The Future of Care Coordination in Medicaid

Ed Blackburn, July 16, 2012
Central City Concern

- **Mission**: Providing comprehensive solutions to ending homelessness and achieving self-sufficiency

- **Who we serve** – yearly, more than 13,000 individuals (single adults, older adults, teens, parents and children throughout the Portland, Oregon metro area.)

- **Our programs** – integrated primary and behavioral healthcare, addictions treatment, over 1,600 units of affordable housing, employment services
Comprehensive Solutions

- Supportive Housing
- Homelessness
  - Addictions
  - Mental Illness
  - Chronic Health Problems
  - Trauma
  - Lack of Insurance
  - Unemployment
  - Criminality
- Integrated Healthcare
- Income & Employment
- Positive Peer Relationships
CCC Health Home Model

CCC Federally Qualified Health Center:

- Old Town Clinic
- Hooper Detoxification & Stabilization Center
- CCC Recovery Center
- Old Town Recovery Center (pictured)
- Recuperative Care Program
Coordinated Care Organizations

State of Oregon definition:

- A Coordinated Care Organization (CCO) is a network of all types of health care providers who have agreed to work together in their local communities for Medicaid patients.
- Flexibility to support new models of care that are patient-centered and team-focused, and reduce health disparities.
- Service coordination and focus on prevention, chronic illness management and person-centered care.
- Goal of meeting the Triple Aim of better health, better care and lower costs for the population they serve.
- Fixed global budget.
- Accountable for health outcomes.
CCO Model – Tri-County Medicaid Collaborative

- Mental Health $
- Physical health $
- Dental $

Global Budget: $1 billion

- MH delivery system
- Medical delivery system
- Dental delivery system

Covering 250,000 people

Housing $

Employment & Benefits support $

Housing service agencies

Employment service agencies
Tri-County Medicaid Collaborative Members

Hospital Systems:
- Adventist Health
- Kaiser Permanente
- Legacy Health
- Oregon Health & Science University
- Providence Health & Services
- Tuality Healthcare

CareOregon (MCO)

Central City Concern

Counties
- Clackamas County
- Multnomah County
- Washington County
Tri-County Medicaid Collaborative: Goals

1. Deliver coordinated, high quality services at the right place at the right time.
2. Engage Oregon Health Plan members, the high-risk uninsured, providers, and community resources in meaningful partnerships.
3. Work to eliminate health disparities.
4. Focus on excellent customer service and satisfaction.
5. Achieve cost savings and create a sustainable system
Board of Directors

Community Advisory Council
- Charter:
  - Community Health Assessment
  - Community Health Improvement Plan
  - Advocate for preventive care practices to be utilized by CCO
  - Ensure community and consumer engagement
  - Eliminate health disparities

CMO Advisory Council
- Charter:
  - Performance Metric Development & Monitoring
  - Clinical Initiatives
  - Provider Capacity Building
  - System Integration
  - Eliminate Health Disparities

Members & Community Organizations

Plan Quality Improvement Committees

Tri-County Medicaid Collaborative Structure
History: healthcare transformation in Oregon

Governor Kitzhaber
Old Town Clinic – Feb 2011

Governor Kitzhaber
Old Town Recovery Center– May 2012
Formation Tri-County Medicaid Collaborative

- TCMC Steering Committee
- Founding Board of TCMC
- TCMC process from this point forward
Central City Concern role in TCMC

- Strategic education
- Portland metro area Community Health Centers
- Tri-County Community Behavioral Healthcare Network
- Workgroups
Tri-County Supported Housing and Supportive Services Needs Assessment

- Focus on services needed to decrease hospital utilization by low income and homeless individuals
- Interviews with 38 community partners identified need:
  - Assertive Community Treatment Teams: 4 teams
  - Integrated Dual Diagnosis Treatment Teams: 4 teams
  - Housing:
    - 1360 units permanent supportive housing
    - 1400 units transitional supportive housing
    - 1000 units permanent housing with some supports

- Also identified data limitations throughout the system, need for community health workers, need for rent assistance
Making the Case: the Central City Concern Model
CCO Model – Tri-County Medicaid Collaborative

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Recommendations for engagement

- Make alliances with:
  - Community healthcare centers
  - Behavioral health providers
  - Low income housing providers

- Develop a strategy for making the case for building community infrastructure

- Power analysis of the entities involved

- Triple aim: better health, better care and lower costs