

Rural Innovation Profile

Community Reinvestment Program

What: Pay for performance paired with direct investment in projects developed locally by rural communities stimulate quality improvement as indicated by Medicaid quality measures.

Why: Strengthen local capacity for organizations to work together and improve population health.

Who: Eastern Oregon Coordinated Care Organization, a 12-county collaboration in rural eastern Oregon.

How: Offer a community reinvestment grant program to achieve coordinated care organization (CCO) metrics, and innovate to improve health within individual counties.

Key Points

- Advisory councils made up of local volunteers, individuals who are CCO members, engage to take an active role in improving their own health and the health of their community.
- Oregon's pay-for-performance program expects about a three percent improvement per year on most quality measures to earn incentive payments.
- Funds distributed through a community reinvestment grant program motivate community members, clinics, and community organizations to work together to achieve Medicaid quality metrics and undertake innovative activities that improve health.
- Technical assistance and support, such as input on project planning and knowledge building on population health management, strengthen local capacity for health care improvement work.

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“What the state’s doing is really exciting. We are seeing motivation in the communities and in clinics to try to achieve these measures that hasn’t been as present in prior years.”



OVERVIEW

Eastern Oregon Coordinated Care Organization (EOCCO) is one of 15 CCOs given a fixed global budget from the State to serve people who receive Medicaid health care coverage under the Oregon Health Plan. EOCCO comprises two entities, Greater Oregon Behavioral Health, Inc., (GOBHI) and ODS Community Health, that partner with a network of health care providers (of physical health, addictions and mental health, and dental health) working together to serve people who receive Medicaid. EOCCO is administered by GOBHI and Moda Health (health insurer) and governed by a board of directors representing CCO owners, health care providers, community members, public health officials, and county commissioners.

Anne King, Oregon Rural Practice-based Research Network, Oregon Health & Science University

EOCCO provides care for more than 47,000 Oregon Health Plan members—more than 23 percent of the population in its 12-county, 50,000-square-mile area. Ten of the 12 counties are considered frontier, with fewer than 6 people per square mile living in the area.

To engage individuals who are members to take an active role in improving their own health and the health of their community, EOCCO implemented Community Advisory Councils (CACs) made up of local volunteers who have interest in the health deliverables in their respective community. Each of the 12 counties has a CAC that includes local Medicaid members, and staff from local public health, community agencies, clinics, and hospitals. Each of the 12 CACs partner with their local public health authority, local mental health authority, hospital systems, and community leaders to develop a shared Community Health Assessment (CHA) process and contribute to developing Community Health Improvement Plans (CHIPs).

MEDICAID ACCOUNTABLE CARE ORGANIZATION

Oregon’s Medicaid pay-for-performance program sets improvement targets for incentive measures. A CCO is expected to achieve about a three percent improvement each year on most measures to earn incentive payments. Measures may change from year to year.

In 2018, the sixth program year, the Oregon Health Authority held back 4.25 percent of the monthly Medicaid payments to CCOs to create the pool of incentive funds. To earn their full incentive payment, CCOs had to meet improvement targets for at least 12 of the 17 incentive measures, including enrolling at least 60 percent of their members in a patient-centered primary care home. This financing strategy gives CCOs the flexibility to create alternative payment methodologies for providers and to explore innovative strategies to support transformation based on the needs within their communities. In 2018, EOCCO received its full quality incentive payment, approximately \$12 million. As a result of the state’s incentive program and the EOCCO’s investment in and work with clinics and communities to improve





quality, the clinics and communities seem more motivated to try to achieve Medicaid quality measures than in prior years.

COMMUNITY REINVESTMENT PROGRAM INCENTS IMPROVEMENT

In the first year of the pay-for-performance program, the Oregon Health Authority provided funds to all CCOs for quality improvement initiatives. EOCCO chose to implement a grant program with the funds to reinvest back in the community. The strong results justified EOCCO sustaining the grant program. EOCCO earmarks a portion of its incentive payments for a community reinvestment program that facilitates community members, clinics, and community organizations to work together to achieve the CCO measurement targets and undertake innovative activities that improve health.

The grant program is designed to build local capacity to do health care improvement work. All grant applicants need to be working within Eastern Oregon. Every project must have baseline metrics and one-year goals measured against baseline, as well as plans for implementation and sustainability. Oregon Health & Science University supports the grant program as a third party. University staff are available to consult with grantees for technical assistance to strengthen approaches for project design and evaluation. Proposals go before an EOCCO subcommittee for review and recommendation to the full board. A priority is placed on proposals in which diverse organizations work together.

EOCCO funds about 30 to 40 projects a year. Awardees have included nonprofits, public health, primary care, hospitals, and a group that refurbishes durable medical equipment. In 2018, the program offered close to \$2 million in grants through 3 different project offerings focused on local CACs, transformation, and innovation.

LOCAL COMMUNITY ADVISORY COUNCIL PROJECTS

Half a million dollars of the earned incentives goes to the EOCCO CACs to fund projects focused on incentive measures or CHIP components. Every year, each CAC submits an application for funds. At least one quality incentive measure that the county has historically struggled to meet must be addressed. Other projects need to tie to their county's CHIP.

TRANSFORMATION PROJECTS

Nearly \$1 million was made available through EOCCO's transformation grant program in 2018. In this reinvestment program, projects must either achieve priority CCO metrics outlined for the year or continue successful past funded projects that focus on incentive measures the county is having trouble meeting.

For example, in 2018, diabetes and hypertension were among the priority topics in the request for applications. EOCCO was challenged to meet those quality metric goals, in part due to difficulties with the ability to report data. To foster better data management for populations with chronic conditions, EOCCO offered grants of \$30,000 per project for clinics to report diabetes or hypertension data using





either a registry of their choosing or the data aggregation product previously funded by the EOCCO. The EOCCO tool aggregates claims into clinical data so that the clinics can see patient data closer to real time. Because several of the communities and practices lack the skills needed for a population health approach, EOCCO organized a learning community to support the grantees.

A project focused on at-risk children has been highly successful. Submitted in the first year of the grant program, the county-based project received continued funding in the second year. It addressed nearly all of the child health quality metrics, such as immunizations, developmental screenings, dental sealants, and adolescent wellness exams. The comprehensive project brought together the school district, law enforcement, primary care, public health, and others in the county to develop a plan and a process for identifying at-risk children. These organizations worked with each willing family to put together a plan to address their children's needs, from health care to social determinants of health. A public health nurse identifies families and works with them to try to avoid negative health and socioeconomic outcomes. Now, every public program in the county, as well as EOCCO, participates and contributes funding to sustain this project. Project outcomes included school exclusions for lack of immunizations reduced by 90 percent, EOCCO targets for Adolescent Well Care Visits exceeded by almost 9 percentage points, and county targets for dental sealant and effective contraception achieved. The program also addressed the social needs of children, including food, housing, and transportation. The project has been shared as a model in and out of the state.

INNOVATION PILOT PROJECTS

About half a million dollars is available for projects that seek to implement innovative ideas that have high potential to improve the health and health care of EOCCO members and their communities. These projects do not have to directly address the CHIPs or transformation metrics. With this flexibility, EOCCO hopes to foster impactful ideas. One innovation project addresses clinician recruitment, a problem that has been identified as one of the biggest needs not only in Eastern Oregon but in rural areas in general.

WHATS NEXT?

Project results, including successes and barriers, are shared across the EOCCO communities. EOCCO encourages the spread of good approaches. That's how Nolan the Colon, a giant blow-up colon, became a health fair fixture all over Eastern Oregon, spreading awareness about the need to be screened for colon cancer. Communities feel good when other communities replicate their projects. EOCCO also is assessing the social needs of its population and how social determinants of health could best be built into the community reinvestment program.

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