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EASTERN OREGON
COORDINATED CARE
ORGANIZATION





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EOCCO Community Health Worker Program

Sean Jessup



EOCCO structure

- **Ownership**

- Moda Health (29%)
- GOBHI (29%)
- Good Shepherd Hospital (10%)
- Grande Ronde Hospital (10%)
- St. Alphonsus Hospital (10%)
- St. Anthony's Hospital (10%)
- Eastern Oregon IPA (1%)
- Yakima Valley Farm Workers (1%)

- **17 Member Governing board**

- **Community advisory council's**

- 12 Local Community Advisory Council's (LCAC's)
- 1 Regional Community Advisory Council (RCAC)

- **Clinical Advisory Panel (CAP)**

CHW program journey

- **CCO requirement to integrate traditional health workers**
- **Successful CHW focused transformation grant in 2014**
- **EOCCO Board dedicated funding for CHW initiatives in 2015**
- **Developed a CHW policy and reimbursement program in 2015**
- **Partnership with OSU College of Public Health and Human Services 2015**
- **Program modification, growth, lessons learned and results to date**

EOCCO CHW policy

- **EOCCO will reimburse for CHW services when provided by a State certified CHW and supervised by a contracted provider**
- **Reimbursement is limited to individual face to face or group visits**
- **CHW roles are allowed to vary at the discretion of the organization**
- **CHW's must be certified by OHA and receive training by an approved training program**
- **Policy outlines covered/non covered services**
- **Billing, payment and documentation**
 - Claims based billing using specified CPT codes
 - Billing limits
 - Documentation in clinical record

CHW training program

- **Initial three year partnership with OSU College of Public Health and Human Services**
 - Developed a State certified CHW training program (Spring 2016)
 - Developed and launched continuing education modules (Fall 2017)
 - Poverty and related social determinates of health
 - Mental and behavioral health
 - Management of chronic health conditions
 - Developed CHW leadership certificate (First class Fall 2018)
 - Training had to be primarily on-line
- <https://pace.oregonstate.edu/community-health-worker-training-program>

Other CHW initiatives

- **2015 and 2016 grant funding for CHW projects**
- **CHW collaboration/sharing of best practices**
 - EOCCO clinician and staff summits
- **Group and individual provider training on CHW billing process**
- **CHW learning collaborative 2017**
 - Project ECHO
 - Billing requirements

Lessons learned/discoveries

- **A variety of different partners employ CHW's in our region**
 - Primary Care
 - Hospitals
 - Public Health
 - Behavioral Health
- **CHW's perform services in a variety of different locations**
- **Billing for CHW services was more challenging than we initially expected**
- **Employers need assistance defining CHW duties and position descriptions**
- **Employers would like EOCCO to explore paying for other CCO activities**
 - Telephonic engagement

Results to date

- **Seven completed entry level CHW training courses**
 - 44 trained CHW's since 2016
 - Number of employed CHW's doubled between 2015 and 2016
 - Approximately 100 certified CHW's in eastern Oregon
- **Continuing education CHW modules**
 - 9 individuals completed
- **CHW billing has increased**
 - 453% increase in provider billings from 2016-2017
 - Average claims per month increased from 21 to 97 between 2016-2017
- **CHW's are having a positive impact on our members**
 - Would still like to validate a financial ROI

EOCCO Cost & Utilization Report - Emergency Department - For Current Period: October 1 2016 - September 30 2017

Emergency Department Summary Indicators

Change in paid PMPM since prior 12 month period:

0.8%

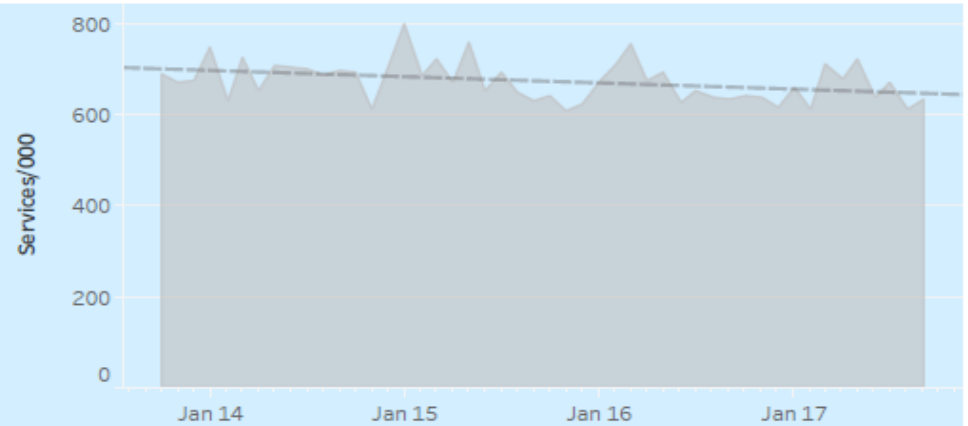
Change in Services/000 since prior 12 month period:

-1.5%

Change in total paid since prior 12 month period:

-2.7%

Emergency Department Services Trend



Emergency Department Statistics

# of ED Visits	# of Members		% of Members	
	Current	Prior	Current	Prior
0	32,279	33,358	70.3%	70.2%
1	8,228	8,437	17.9%	17.7%
2	2,839	2,945	6.2%	6.2%
3	1,198	1,307	2.6%	2.7%
4	583	604	1.3%	1.3%
5-7	542	628	1.2%	1.3%
8-10	136	163	0.3%	0.3%
11-20	72	78	0.2%	0.2%
21-30	8	9	0.0%	0.0%
31+	3	7	0.0%	0.0%
Grand Total	45,887	47,534	100.0%	100.0%

	Current	Prior
PMPM	\$37.15	\$36.85
Services/000	652	662
Total Paid	\$20,454,937	\$21,018,653

Average ED Visits by Age		% Members
0-1	0.74	5.0%
2-4	0.51	8.6%
5-14	0.30	26.8%
15-24	0.53	16.8%
25-44	0.72	23.0%
45-64	0.66	17.8%
65-74	0.71	1.4%
75+	0.86	0.8%
109	0.00	0.0%

Definitions:

- *Services are defined as individual claims
- *Visits are defined as unique dates of service by member

EOCO Cost & Utilization Report

- Primary Care -

For Current Period: October 1 2016 - September 30 2017

Primary Care Summary Indicators

Change in paid PMPM since prior 12 month period:

32.3%

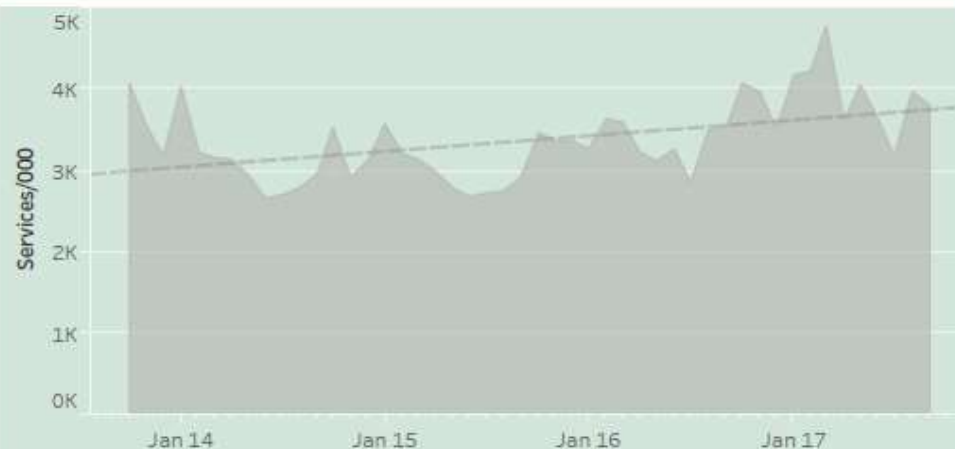
Change in Services/000 since prior 12 month period:

16.8%

Change in total paid since prior 12 month period:

27.7%

Primary Care Services Trend



Primary Care Visits Statistics

# of Primary Care Visits	# of Members		% of Members	
	Current	Prior	Current	Prior
0	16,747	21,265	36.5%	44.7%
1	9,337	8,183	20.3%	17.2%
2	6,105	5,437	13.3%	11.4%
3	4,121	3,801	9.0%	8.0%
4	2,844	2,525	6.2%	5.3%
5-7	4,164	3,872	9.1%	8.1%
8-10	1,544	1,479	3.4%	3.1%
11-15	769	744	1.7%	1.6%
16-20	190	169	0.4%	0.4%
21-30	64	54	0.1%	0.1%
31-50	4	5	0.0%	0.0%
51+		1		0.0%
Grand Total	45,887	47,534	100.0%	100.0%

	Current	Prior
PMPM	\$36.16	\$27.33
Services/000	3,909	3,347
Total Paid	\$19,909,606	\$15,587,576

Average Primary Care Visits by Age Group

Age Group	Average Visits
0-1	5.0
2-4	2.3
5-14	1.5
15-24	1.6
25-44	1.9
45-64	2.9
65-74	2.3
75+	1.8
109	3.0

Definitions:

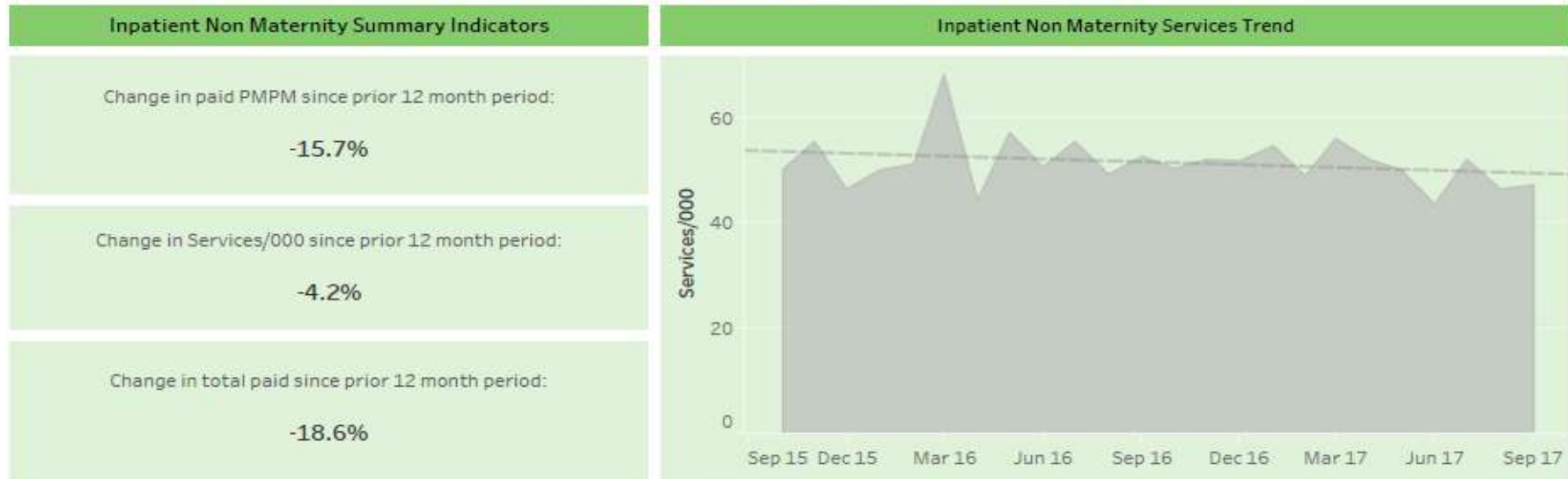
*Services are defined as individual claim lines on a claim

*Visits are defined as unique dates of service by member

EOCCO Cost & Utilization Report

- Inpatient, Non Maternity -

For Current Period: October 1 2016 - September 30 2017



Inpatient Non Maternity Statistics

Provider Health System	% of Total Paid	Total Paid	Top 10 Diagnoses for Inpatient Services	
St. Alphonsus	17.8%	\$4,795,183	Diseases of the digestive system	13.6%
Providence Health and Services WA	8.9%	\$2,406,989	Diseases of the respiratory system	13.1%
Good Shepherd Medical Center	9.4%	\$2,535,360	Diseases of the circulatory system	11.1%
OHSU Hospitals and Clinics	14.8%	\$3,981,926	Injury, poisoning and other due to external causes	10.2%
Grande Ronde Hospital	8.5%	\$2,287,767	Diseases of musculoskel sys and connective tissue	9.4%
St. Anthony Hospital	5.5%	\$1,470,117	Certain infectious and parasitic diseases	9.0%
St Lukes	7.3%	\$1,962,178	Endocrine, nutritional and metabolic diseases	6.4%
St. Charles Health System	5.1%	\$1,366,475	Diseases of the genitourinary system	5.5%
Kadlec Regional Medical Center	7.2%	\$1,934,574	Neoplasms	4.3%
Walla Walla Memorial Hospital	2.4%	\$650,990	Symp and abnorm clinical and lab findings, NEC	4.1%
Top 10 Total	86.9%	\$23,391,558		
Grand Total	100.0%	\$26,912,054		

	Current	Prior
PMPM	\$48.87	\$57.97
Services/000	50	53
Total Paid	\$26,912,054	\$33,065,079

Definitions:
*Services are defined as individual claims

Questions?



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Supporting the CHW Role in a Health Care Setting

McKenzie Wilson, MHS
Community Health Programs
Manager



Objectives

- Valley Family Health Care
- Evolution of the CHW Role
- Value of the CHW Role
- Lessons Learned



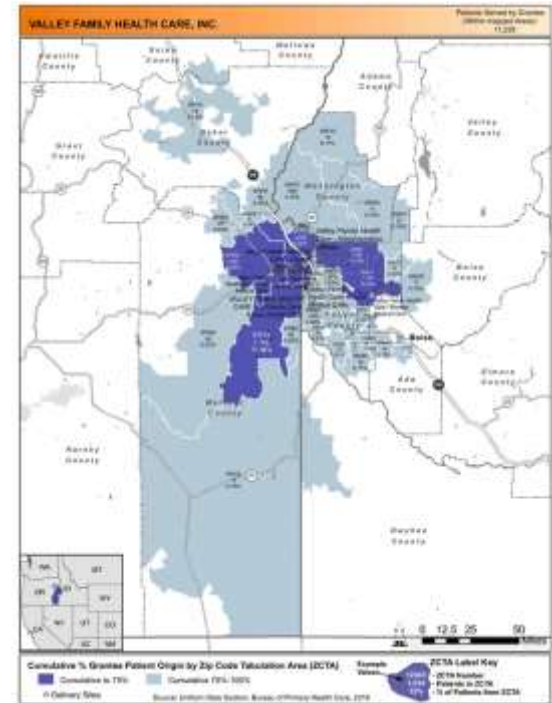
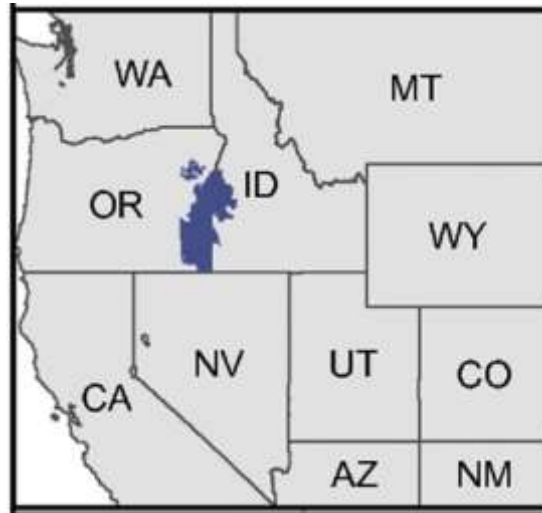
Valley Family Health Care

VFHC Background

- Established 1982 in Payette, ID
- Federally Qualified Health Center
- Medical, pediatric, dental, nutrition, behavioral and community health services
- 14 sites total: 11 service, 3 administrative
- About 200 employees



VFHC Service Area



VFHC Locations

Oregon Malheur County

- Medical Clinics: Ontario, Nyssa, Vale
- Dental Clinics: Ontario, Nyssa
- Outreach Center: Ontario

Idaho Payette & Gem Counties

- Medical Clinics: Payette, New Plymouth, Emmett
- Dental Clinic: Payette



51.8 miles

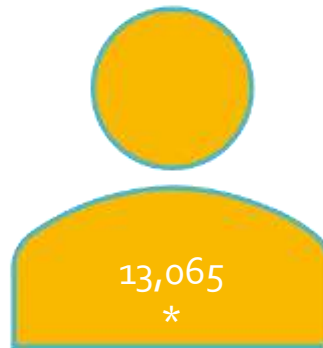
VFHC Outreach Center

- 4 / 5 CHWs
- Serve patients and other community members
- Walk-in & appointments
- Referrals from clinic and community
- Group education classes
 - Teaching Kitchen



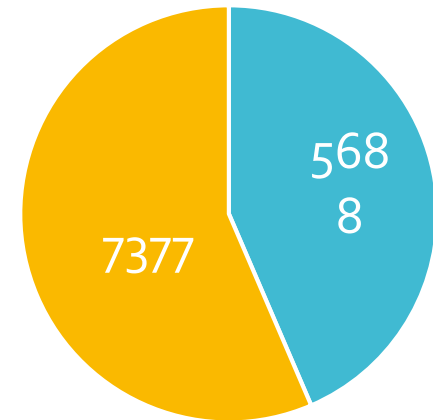
VFHC Patient Population

Total Patients



*does not
include peds
(~4,000)

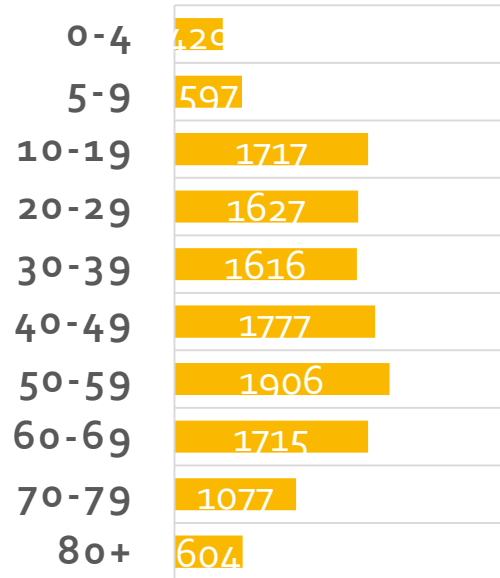
Sex



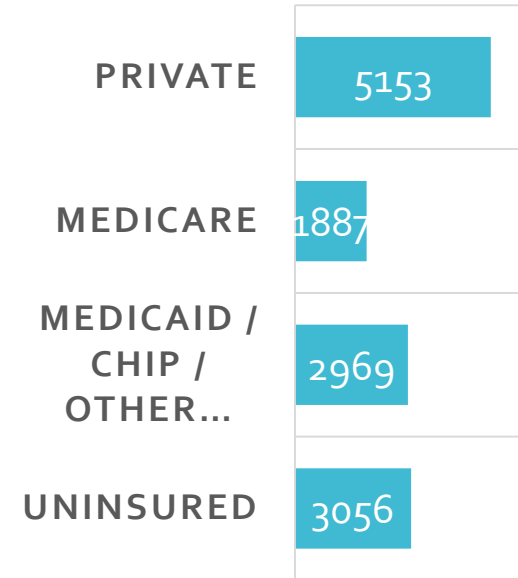
■ Male ■ Female

VFHC Patient Population

Age

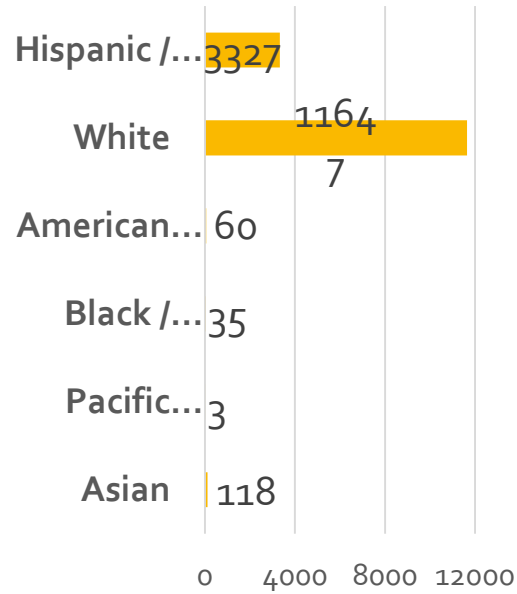


Insurance Type

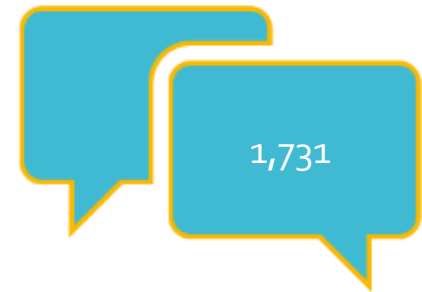


VFHC Patient Population

Race / Ethnicity



Prefer Language Other Than English





Evolution of the CHW Role

Evolution of the CHW Role

La Familia Sana (Promotora de Salud)



Outreach & Enrollment



Community Health Worker

La Familia Sana

- Fairly close to start of organization
- 7 - 8 Promotoras de Salud
- Responsibilities: health education at migrant farmworker camps; resource navigation

La Familia Sana: Funding

- Migrant farmworker grants – farmworker education and health promotion
- Susan G Komen grant - breast cancer awareness and education

Outreach & Enrollment

- Prompted by Affordable Care Act
- 4 – 5 O&E workers
- Responsibilities: health insurance education and enrollment assistance; health education around the community; resource navigation

Outreach & Enrollment: Funding

- HRSA O&E grant
- Idaho PCA monthly payment

Community Health Worker

- Awareness through Community Advisory Council (CAC)
- 3 – 5 CHWs
- Responsibilities: addressing Social Determinants of Health; resource navigation; outreach and enrollment; health education/promotion

Community Health Worker: Funding

- VFHC covered training cost, Northeast Oregon Network (NEON) provided reduced rate
- CHWs integrated into standard role
- Grants, partnerships, service reimbursement

Community Health Worker: Funding

Grants

- Include CHW funding in budget for projects they support
- EOCCO Adolescent Well Care project
- IPCA Virtual Patient-Centered Medical Home

Community Health Worker: Funding

Partnerships

- Training, curriculum, and implementation support
- Building Healthy Families – parenting and safe babysitting classes, car seat safety check events
- Qualis/Area 3 Senior Service Agency – diabetes self-management classes

Community Health Worker: Funding

Service Reimbursement

- NEON
 - Pathways Community Hub
 - Payment for outcomes that improve health
- EOCCO
 - Have not billed to date – developing program to meet requirements (facility scope, EHR documentation, supervision)

Community Health Worker: Funding

Future Opportunities for Sustainability

- APCM
 - Monthly payment supports non-traditional roles
- Increased NEON & EOCCO billing
 - More direct revenue



Value of the CHW Role

Value of the CHW Role

- Focus on Social Determinants of Health
 - Empathic conversations to inquire about SDH needs
 - Document conversations to communicate with care team
- Trusted community member
 - Patients often tell CHWs things they don't tell providers
 - Help patients advocate for themselves
- Increased flexibility
 - More time to spend with patients
 - Home visits



Lessons Learned (and still learning!)

Lessons Learned

- Well-defined role description
 - Helps CHWs communicate their role
 - Helps clinic staff understand and differentiate
 - Continuously working on CHW vs Care Coordination
- Continuous training on scope
 - For CHWs and other staff
- Communicate, communicate, communicate!
 - Helps build rapport and trust with clinic staff

THANK YOU!





McKenzie Wilson, MHS

Community Health Programs Manager

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