

Transformation Center: Work and Impact

2022

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Oregon
Health
Authority

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Executive summary

The Transformation Center's work focuses on supporting innovation and quality improvement in Oregon's health care system, with the goals of better health, better care and lower costs. We work at the system, community and practice levels.

We build capacity for health system partners by providing learning opportunities like webinars, learning collaboratives and convenings. We also collaborate across OHA to develop and implement innovative health system policies, which includes reviewing and providing feedback on multiple coordinated care organization (CCO) deliverables.

During 2022, the topic areas the Transformation Center supported were based on:

- Legislative requirements,
- Direction from the Oregon Health Policy Board on coordinated care organization (CCO) 2020–2024 contract goals,
- CCO contract deliverables assigned to the center,
- Newly developed CCO incentive metrics (by the Metrics and Scoring Committee), and
- Health system needs during the COVID-19 public health emergency.

The center continued to adopt new strategies to advance population health, behavioral health integration, oral health integration, primary care, value-based payment, CCO incentive measure work, social determinants of health and equity, and other cross-cutting supports.

Key successes include the following:

- Hosting 64 multiple-partner learning sessions, including events, trainings and webinars on the topics listed above;
- Managing the review and feedback process for ten CCO contract deliverables primarily focused on community health, quality improvement, social determinants of health (SDOH) spending, and value-based payment;
- Providing technical assistance to support CCOs' health-related services programs, in lieu of services, SHARE initiative and incentive metrics; and
- Supporting Oregon payers and practices to transition to value-based payment models by implementing CCO contract requirements and facilitating the VBP Compact work group and Primary Care Payment Reform Collaborative.

This report briefly describes select initiatives and their outcomes.

Background

The Transformation Center’s work focuses on supporting innovation and quality improvement in Oregon’s health care system, with the goals of better health, better care and lower costs. We work at the system, community and practice levels.

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Population health

Community advisory councils

Community advisory councils (CACs) are an important community engagement component of the CCO model. Transformation Center staff analyze CAC deliverables to strengthen meaningful CAC engagement:

- 2022 was the second year CCOs submitted [CAC demographic reports](#), and 15 of 16 CCOs met the requirement that at least 51% of CAC members must be Oregon Health Plan (OHP) consumers.
- All CCOs have appointed the two required CAC members to their governing board. At least one of these CAC members is required to be a consumer.
- CCOs made progress in identifying Tribal CAC members, and 75% of CCOs currently have CAC Tribal representation (an increase of two CCOs over the prior year).

To support CCOs in meeting these goals, the Transformation Center provided learning opportunities to CACs:

- Peer-to-peer learning sessions for CAC coordinators, with topics including:
 - How CCOs are structuring CAC meetings to meet CCO contract requirements
 - The annual CAC demographic report
 - CAC roles with the SHARE Initiative and health-related services community benefit initiatives

We support



Population health



Behavioral health integration



Oral health integration



Primary care



Value-based payment



CCO metrics



Health-related services



Social determinants of health and health equity

- CAC involvement in the community health assessment process
- Consumer CAC member compensation
- CAC member recruitment and Tribal CAC member engagement
- A combined CAC best practices workshop for four CCOs' regional health councils and CCO staff who support CACs
- Two CAC information sessions focused on the 1115 waiver proposals
- An updated [CAC Handbook of Best Practices](#)

Community health assessments and improvement plans

The Transformation Center leads policy development and review of [CCOs' community health assessments and community health improvement plans](#) (CHAs/CHPs). CCO contracts for 2020–2024 focus on greater CHA/CHP collaboration among local public health authorities, hospitals, the Nine Federally Recognized Tribes of Oregon, and other CCOs sharing a service area.

The center analyzed 2022 CHP progress reports and developed a summary of [2022 CHP progress report themes](#).

To support collaborative CHAs and CHPs, the Transformation Center provided technical assistance to CCOs and their partners:

- Four operations-focused collaborative CHA/CHP learning collaborative sessions; topics included resourcing the work, governance, timeline cycles and community engagement
- CHA/CHP guidance documents and templates
- Office hours

The center also completed the Senate Bill 902 report to the Oregon Legislature: [CCO Collaboration with Providers of Services to Children and Adolescents through Community Health Improvement Plans](#).

Social determinants of health and equity

The Transformation Center provided technical assistance on multiple SDOH-E topics.

- The center managed and reviewed deliverables for the **Supporting Health for All through Reinvestment (SHARE) Initiative**, which requires CCOs to reinvest a portion of profit into communities to address health inequities and SDOH-E. In 2022, CCOs contributed \$26.2 million to SHARE (compared to \$4.81 million in 2021), ranging from \$49K to \$20 million per CCO. The most common SHARE spending area was housing. To help CCOs meet this legislative requirement, the Transformation Center provided technical assistance in partnership with the Oregon Rural Practice-based Research Network (ORPRN):
 - A virtual convening focused on housing to support CCOs' work on SHARE, health-related services (HRS) and in lieu of services. Across the four days, 173 people

attended. Presenters represented local, state and national efforts to increase housing availability for Medicaid members.

- Four SHARE/HRS learning collaborative sessions focused on calculating return on investment, aligning SDOH-E spending programs, scaling pilot projects and aligning with behavioral health initiatives
 - Three webinars on health and housing collaborations, permanent supportive housing and SMARTIE goals
 - Five office hour sessions
 - Two stories that highlight how CCOs are using SHARE and HRS to respond to community needs and advance health ([AllCare CCO/Eastern Oregon CCO](#))
 - SHARE Initiative [guidance documents and reporting templates](#)
 - [CCO SDOH-E spending summaries](#) – snapshots of CCO spending to address the SDOH-E and health-related social needs of CCO members
- The center completed work with the **Social Determinants of Health Measurement Workgroup**, a public workgroup that in 2021 developed and pilot tested a measure to incentivize screening for individual health-related social needs. In 2022 the Metrics and Scoring Committee adopted the measure (rate of social needs screening in the total member population using any qualifying data source) as part of the 2023 CCO incentive measure set. Staff shifted work to supporting CCOs in measure implementation.
 - The Transformation Center worked with consultant Ignatius Bau to develop a **health equity checklist for planning and implementing technical assistance**. The checklist is intended for internal use by the center as a practical tool for applying an equity lens to our work.

Behavioral health integration

The 2020–2024 CCO contracts contained new requirements for behavioral health integration, including a focus on children’s behavioral health. The Transformation Center supports behavioral health integration through the work on transformation and quality strategies, value-based payment and other cross-cutting strategies.

Oral health integration

Oregon’s health system transformation efforts have focused on preventive care, treating the whole person and care coordination among providers, including oral health providers.

The Transformation Center continued its work with a Centers for Medicare and Medicaid **affinity group for preventing and reducing childhood caries in Medicaid**. The affinity groups’ goal is to increase the rates of topical fluoride varnish application in primary care. Four CCOs engaged in a learning collaborative and quality improvement projects. CCOs are aiming to improve the health of their members and their performance on the children’s preventive dental incentive metric. This year the collaborative met four times, and the Transformation Center led five office hour sessions. The center also met with each participating organization

about their progress. One organization developed a topical fluoride varnish toolkit and is working with 35 clinics across three CCOs to integrate topical fluoride varnish. The project will run through March 2023, and center staff plan to spread lessons from the affinity group to additional CCOs.

CCO incentive metric support

The Oregon Health Authority uses incentive measures to set goals and reward CCOs for improving health care quality and health outcomes of Medicaid members. In 2022, the Transformation Center provided technical assistance to CCOs and clinics on five measures. Select activities are highlighted below. For more details, see the [CCO Incentive Metrics TA webpage](#).

- **System-level social emotional health** – Implementation of this metric began in January 2022 and focuses on improving the system of care and services for children birth to age five. The center launched a CCO learning collaborative with support from an external consultant. Sessions focused on the four measure components: 1) social-emotional health reach metric data review; 2) asset map of existing social-emotional health services and resources; 3) CCO-led cross-sector community engagement; and 4) action plan to improve social-emotional health service capacity and access. Sessions also included presentations to partners such as early learning, child welfare, nurse home visiting and pediatric and behavioral health care providers.
- **Social determinants of health: social needs screening** – OHA began offering technical assistance for the new social needs screening incentive measure (adopted for 2023) through ORPRN, which included two introductory metric webinars for CCOs, providers and community partners.
- **Screening, brief intervention and referral to treatment (SBIRT)** – The center partnered with ORPRN to offer SBIRT technical assistance to primary care clinics. This is a three-year study funded through the Agency for Healthcare Quality and Research to address unhealthy alcohol use, chronic pain management and opioid prescribing in primary care. The project also addresses how COVID-19 may affect SBIRT workflows and a rise in unhealthy substance use concurrent with physical distancing. Seventy-five clinics were recruited, which makes Oregon one of the highest-participating states nationally. Thirty clinics have graduated, and the last cohort will graduate in April 2023.

The Transformation Center provided technical assistance for five CCO incentive metrics:

- HbA1c poor control
- Health aspects of kindergarten readiness (preventive dental; system-level social emotional health)
- Screening, brief intervention and referral to treatment
- Social determinants of health: social needs screening

- **HbA1c poor control** – The center held eight trainings on motivational interviewing for diabetes management for Medicaid providers. The trainings focused on improving providers' confidence and skills in conversations about behavior change topics required for diabetes management. Three types of trainings were offered: level 1, level 2 and group settings. No-cost continuing medical education credits were available. Combined, 204 people attended, and 98.6% of respondents rated the training as valuable to their work. All respondents planned to take action as a result of attending. Two weeks post-training, providers reported being more comfortable discussing sensitive topics.

“I am new to the diabetes management world, and [the training] provided me with some useful communication tools and insights that I believe will help me facilitate positive change in the lives of individuals I am serving.”

“I learned to listen better and talk less, guide patients to their own conclusion and not force them into change when they are not ready for it.”

“Thank you for providing this very valuable, applicable knowledge base and skill set without fee — it helps access for a broader range of attendees.”

— *Motivational interviewing attendees*

Value-based payment

CCOs have extensive requirements to transition from fee-for-service payment to value-based payment (VBP) models. The Transformation Center manages the following initiatives and technical assistance to support payers and practices in containing cost growth and advancing payment reform. The center also manages evaluation of CCOs' VBP contract deliverables.

VBP roadmap

The VBP Roadmap's goal is to ensure at least 70% of CCO payments to providers are in the form of a VBP by 2024. The roadmap also includes VBP models in key care delivery areas, infrastructure payments for Patient-Centered Primary Care Homes (PCPCHs), and strategies to promote equity in VBP design.

This year the Transformation Center worked with the Center for Health Systems Effectiveness to publish the second [VBP Roadmap progress report](#). As of mid-2022, CCOs were meeting milestones to increase investments in VBP, except for the care delivery area model requirement. Despite challenges, CCOs continued to engage new providers in VBP arrangements and worked toward greater shared risk. Findings include the following:

- All but one CCO met the 2020 overall target of having at least 20% of payments occur through payment arrangements at LAN category 2B or higher.
- CCOs increased infrastructure payments to PCPCHs between 2020 and 2021 as required. Rate changes were modest, with wide variation (payments to Tier 5 practices varied from \$1.77 per member per month [PMPM] to \$23.19 PMPM).
- Care delivery area model development was a weak point in 2022 performance, with three CCOs failing to develop the three required VBP arrangements by mid-2022. Others reported models that did not meet Roadmap specifications.

- More CCOs reported “total cost of care” agreements, which had potential for increasing provider collaboration.
- CCOs worked to incorporate health equity goals into VBP processes but lacked consistent data and strategies.

Primary care payment reform collaborative

The Transformation Center convenes the Primary Care Payment Reform Collaborative, a legislatively required multi-stakeholder advisory group that helps OHA develop and implement a Primary Care Transformation Initiative. The goal is to develop and share best practices in technical assistance and reimbursement methods that direct greater health care resources toward innovation and care improvement in primary care.

This year the collaborative’s VBP Payment Model Development Workgroup made preliminary design recommendations for an aligned primary care VBP model, including codes for primary care capitated payments. The group discussed infrastructure payments and introduced potential strategies to mitigate against potential unintended consequences, such as withholding care or exacerbating health inequities.

VBP compact

The center staffs the Oregon VBP Compact Work Group, which represents a collaborative partnership to advance VBP adoption across the state. [The Oregon VBP Compact](#) is a voluntary commitment by payers and providers to participate in and spread VBPs, meeting specified targets and timelines over 2021–2024. The compact, jointly sponsored by OHA and the Oregon Health Leadership Council, has 47 signatories, covering 73 percent of people in Oregon. Signatories include commercial, Medicaid and Medicare Advantage payers.

This year the work group developed [Paying for Value in Health Care: A Roadmap for Implementing the Oregon Value-Based Payment Compact](#). The roadmap includes an analysis of barriers to VBP implementation, strategies to address these barriers and milestones and indicators of success. The work group formed a subcommittee to develop a VBP primary care implementation toolkit with practical guidance for providers and payers.

VBP technical assistance

- The center partnered with Bailit Health to facilitate a new monthly OHA/CCO VBP work group. The group’s purpose is to provide CCOs with strategies and peer learning opportunities around challenging areas in VBP. Topics have included methodologies for calculating a CCO’s VBP percentage to align with CCO contract requirements, progress on Oregon’s VBP compact, behavioral health VBP models and specialty attribution.

“[The most helpful aspect of this session was] knowing that the struggle to develop behavioral health VBP models is shared.”

– CCO VBP Workgroup member

- The center updated the [VBP Technical Guide for CCOs](#) to include expanded guidance on care delivery area requirements.
- The Transformation Center worked with the Center for Health Systems Effectiveness to evaluate CCOs' VBP contract deliverables, which included PCPCH VBP data, a pre-interview questionnaire and a 90-minute interview. These materials help OHA monitor CCO progress toward VBP goals and assess needs for technical assistance.

Health-related services

Health-related services (HRS) are non-covered services that are offered as a supplement to covered benefits under Oregon's Medicaid State Plan to improve care delivery and overall member and community health and well-being. Health-related services include:

- **Flexible services**, which are cost-effective services offered to an individual member to supplement covered benefits, and
- **Community benefit initiatives**, which are community-level interventions focused on improving population health and health care quality.

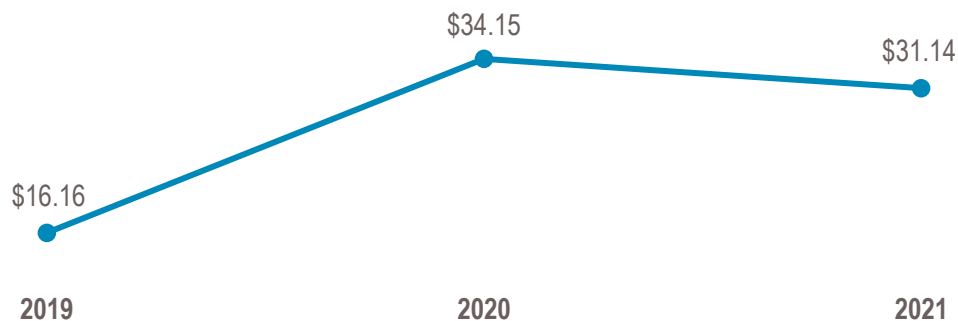
Annual CCO HRS reviews

The Transformation Center leads OHA's work on reviewing CCOs' HRS policies and spending data. The following findings include only spending that met HRS criteria:

- HRS spending decreased in 2021 but remained substantially higher than 2019. See figure 1 below.
- Per member per month (PMPM) HRS spending also decreased slightly from \$2.93 PMPM in 2020 to \$2.35 PMPM in 2021 (range of \$0.51–\$10.70 per CCO).
- HRS spending on health information technology, housing, prevention, education, family resources, substance misuse and addiction, and food access made up 84% of HRS spending in 2021. Another 3% was used to address community and member needs exacerbated by COVID-19 and emergency needs related to wildfire relief.

More details are available in the [2021 HRS spending summary](#).

Figure 1: Total CCO HRS spending by year in millions of dollars



HRS capacity building

Transformation Center activities supported CCOs in HRS spending. In collaboration with ORPRN, the center provided the following:

- Four SHARE/HRS learning collaborative sessions on calculating return on investment, aligning SDOH-E spending programs, scaling up pilot projects and aligning with behavioral health initiatives.
- Virtual convening on housing with alignment across HRS, SHARE and in lieu of services. Across the four days, 173 people attended, with 60–125 each day. Presenters represented local, state and national efforts to increase housing availability for Medicaid members.
- Four office hours sessions for CCOs on HRS spending criteria and reporting.
- Webinar on health literacy and clear communication. Sixty-eight people attended, and 97% (31) rated it valuable and planned to take action as a result.
- An introductory webinar on equity in HRS, followed by a three-part series of work sessions on centering equity in flexible services programs. Eighty-eight people participated in the introductory webinar with 91% (22) rating the session as valuable. Forty-nine people participated in the series, and 83% (48) of respondents rated the sessions valuable and 92% planned to take action as a result.
- Webinar on using HRS for health information technology (HIT) that highlighted programmatic changes for spending criteria. Sixty-three people participated. In the evaluation, 97% (30) of respondents rated the session as valuable.
- Updated HRS brief, FAQ and guidance on Exhibit L reporting and using HRS for HIT and traditional health workers.

As a result of participating, my organization plans to:

- “Continue to devote time, talent and funds to housing issues”
- “Be more intentional in relationship development with community partners”
- “Explore the relationship between HRS, SHARE, ILOS and other funding streams to identify opportunities for aligning revenue streams toward shared goals”

— *2022 HRS/SHARE/ILOS housing convening attendees*

In lieu of services (ILOS)

Starting in 2022, CCOs may offer in-lieu-of-services (ILOS), which aim to address gaps for which HRS is not the appropriate mechanism. ILOS are services determined by the state to be medically appropriate and cost-effective substitutes for covered services or settings under Medicaid. ILOS supports health system transformation through key services, such as the Diabetes Prevention Program and traditional health care workers, and enables covered services to be provided in non-traditional settings.

This year staff developed several ILOS services, which were proposed to the Centers for Medicare and Medicaid Services (CMS). OHA began implementing the final CMS-approved list of ILOS.

The Transformation Center also partners with the OHA Health Systems Division and OHA’s consultant, ORPRN, to provide technical assistance for ILOS:

- An ILOS brief, ILOS coding resource guide and FAQ
- A [comparison document to help CCOs accurately implement and report on ILOS, HRS and SHARE](#).
- Virtual convening on housing with alignment across HRS, SHARE and ILOS. See “Health-related Services” section for more details.

Cross-cutting supports

Medicaid Advisory Committee

The Transformation Center staffs the Medicaid Advisory Committee (MAC), which advises OHA, ODHS, the Oregon Health Policy Board and the Legislature on OHP operations and policies from a consumer and community perspective. The MAC identified three priorities for 2022:

1. Monitoring CCO 2.0 implementation from a community and consumer perspective,
2. Supporting the OHPB’s role in 1115 waiver development by bringing the consumer perspective to the implementation and evaluation planning stages of the renewal process, and
3. Meeting federal MAC requirements (reviewing fee-for-service access monitoring plans, changing to managed care quality rating strategies, and managed care plan assessments).

Committee activities included the following:

- Submitted a letter of support of Oregon’s 1115 waiver application for 2022–27 to OHA leadership.
- Approved the Advancing Consumer Experience subcommittee charter to formalize it as a subcommittee of the MAC.
- Submitted a letter to ODHS and state interim Medicaid director supporting the policy allowing parents to be paid as direct support workers and personal support workers for their children. This policy was changed during the public health emergency, and the MAC asked that it be made permanent.

Sharing innovations and best practices

The Transformation Center identifies, supports and shares innovation at the system, community and practice levels. Select activities are described below.

- The center held a monthly **care coordination and intensive care coordination learning collaborative** to support CCOs and other organizations who provide care coordination to OHP members. An average of 112 people attended per session, representing all CCOs, multiple county mental health agencies and several delivery systems. The highest priority topic for participants was clarification of Oregon administrative rules and CCO contract requirements. Other topics included traditional health workers; transitions from pediatric to adult care; the Collective platform; children’s health complexity data; PCPCH coordination; fidelity wraparound; care coordination for the fee-for-service population; and collaboration strategies.
- The center hosted four statewide **CCO learning collaboratives** for the Quality and Health Outcomes Committee: integrating and paying for traditional health workers, increasing initiation and engagement to treatment for substance use disorders, increasing routine childhood immunizations, and implementing Family Connects Oregon (universally offered nurse home visiting).
- The center partnered with the OHA Vaccine Planning Unit and COVID-19 Response and Recovery Unit to host four **provider learning sessions to support COVID-19 vaccine rollout** for young children. An average of 106 people attended each session.

“[As a result of this session, my organization plans to] use the feedback management system to receive the support needed to effectively partner to provide vaccinations.”

– *Participant in provider learning sessions for COVID-19 vaccine rollout for ages 6 months–4 years*
- The center is partnering with the Oregon Academy of Family Physicians, Boost Oregon and ORPRN to bring **culturally and linguistically robust vaccine education** to rural communities and communities of color. This project focuses on equity and motivational interviewing for providers, who will become voices in their communities about vaccines and other emerging issues. Boost Oregon developed speaker training, culturally appropriate messaging, slide decks and materials in multiple languages about COVID-19 vaccination. Trained providers will give up to three workshops each at community gatherings. Providers receive no-cost credits for training and stipends for workshops.
 - Consultants have trained 15 providers and are actively recruiting more.
 - Providers led eight community workshops.
 - Post-workshop, more participants (83% versus 52%) supported COVID-19 vaccines, with no participants opposing the vaccine. Participants who were vaccinated but did not plan to get a booster reduced from 28% to 17%. Overall, 97% of participants rated the workshops as excellent or very good.
- Center staff participate on the **Oregon ECHO Network** board and provide grant funding for ECHO programs. ECHO is a case-based telementoring model. The goal

is to give Oregon’s primary care clinicians and their teams the knowledge and tools to manage health conditions they typically refer to specialty care. The board decides on topics based on provider-identified needs.

2025 coordinated care organization procurement planning

The Transformation Center is partnering with OHA’s Health Systems Division on the 2025 CCO procurement and offering consultation on how to engage CCOs and members on contract changes. Once a procurement process is approved, OHA will execute a community engagement plan that focuses on community decision-making and includes: outreach and engagement, education and information, and empowerment and accountability.

Transformation and quality strategies (TQS)

The TQS aims to move health system transformation forward and ensure high-quality care for CCO members. Each CCO’s TQS is a showcase of current improvement projects in areas including health equity, integration, special health care needs and more. The Transformation Center provides guidance documents, webinars and office hours to support CCOs in developing their TQS. The center also coordinates OHA cross-division review and feedback for the TQS, including individual feedback calls.

In 2022, CCOs submitted 189 TQS projects and scored an average of 83.5% (with a range of 51–91.7%). That was an increase of 5.9 percentage points over 2021. Select outcomes from fully matured projects include the following:

- Established SDOH screening during intake for intensive care coordination. Results are used for member-centered care plans and to set HRS spending priorities.
- Expanded a primary care behavioral health model to 10 PCPCH integrated practices.
- Incorporated depression screening into three dental practices, with plans to scale up to CCO’s entire service area. 66% of patients who screened positive received a referral to behavioral health.
- Expanded Project Nurture, which integrates substance use treatment and maternity care. Participants had lower rates of C-sections than non-participants.
- Brought cross-sector provider communities together to develop a shared trauma-informed culture and system of care grounded in equity and connection.

“The scoring and feedback you provide is invaluable; thank you for taking the time to review our work.”

“The one-on-one sessions with TQS and OHA representatives have been the most helpful as they allow a more informal mix of discussion elements without the risk of competitive scrutiny. Nobody wants to ask a dumb question in front of their CCO peers.”

— CCO staff participating in TQS TA



HEALTH POLICY AND ANALYTICS

Transformation Center

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