

# MANAGED MEDICAID

Moving Upstream and Outside  
for Long Term Savings and  
Better Health

health

share

Health Share of Oregon

# INTRODUCTION

# FIRST THINGS FIRST

- Background
- Our Population
- Our Journey
  - High Utilizers
  - Incentive Metrics
- Current Strategies

# Background

# Health Share of Oregon

Non-profit, tax exempt Member organization

Oregon's Medicaid plan operates under an 1115 waiver with CMS called the Oregon Health Plan

Full risk contract (\$1.2 billion) with State of Oregon for Medicaid benefits

Benefits include physical, mental and dental health, addictions and transportation

Cost increases are capped at 3.4% annually

Premised on flexible benefits/global funding

# Business Model

Founded in 2012 by local delivery systems, county governments and managed care plan

Subcapitated agreements with partners for various benefits and service areas

Centralize/Standardize/Align

Collective Impact Model

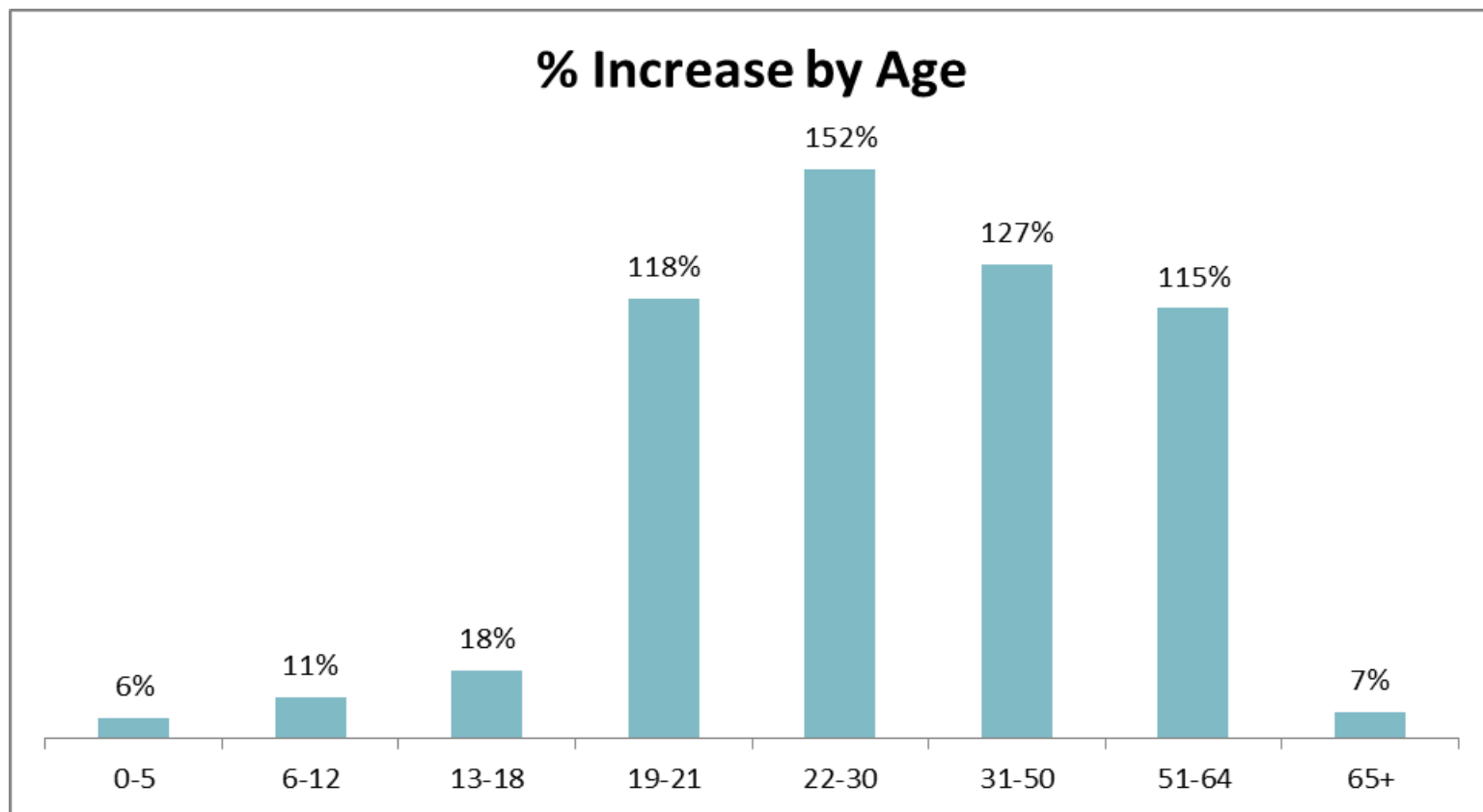
# Our Population

# Both Traditional and Nontraditional

- Half of the babies born in Oregon are covered by Medicaid
- Every 32 hours a future kindergarten class of 20 is born
- Social determinants of health are stacked against our members – nutrition, housing, day care, schools, socioeconomic environment, employment, public safety, violence, etc.
- Lifetime of traumatic events takes a tremendous toll on health status and likelihood of successful life
- Generational poverty versus situational poverty



# ACA Enrollment – 40% Increase

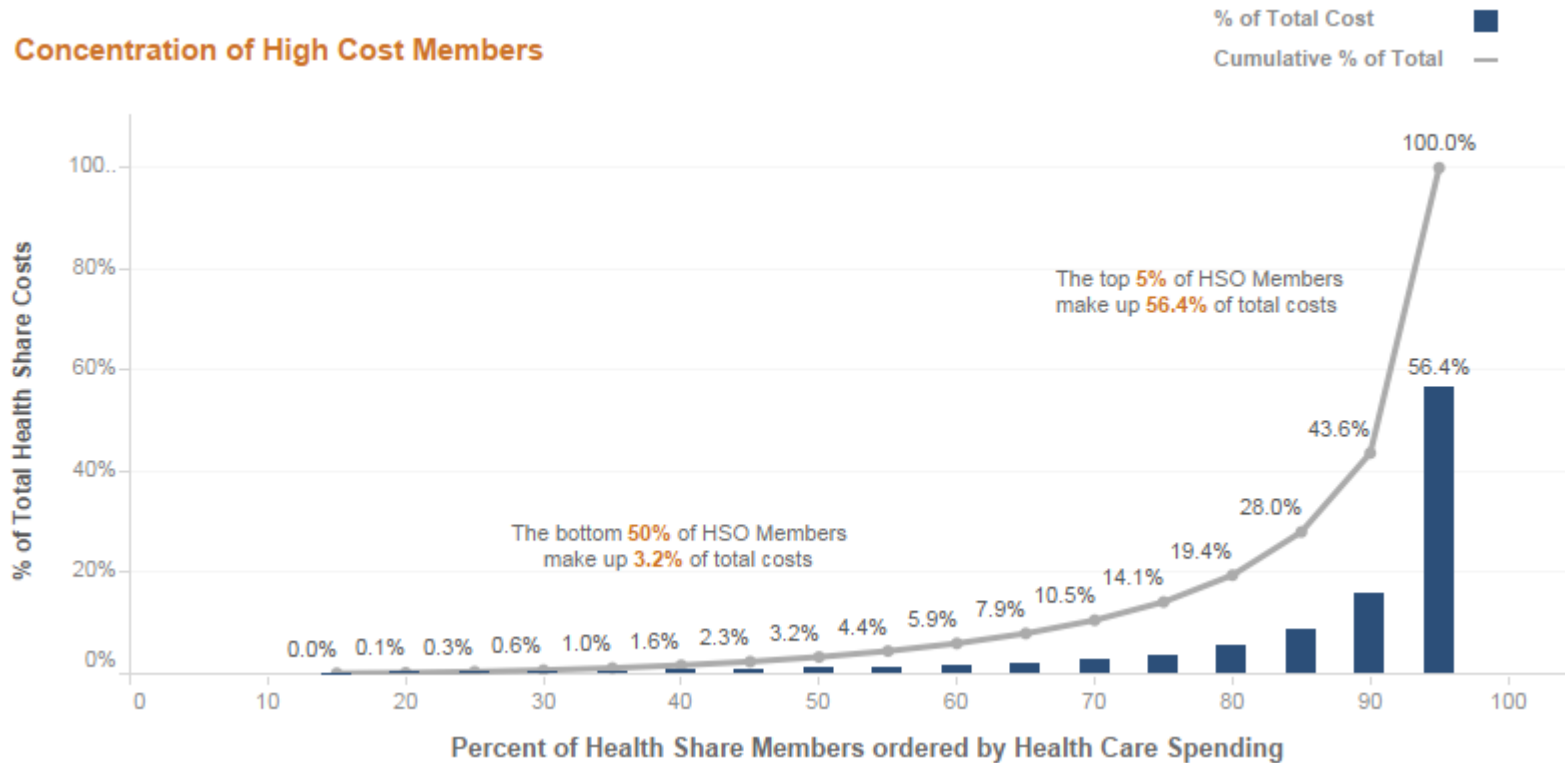




# Our Journey

# Start with the High Utilizers!

## Concentration of High Cost Members



# Some Successes

Intensive Case Management

High Touch/Low “n”

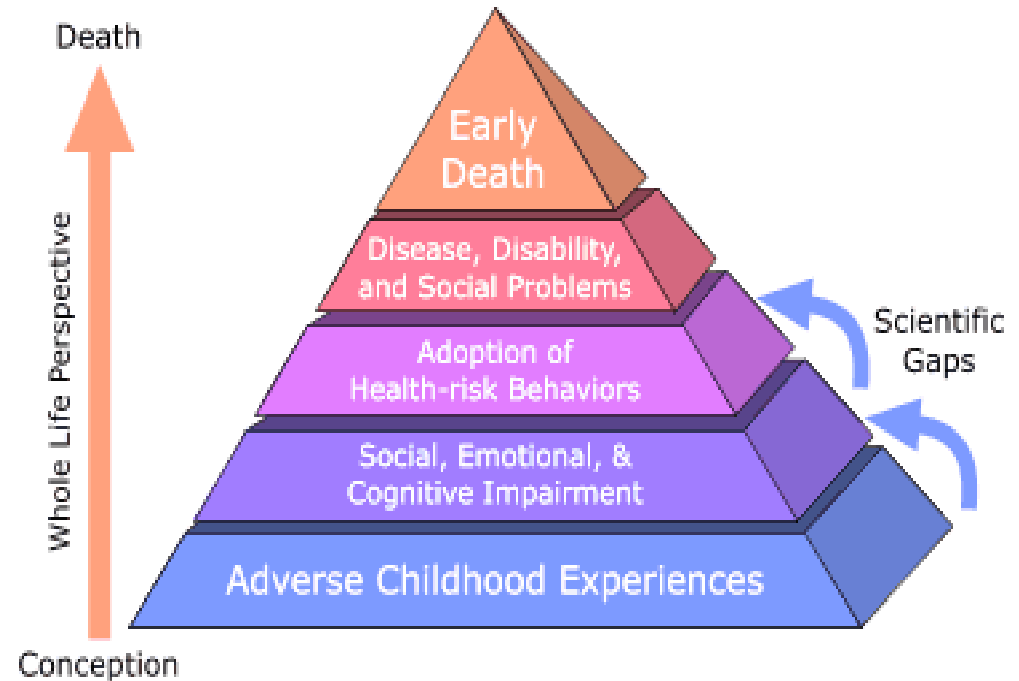
Select Co-location

Workforce is Different

# What High Needs/High Cost Patients Have Taught Us

The question is not  
What's wrong with them?

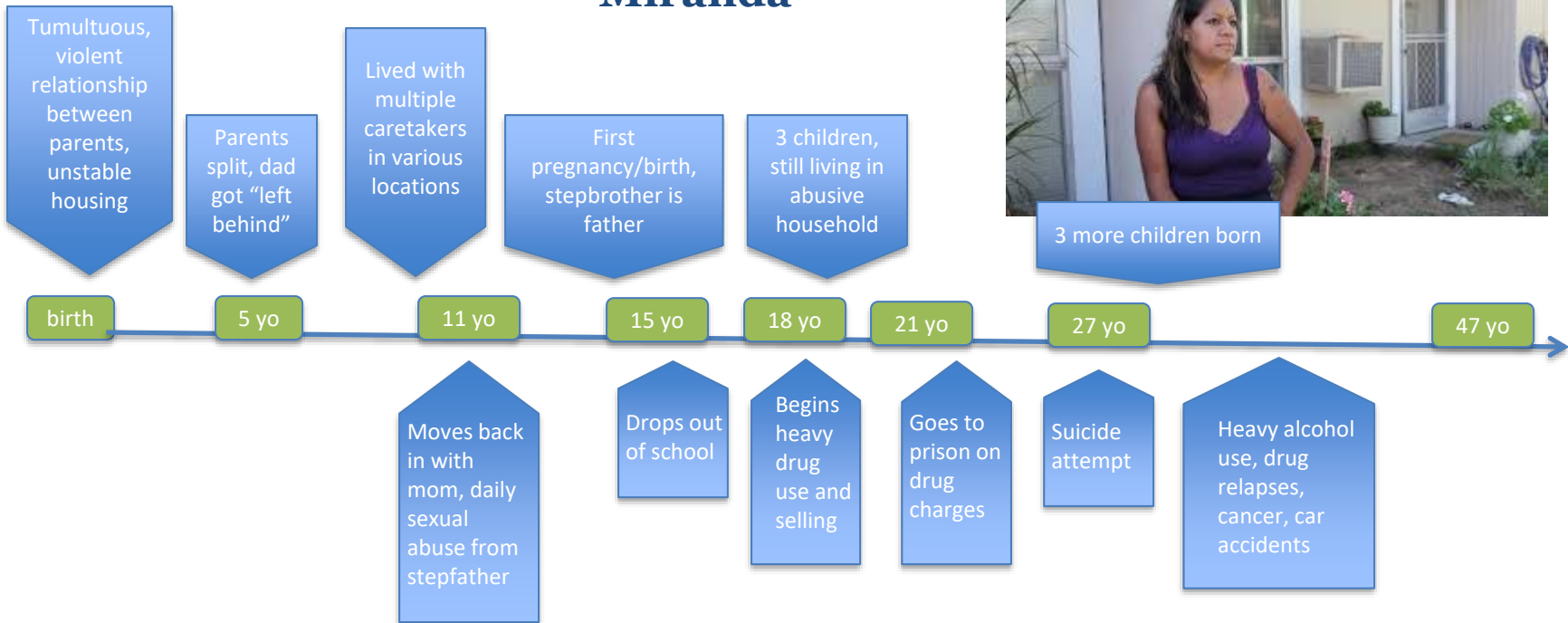
The question is  
What has happened to  
them?



Almost all of the problems these individuals face start upstream on a socially constructed pathway to super utilization

# Life Stories with Chain Reactions of Adversity

## Miranda



Age 47

6 children age 15-32

No GED/diploma, no employment

In recovery from severe substance use

Chronic pain, cancer, multiple surgeries, no teeth or dentures

Multiple psychiatric medications

# Meanwhile...Pursuing P4P Funds

Federally mandated quality metrics (33) of which 17 have financial incentives attached

Must either meet a benchmark or improve performance year over year

Teach to the Test/Check the Box

Eventually developed more comprehensive programs to succeed in the Pay for Performance



# Developmental Screening

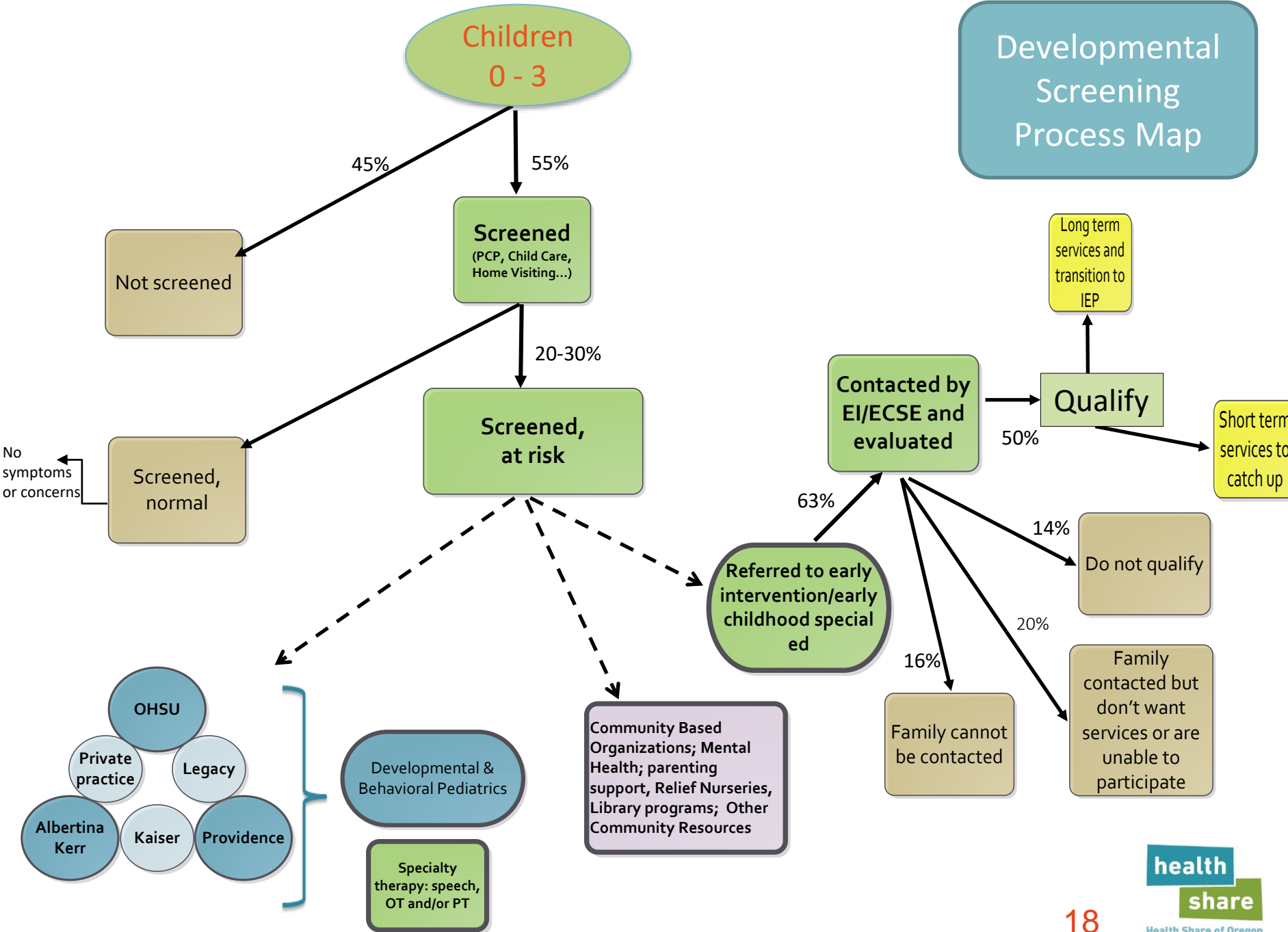
Approximately 34,000 children 0-5

Approximately 20,000 children 0-3

Target 45%/Benchmark 50%

Then What?

# Developmental Screening Process Map



# “Foster Kids”

## Screening for Children in DHS Custody (PH/MH/DH) within 60 Days

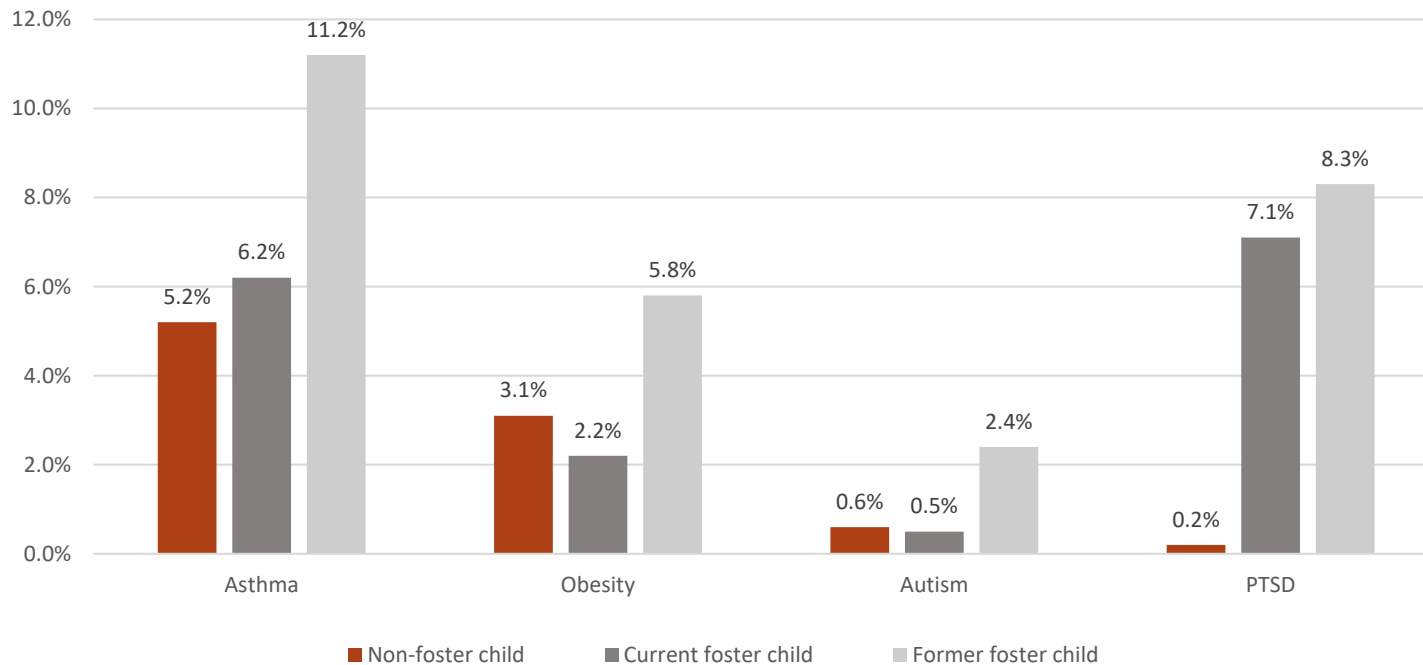
Each month 300 children are eligible for metric

Each month 3,500 children are in DHS Custody

Target 36%/Benchmark 90%

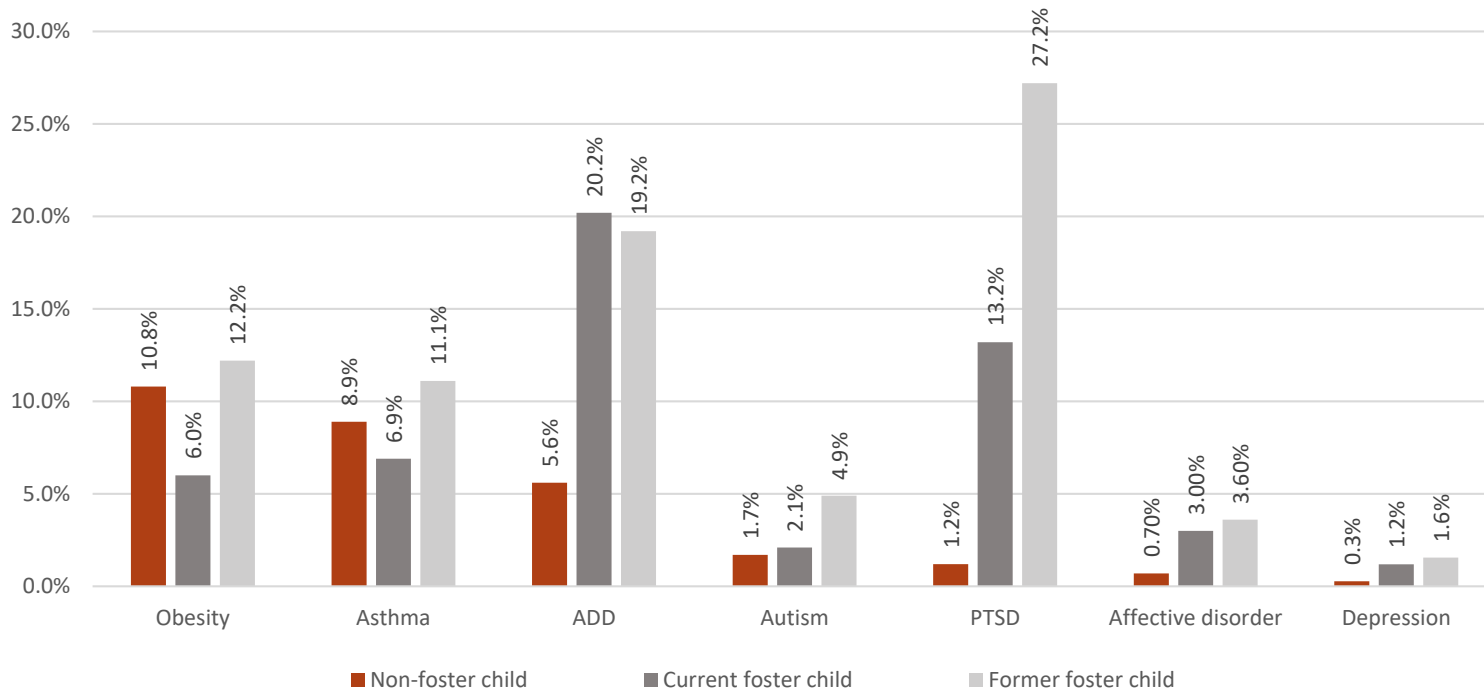
# Effect of DHS Custody – 0-5 yrs

Chronic Condition Prevalence: 0-5 year olds



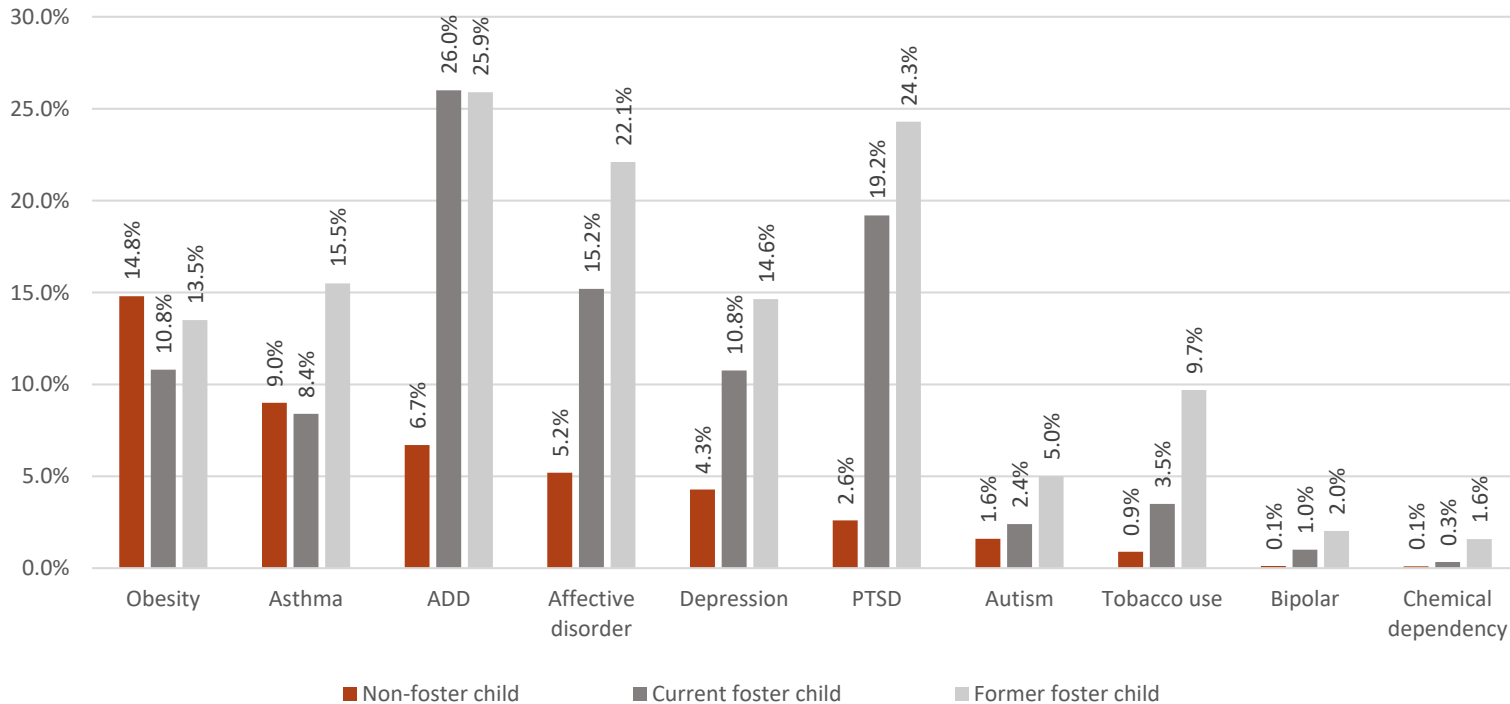
# Effect of DHS Custody – 6-12 yrs

Chronic Condition Prevalence: 6-12 year olds



# Effect of DHS Custody – 12-18 yrs

## Chronic Condition Prevalence: 12-18 year olds



# Current Strategies

# What are we trying to prevent?

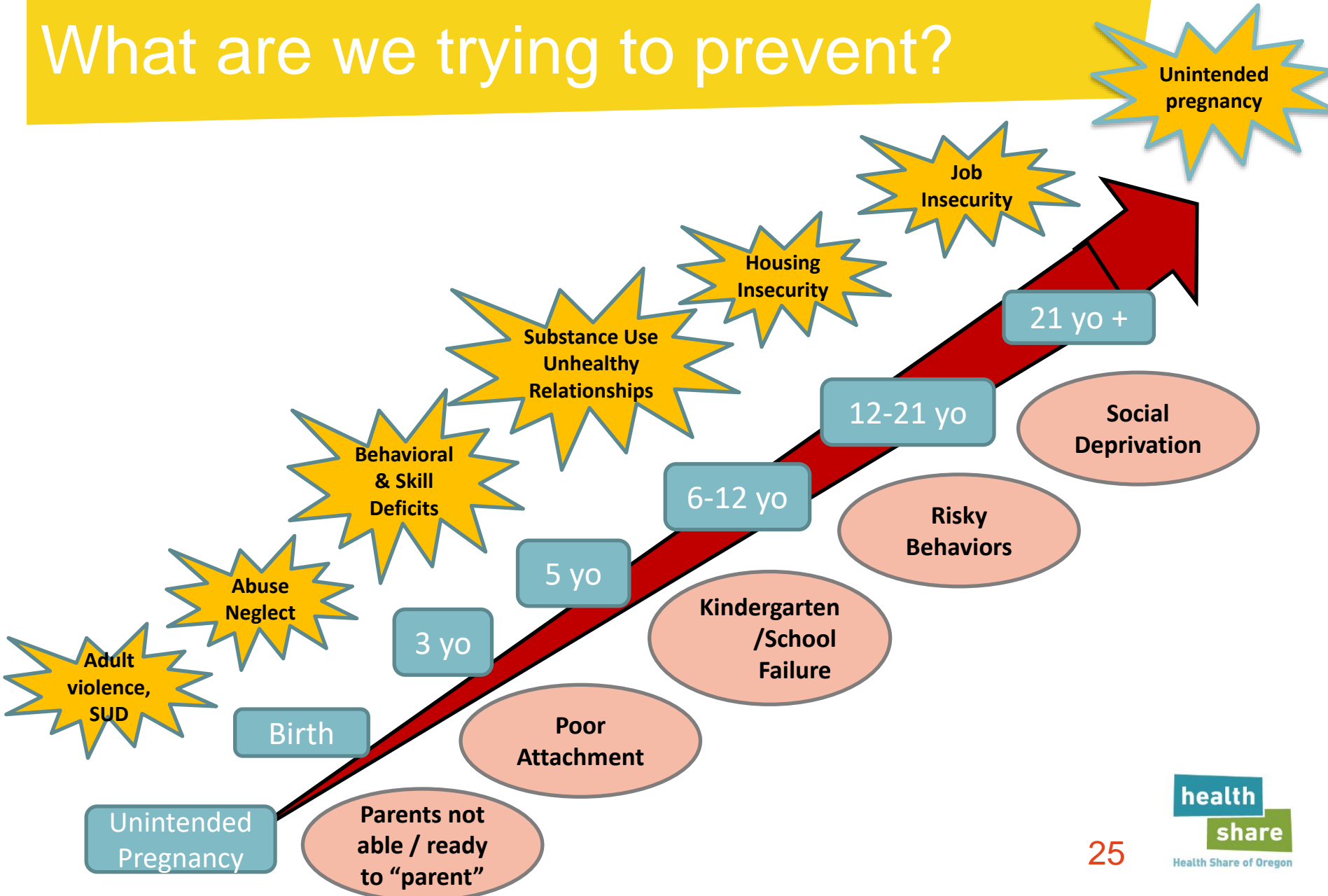
Future generations of “high utilizers”

Cascading adverse life events that derail a healthy life

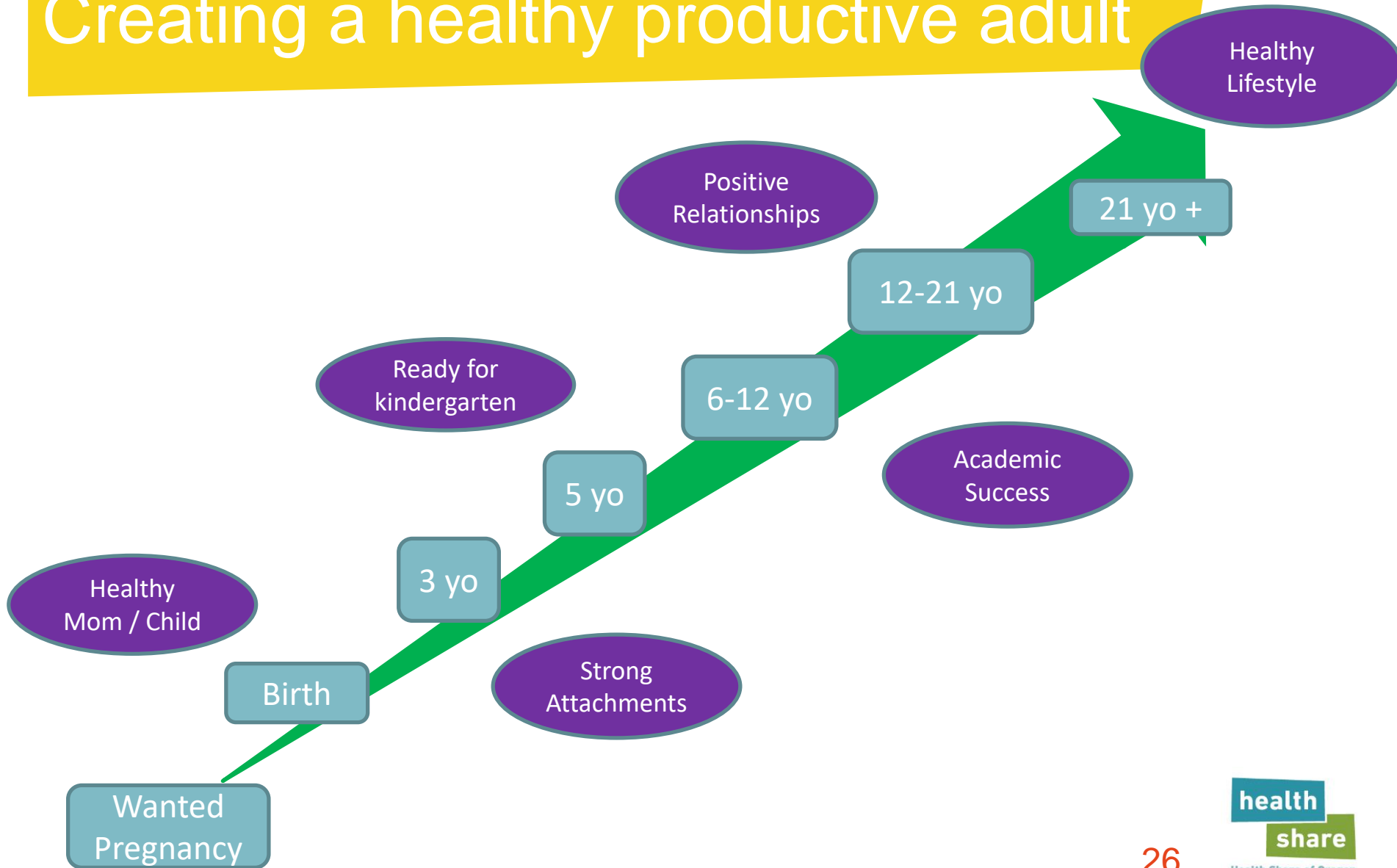
Chronic illness, substance use, mental illness, criminality, isolation, disability



# What are we trying to prevent?



# Creating a healthy productive adult



# Can we make a difference?

Before entering school, the health care system is the social institution with the most contact with young children and their families

Toxic stress is the early childhood roots of lifelong impairments in physical and mental health

Students from low income families are six times less likely to graduate high school when they are not reading at grade level by the end of third grade

High school dropouts are 63 times (!) more likely to be incarcerated than college graduates

Not graduating high school correlates with poor health outcomes and shorter life

The earlier the investment, the greater the return

# Build Capacity – Create Partnerships

Alternate workforce

Extend knowledge

Leverage technology

Make new friends

# Translating to a prevention strategy

Identify key touch points in the care delivery system where we can provide meaningful support:

- Promote stable families with healthy early attachments, relationships are critical and form the foundation of brain development (Before 9 to 5)
- Ensure that at risk families get the mental health, substance use disorder treatment and social services they need to prevent adverse outcomes
- Focus on highest risk children
- Use the health care system's frequent contacts with children to help them be **ready for kindergarten** by age 5

# Early Life Health Strategy

# Preventing Unintended Pregnancies

Poor women (<100% FPL) are more than 5 times as likely as higher income women (>200% FPL) to have an unintended pregnancies

Unintended pregnancies are associated with worse birth outcomes and can set the stage for child abuse and neglect

Loss of employment and educational opportunities are a leading reason why families on the edge fall into poverty

# Preventing Unintended Pregnancies

## Tactics:

- Improve rate of effective contraception use among women at risk of unintended pregnancies with particular attention to underserved populations and communities with poor access
- Screen women for pregnancy intentions in primary care

## Metric(s):

- Effective contraception use among women at risk of unintended pregnancy (P4P)



# Preventing Adverse Childhood Events

There is a strong link between Adverse Childhood Events, such as child abuse and neglect and household dysfunction, to lifelong health and mortality

The most important factor in child abuse and neglect is parental substance abuse

ACEs are directly related to the health and well-being of the child's caregivers as well as community level problems

Having at least one emotionally stable caregiver who can build a strong attachment to the child is critical for the child's wellbeing, success in school and lifelong health

# Preventing Adverse Childhood Events

## Tactics:

- Screen and refer pregnant women for behavioral health and family resource needs
- Pilot and evaluate new models that integrate behavioral health and substance use treatment into maternity care

## Metrics:

- Early entry into prenatal care (P4P)
- Pregnancy risk assessment completed
- Risk stratification of maternity population
- Reduction of foster care placement for children under 1 year of age

# Kindergarten Readiness

Kindergarten is usually a child's first foray into society and it is the first stepping stone for lifelong success and health

The strongest predictor of lifelong career achievement and economic stability is high school graduation

The strongest predictor of high school graduation is third grade reading level

The strongest predictor of third grade reading level is being ready for kindergarten

Social and emotional skills are as important as knowing numbers and letters

Social and emotional skills are derived from parental attachment, boundary-setting and emotional stability

# Kindergarten Readiness

## Tactics:

- Identify populations, with a focus on communities of color, with low rates of developmental screening and implement initiatives to improve screening rates
- Improve primary care capacity to address developmental delays and disabilities
- Ensure children receive all preventive health care services needed for kindergarten readiness
- Support robust Reach Out and Read programs in clinics serving high proportions of our pediatric members

# Kindergarten Readiness

## Metrics:

- Developmental screening rates for child by race, ethnicity and primary language
- Proportion of children 0 – 6 who are up-to-date on well child visits, immunizations (P4P) and preventive dental care
- Reduction in waiting times for developmental pediatrics
- Parental report of better access to child development and parenting resources

# Creating Foster Care Centers of Excellence

Children in foster care have already experienced significant life trauma (removal from their biological family often due to extensive abuse and neglect)

The system may help with immediate safety concerns but it can also re-traumatize children because of inconsistencies and multiple transitions

Physical health and mental health needs may not be met if there is no consistent communication across providers

# Creating Foster Care Centers of Excellence

## Tactics:

- Ensure real time dashboards are effective in monitoring system performance including disparities related to race, culture and language for children in foster care
- Create and implement a coordinated and integrated system to identify, assess and provide services to children in foster care
- Pilot and evaluate new models to improve care for children in foster care through Foster Care Advanced Practice Medical Homes

## Metrics:

- Children in DHS custody receiving a physical, mental and dental health assessment within 60 days of placement

# Summary – Early Life Health Strategy

The objectives are intended to intervene with families at *key touchpoints* in the health care system with the goal of optimizing the likelihood of good health outcomes

Our objectives intersect and overlap with one another, addressing the root issues from multiple angles

Preventing the next generation of high utilizers requires a deep investment in prevention that matters

Working upstream is the most promising way to change the course not only of health care spending, but of the lives and health of families in our community



# The last word

“It’s easier to build strong children than to repair broken men.”

--Frederick Douglas



Together  
we are

Four vertical bars of different colors: yellow, green, orange, and blue.

health

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