

CCO Progress

Integration, Access, Challenges

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FamilyCare Integration Initiatives



Integration at Home

Traditional Insurance model

- Claims, customer service, referral and authorizations, care management, behavioral health, dental services, etc.
- Each department operates separate from other departments
- Confusion for providers and patients in knowing which department to contact for answers/resolutions

New Service Model



Integrated Service Teams

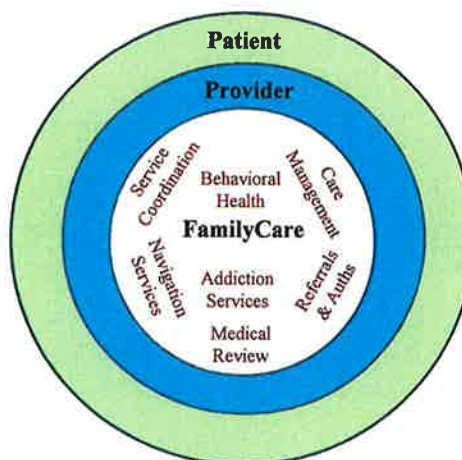
- **Relationship with Member and Provider**
- Team based insurance services
 - Customer service, behavioral health, dental health, service coordinators, pharmacy, referral and authorizations, care management, claims, etc.
- Groups of physicians and their patients assigned to one specific team
- Provides one call service to providers and patients
- Regular face to face meeting between team and Provider offices
- Team services direct to member



Integrated Clinical Services Model



- P² = Provider/Patient**
- O = Oriented**
- R = Resource**
- T = Teams**



Types of Ports



- Family Practice
 - Pediatrics
 - Obstetrical
 - Culturally/ethnically specific
 - Addictions
 - Chronic mental/behavioral disease
 - Serious and persistent mental/behavioral disease
 - Medicare / Geriatric
 - End of life care
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Scalable and Adaptable



- Demographically - Cultural, Age, Sex, Economics, Education
 - Geographic – Urban, Rural
 - By product line
 - By Condition
 - By Risk factor
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Provider Outcomes

- Improved referral access to all disciplines
 - Better knowledge of unrelated disciplines
 - Continuing relationship with insurance staff who know them and their patients..
 - Client focused information on patients needing prevention based care.
 - Decrease in provider complaints
 - Improved satisfaction with insurer
 - Decrease in provider stress
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Expected Client Outcomes

- Familiarity and relationship with insurer
 - PCP access that they can depend on
 - Early access to and active contact promotion of prevention based care
 - Improved access to all disciplines
 - Improved satisfaction of care
 - Improved compliance with treatment plan (?)
 - Decreased ED utilization for primary care
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FamilyCare Outcomes

- **Quality relationship with providers**
 - Quicker resolution of issues with providers
 - Improved and extended access to providers
 - Improved cooperation in achieving quality metrics
 - Improved cooperation and acceptance of insurance protocols
 - Better outcomes
 - Lower costs
 - Improved STAR ratings
 - Better reputation with providers, clients and influencers across the community
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Improved PCP Access

- Oregon RBRVS conversion factors (X CPT work formula)
 - Medicaid \$27
 - Medicare \$37
 - CCO avg. \$35 to \$40
(before savings and quality distributions)
 - Commercial avg. \$65
 - PCP services are time based not procedure based
 - You get the time you pay for
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Ongoing Challenges



- Lack of Information and Transparency
 - MMIS System still unreliable
 - Enrollment
 - Category of Eligibles
 - Payment reconciliation
 - Rate Development is not Credible
 - Duplicative audits
 - No real Collaboration
 - Wasted time and energy
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OVER ALL



**CCO's are
Succeeding
In Bringing Quality
Integrated Care
To Oregon Health
Plan Members**
