

Answers to Webinar Chat Questions

ASTHO produced a webinar called “Leveraging Health System Transformation to Improve Population Health: Oregon's Experience.” The webinar was held on June 30, 2014 at 1pm. The moderator was Monica Valdes Lupi, Chief, Health Systems Transformation, ASTHO.

Presenters included:

- Lillian M. Shirley, BSN, MPH, MPA, Public Health Director, Oregon Health Authority
- Lori Coyner, MA, Director of Health Analytics, Oregon Health Authority

Question	Response
Can the presenter expand on how the state and/or local health departments are engaging with patient-centered medical homes?	The state health department has provided resources to the Patient-Centered Primary Care Home program to assist clinics seeking recognition with patient referrals to community-based resources such as the Oregon Tobacco Quit Line and the Stanford Chronic Disease Self-Management Program, among others. State public health staff also provided leadership in the development of the Patient-Centered Primary Care Home Institute, which provides technical assistance to clinics seeking recognition. Finally, the state health department is supporting school-based health centers in becoming recognized as Patient-Centered Primary Care Homes. Local health departments are encouraged to partner with Patient-Centered Primary Care Homes to develop referrals to community-based resources as listed above.
Could you elaborate some more on what the PCPCH consists of and how that is expected to improve community health outcomes and reduce healthcare cost? Thanks.	More detailed information about the PCPCH program, including standards for recognition, are available at www.primarycarehome.oregon.gov . The idea is that by establishing a central home for most Oregonians to receive their health care, a provider team is able to better coordinate specialty care for the individual and ensure the patient is receiving the right care at the right time in the right setting.
Both Presenters: What is the gender percentage distribution of your personal referrals to sit on other boards with which your organization must cooperate?	CCOs do not have gender distribution requirements on their governing boards.

<p>Are CCOs leveraging community-based services providers (i.e. diabetes self-management education, diabetes prevention program, chronic disease self management, CHWs, etc.)? Are those are part of CHIP but not necessarily managed by CCOs?</p>	<p>Yes, some CCOs are supporting the Stanford Chronic Disease Self-Management Program and other health education efforts such as tobacco cessation support groups, etc. As the CCO CHIPs were due on June 30, 2014, we do not yet know the number of CHIPs that specifically include these types of strategies to address prioritized health issues in the community. All CCOs are required to make Traditional Health Workers (community health workers, peer wellness specialists, patient navigators, doulas) available to members.</p>
<p>The changes are impressive - what were the main challenges to getting there?</p>	<p>CCOs were required to change their business structure and fold in medical, dental and mental health care into one plan instead of three plans, while also taking on new governance structures. In addition, CCOs have needed to work with each other and their provider communities in new ways, while balancing numerous quality improvement priorities in a short period of time.</p>
<p>Regarding the financial / funding consolidation -- how was governance restructures? Did you achieve savings by reducing the number of administrative staff?</p>	<p>Prior to CCOs, each Medicaid member in Oregon had a different plan for their medical, mental and dental health care. CCOs created one health plan to provide all of those services. There has not been an assessment of administrative staffing levels before and after CCO implementation. Each CCO has the flexibility to determine exactly how they want to staff their plans.</p>
<p>Briefly describe organizational change on the government / oversight side?</p>	<p>House Bill 2009 created the Oregon Health Authority, which consolidated all of Oregon's health-related programs, divisions and health care purchasing into one agency. With the roll out of CCOs, the Oregon Health Authority now provides both contract oversight and regulatory functions as well as technical assistance to support innovation among CCOs and advance Oregon's health system transformation.</p>
<p>For counties that are relinquishing their role in public health services, how does the local CCO absorption of those services tie in with federal and state standards of</p>	<p>The Affordable Care Act places emphasis on the prevention of disease and disability as well as the role of the public health system in supporting health outcomes for everyone. By state law, CCOs are required to partner with local public health authorities on the development of community health assessments and community health improvement plans, and develop contracts for the provision of certain safety net services offered by the local public health authority. As this is the first time a county has relinquished its public health authority to the state since CCOs have been in existence, we have yet to assess the impact to CCOs.</p>

healthcare transformation?	
What additional information I can get on Oregon's work in workforce development and loan repayment programs?	<p>Oregon Health Policy Board's Health Care Workforce Committee, posted online at http://www.oregon.gov/oha/OHPR/HCW/Pages/index.aspx.</p> <p>As a part of its 1115 Waiver, the Oregon Health Authority is required to establish a Medicaid Loan Repayment Program. More information about this new program is available online at http://www.oregon.gov/oha/OHPR/Pages/lrp.aspx.</p> <p>Finally, another term of the 1115 Waiver was to train at least 300 traditional health workers. Oregon now has a traditional health worker curricula certification process. More information about Oregon's traditional health worker certification program can be found on the Traditional Health Worker Commission website at http://www.oregon.gov/oha/oei/Pages/traditional-health-worker-commission.aspx.</p>