

An aerial photograph of a city at dusk, with a mountain peak visible in the background. The sky is a mix of purple and blue, and the city lights are beginning to glow. The text is overlaid on this image.

# **Oregon's Whole System Change: Opportunities to integrate a population health approach in transformation and ACA implementation**

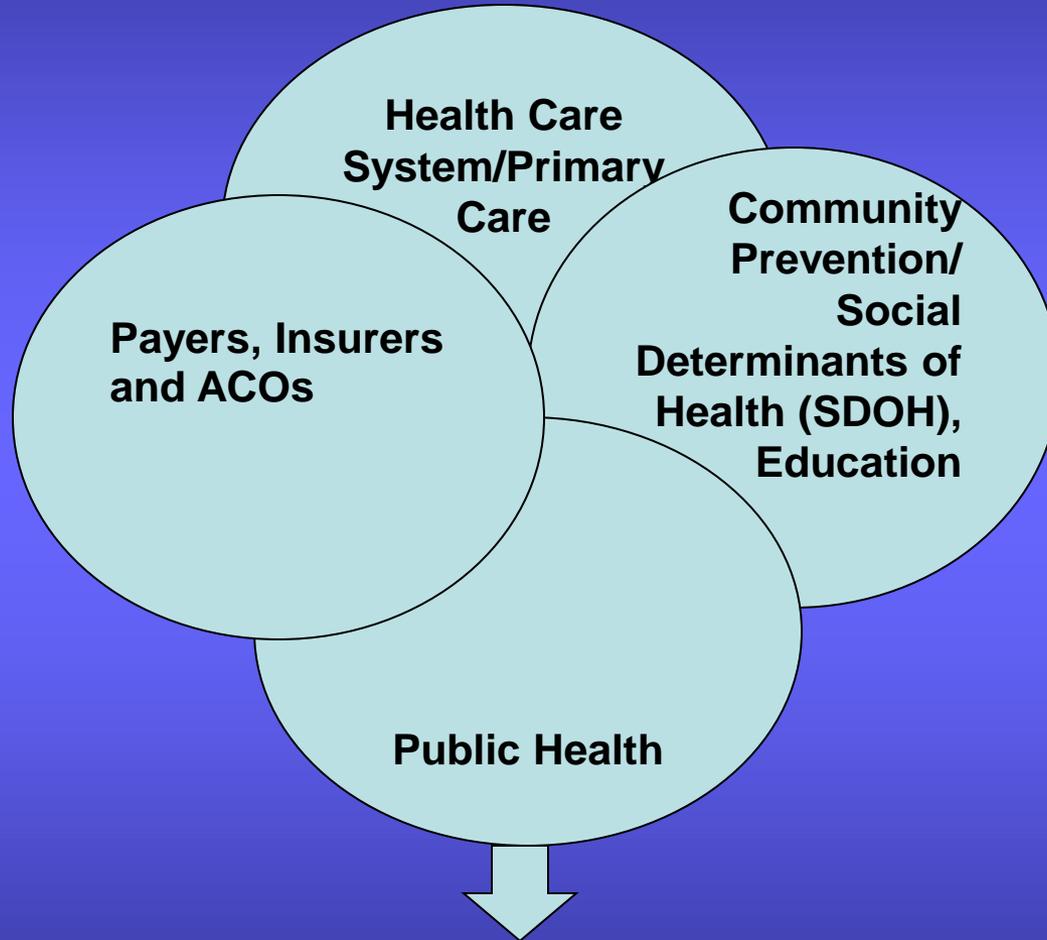
**Lillian Shirley, BSN, MPH, MPA**

**Director, Multnomah County Health Department**

**Vice Chair, Oregon Health Policy Board**

**June 13, 2013**

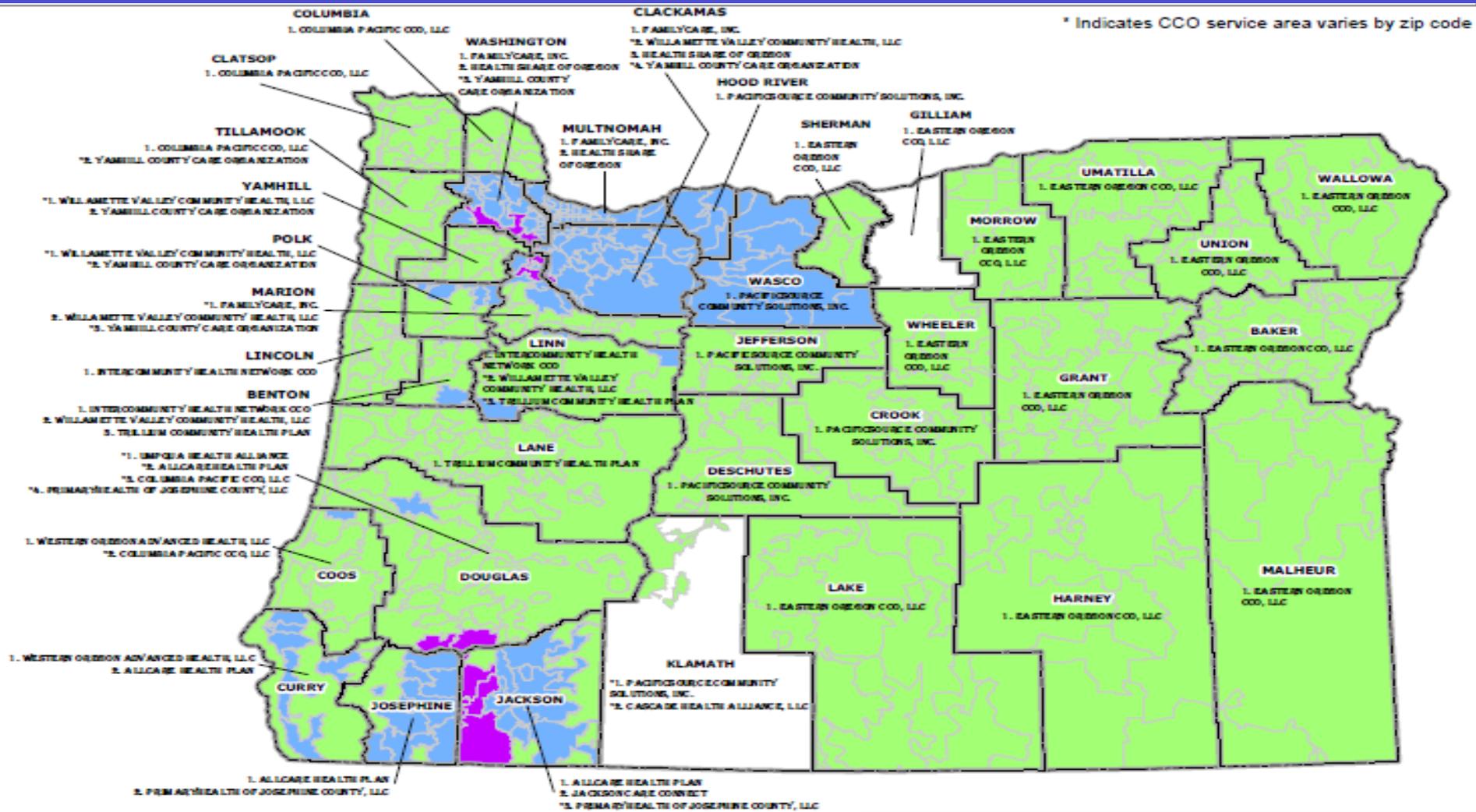
# Improving Population Health Outcome Depends on Transforming the Health System to Coordinate and Integrate Primary Care, Public Health and Community Preventative Efforts



**Improved Population Health, Health Outcomes & Lower Costs (Triple Aim)**

Thanks to TFAH & California Endowment & Kresge Foundation

# Coordinated Care Organization Service Area



# Health System Transformation: Oregon's Commitment to CMS Core Metrics

- Reduce the annual increase in the cost of care (the cost curve) by 2 percentage points
- Ensure that quality of care improves
- Ensure that population health improves
- Establish a quality incentive pool that increases every year as a percentage of the global budget
- Commitment to measurement
- Public reporting of metrics by CCO

# Health System Transformation: Oregon's Commitment to CMS Core Metrics

## CCO Incentive Measures

- Annual assessment of CCO performance on 17 measures
- Will Compare performance in CY 2013 to CY 2011 baseline
- Quality pool funds available to CCOs based on performance; up to 2% of their global budget in first year

## State Performance Measures

- Annual assessment of statewide performance on CCO measures and an additional 16 metrics
- Financial penalties to the state if quality goals are not achieved

# Statewide Quality and Access Metrics: ROI

## Seven Quality Improvement Focus Areas

- Improving behavioral and physical health coordination
- Improving prenatal and maternity care
- Reducing preventable re-hospitalizations
- Ensuring appropriate care is delivered in appropriate settings
- Reducing preventable and unnecessarily costly utilization by super-users
- Addressing discrete health issues (such as asthma, diabetes, high blood pressure)
- Improving primary care for all populations



# Attributes of CCO and ACO Systems of Care

## Best Practices to Manage and Coordinate Care

- Single point of accountability
- Patient and family-centered care
- Team-based care that cross appropriate disciplines
- Plans for managing care for 20% of population driving 80% of costs
- Plans for prevention and wellness, including addressing disparities among population served
- Broad adoption and use of electronic health records

# Attributes of CCO and ACO Systems of Care cont.

## Sharing Responsibility for Health

- Shared decision-making for care among patients and providers
- Consumer/patient education and accountability strategies
- Consumer/patient responsibility for personal health behaviors

## Measuring Performance

- Demonstrated understanding of population served
- Quality, cost and access metrics
- Strategies for targets and improvement

# Attributes of CCO and ACO Systems of Care cont.

## Paying for Outcomes and Health

- Payments aligned to outcomes not volume
- Incentives for prevention and improved care of chronic illness

## Providing Information

- Readily available, accurate, reliable and understandable cost and quality data
- Price and value for payers, providers and patients

## Sustainable Rate of Growth

- Focused on preventing cost shifts to employers, individuals and families
- Reduced utilization and cost trend

# Multnomah County Diabetes

## Prevention through Care

**Multnomah  
County adult  
population**

**Interventions  
at the  
Intersections**

**584,651**

**Multnomah  
County  
adults at  
high risk for  
diabetes**

**323,312**

**Adults  
diagnosed  
with  
diabetes**

**35,079**

**Privately  
insured  
adults**

**23,324**

**Adults on  
OHP/  
Medicaid**

**6,388**

**Uninsured/  
self pay  
adults**

**5,367**

**Insured  
receiving care**

**20,992**

**OHP/  
Medicaid  
receiving care**

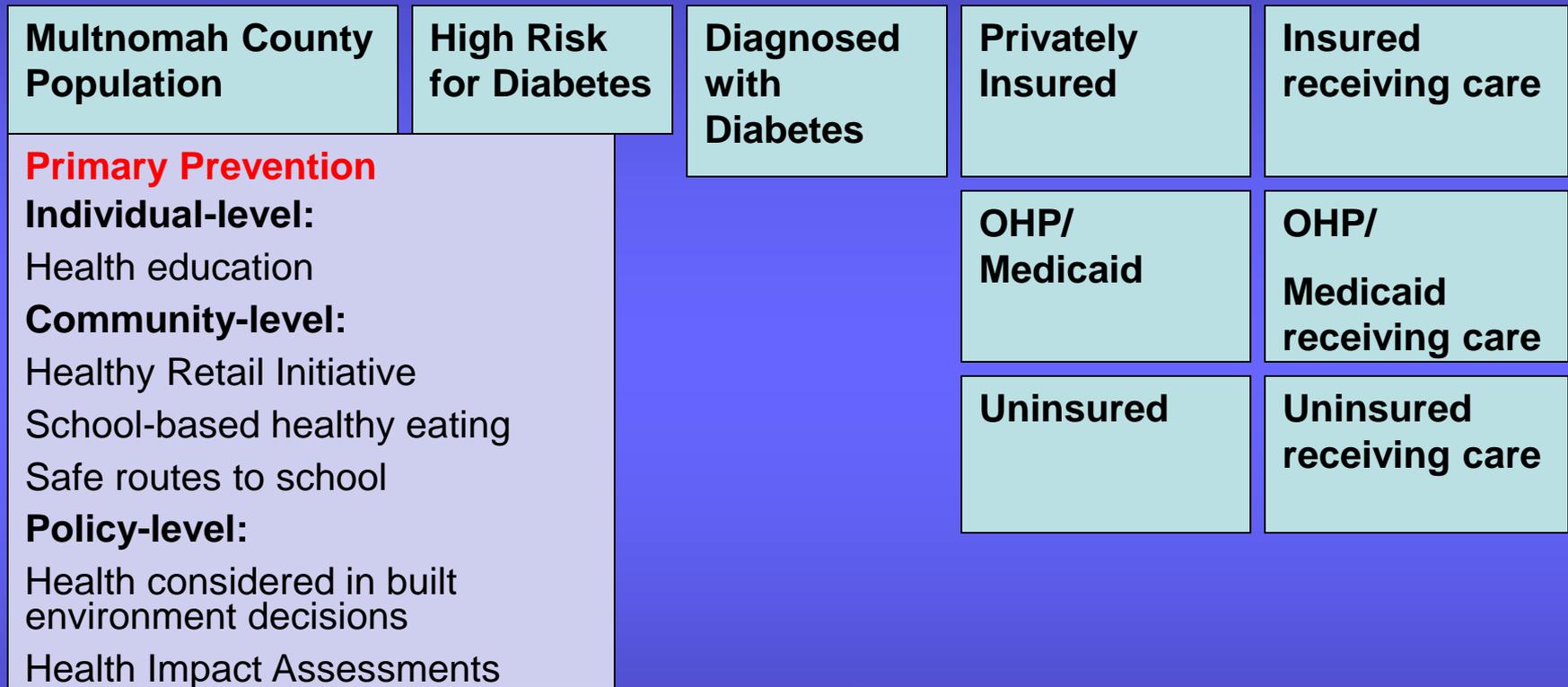
**5,749**

**Uninsured  
adults  
receiving care**

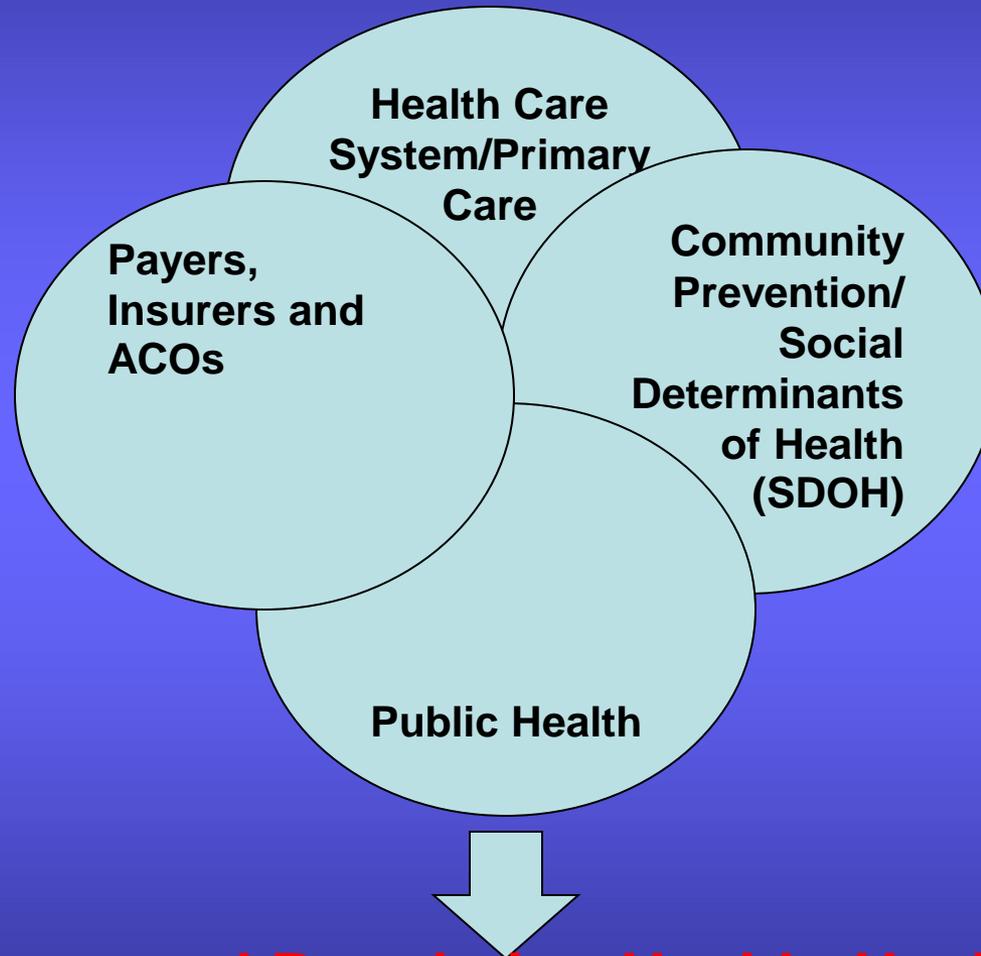
**4,830**



# Multnomah County Prevention System: Diabetes



# Leading Causes of Death Liver Disease: Tied for 9th in MC



**Improved Population Health, Health Outcomes & Lower Costs (Triple Aim)**

# The Road Ahead



**Public Health**  
Prevent. Promote. Protect.



**MULTNOMAH COUNTY**  
Health Department

# Governor's Charge 6/3/13

To the Health Policy Board:

*“Create the environment for commercial market place in Oregon that is characterized by our models of coordinated care and growth rate of total health care expenditures that are reasonable and predictive”*

# But It's About the People



# Thank you!

**Lillian Shirley, BSN, MPH, MPA**

**Director, Multnomah County Health Department**

**426 SW Stark St, 8<sup>th</sup> floor**

**Portland, Oregon 97204**

**Office: 503-988-3674**

**Email: [Lillian.m.shirley@multco.us](mailto:Lillian.m.shirley@multco.us)**

**Website: <http://web.multco.us/health>**



# Addendum

## Oregon's Action Plan for Health Created 2010: Progress Reports Quarterly

- Set a target for health care spending in Oregon
- Align purchasing
  - Standardize certain provider payments to Medicare methodology to set stage for future payment reform
  - Focus on quality and cost improvement efforts to achieve critical momentum
  - Introduce innovative payment methods that reward efficiency and outcomes

# Addendum

## Oregon's Action Plan for Health

### Created 2010: Progress Reports Quarterly cont.

- Reduce administrative costs in health care
- Decrease obesity and tobacco use
- Establish a mission-driven public corporation to serve as the legal entity for the Oregon health Insurance Exchange
- Promote local and regional accountability for health and health care

# Addendum

## Oregon's Action Plan for Health

### Created 2010: Progress Reports Quarterly cont.

- Build the health care workforce
  - Use loan repayment to attract and retain primary care providers in rural and underserved areas
  - Standardize prerequisites for clinical training via a student 'passport'
  - Extend requirement to participate in Oregon's health care workforce database to all health professional licensing boards

## Addendum

# Oregon's Action Plan for Health

## Created 2010: Progress Reports Quarterly cont.

- Move to patient-centered primary care (PCPCH), first for OHA lives (Medicaid, state employees, educators) and then statewide
- Introduce a value-based benefit design that removes barriers to preventative care
- Expand the use of health information technology (HIT) and exchange (HIE)

# Addendum

## Oregon's Action Plan for Health Created 2010: Progress Reports Quarterly cont.

- Develop guidelines for clinical best practices
- Strengthen medical liability system
  - Remove barriers to full disclosure of adverse events by providers and facilities
  - Clarify that statements of regret or apology may not be used to prove negligence
- Performance measurement

# Public Health Influence In Health Reform Implementation



# Our Theory of Change: Public Health Leverage Points

- Shifting our focus to prevention
- Aligned purchasing and policy
- Local accountability
- Standards for safe and effective care
- Living within a budget

**Redesigned/  
Transformed  
Delivery  
System**

- Improved patient outcomes
- Healthier population
- Reduced health inequities
- Reduced costs/shared savings



# Coordinated Care Organizations

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

