



# CCO 2.0: Transforming health in rural Oregon

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Oregon  
**Health**  
Authority



# CCOs: Oregon's answer to a costly and fragmented system

**In 2012, the Oregon legislature created CCOs to improve care delivery in the Oregon Health Plan.**



**Improve health**



**Reduce waste and costs**



**Create local accountability**



**Align financial incentives**



**Pay for better quality and better health**



**Coordinate care**



**Maintain sustainable spending**



**Measure performance**

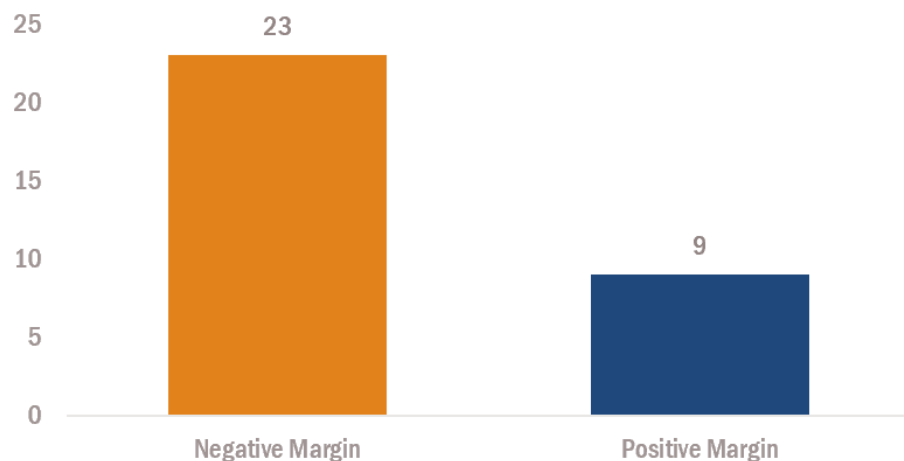




# MEDICAID EXPANSION STRENGTHENS RURAL HEALTH

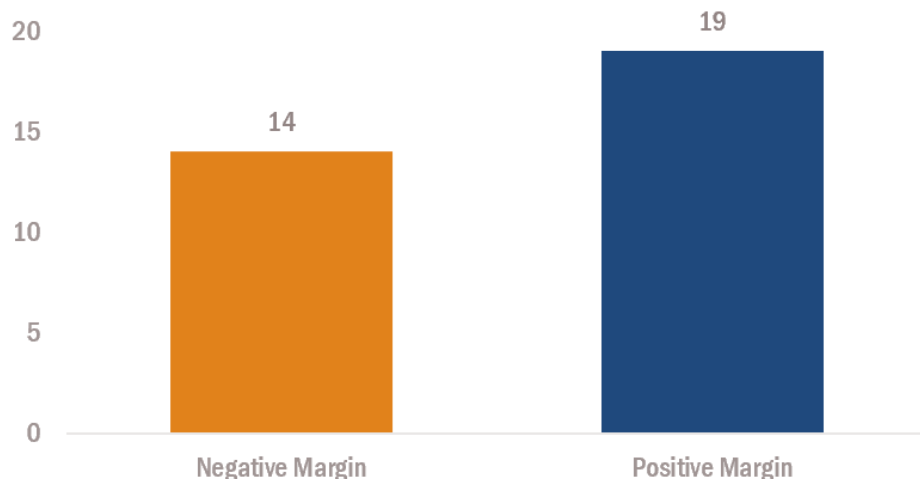
## Before Medicaid expansion (2013)

23 of 32 rural hospitals had a **negative** operating margin



## After Medicaid expansion (2018)

19 of 33 rural hospitals had a **positive** operating margin







# Health transformation in a rural community

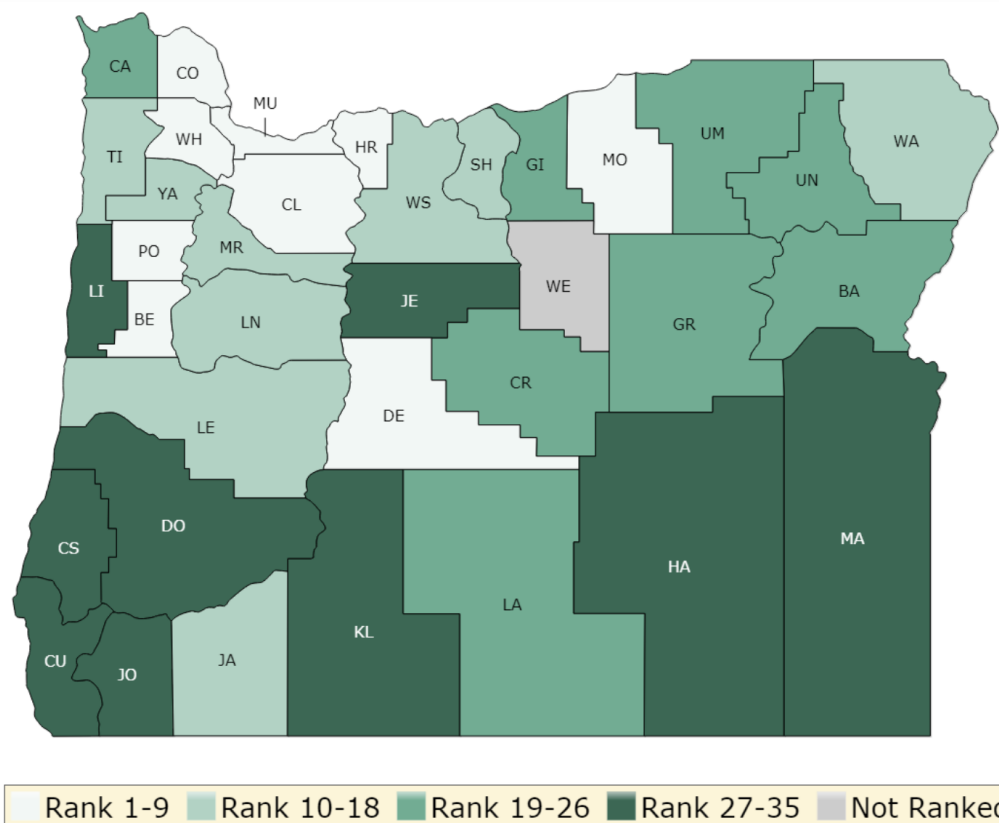


Lake Health District



# Challenges for rural health

## Oregon county health rankings 2019



2019 County Health Rankings Report, Robert Wood Johnson Foundation (2019)



# Opportunities for better results: CCO 1.0

## Lessons learned from CCO Maturity Assessment

**Sustainable cost growth:** *“What cost drivers threatens achievement of sustainable growth rate (3.4%) in future years?”*

**Behavioral Health lesson learned:** *“Workforce capacity is not robust enough to ensure access to mental health and substance use disorder service delivery.”*

**Social determinants of health lessons learned:** *“CCOs have reported minimal investment in flexible services/health-related services, particularly in SDOH.”*

**Behavioral Health lesson learned:** *“Integration does not have a standard definition or clear metrics to indicate success.”*

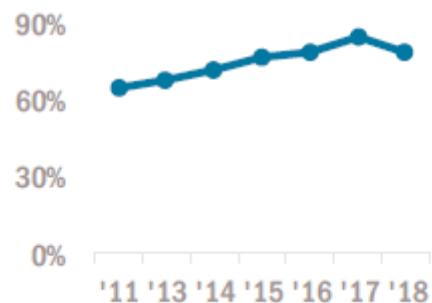
**VBP lesson learned:** *“CCO metric reports show improved outcomes and quality when metrics are tied to pay-for-performance arrangements and it’s likely incentive metrics have driven improved access for the specific intervention being measured.”*



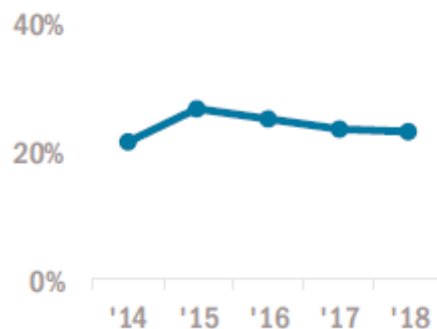
# Opportunities for better results: 2018 metrics

**Measures to watch:** The following measures exhibit interesting or concerning results in 2018. While in most instances it is too soon to discern a trend, future performance on these measures should be monitored.

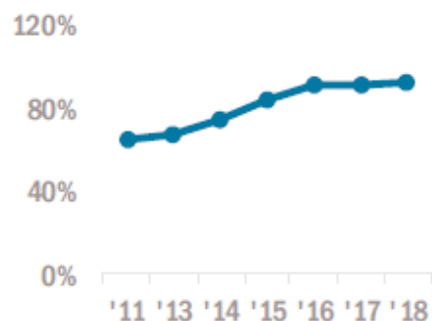
Follow-up after hosp. for mental illness



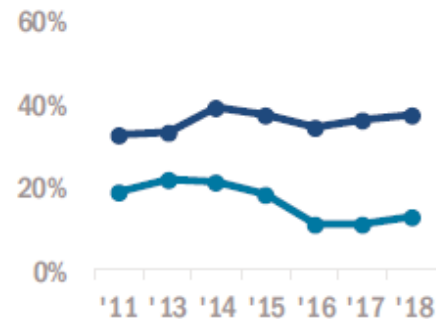
Diabetes care: HbA1c poor control



Timeliness of prenatal care



Initiation and engagement of alcohol or drug treatment



2018 CCO Metrics Performance Report  
July 30, 2019

Oregon Health Authority  
Office of Health Analytics





# CCO 1.0: Voices from rural Oregon

## What residents told us:

- Access to providers
- Access to specialty care
- Access to behavioral health services.
- Need for linguistically appropriate and culturally competent services
- Lack of coverage for non-citizens and impact of public charge rules.





# Goals for CCO 2.0

Guided by Governor Brown's vision, CCO 2.0 builds on Oregon's strong foundation of health care innovation.



Improve the behavioral health system



Focus on social determinants of health and health equity



Maintain sustainable cost growth

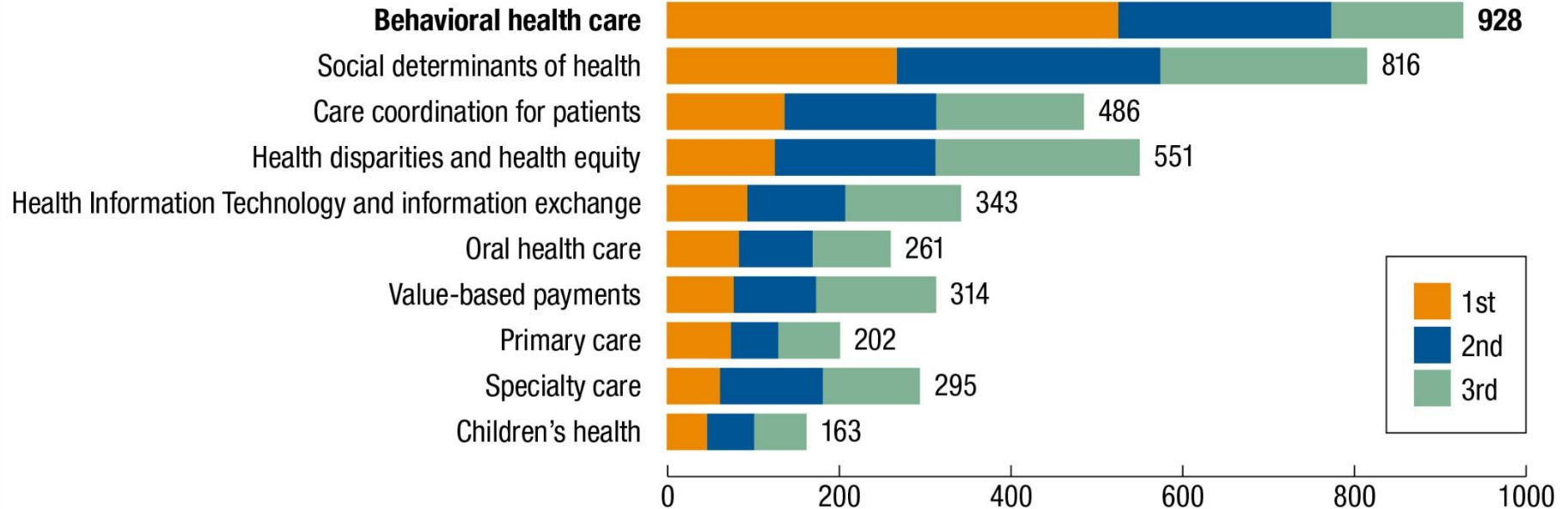


Increase value and pay for performance



# Oregonians support CCO 2.0 priorities

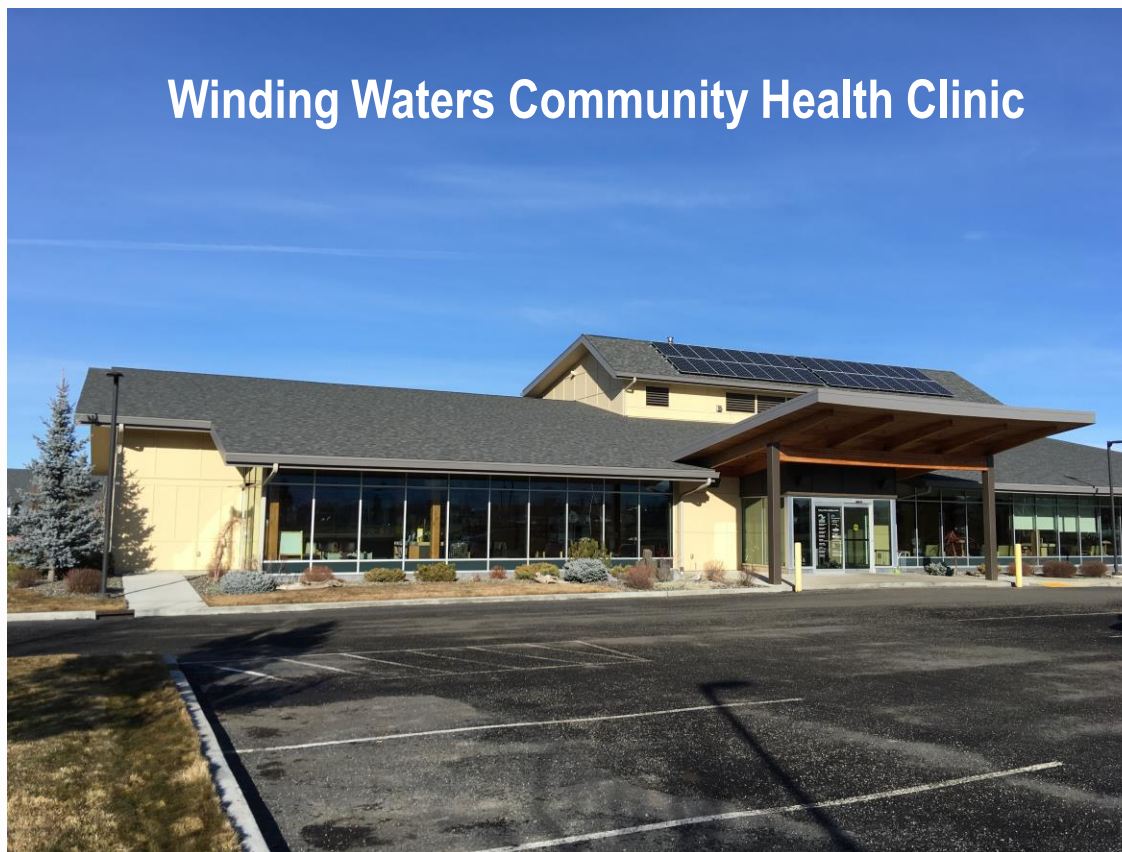
Looking to the future of CCOs, or what we call “CCO 2.0”, which of the areas need more attention and work to improve?





# CCO 2.0 goals: BH integration in a rural clinic

## Winding Waters Community Health Clinic







# CCO 2.0 goals: rural innovation in VBP and social determinants of health

## Mosaic Community Health Clinic



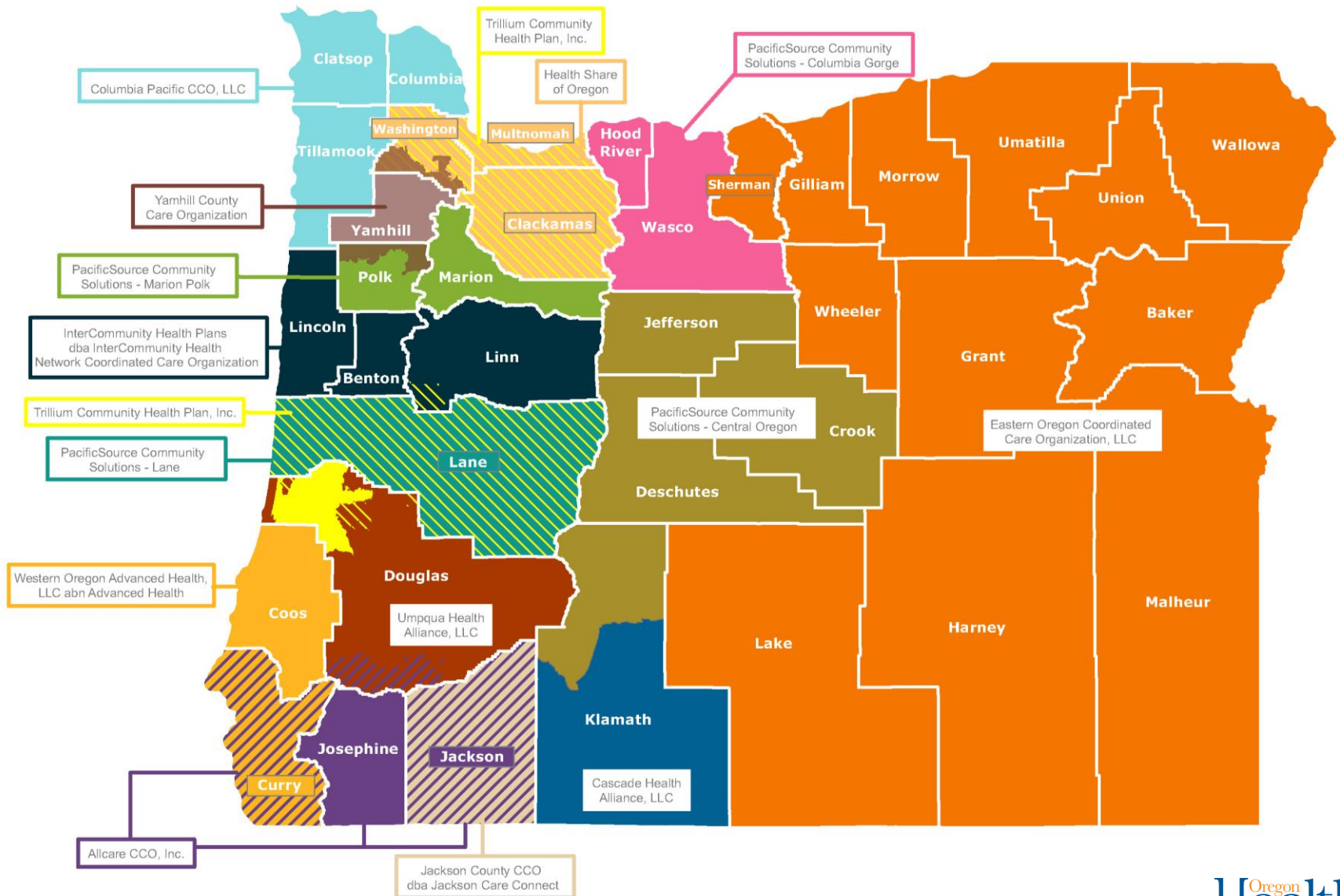


# CCO 2.0 Application Evaluation

OHA used a rigorous and objective evaluation process to ensure awardees can meet the higher bar set for CCO 2.0.

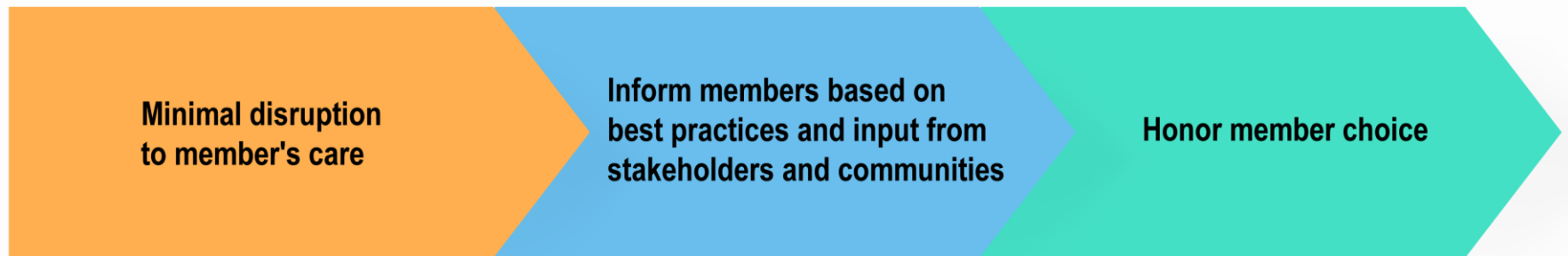
- **Care coordination:** Rated on ability to coordinate care, deliver clinical services, transform care delivery and contain costs.
- **Community support:** Required to demonstrate local community engagement.
- **Financial strength and viability** evaluated by insurance regulators from the Oregon Department of Consumer and Business Services (DCBS) and actuarial staff from OHA.
- **Impartial process:** “Blinded” (i.e., all identifying information was removed from the application) to enhance the objectivity of the review process.

# 2020 CCO Service Areas



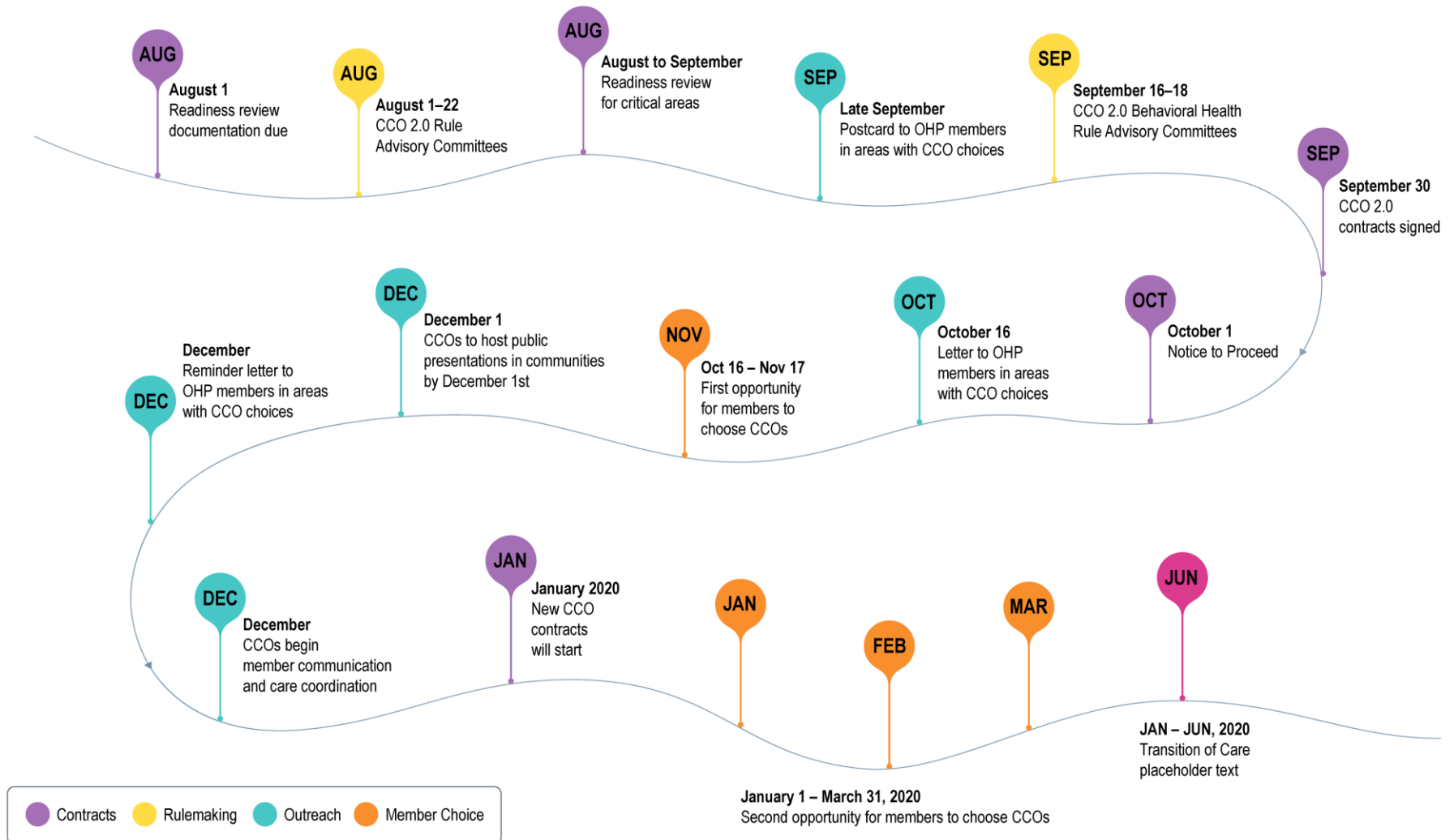
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# Guiding Values for Member Transition





# CCO 2.0 Timeline





# Transforming health for every Oregonian



**Implement CCO 2.0**



**SB 889: Cost benchmark**



**PEBB and OEBB**



**Reform behavioral health**



**State Health Improvement Plan**



**Next Medicaid waiver**



**OHA Strategic Plan**



**Student Success Act**