

# Welcome!

# Advanced Care Learning Community Virtual Conference

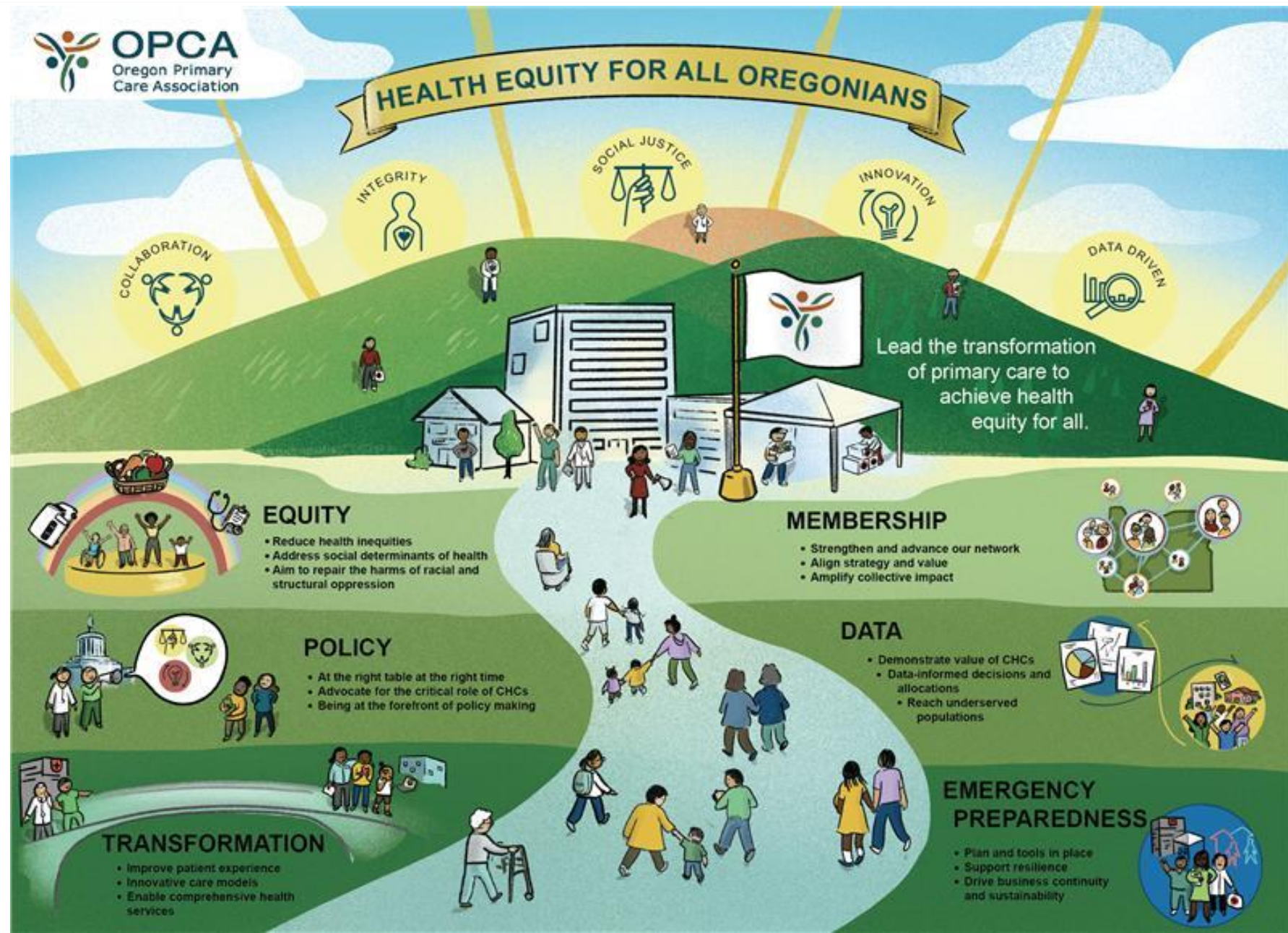
Building Value Based Care Strategy

June 6 & 7 2022 from 9:00 -12:15pm PST / 10:00 – 1:15pm MST

# Financial Disclaimer

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,789,675 with 47% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](http://HRSA.gov).

# Oregon Primary Care Association



# Objectives

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## Learn

Learn from health center peers about their value-based contracting community efforts to provide population-based health care.

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## Acquire

Acquire sustainable strategies for health care transformation and workforce wellness within an evolving environment.

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Please mute your line when you are not speaking



Use of camera is encouraged when speaking or during group discussions



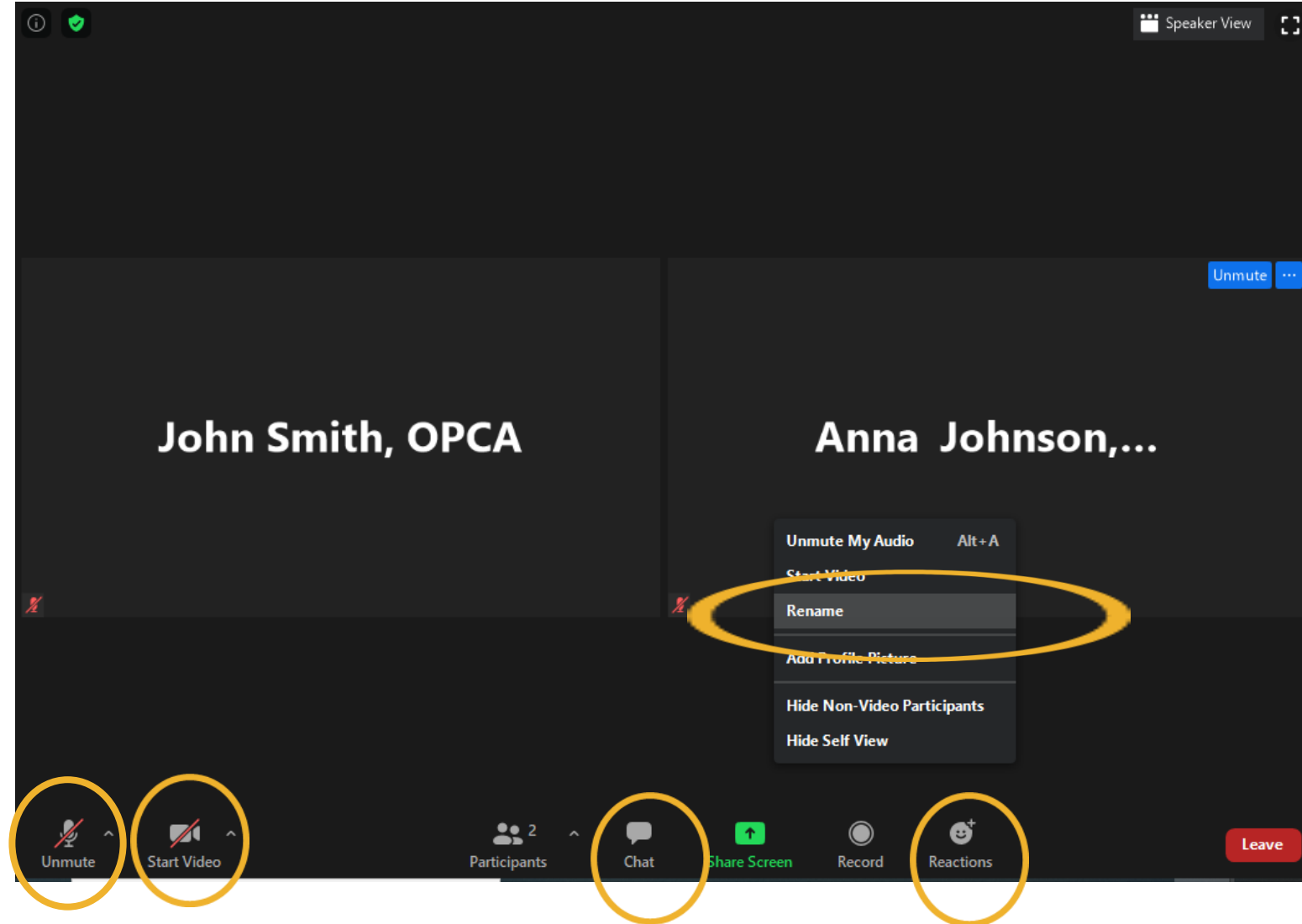
Let us know who you are! 'Rename' yourself to include your preferred name, pronouns and organization



Use the chat freely! Send kudos, ask questions, and connect with peers



Feeling a sort of way? Express yourself with the 'Reactions' feature!



This event will be recorded

# Let's Practice!



# Value Based Health Care

The future of health care system transformation

What does value-based  
health care mean to you?







Health centers are uniquely  
positioned to succeed in a  
value-based care environment

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# Defining and Implementing Value-Based Health Care: A Strategic Framework

Teisberg, Wallace and O'Hara, 2020

Hiring community members and investing in them

Social needs screening and other health assessments

Have trusting relationships

Coordinating care

identify health disparities and inequities

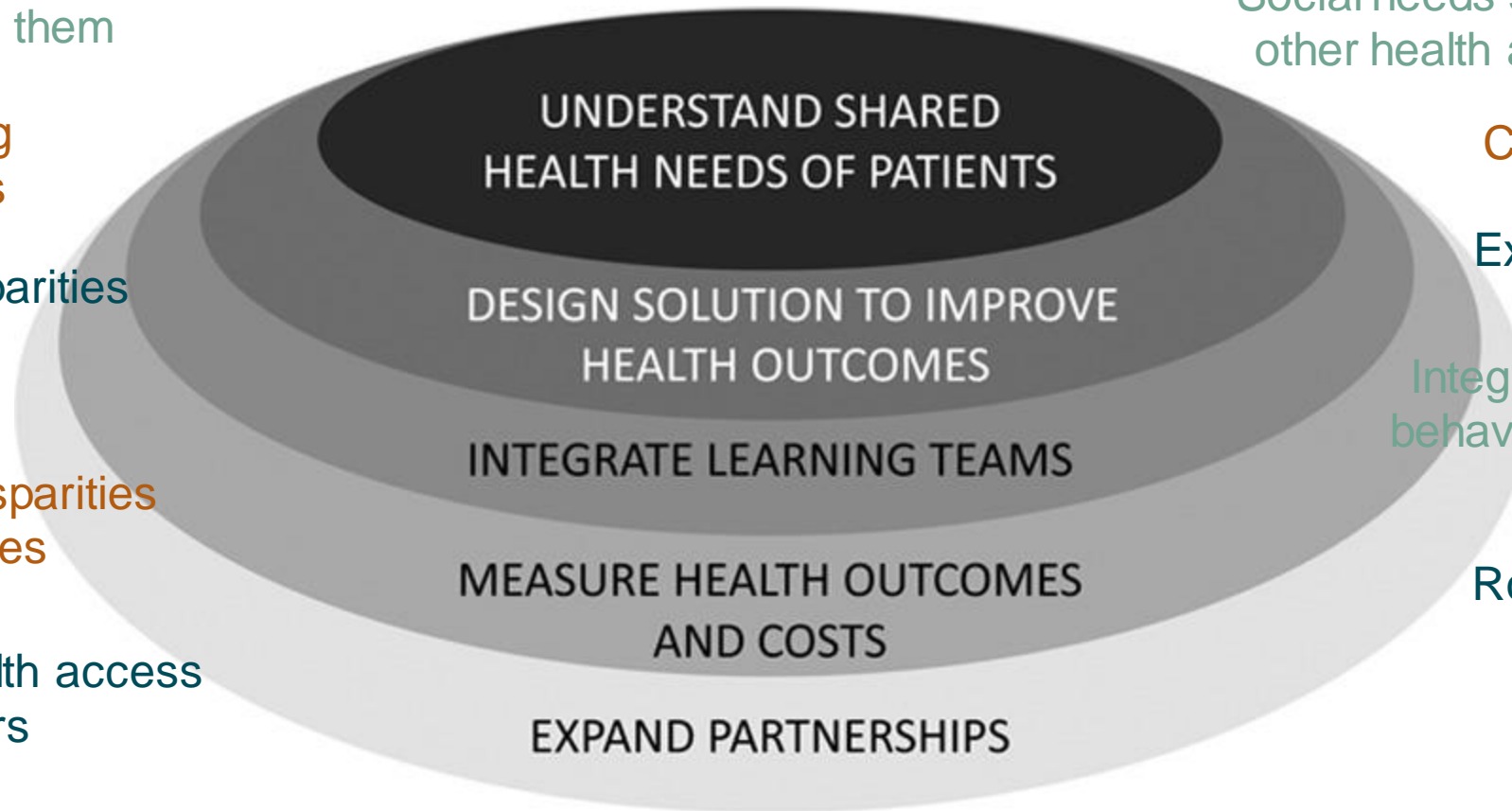
Expanding care team

identify health disparities and inequities

Integrating, dental, mental behavioral and social health

Removing health access barriers

Rooted in community partnerships



There are many paths to VBC but the destination is the same



# North Star:

Lead the transformation of  
primary care to achieve  
health equity for all

# Agenda

Monday, June 6, 2022

Time	Session
9:00	Welcome Plenary
9:30	Plenary: Central Oregon Cost-Saving Partnership
10:30	Break
10:45	Break-out Sessions
	#1 Central Oregon Panel Discussion
	#2 Using Implementation Science
	#3 Future of the APCM Program
12:00	Wrap- Up
12:15	End

Tuesday, June 7, 2022

Time	Session
9:00	Welcome
9:15	Oregon Value-Based Contracting
10:30	Break
10:45	Break-out Sessions
	#1 Oregon Value Based Contracting Health Leadership Panel
	#2 Building a Workforce with a Trauma-informed Lens
	#3 Exploring the use of Z-Codes
12:00	Wrap-Up
12:15	End



**Megan Haase, FNP**  
Chief Executive Officer  
Mosaic Medical



**Jim Guyn, MD**  
Sr. Vice President,  
Population Health  
St. Charles Health System



**Leslie Neugebauer**  
Sr. Director of CCO  
Governance,  
PacificSource



**Donna Mills**  
Executive Director  
Central Oregon Health  
Council

# Central Oregon Cost-Saving Partnership

A Unique Value Based Contracting Story



# Central Oregon's Value Based Pay Journey



# Donna Mills

Executive Director  
Central Oregon Health Council (COHC)

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Advanced Care Learning Community  
OPCA Transformation

# Our Purpose

- COHC works to improve health care by bringing down costs and raising both quality and satisfaction.
- We exist to build an equitable and integrated health ecosystem that improves the health of Central Oregonians through collaborative work and community partnerships, utilizing data-driven decisions, to achieve quality improvements, lowered costs, and empowered providers.

*COHC is charged by the State of Oregon with:*

- Overseeing the Medicaid and OHP plans administered by the regional Coordinated Care Organization (CCO), PacificSource
- Conducting a Regional Health Assessment (RHA) every five years
- Creating a five-year Regional Health Improvement Plan (RHIP)



## How Did COHC Get Its Start?

- 2009 The Health Integration Project Transitional Board, the precursor to COHC, was formed.
- 2011 The Health Council model was created and Senate Bill 204 was submitted to the Oregon Legislature to establish and formalize its role (later extended by SB648 in 2017 and established in perpetuity by SB741 in 2021).
- 2012 The Transitional Board was named governing entity of the region's CCO.
- 2013 The Transitional Board was reborn as the Central Oregon Health Council.



## COHC Board of Directors

The Central Oregon Health Council Board of Directors is charged with overseeing the work of the Health Council.

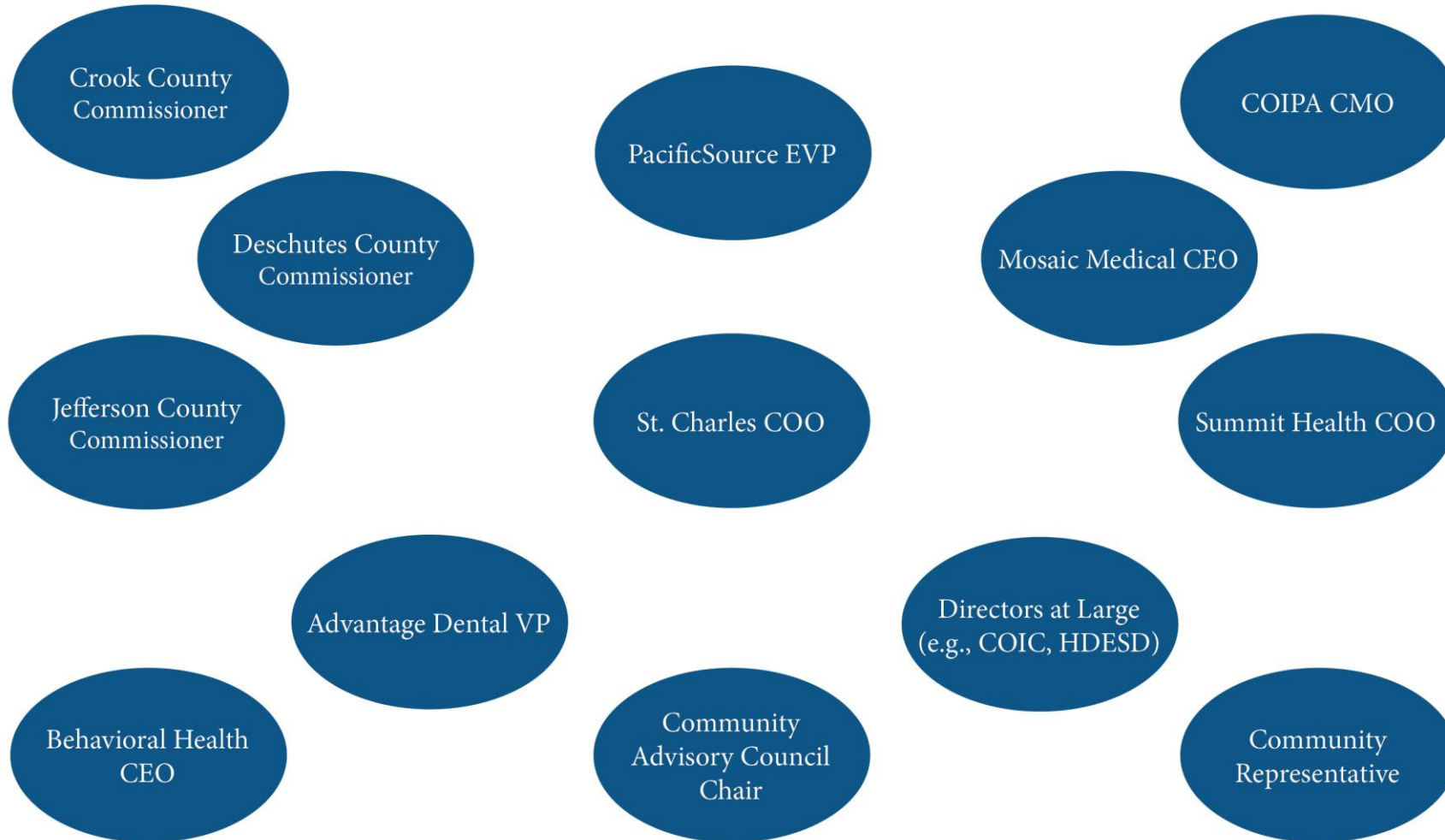
The COHC Board of Directors acts to advise, govern, oversee policy and direction, and assist with the leadership and general promotion of the Health Council to support its mission and needs.

# Who Sits on the COHC Board of Directors?

The Board of Directors, in compliance with ORS 414.625(2)(o) and SB648, includes:

- Individuals appointed by entities that share in the financial risk of the CCO, who constitute a majority of the Board
- Individuals representing the major components of the health care delivery system
- At least two health care providers in active practice, including at least one primary care physician or nurse practitioner and at least one mental health or chemical dependency treatment provider
- At least two members from the community at large, to ensure that COHC's decision-making is consistent with the value of the members and the community
- At least one member of COHC's Community Advisory Council (CAC)

# Central Oregon Health Council Board of Directors Seats





Donna Mills is heading off to retirement. You can reach her at 541.480.9009.



Carmen Madrid is the new executive director at the Central Oregon Health Council. She can be reached at [carmen.madrid@cohealthcouncil.org](mailto:carmen.madrid@cohealthcouncil.org) or 541.508.7677.





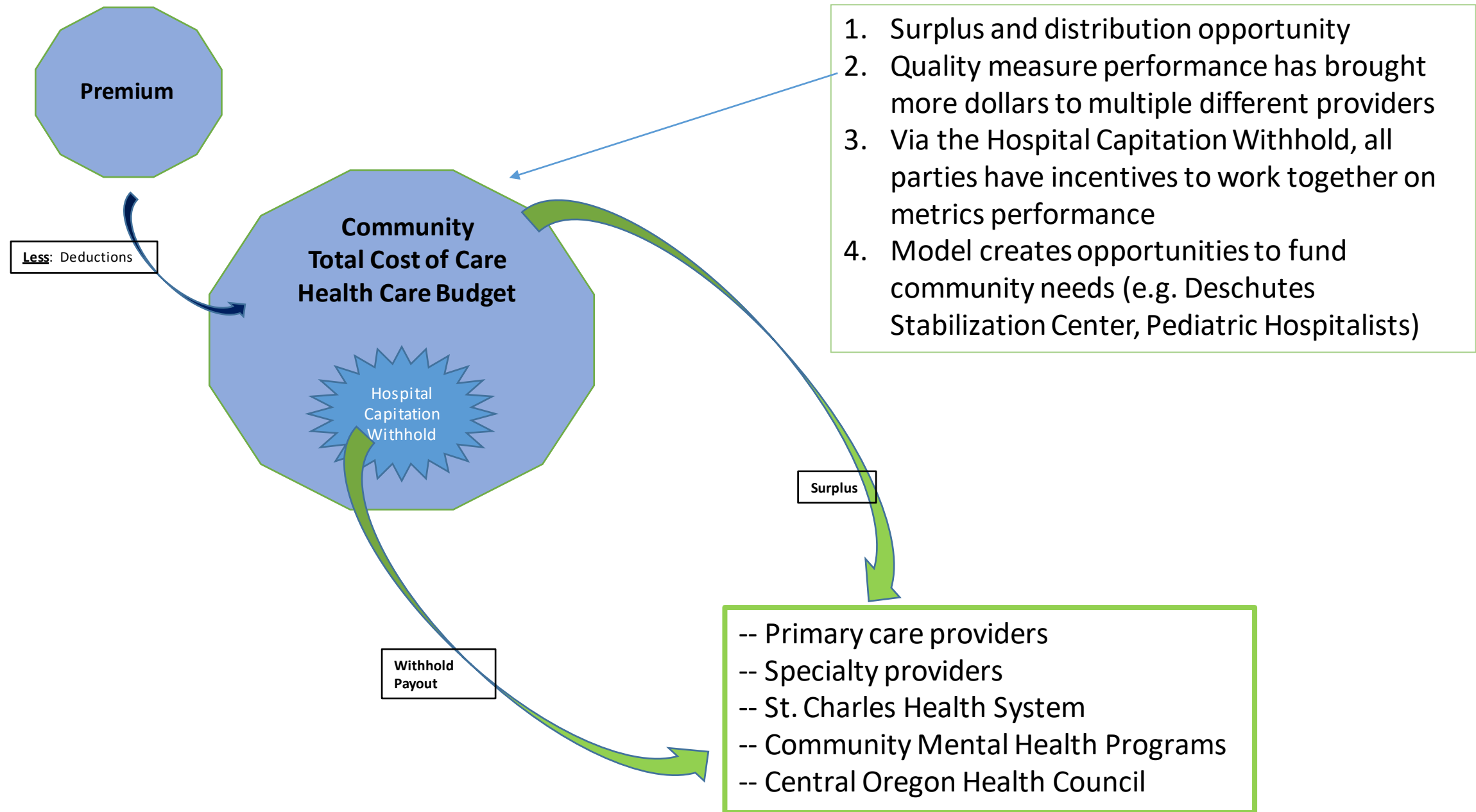
# Leslie Neugebauer

Senior Director Medicaid Governance  
PacificSource Community Solutions

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# Central Oregon CCO Shared Risk Arrangement

- CCO 1.0 (2012)
  - Hospital system inquired with CCO re: capitation opportunity
  - CCO approached IPA to inquire about shared risk opportunity
  - Yielded universal capitation with two budgets, including FFS and capitation, to see if there was a surplus and deficit and included aligned and shared incentives between both parties
- CCO 2.0 (2020)
  - CMHPs included in shared risk arrangement
  - Shifted to one budget for all parties
  - COHC community governance body at the table



# Central Oregon Success – Surplus From Model

	IPA	SCMG
2021 YTD	\$18,090,591	
2020	<b>(-\$2,060,084)</b>	\$2,532,561
2019	\$9,682,671	\$7,955,567
2018	\$5,263,686	\$4,479,397
2017	\$10,373,971	\$3,381,046
2016	\$13,821,475	\$3,166,864
2015	\$20,560,040	\$5,861,288
2014	\$22,093,091	\$4,512,871
2013	\$4,005,893	

# Dr. Jim Guyn

Senior Vice President of Population Health  
St Charles Health System (SCHS)

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# The WHY of value-based care transformation

Value transformation is a bet that SCHS's FFS model will struggle to remain viable in the face of economic and environmental headwinds and that embracing value-based care will optimize SCHS's and the market's outcome

## The FFS model is facing economic and environmental headwinds...



**Payer mix** is further shifting from Commercial to Government due to an aging population, economic environment, and ACA regulation



**Payers are committed to value-based risk arrangements** and investing in provider assets to manage their populations. Payers are also investing making big bets on MA market



**Care is migrating from acute** to ambulatory, virtual, tech-enabled, health at home, and lower-cost sites of care meet affordability and consumer preference demands



**Provider costs are rising** faster than reimbursement; new lower-cost disruptors can be successful with fewer lives



**Price transparency** and 340B regulations may disrupt traditional sources of value (e.g., HOPD)



**Local and new-entrant competitors** are threatening SCHS's historical market position

## ...that are accelerated by SB889 and SCHS's dedication to VBC...

### SB889 as an accelerant

(given cap on TME growth and requirement for 70% of revenue to be tied to downside risk)



Financial trajectory at current course and speed



SCHS's dedication to the principles of value-based care

## ...to drive the market to value



### Value-based care market

- Market dynamics point Central OR to value, but the evolution is likely to be slower in the absence of a disrupter
- SCHS is positioned to dictate the pace at which it transforms to value
- The right pace for SHCS transformation is dependent on multiple factors, including:
  - Board and leadership alignment
  - Physician alignment and integration
  - Care model transformation
  - Competency and infrastructure to manage risk and total cost of care
  - Economic alignment – internally and with payers
  - Effective enablement capabilities
  - Care assets portfolio evolution

# Megan Haase, FNP

Chief Executive Officer

Mosaic Medical

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# Our Value Based Pay Journey





# Agenda

- Mosaic's Strategic Roadmap
- Mosaic's Path to Value
- How Our Work Fits In

# Strategic Roadmap Initiated 2011

- Care model
- Data/analytics
- Population health framework (PCPCH, Building blocks)
- Leadership alignment
- Robust strategic and programmatic planning/management
- **Value Based Reimbursement**



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# Mosaic's Value Based Pay Evolution

# Value Based Pay Evolution

## 2010

- P4P quality incentive program with local Medicaid Managed Care Organization (MCO)

## 2012

- Capitation payment model with MCO
- PCPCH (OR-version of PCMH) supplemental PMPM payments

## 2013

- Launch of Oregon's Advanced Payment and Care Methodology (APCM)
- ACA expansion planning (panel sizes, complexity, projections, etc.)

## 2014

- ACA expansion
- "Gainshare" contract for Medicaid patients with hospital system including hospital capitation

## 2016

- Quality incentive contract with Central Oregon IPA

## 2017

- Joined Medicare Accountable Care Organization (ACO)

## 2022

- Transitioned to new ACO



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# Current Medicaid Payment Streams

# Medicaid Payment Streams

- **Alternative Payment and Care Model (APCM)**
  - Oregon launched the first Medicaid (2013) alternative payment model (replacing PPS payment) developed in coordination with Oregon Primary Care Association (OPCA)
  - Capitated payment with downside risk tied to quality metric performance
  - FFS carve outs include prenatal, MH/BH, oral health

# Medicaid Payment Streams:

- **PMPM Through Regional Coordinated Care Organization**
  - Started in 2012
  - Capitation for patients assigned to Mosaic
  - Dependence on patients' Medicaid status led to hiring of additional enrollment assistors
  - FFS carve outs include wellness visits, prenatal, MH/BH, oral health

# Medicaid Payment Streams

- **Shared Savings Contract with Hospital and Hospital Risk Withhold**
  - Started in 2014
  - Hospital services are capitated with a risk withhold
  - The withhold has quality and utilization targets that, if achieved, allocate dollars to both the hospital and providers
  - Additional savings outside of the risk withhold are also shared back to the hospital and providers



# Medicaid Payment Streams

- **Quality Bonus with local Independent Practice Association (started in 2016)**
  - Mix of standard CQMs and process measures
  - Funded through small PMPM taken by IPA

# How Mosaic fits

1. COHC
2. Strategic planning
3. Community Contract workgroup

# Questions?

# Break time

Return by 10:45 PST/ 11:45 MST

Up next, breakout sessions!

1. Q&A with Central Oregon Presenters
2. Implementation Science for Health System Improvement
3. Future of APCM



# Break Out Sessions – self select one

## #1 Q&A with Central Oregon Presenters

### Objective:

Discuss partnership details and lessons learned about what makes this central Oregon cost-saving partnership work and what CHCs can leverage to follow a similar path

### Presenters:

Session Plenary Central Oregon Partners

## #2 Implementation Science for Health System Improvement

### Objective:

Introduction to implementation science methods and tools to facilitate health innovation work

### Presenter:

Dr. Elaine Khoong, University of San Francisco

## #3 APCM 2.0

### Objective:

Share and discuss upcoming changes and improvements to OPCA's APCM program.

**Presenter:** Danielle Sobel, OPCA

# Thank you!

Please complete  
today's evaluation

See you tomorrow from 9:00 -  
12:15pm PST / 10:00 – 1:15pm  
MST

