

# **EASTERN OREGON COORDINATED CARE ORGANIZATION (EOCCO)**

## **Lessons Learned From Oregon's Frontier**

**Western Regional Meeting of the Reforming States Group  
Milbank Memorial Fund  
November 14, 2018**

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# EOCCO



**50,000 square miles (OR: 98,500 square miles)**  
**195,000 residents (OR: 4,150,000 residents)**  
**50,000 enrollees**

# EOCCO Structure

- **Ownership**
  - Moda Health
  - Greater Oregon Behavioral Health, Inc.
  - Good Shepherd Hospital, Hermiston
  - Grande Ronde Hospital, LaGrande
  - St. Alphonsus Hospital, Baker City
  - St. Alphonsus Hospital, Ontario
  - St. Anthony's Hospital, Pendleton
  - Eastern Oregon IPA, Umatilla County
  - Yakima Valley Farm Workers Clinic, FQHCs in Hermiston and Walla Walla, WA
- **17 Member Governing Board**
  - Hospital, Primary Care, Behavioral Health, Public Health, Local Elected Officials, & Lay Members
- **Community Advisory Councils**
  - 12 Local Community Advisory Councils (LCACs) – 1 per county
  - 1 Regional Community Advisory Council (RCAC)
  - Responsible for Community Health Assessments and Community Health Improvement Plans
- **Clinical Advisory Panel (CAP)**
  - 12 Member committee composed of Primary Care, Behavioral Health, Public Health, Dental Health
  - Responsible for advising Board on clinical matters

# The Delivery System\*

- 10 Area Hospitals
  - 7 of 10 are Type A/Critical Access Hospitals
  - 5 of 10 are part of health districts
  - None are tertiary hospitals
- Primary Care Providers
  - 57 widely dispersed clinics, many sole provider
  - 24 are Rural Health Clinics (RHCs)
  - 7 are Federally Qualified Health Centers (FQHCs)
  - 90% of members are served by certified medical homes
- Additional Providers
  - Specialty Medical Care
  - Behavioral Health
  - Dental Health
  - Non-emergent Medical Transportation

*\*Includes Oregon, Idaho & Washington providers*

# Components of Success

**MISSION: Operate within annual 3.4% fixed growth global budget rate framework in an environment of cost-based reimbursement to Type A hospitals, RHCs, and FQHCs while improving the health of our members**

- **Enhancing Primary Care payment methodologies including:**
  - Implementation of Value Based Payment System which includes shared savings
  - Enhanced Medical Home Payment Program
- **Meeting state-mandated CCO quality measures**
- **Re-investing in service area communities**
  - LCAC Community Benefit Initiative grant program
  - Transformation Community Benefit Initiative grant program

# Enhancing Primary Care Payment Methodologies

# Primary Care Payment Methodologies

- 2014/2015 Initial shared savings model
  - Participation voluntary
  - Quality bonus payments available to PCPs based on panel size
  - Enhanced monthly PMPM payments to certified medical homes based on tier status
- 2015/2016 modifications
  - Two options for participation
    - No downside risk (no withhold)
    - Full risk via capitated payment (no withhold)

# Primary Care Payment Methodologies (con't)

- 2017/2018 modifications
  - Quality bonus payments partially based on performance meeting specific EOCCO quality measure targets
  - Significant increase in monthly payments to certified medical homes
- 2018/2019 modifications
  - Elimination of primary care fund
    - PCP capitation funding enhanced to encourage participation
    - PCP reimbursement rate altered to attempt to avoid surplus
  - Quality bonus payments entirely based on performance
  - To receive quality bonus payments, PCPs must participate in shared savings model
  - Participation remains voluntary



# Quality Measures

# Quality Measures Results

- 2013 - \$2.4 Million withheld (2% of premium)
  - Met 12 of 17 measures, received \$1.9 Million-80% of available funding
- 2014 - \$6 Million withheld (3% of premium)
  - Met 13 of 17 measures, received \$6.8 Million-100% of available funding
- 2015 - \$10 Million withheld (4% of premium)
  - Met 13 of 17 measures, received \$10.2 Million-100% of available funding
- 2016 - \$11.5 Million withheld (4.25% of premium)
  - Met 13 of 18 measures, received \$10.1 Million-91% of available funding
- 2017 - \$12 Million withheld (4.25% of premium)
  - Met 14 of 17 measures, received \$12.1 Million-101% of available funding

# 2018 Quality Measures

## Claims Based Measures

1. Adolescent Well Care Visits
2. Child Immunization Status
3. Dental Sealants for Children
4. Developmental Screening
5. ED Utilization
6. ED Utilization for Members Experiencing Mental Illness
7. Effective Contraceptive Use
8. Health Assessments for Children in DHS custody
9. SBIRT

## Chart Review Measures

10. Colorectal Cancer Screening
11. Timeliness of Prenatal and Postpartum Care

## Clinical Quality Measures

12. Depression Screening and Follow-up
13. Controlling High Blood Pressure
14. Diabetes HbA1c Control
15. Cigarette Smoking Prevalence
16. Weight Assessment and Counseling for Children and Adolescents

## CCO-specific Measures

17. Medical Home enrollment
18. Access to Care (CAHPS)

# Quality Measures Settlement Re-investments

# Quality Measures Settlement Distribution Formula

Initiative	Percentage
<b>Quality Bonus Payments</b>	<b>30%</b>
<b>Enhanced PCPCH Payments</b>	<b>40%</b>
<b>LCAC Community Benefit Initiatives</b>	<b>6%</b>
<b>Dental Care Organization Distribution</b>	<b>7%</b>
<b>Transformation Grant Community Benefit Initiatives</b>	<b>10%</b>
<b>Other Initiatives</b>	<b>7%</b>

# EOCCO Quality Measures Settlement Re-Investments

(through June 2018)

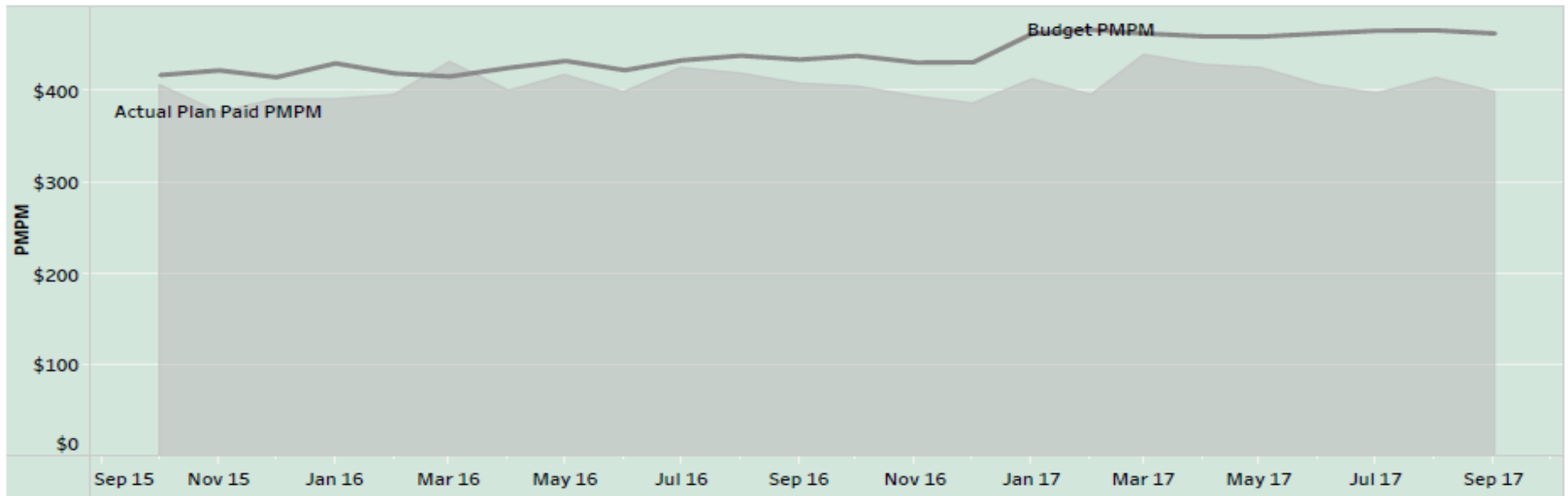
• Shared savings payments:	\$28.4 Million
• Quality measure bonus payments:	\$26.6 Million
• Enhanced medical home payments:	\$27.9 Million
• LCAC and Transformation Community Benefit Initiative Grants	<u>\$4.4 Million</u>
<b>Total Re-Investments to date:</b>	<b>\$87.3 Million</b>

# Results

## EOCCO Cost & Utilization Report - Key Indicators Overview - For Current Period: October 1 2016 - September 30 2017

Cost- PMPM		Utilization- Services/000		Budget- By Rate Group		
Key Indicators	% Change PMPM	Key Indicators	% Change Services/000	Rate Groups	% PMPM Over/Under Budget	% Members
Emergency Department	0.8%	Emergency Department	-1.48%	ACA	-11.0%	32.5%
Primary Care & PCPCH	32.3%	Primary Care & PCPCH	16.82%	TANF/PLMA	-14.8%	9.6%
Specialist	-9.1%	Specialist	-8.76%	BCCP/ SNRG	46.2%	0.0%
Inpatient Non Maternity	-15.7%	Inpatient Non Maternity	-4.17%	ABAD & OOA Medicaid Only	-18.8%	5.3%
Pharmacy	1.7%	Pharmacy	1.30%	ABAD & OOA Duals	0.5%	3.4%
All Other	1.5%	All Other	10.11%	Child 0-1	-25.8%	3.4%
				Child 1-5	-2.0%	13.9%
				Child 6-18	-2.0%	30.2%
				CAF	-7.4%	1.7%
Change in Plan Paid PMPM:		Change in Services/000:		% Paid PMPM Over/Under Budget:		
0.9%		7.2%		-10.4%		

PMPM Trend- Budget vs Plan Paid

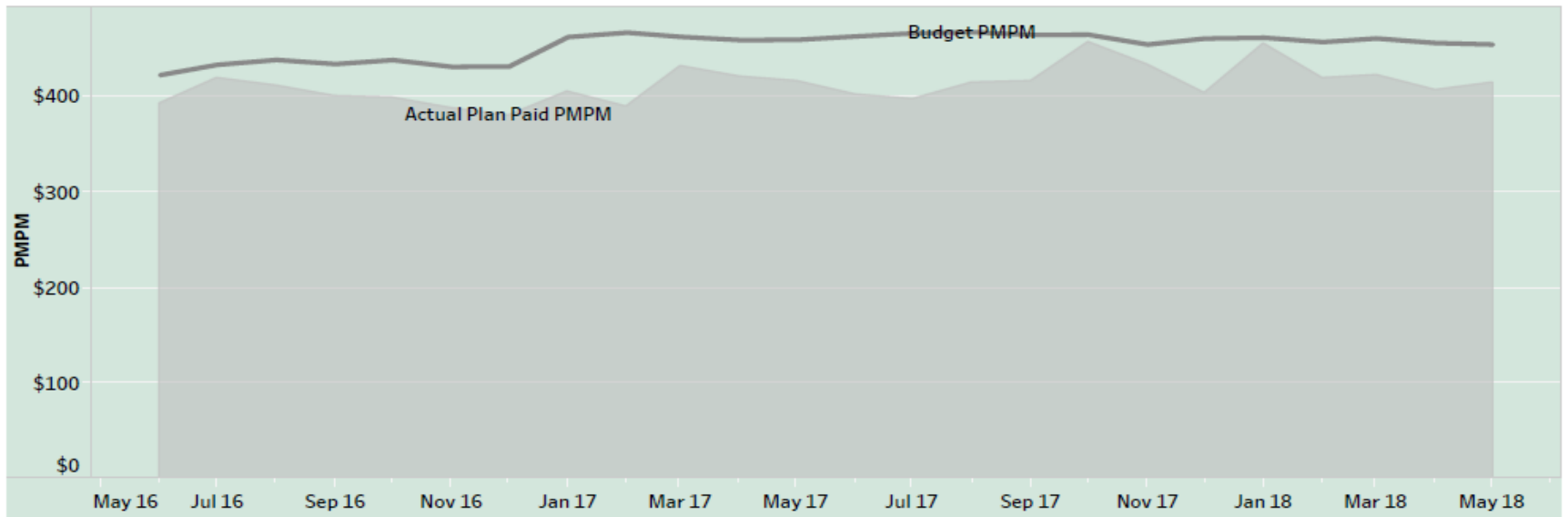




## EOCCO Cost & Utilization Report - Key Indicators Overview - For Current Period: June 2017 - May 2018

Cost- PMPM		Utilization- Services/000		Budget- By Rate Group		
Key Indicators	% Change PMPM	Key Indicators	% Change Services/000	Rate Groups	% PMPM Over/Under Budget	% Members
Emergency Department	2.7%	Emergency Department	1.58%	ACA	-7.6%	32.2%
Primary Care & PCPCH	25.3%	Primary Care & PCPCH	6.64%	TANF/PLMA	-14.3%	9.2%
Non Primary Care Office Visits	-8.2%	Non Primary Care Office Visits	-9.60%	BCCP/ SNRG	0.4%	0.0%
Inpatient Non Maternity	3.7%	Inpatient Non Maternity	-2.44%	ABAD & OOA Medicaid Only	-13.1%	5.3%
Pharmacy	4.1%	Pharmacy	0.25%	ABAD & OOA Duals	0.7%	3.3%
All Other	1.7%	All Other	6.94%	Child 0-1	-35.9%	3.4%
GOHBI SA Refund	-12.1%	GOHBI SA Refund		Child 1-5	-3.3%	13.8%
				Child 6-18	-2.7%	30.7%
				CAF	-18.2%	1.9%
				Cover All Kids	-41.5%	0.2%
Change in Plan Paid PMPM:		Change in Services/000:		% Paid PMPM Over/Under Budget:		
3.9%		4.2%		-8.8%		

PMPM Trend- Budget vs Plan Paid



# Eocco 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%

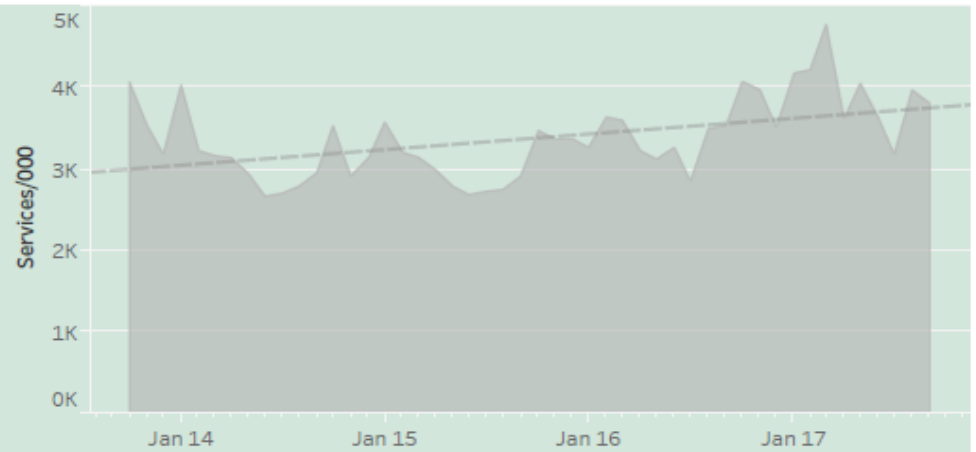
Change in Services/000 since prior 12 month period:

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%
<b>Grand Total</b>	<b>45,887</b>	<b>47,534</b>	<b>100.0%</b>	<b>100.0%</b>

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

### 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
<b>109</b>	<b>3.0</b>

#### 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**  
**- Primary Care -**  
 For Current Period: June 2017 - May 2018

**Primary Care Summary Indicators**

Change in paid PMPM since prior 12 month period:

25.3%

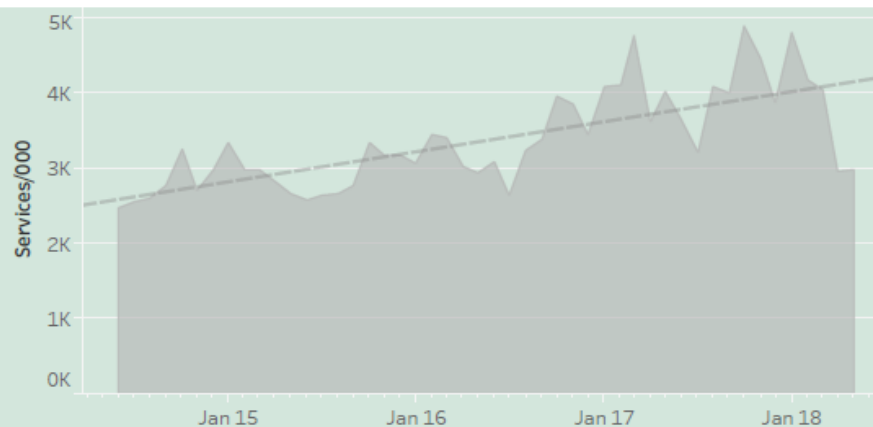
Change in Services/000 since prior 12 month period:

6.6%

Change in total paid since prior 12 month period:

27.4%

**Primary Care Services Trend**



**Primary Care Visits Statistics**

# of Primary Care Visits	# of Members		% of Members	
	Current	Prior	Current	Prior
0	17,103	18,168	36.6%	39.5%
1	9,636	8,999	20.6%	19.6%
2	6,006	5,885	12.9%	12.8%
3	4,098	3,916	8.8%	8.5%
4	2,896	2,646	6.2%	5.8%
5-7	4,367	3,950	9.3%	8.6%
8-10	1,545	1,410	3.3%	3.1%
11-15	812	757	1.7%	1.6%
16-20	179	145	0.4%	0.3%
21-30	51	65	0.1%	0.1%
31-50	20	8	0.0%	0.0%
Grand Total	46,715	45,949	100.0%	100.0%

**Average Primary Care Visits by Age Group**

Age Group	Average Visits
0-1	5.3
2-4	2.4
5-14	1.5
15-24	1.6
25-44	1.9
45-64	2.8
65-74	2.0
75+	1.6

	Current	Prior
PMPM	\$40.32	\$32.18
Services/000	3,915	3,672
Total Paid	\$22,600,927	\$17,745,696

Definitions:

- \*Services are defined as individual claim lines on a claim
- \*Visits are defined as unique dates of service by member

# Future Threats

# What will the future bring?

- Worsening workforce problems?
  - Primary Care Providers
  - Behaviorists
  - Community Health workers
  - Medical Assistants
- “CCO 2.0?”
  - Rate reductions despite keeping growth rate <3.4%?
  - Increased CCO Responsibility for Social Determinants of Health
  - New organizational structures?
- Unintended consequences? Will focus on a robust Primary Care System adversely affect hospitals and the services they provide?
  - In Oregon, Type A rural hospitals are legislatively required to be reimbursed on a cost-basis.
  - Hospitals have experienced decreased utilization, particularly in terms of inpatient and ED care.
  - Hospitals have purchased the majority of primary care practices which has allowed them to enjoy receiving primary care risk contract surpluses and quality bonuses.
- Others?

# QUESTIONS?



**eoocco**

EASTERN OREGON  
COORDINATED CARE  
ORGANIZATION