

APCM Learning Session



OPCA
Oregon Primary
Care Association

Decreasing Disparities: Subpopulation Focus Creating Solutions through Partnerships

Newport, Oregon
July 22, 2016

Quality

Track 9 CCO measures, 5 UDS measures, and 1 utilization measure. Focus on two of the clinical measures. Sustain or improve patient satisfaction.

Cost

Maintain or reduce adjusted per capita costs. Match services and resources to complex care needs.

Access

Document visits and engagement touches with 70% of established patients on an annual basis.

Population Management

Segment population to identify disparities. Interview, track, and intervene accordingly. Use psychosocial risk adjustment for payment and quality to promote health equity.



01

APCM Transformation Journey

Where We've Been:

Spring 2015:

- o Interviewing around the social determinants of health (SDoH)
- o Developing empathy and stronger partnerships in a non-triggering environment - Spring 2015

Fall 2015 + Spring 2016:

- o Learning about client perspectives on health and wellbeing
- o Ways to expand visit types and care teams to provide more human-centric health experience within and outside your health center

Where We're Deepening:

November 2016 and Beyond:

- o Disaggregating data to learn about sub-populations
- o Experimenting with interventions that include a community partner or community solution
- o Deepening our experience with empathic interviewing and corresponding operational response
- o Preparing for value-based pay by defining, documenting and addressing the complex needs of the patients we serve

02

Clinic Pre-Work: Segmentation

Clinics were asked to conduct a small segmentation project to identify sub-populations at their clinic that are experiencing comparatively worse health outcomes. The goal was to use the available data to narrow to a population between 80-100 people, interview 5-10 patients from that population using the PRAPARE+ tool and document the findings.

The populations of focus for clinics included: patients with high risk hypertension, patients with co-occurring diabetes and depression, patients with HbA1c >9 and no visit in the last 6 months, refugees coming in for screening, assigned but unengaged, tobacco users and high risk Medicare patients.

Clinics identified community partners for potential collaborations to address the needs of these patients, as well as staff roles that could support integrating SDoH screening into workflows. There were a variety of staff roles identified, mostly clinical support staff such as CHWs, panel managers, health navigators and front desk staff. Several clinics concluded that a new patient intake would be an ideal time to conduct SDoH interviews and that acknowledgment of SDoH should be integrated into all care planning activities. Potential community partners included local resources such as Boys and Girls Club, Parks and Rec, food bank and gleaners, as well as statewide resources such as the Tobacco Quitline.

Several clinics also identified the importance of preparing staff with the skills to feel comfortable conducting these conversations and following up effectively, such as motivational interviewing and understanding SDoH and their effects on health.



**Who in your clinic
is experiencing
poor health
outcomes?**

**What is causing
their health to
suffer?**

03

Keynote Highlights

Dr. James Gingerich, Guardian of Vision Maple City Health Care Center (MCHCC)

Dr. Gingerich's talk centered on vision-driven leadership at MCHCC, which centers on the commitment to lead from values. At MCHCC, staff are empowered to make decisions based on values rather than delegated authority.

MCHCC's organizational values include empowerment, integration and relationship. Dr. Gingerich described how these values are woven through all of the functions of the organization, from staffing to care processes to compensation philosophy.

Dr. Gingerich also described the power of storytelling to bring the organizational values to life. Personal storytelling has served at MCHCC as a powerful facilitator of intercultural dialogue at group visits, staff lunches, board meetings and community gatherings.

The first victim of fear is creativity and imaginative thinking, according to Dr. Gingerich. In order to counteract fear as a driver, MCHCC promotes shared abundance in their approach to employee compensation and engagement so that employees are able to make decisions from a place of sufficiency, rather than fear.

These strategies have produced great outcomes for MCHCC patients; MCHCC consistently ranks among the top 4-5 in quality for Medicaid providers throughout the state of Indiana.

Visit www.mchcc.com to read more about MCHCC!

Panel of Community Partners Medical Legal - Housing - Early Learning - Food

o The Medical Legal Partnership (MLP) of Oregon is just getting started after several years of development work. The first MLP pilot in the state, conducted by OHSU Family Medicine at Richmond in partnership with Health Share of Oregon, will focus on medically complex patients.

Panelist: Laura Russell, President of Lewis & Clark Law School Public Interest Law Project

o Bud Clark Commons, a transitional shelter, housing and day center facility that opened in 2011 in Portland, offers some lessons on the effects of housing on health. One key message: the health benefits and cost-savings of providing housing will accrue, but may not be immediately apparent.

Panelist: Rachel Duke, Executive Director of Community Partners for Affordable Housing

o Across the state, Early Learning Hubs and CCOs are collaborating to improve kindergarten readiness. Although it was not open to the public, the first Health and Early Learning Forum took place in November 2015. Local opportunities for health care providers to support early learning are growing.

Panelist: Molly Day, Director of Early Learning at United Way of Columbia-Willamette

o One Community Health, in collaboration with Gorge Grown and their local CCO, developed a veggie RX program to address food insecurity in their community.

Panelist: Hilary Brooke (Brooke) Nicholls, Certified Family Practitioner at One Community Health

04

Next Learning Session: November 3-4

Join us for our next APCM Learning Session as we continue our journey towards health equity!

What: Social Care Interventions in Practice

When: November 3-4, 2016 (split-day event)

Where: Oregon Museum of Science and Industry, Portland

Registration opens in October. Contact Stephanie at scastano@orpca.org with questions.

We want to help you with APCM!
Payment Model - Contact Amy at avasereo@orpca.org
Care Model - Contact Charles at cashou@orpca.org