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- Lindsey Hopper, JD,
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Central Oregon Health
Council—Ex Officio



Background

The Central Oregon Health Council (COHC) is a not-for-profit community governance entity. Senate Bill 204 created the COHC in 2011 to facilitate collaboration, regional planning, and community governance. The COHC serves as the governing entity over the region's Coordinated Care Organization, PacificSource Community Solutions. Senate Bill 204 (SB 204) (subsequently codified in O.R.S. Chapter 440) will sunset on January 2, 2016. This legislation serves many purposes for the COHC and the CCO: it allows counties and regional partners to come together to achieve the Triple Aim and improve the wellbeing of the region, as well as complete one Regional Health Assessment (RHA) and one Regional Health Improvement Plan (RHIP). It is critical that this legislation not sunset.

Highlights since SB 204 was passed in 2011

- Entities with representatives on the COHC Board of Directors elected to tax themselves and fund strategic initiatives, including:
 - Maternal child health
 - Pediatric RN care coordination
 - Transitions of care
 - Multi-disciplinary pain clinic
- The successful start-up and sustainability of the three formative initiatives of the COHC:
 - Emergency Department Navigation project with the increased asset of EDIE to support the project
 - NICU follow-up clinic
 - Program for Evaluation of Development and Learning (PEDAL Clinic)
- Many community partners are now at operating or financial risk or pursuing alternative payment, incentive, or withhold strategies for managing and delivering care to the Medicaid population in Central Oregon.
- Successful CCO performance on Quality Incentive Measures (QIM) in the 2013 performance year.

- The COHC and the CCO collaborated to make QIM funds available in the community to support quality initiatives, including:
 - Grants to study incentives for adolescent well care visits at school-based health centers
 - A pilot project evaluating unmet transportation needs for Medicaid members
 - A grant to provide SBIRT training
 - A grant to reimburse providers for Suboxone training costs
 - A pilot project to ensure access and continuity of dental care for Medicaid-enrolled children
 - A grant to make a patient activation tool available to community health workers
 - A pilot project to develop a musculoskeletal medical neighborhood model of care
 - Grants to test SBIRT provider incentives

- The COHC and the CCO collaborated to disburse Transformation Funds to support community initiatives:
 - Pediatric Health Engagement Team
 - Clinical Pharmacy Services
 - Patient Support Fund
 - Community Paramedicine Project and Medical Transportation System Optimization
 - Creating Infrastructure to Evaluate a Global Payment in Integrated Primary Care Practices
 - Bending the OHP Dentistry Cost Curve in Central Oregon
 - Pediatric Hospitalist Program
 - Telemedicine: Bridging Specialty Care Barriers
 - Member Engagement
 - Maternal Child Health Initiative

Proposed Updated Legislation: SB 648

- Retains most of the language from Senate Bill 204 and provides flexibility for the COHC to grow and meet future needs.
- Increases the number of Board members from 11 to 15 to reflect stakeholder needs.
- Provides that Board members may serve multiple terms.
- Updates dates and session references.
- States that the COHC may manage one Community Advisory Council (CAC) to satisfy the requirements of ORS 414-625(1)(i).
- Clarifies that the RHA and RHIP fulfill the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) requirements for the CCO.

Benefits:

Benefits include improved population health, satisfaction, and shared savings through collaboration; regional health planning; and effective resource management.

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