
CCO Transformation Plans

Introduction Webinar

November 27, 2012



Purpose of webinar

- Introduce OHA's Transformation Plan project
- Share OHA's guiding principles
- Review background
- Describe OHA's technical assistance
- Identify technical assistance resources
- Identify deliverables and timelines
- Review key components of transformation plans
- Identify next steps
- Provide opportunity for CCOs to ask questions

Transformation Plans

OHA has initiated a strategy to partner with CCOs that will identify dynamic Transformation Plan milestones, deliverables, and targets for becoming a fully integrated coordinated care organization in the communities they serve.

Project Purpose

- To encourage continuous quality improvement, recognizing that transformation is an iterative process and that Transformation Plans will and should evolve overtime
- To establish a process for OHA to review draft Plans, provide feedback, and finalize the OHA/CCO contract amendment
- To identify a process for on-going review of CCO progress toward achieving the objectives and timelines identified in the Transformation Plan

Guiding Principles

- Partnership
 - Process facilitates OHA's partnership with CCOs to achieve Oregon's health system goals
- Transparency
 - Share ideas and proposals for achieving health systems transformation
 - Provide clear, transparent guidance about CCO Transformation Plans.
 - Discussion about Transformation Plan development
- Individualized Approach
 - Some transformation issues are overarching
 - CCOs are unique; their starting points and communities are different
- Continuous Improvement
 - What is developed in December 2012/January 2013 will be revised as we all learn together

Background

Policy and Contractual Direction

- HB 3650 (Health System Transformation)
- SB 1580 (Implementation of Integrated and Coordinated Care Delivery System)
- Oregon's Medicaid Waiver – Standard Terms and Conditions

CCO Procurement Process

- Items from procurement process, Subject Matter Expert (SME) review
- Items from evaluation and negotiation teams
- Items from certification team

Items combined into Exhibit K Items 1 – 8

- Policy and contract guidelines/requirements
- CCO application materials
- RFA comments
- Focus on eight transformational components provides the greatest opportunity to further refine information from the RFA, and work on a delayed implementation timeline

Work To Date

- Assembled OHA project team
- Identified OHA resources/tools used to evaluate Transformation Plans
- Staff support and communications during plan development
- Initiated technical assistance strategies

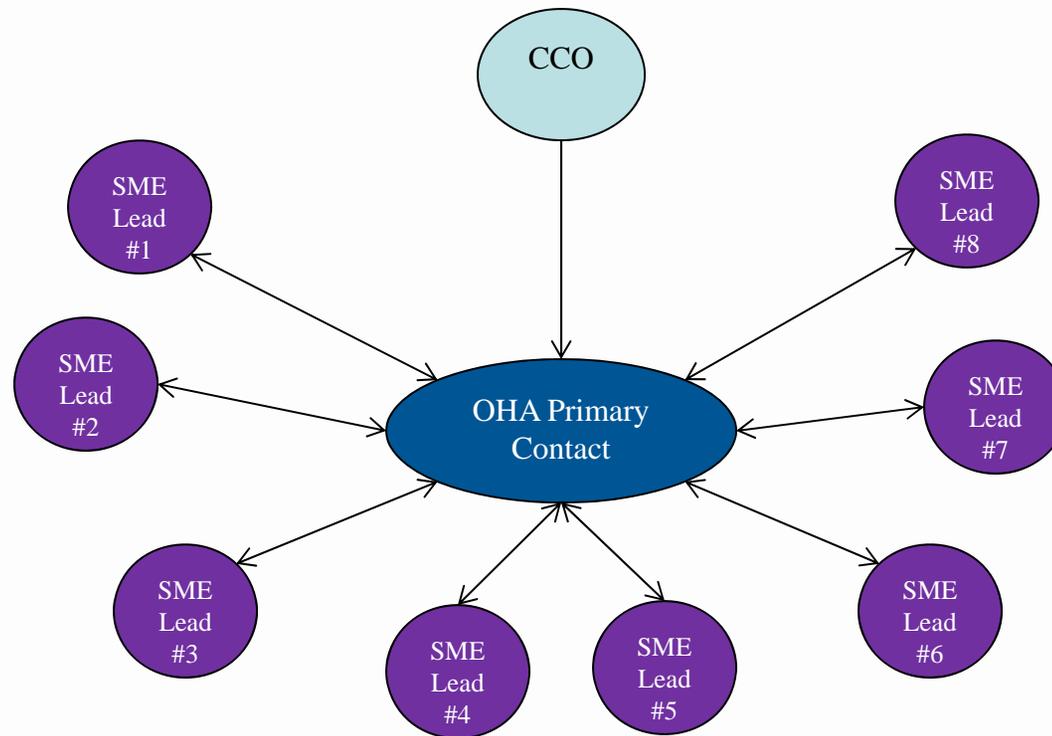
- Mailed introductory letters to each CCO
- Mailed update letters to each CCO
- Followed up by phone to obtain CCO contact information
- Holding introductory webinar

Transformation Plan: two parts

- **CCO Detailed Narrative:**
 - Describes the CCO's plan to transform the health care delivery system including a description of how the CCO will address the eight key components identified in Exhibit K of the CCO contract.
- **CCO Contract Deliverables:**
 - A standardized template incorporates the key plan milestones with measurable targets from the plan's detailed narrative.
 - Results in a tool for monitoring progress and serves as the contract amendment.

Project Team and Resources

- Each CCO has a one primary contact for Transformation Plan activities
- One lead subject matter expert for each of the eight items in Exhibit K
- CCOs go to their primary contact for questions during plan development
- Primary contact consults with SME lead to answer questions



Technical Assistance Resources

<p><u>CCO website</u></p> <p>Guidance materials, including links to best practices and FAQs</p>	<p>https://cco.health.oregon.gov</p>
<p><u>Email address</u></p> <p>Questions about Transformation Plan development</p>	<p>Ccotp.help@state.or.us</p>
<p><u>OHA points of contact</u></p>	
<p>Cascade, Columbia Pacific, EOCCO, Pacific Source</p>	<p>Tracey Robichaud</p>
<p>FamilyCare, HSO</p>	<p>Keri Mintun</p>
<p>WOAH, Primary Health of Josephine County, Jackson CareConnect</p>	<p>Lisa Welch</p>
<p>Yamhill, IHN, Trillium, WVCH</p>	<p>Rosanne Harksen</p>
<p>AllCare, Umpqua</p>	<p>Bevin Hansell</p>

Timeline and Deliverables

Date	Deliverable
November/December 2012	OHA provides additional guidance based on dialog with the CCOs and finalizes contract template
January 15, 2013	CCO due date for submitting draft Transformation Plan
January 28, 2013	OHA due date to provide comments on draft plans
February 15, 2013	CCO due date to submit final revised plan
March 1, 2013	OHA due date for final approval of plans
May 1, 2013	CMS returns approved contract template to OHA; to CCOs for signatures by May 15
July 1, 2013	Effective date for contract amendment

Process Overview

November – December 2012: Plan Development

- CCOs develop draft plans
- OHA provides single point of contact, subject matter experts for CCO specific guidance
- OHA provides general guidance
 - OHA will reach out to plans in December to offer the opportunity for consultation prior to the January 15 submission of the draft plan

January 15 – February 15: Draft Plan and Revisions

- CCO submits draft plan – January 15
- Subject Matter Experts review draft plan, provide comments
- OHA Cabinet reviews draft plan with SME comments
- SMEs and OHA contact prepare 1:1 guidance for CCO, hold 1:1 evaluation and guidance meeting with CCO (by January 28) to share feedback and respond to questions.
- CCO incorporates evaluation & guidance, submits final plan (February 15)

Process Overview

March 1 – July 1: Final Plan Approval

- Written approval of the Transformation Plan by OHA
- State and Federal contract amendment approvals

May 1 – CMS Final Approval

- CMS returns approved templates on May 1
- Contracts out for CCO signatures May 15

July 1, 2013 - Contract Amendment Effective

Eight Key Components of Transformation

1 *Developing and implementing a health care delivery model that integrates mental health and physical health care and addictions. This plan must specifically address the needs of individuals with severe and persistent mental illness.*

Examples include:

- Promotion, prevention, early identification and early intervention of conditions that lead to chronic mental health and addiction disorders
- Helping providers share health information
- Cross-training behavioral health and physical health providers
- Helping members connect with social supports (ex. housing, vocational services, educational services)

More information about SBIRT Primary Care Residency Initiative web site

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

California county based mental health system toolkit

<http://www.ibhp.org/uploads/file/IBHP%20Collaborative%20Tool%20Kit%20final.pdf>

More information about integrated care toolkits

<http://www.integratedcareresourcecenter.com/hhphysicalbehavioral.aspx>

2 *Continuing implementation and development of Patient-Centered Primary Care Home (PCPCH).*

Examples include:

- Helping PCPCHs link with community resources and workforce supports
- Advocating for community learning about the PCPCH model and care transformation.
- Facilitating member access to PCPCHs and monitoring member satisfaction.

More information at

<http://www.oregon.gov/oha/OHPR/Pages/healthreform/pcpch/index.aspx>

3 *Implementing consistent alternative payment methodologies that align payment with health outcomes.*

Examples include:

- Using alternative payment methodologies (APMs) for provider compensation
- Addressing main principles of:
 - Equity
 - Accountability
 - Simplicity
 - Transparency
 - Affordability/cost containment

More information available at:

The Center for Healthcare Quality and Payment Reform, www.chqpr.org
Health Care Incentives Improvement Institute, www.hci3.org

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Preparing a strategy for developing Contractor's Community Health Assessment (CHA) and adopting an annual Community Health Improvement Plan (CHIP) consistent with 2012 Oregon Laws, Chapter 8 (Enrolled SB 1580), Section 13.

Examples include:

- Engaging a range of culturally and professionally diverse stakeholders and use a variety of data sources to develop the CHA.
- Building on existing efforts at these entities and seek their guidance in developing the CHA and CHIP – avoid duplication of efforts, while assuring the need of culturally diverse communities are examined.
- Prioritizing the CCO population, and community health needs, and health inequities in the improvement plan.

More information about the CHA and CHIP available at <https://cco.health.oregon.gov/Pages/ResourcesCHA.aspx>

5 Developing electronic health records; health information exchange; and meaningful use.

Examples include:

- Encouraging and implementing the adoption of certified electronic health records
- Increasing meaningful use of certified electronic health records
- Facilitating electronic health information exchange for clinical, quality and analytics purposes

More information on Electronic records adoption incentive payments at <http://www.oregon.gov/oha/MHIT/Pages/index.aspx>

More information on HIT strategic plan/Health Information Technology Oversight Council <http://www.oregon.gov/oha/OHPR/HITOC/pages/index.aspx>

6 *Assuring communications, outreach, Member engagement, and services are tailored to cultural, health literacy, and linguistic needs.*

Examples include:

- Assessing member communication and health literacy needs
- Communicating to members that materials and services can be offered in alternate formats and languages
- Addressing how materials are developed, translated, and distributed.
- Demonstrating competency of health care interpreters, translators, and bilingual staff.

More information available at <http://www.oregon.gov/oha/oei>

7 *Assuring provider network and staff ability to meet cultural diverse needs of community (cultural competence training, provider composition reflects Member diversity, nontraditional health care workers composition reflects Member diversity).*

Examples include:

- Regular training for CCO staff and providers about health equity, cultural competence, cross-cultural communication, working with non-traditional health care workers in clinical teams, etc.
- Creating a human resources plan for recruitment and retention of diverse staff at all levels of the CCO and partner organizations
- Creating a plan to ensure person-centered primary or emergency care for members who travel out of state or migrate within the state as part of their work

More information available at <http://www.oregon.gov/oha/oei>



Developing a quality improvement plan focused on eliminating racial, ethnic and linguistic disparities in access, quality of care, experience of care, and outcomes.

Examples include:

- Completing a self-assessment for organization competence in eliminating disparities, identifying the areas needing greatest improvement.
- Identifying data to understand racial, ethnic, and linguistic disparities in access, quality, experience and outcomes of care.
- Developing strategies for using racial, ethnic, and language data to inform progress metrics

More information available at <http://www.oregon.gov/oha/oei>

Next Steps

Establish Website/Email

December 2012

- OHA will establish a technical assistance area on CCO website that will include materials on contract requirements.
- OHA will post guidelines, standards, FAQs, best practices, documents and tools for developing Transformation Plans.
- Email questions to ccotp.help@state.or.us, or contact assigned TA lead

OHA TA teams contact CCOs

December 2012

- More webinars will be scheduled in December to provide in-depth descriptions of plan components.
- OHA will contact CCOs to offer 1:1 conferencing opportunity in December 2012, provide individualized technical assistance .

QUESTIONS?