Welcome

The purpose of today’s meeting:

• Share information about the Eastern Oregon Coordinated Care Organization (EOCCO) and the transition to CCO 2.0

• Receive feedback from the community about the Eastern Oregon Coordinated Care Organization

• Provide the opportunity to our communities to share comments or questions with the Eastern Oregon Coordinated Care Organization staff and leadership
Help us use this time effectively

- There are mandatory topics we are required by the Oregon Health Authority to cover.
- Refer to agenda for structure of the meeting.
- Please hold comments/questions until the end.
- Please participate when we open the floor. We want to hear from you!
- Be respectful of one another. Please only one person talking at time.
- Please limit comments to 1-2 minutes so we can give the opportunity to speak to as many individuals as possible.
Who We Are

• The EOCCO received its first contract from the Oregon Health Authority in 2012 to administer Medicaid services in Eastern Oregon.

• We currently provide Oregon Health Plan services in 12 Eastern Oregon counties:
  - Baker
  - Gilliam
  - Grant
  - Harney
  - Lake
  - Malheur
  - Morrow
  - Sherman
  - Umatilla
  - Union
  - Wallowa
  - Wheeler
Who We Are

- **EOCCO Ownership:**
  - ODS Community Health (Moda Health) (29%)
  - Greater Oregon Behavioral Health, Inc. (29%)
  - Good Shepherd Hospital (10%)
  - Grande Ronde Hospital (10%)
  - Saint Alphonsus Hospital (10%)
  - Saint Anthony’s Hospital (10%)
  - Eastern Oregon Independent Physicians Association (1%)
  - Yakima Valley Farm Workers (1%)

- **EOCCO Governing Board:**
  - Includes representation from local hospitals, public health, mental health providers, and the Regional Community Advisory Council (RCAC) Chair.
  - The RCAC is representative of the 12 county Local Community Advisory Councils (LCACs).
Local Community Advisory Councils (LCAC)

- 12 Local Community Advisory Council’s (LCAC’s)
- One Regional Community Advisory Council (RCAC)

Clinical Advisory Panel (CAP)

- 8 members representing Physicians/Nurse Practitioners/Public Health Nursing and Dental
- Overseen by EOCCO Medical Director
Who are the agencies involved in the day to day work of managing my healthcare benefits?

- Moda Health
- Greater Oregon Behavioral Health, Inc. (GOBHI)
- Oregon Prescription Drug Program (OPDP)
- Dental
  - Advantage Dental by DentaQuest
  - ODS Community Dental
## EOCCO Current Enrollment

<table>
<thead>
<tr>
<th>County</th>
<th>Total EOCCO Members Effective 12/31/2016</th>
<th>Total EOCCO Members Effective 12/31/2017</th>
<th>Total EOCCO Members Effective 12/31/2018</th>
<th>Total EOCCO Members Effective 8/1/2019</th>
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Where We Have Been

CCO 1.0
CCO 1.0 Successes

- Met the 3.4% rate of growth target going into 2019

- Implemented Value Based Payment (VBP) Models
  - Payments to providers for quality of care not quantity of care
  - Shared savings model, capitation, payments for quality, Primary Care Patient Centered Home payments

- Met Coordinated Care Organizations Quality Measure Targets

- Reinvested in healthcare providers, local community and new community-based programs through:
  - Community Health Worker (CHW) training and reimbursement
  - Community Benefit Initiative Reinvestment Funds (local county grant program)
  - Local Community Advisory Council (LCAC) funding
  - Health Information Technology (HIT)
The Provider Network Delivery System

(Includes Idaho and Washington)
Primary Care and PCPCHs (Patient Centered Primary Care Homes)

- 57 widely dispersed clinics and individual providers
- 24 Certified Rural Health Clinics (RHCs)
- 7 Federally Qualified Health Centers (FQHCs)
- 15 clinics tied to Health Districts
- Over 90% of members are served by Oregon Health Authority, state-certified PCPCHs (up from 3% in 2012)
Hospitals

10 Area Hospitals in the EOCCO region:

- 7 Type A/Critical Access Hospitals
- 5 tied to Health Districts
- No tertiary hospitals within EOCCO counties
Behavioral Health Providers

Mental Health:

• 40-Outpatient Mental Health
• 9 Acute & Sub-Acute Psychiatric Facilities
• 1 Children's Mental Health Residential
• 7 Specialty clinics providing special services

Substance Use Disorder:

• 26 Outpatient Services
• 10 Substance Use Disorders Residential
• 3 Medically Managed Withdrawal (detox) Centers
• 13 Medication Assisted Therapy and/or Methadone
Dental Providers

• Two dental care organizations cover the EOCCO region:
  • ODS Community Dental
  • Advantage Dental from DentaQuest

• In addition to your regular dental care, dental program services could include:
  • First Tooth training in primary care
  • Expanded Practice Dental Hygienist (EPDH) in schools for dental screening
  • Teledentistry
Non-Emergency Medical Transportation (NEMT)

- Transportation services is operated through the Greater Oregon Behavioral Health (GOBHI)
- The program provides free rides to EOCCO and Fee For Services (FFS) members to medical, behavioral health, and dental providers in all 12 counties
- Number of one way rides provided in 2018: 70,643
Specialty Care

Our members have access to a range of specialists

• Orthopedics, cardiology, gastroenterology, neurology, oncology, non-traditional care-acupressure, acupuncture, chiropractors, etc.
EOCCO Community Reinvestment Funds

How EOCCO funds are redistributed into your local community
EOCCO Community Investments

- Patient Centered Primary Care Home Payments: $39 Million
- EOCCO Shared Savings/Value Based Payments: $37.3 Million
- EOCCO Community Benefit Initiatives (Local County Grants): $5.55 Million
- EOCCO Quality Measure Investments: $32.15 Million

**Total Reinvestments to Date:** $114 Million

*These are provided to a variety of local service providers (medical, behavioral health, public health, etc.) and Local Community Advisory Councils*
# Behavioral Health Community Investments

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<td>Youth and Family</td>
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TOTAL RE-INVESTMENTS INTO LOCAL COMMUNITIES TO DATE:

$125,035,814 Million
Reinvestment Grant Funds

Insert County Slide

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<th>TRANSFORMATION: GENERAL</th>
<th>TRANSFORMATION: OPT-INS</th>
<th>TRANSFORMATION: CONTINUATION</th>
<th>NEW IDEAS</th>
<th>TOTAL FUNDING BY YEAR</th>
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<td>2019</td>
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Total Funds Re-Invested: __________
Where did this money go in my community?

___ County LCAC Project Summaries

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•*
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CCO 2.0
Committee Structure

Board of Directors

Regional CAC
  - CAC Nominating Committee
    - Sherman LCAC
    - Gilliam LCAC
    - Grant LCAC
    - Harney LCAC
    - Baker LCAC
    - Wallowa LCAC
    - Umatilla LCAC
  - Wheeler LCAC
  - Lake LCAC
  - Malheur LCAC
  - Union LCAC
  - Morrow LCAC

Clinical Advisory Panel

Wraparound Review Committee

System of Care Advisory Counsel

Quality Improvement Committee

Regulatory Compliance Committee
  - Diversity, Equity and Inclusion Committee
  - CCO Metrics Committee
  - Member Engagement Committee
  - Network Management Committee
  - Policy Review Committee

Previously Established
  - New Committee: Effective prior to 12/31/2019
Areas of Focus for CCO 2.0

We continue to work towards The Triple Aim

- Better health
- Better Care
- Lower Costs
Social Determinants of Health & Health Equity

• Health Equity
  • Everyone has the opportunity to obtain their highest level of health

• Social Determinants of Health
  • Where we live, learn, work, and play and how these areas of our life influence our overall health

Examples may include…

• Kindergarten Readiness
• Expand Access to Telehealth
• Community Health Workers Located in Emergency Departments
• Naloxone Distribution/First Responders
• Expand Access to Safe Affordable Housing
• Complex Behavioral Health Needs:
  • Expansion of MAT (Medication Assisted Therapy)
  • Pain School
  • Improving Access to Care (“No Wrong Door”)
Community Engagement

How the EOCCO connects with our local counties to support our communities, members, and providers.

- Early Learning Hubs/Parent Education Hubs
- Tribal Outreach
- Patient Centered Primary Care Home Support
- Consumer Caucus
- Behavioral Health Quality Improvement Committee
- Member Voice
- Support for LCAC’s/RCAC’s
- Health Equity
- Community Health Assessment
- Community Health Plan
Value Based Payment

Payment to healthcare providers based on the quality of the care they provide, instead of the quantity of the care they provide.

EOCCO Value Based Payment History:
• 2013 Implemented Per Member Per Month Case Management Payment for Patient Centered Primary Care Homes, based upon the clinic’s ‘Tier’ Level
• 2014 Implemented Shared Savings Model – limited to Hospitals and Primary Care
• 2015 – 2016 Shared Model was Enhanced
• 2016 – 2017 Four Funds were Created
• 2017- 2018 Surplus Funds Reallocated
• 2018 – 2019 Transition of Fee for Service Contracts to Full Risk Bearing Capitation Model

Goal:
• 70% Value Based Payment by the End of 2024
Health Information Technology (HIT)

Allows healthcare providers to more easily share information and monitor patient needs in real time.

- Health Information Technology Roadmap (Mend, HMS Essette, Facets, MyStrength)

- Connecting healthcare providers data systems throughout the region using a program called Arcadia Analytics. There are 12 healthcare systems and 11 behavioral health programs are currently connected. Our goal is to connect all clinics by 2024.

- Electronic Health Record Adoption for Public Health

- Emergency Department Information Exchange/Pre-Manage Utilization Across System
Behavioral Health Integration

Allows consumers to access physical and behavioral health services at the same location

How is the EOCCO approaching this transition?
• Bi-Directional Integration (ex. counselors at your doctor’s office, doctors at your counselor’s office)
• Value Based Payments (quality of care vs quantity of care)
• Collaborative Care Model Implementation (ex. helping clinics become better able to treat anxiety and depression at your doctor’s office)
• Intensive Care Coordination – (ICC) (ex. system experts help families & individuals navigate different services-medical, social, education, etc.)
• Behavioral Health Plan – Due March 2021
Thank you for joining us today—and for all the work you do for the members of your community.
## Reinvestment Grant Funds

### Baker County

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<th>TRANSFORMATION: OPT - INS</th>
<th>TRANSFORMATION: CONTINUATION</th>
<th>NEW IDEAS</th>
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Total Funds Re-Invested: $498,631.00
## Reinvestment Grant Funds

### Gilliam County

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Total Funds Re-Invested: $ 459,820.00
## Reinvestment Grant Funds

### Grant County

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Total Funds Re-Invested: $408,887.00
## Reinvestment Grant Funds

**Harney County**

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Total Funds Re-Invested: $ 365,072.00
## Reinvestment Grant Funds

### Lake County

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**Total Funds Re-Invested:** $564,733.00
# Reinvestment Grant Funds

## Malheur County

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Total Funds Re-Invested: $ 916,794.00
## Reinvestment Grant Funds

**Morrow County**

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**Total Funds Re-Invested:** $ 725,364.00
## Reinvestment Grant Funds

**Sherman County**

<table>
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<tr>
<th>YEAR</th>
<th>LCAC FUNDING</th>
<th>TRANSFORMATION: GENERAL</th>
<th>TRANSFORMATION: OPT-INS</th>
<th>TRANSFORMATION: CONTINUATION</th>
<th>NEW IDEAS</th>
<th>TOTAL FUNDING BY YEAR</th>
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**Total Funds Re-Invested:** $124,975.00
## Reinvestment Grant Funds

### Umatilla County

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<th>LCAC FUNDING</th>
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Total Funds Re-Invested: $1,445,361.00
## Reinvestment Grant Funds
### Union County

<table>
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<th>LCAC FUNDING</th>
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<th>TRANSFORMATION: OPT -INS</th>
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<th>NEW IDEAS</th>
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Total Funds Re-Invested: $ 566,764.36
## Reinvestment Grant Funds

### Wallowa County

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<th>NEW IDEAS</th>
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Total Funds Re-Invested: $712,969.00
# Reinvestment Grant Funds

## Wheeler County

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Total Funds Re-Invested: $ 204,481.47
Where did this money go in my community?

Baker County LCAC Project Summaries

- Tobacco Cessation Trainings
- Housing Vouchers through Community Connections
- Challenge Day
- Drug and Alcohol Free NYE Party
- Annual Health Fair
- Hearing Screening Equipment
- First Aid and CPR Classes and Equipment
Where did this money go in my community?

Union County LCAC Project Summaries

- Rides to Wellness
- CHARM Program
- Trauma Informed Coalition
- Double up Food Bucks
- Union County Warming Station
- School District Mentoring Program
Where did this money go in my community?

Malheur County LCAC Project Summaries

- Adolescent Health Access Program
- Valley Family Health Care Mobile Access Clinic
- Fruits and Veggies Rx
- Welcome Center
- Ages and Stages Questionnaires- Online Access