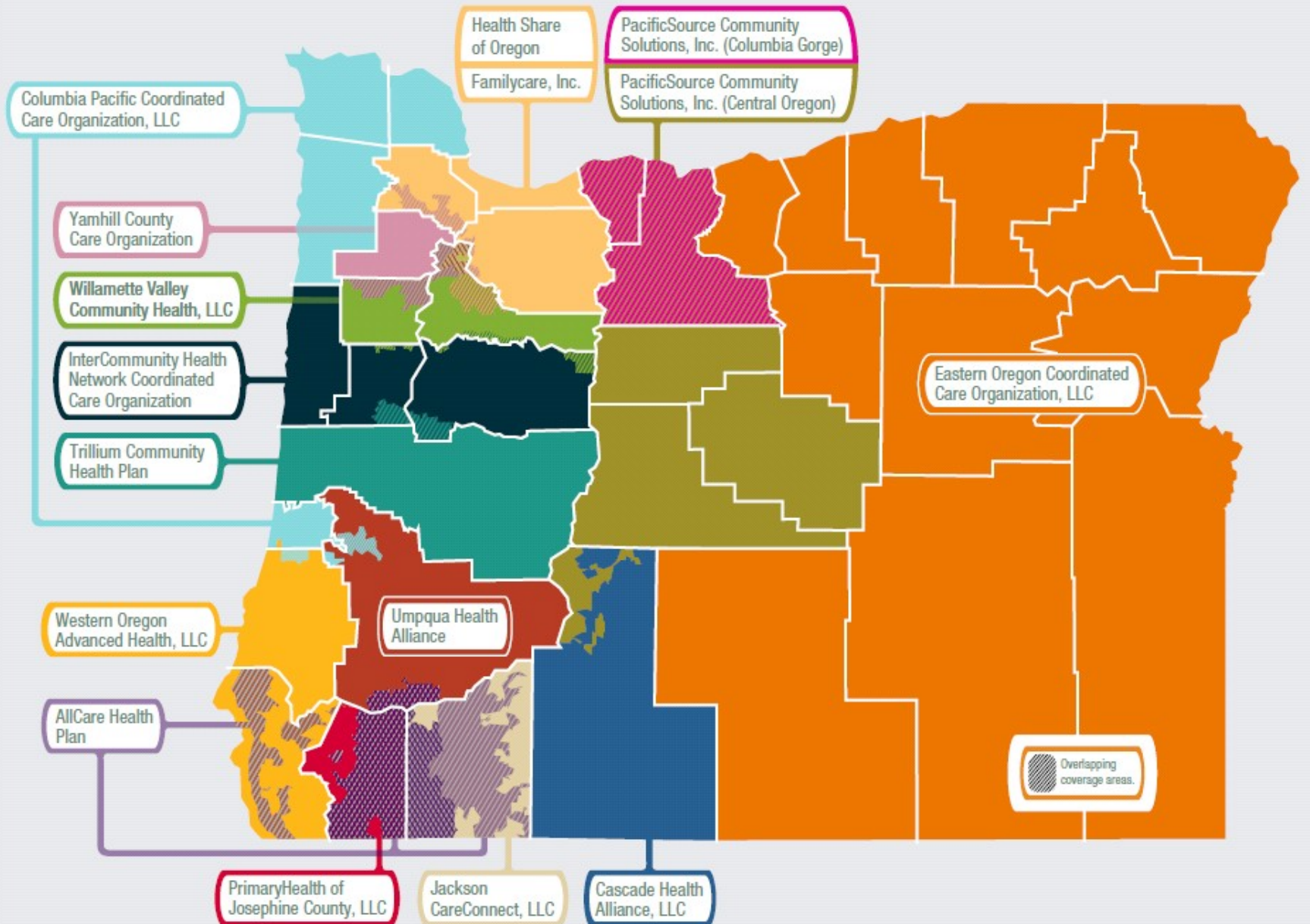
Oregon's Health System Transformation

- Began implementing the coordinated care model within coordinated care organizations (CCOs)
 - CCOs are networks of all types of health care providers (physical health, addictions and mental health, and dental care) who work together to serve Oregon Health Plan (Medicaid) members
- Now spreading the coordinated care model to other payers

Before and After CCOs

Before CCOs	With CCOs
Fragmented care	Coordinated, patient-centered care
Disconnected funding streams with unsustainable rates of growth	One global budget with a fixed rate of growth
No incentives for improving health (payment for volume, not value)	Metrics with incentives
Limits on services	Flexible services
Health care delivery disconnected from population health	CCO community health assessments and improvement plans
Limited community voice and local area partnerships	Local accountability and governance, including a community advisory council

Coordinated Care Organizations Service Areas



Why a Transformation Center?

- OHA's hub for health system innovation and improvement
- Increase rate and spread of transformation in Oregon
 - Help good ideas travel faster
 - Build a learning network for CCOs, CAC members, providers and communities
 - Support the spread of the coordinated care model beyond Medicaid to other payers
- Help OHA transform internally to better support the coordinated care model

Transformation Center's Work

- Learning Collaboratives
- CCO Innovator Agents
- Health System Transformation Fund Grants
- Annual Coordinated Care Model Summit (Dec. 3-4)
- Council of Clinical Innovators
- CCO Technical Assistance Bank
- Internal OHA Transformation

Community Advisory Councils (CACs)

CCOs shall establish CAC(s), which:

- Include representatives of the community and of the government of each county served by the CCO. Consumer representatives must constitute a majority of the membership.
- Identify and advocate for preventive care practices to be utilized by the CCO

Community Advisory Councils (Cont.)

- Oversee a community health assessment (CHA) and adopt a community health improvement plan (CHIP) to serve as strategic guidance for the CCO to address health disparities and meet health needs for the communities in their service area(s).
- Annually publish a report on the progress of the CHIP

37 CACs Across Oregon

- AllCare Health Plan: 3
- Cascade Health Alliance: 1
- Columbia Pacific CCO: 5
- Eastern Oregon CCO: 13
- FamilyCare, Inc: 1
- Health Share of Oregon: 1
- Intercommunity Health Network: 3
- Jackson Care Connect: 1
- PacificSource Central Oregon: 1
- PacificSource Columbia Gorge: 1
- PrimaryHealth of Josephine County: 1
- Trillium Community Health Plan: 2
- Umpqua Health Alliance: 1
- Western Oregon Advanced Health: 1
- Willamette Valley Community Health: 1
- Yamhill Community Care Organization: 1

Transformation Center Supports for CACs

CAC Learning Community

- Opportunities for CAC members to share their work and learn about topics important to them; e.g. health equity, oral health, and patient engagement.

CAC Leadership Networks

- CAC coordinators and chair/co-chairs share with and learn from each other.

Transformation Center Supports for CACs

CAC Summit (May 2014)

- This first in-person statewide gathering of 149 CAC members, representing all 16 CCOs

Travel Support to CCO Summit and CCM Summit

- Support provided by Northwest Health Foundation

Technical Assistance

CHIP development, CAC strategic planning, etc.

Community Health Improvement Plans: Priority Areas

- Mental health integration (13 CHPs)
- Maternal health, early childhood and youth (11 CHPs)
- Access to Care (8 CHPs)
- Health equity and socioeconomic disparities (7 CHPs)
- Oral health (7 CHPs)
- Healthy housing and the built environment (7 CHPs)
- Public health, chronic disease and chronic illness prevention (6 CHPs)

More information at:

TransformationCenter.org

Transformation Center events:

Transformationcenter.org/events/

Health System Transformation

Health.Oregon.gov

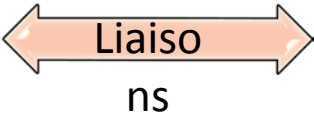
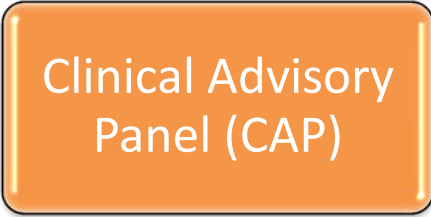
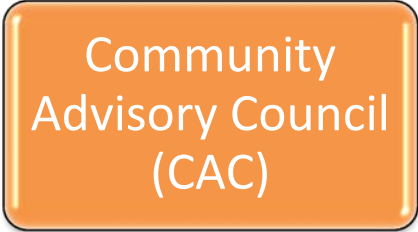
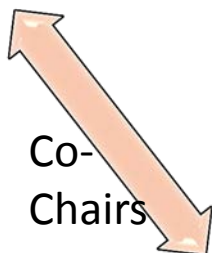
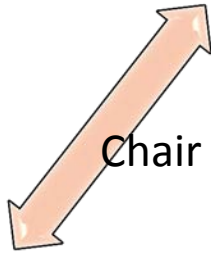
CAC Panel

- Ellen Larsen, PacificSource Columbia Gorge
- Megan Gomez, Eastern Oregon CCO, Malheur County CAC
- Rebecca Eichhorn, Yamhill CCO

Columbia Gorge CCO Model



- > 50% at risk entities
- Sets Operational standards
- Steward of Financials, Incentives, contracts & CCO funded resources



- > 50% consumer voting members
- Steward of the Community Needs and Health Improvement Plan
- Champions Community priorities

- Co-chairs = Primary + Behavioral clinicians
- Steward of best clinical practices
- Clinical standards within community
- Implementation of clinical