MANAGED MEDICAID

Moving Upstream and Outside for Long Term Savings and Better Health

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INTRODUCTION

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FIRST THINGS FIRST

- Background
- Our Population
- Our Journey
    - High Utilizers
    - Incentive Metrics
- Current Strategies

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Background

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Non-profit, tax exempt Member organization

Oregon's Medicaid plan operates under an 1115 waiver with CMS called the Oregon Health Plan

Full risk contract ($1.2 billion) with State of Oregon for Medicaid benefits

Benefits include physical, mental and dental health, addictions and transportation

Cost increases are capped at 3.4% annually

Premised on flexible benefits/global funding

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Business Model

Founded in 2012 by local delivery systems, county governments and managed care plan

Subcapitated agreements with partners for various benefits and service areas

Centralize/Standardize/Align

Collective Impact Model

Our Population

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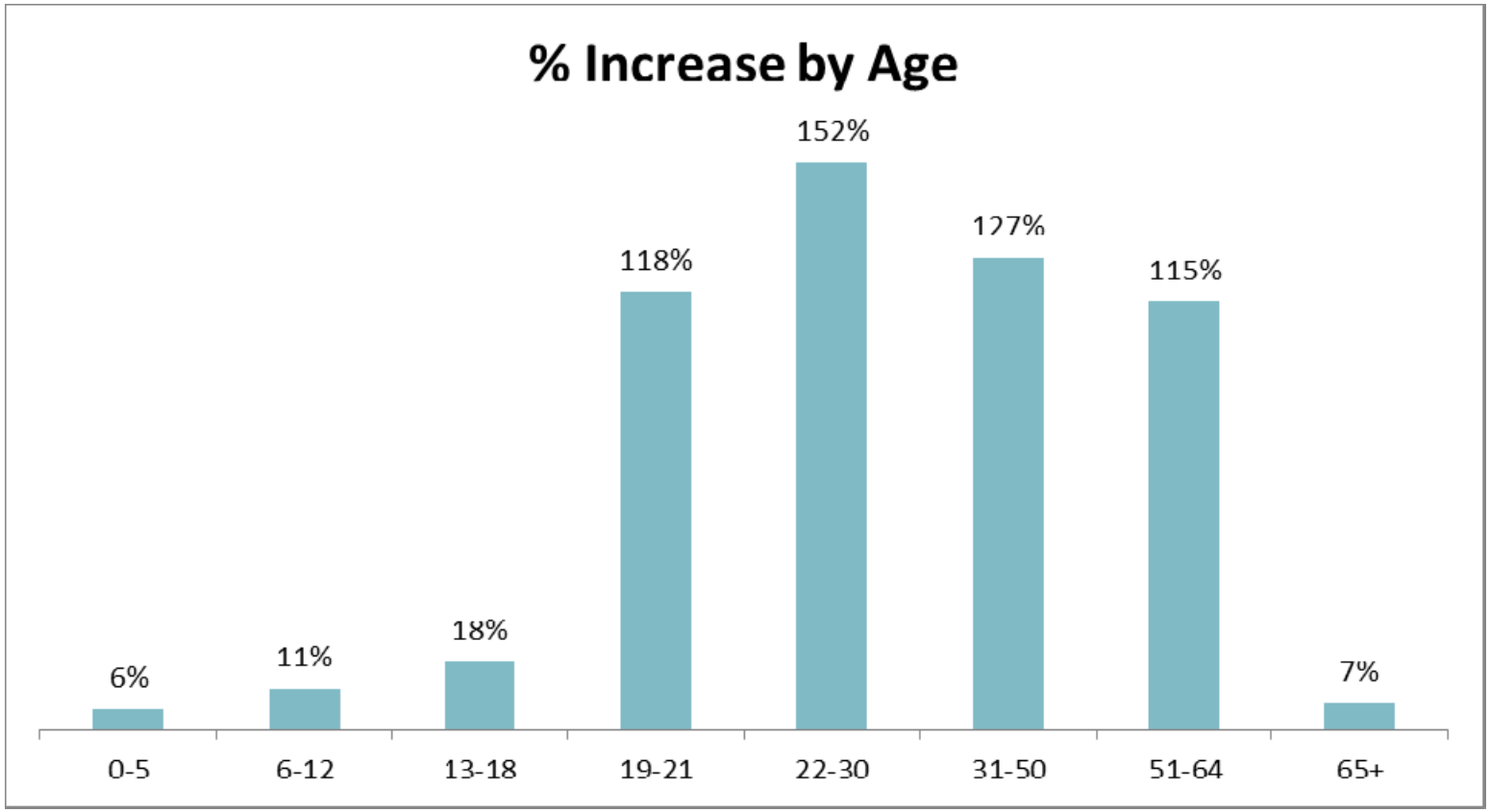
Both Traditional and Nontraditional

- Half of the babies born in Oregon are covered by Medicaid
- Every 32 hours a future kindergarten class of 20 is born
- Social determinants of health are stacked against our members – nutrition, housing, day care, schools, socioeconomic environment, employment, public safety, violence, etc.
- Lifetime of traumatic events takes a tremendous toll on health status and likelihood of successful life
- Generational poverty versus situational poverty

ACA Enrollment – 40% Increase



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Demographics

20% of our members select language other than English

50% Caucasian

8% African American and African

17% Hispanic/Latino

7% Asian & Pacific Islander

18% Unknown

Less than 1% AI/AN

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Our Journey

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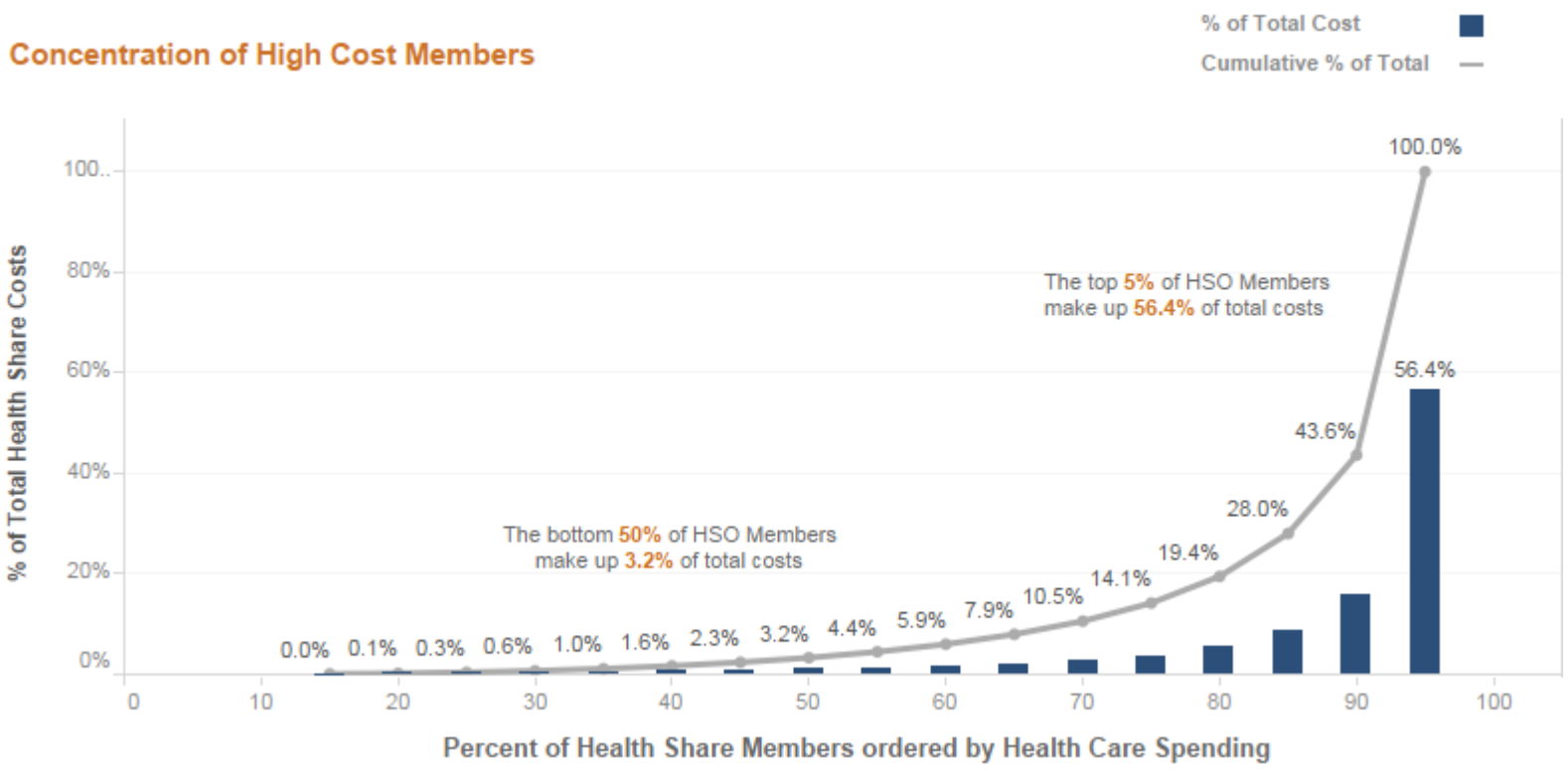
Start with the High Utilizers!



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Some Successes

Intensive Case Management

High Touch/Low “n”

Select Co-location

Workforce is Different

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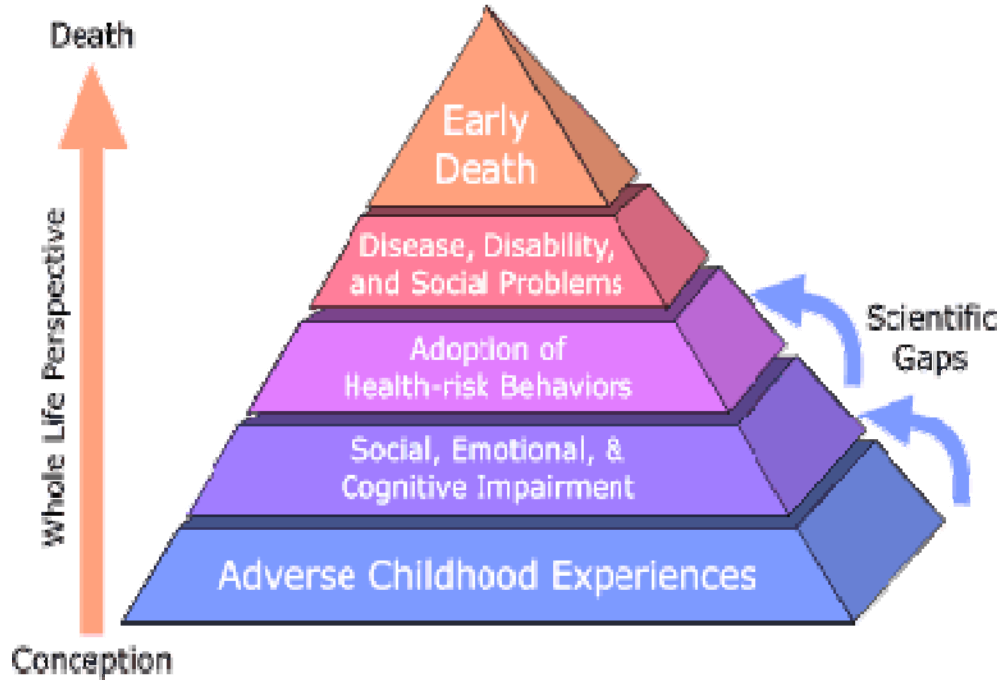
What High Needs/High Cost Patients Have Taught Us

The question is not
What's wrong with them?

The question is
What has happened to them?



Almost all of the problems these individuals face start upstream on a socially constructed pathway to super utilization

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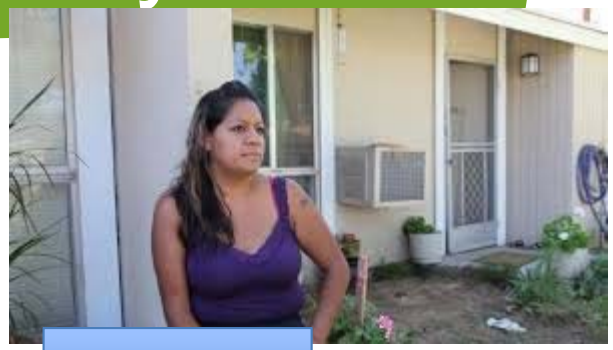
Life Stories with Chain Reactions of Adversity

Miranda



Tumultuous, violent relationship between parents, unstable housing

Parents split, dad got "left behind"

Lived with multiple caretakers in various locations

First pregnancy/birth, stepbrother is father

3 children, still living in abusive household

3 more children born

birth | 5 yo | 11 yo | 15 yo | 18 yo | 21 yo | 27 yo | 47 yo

Moves back in with mom, daily sexual abuse from stepfather

Drops out of school

Begins heavy drug use and selling

Goes to prison on drug charges

Suicide attempt

Heavy alcohol use, drug relapses, cancer, car accidents

Age 47
6 children age 15-32
No GED/diploma, no employment
In recovery from severe substance use
Chronic pain, cancer, multiple surgeries, no teeth or dentures
Multiple psychiatric medications

Meanwhile…Pursuing P4P Funds

- Federally mandated quality metrics (33) of which 17 have financial incentives attached
- Must either meet a benchmark or improve performance year over year
- Teach to the Test/Check the Box
- Eventually developed more comprehensive programs to succeed in the Pay for Performance

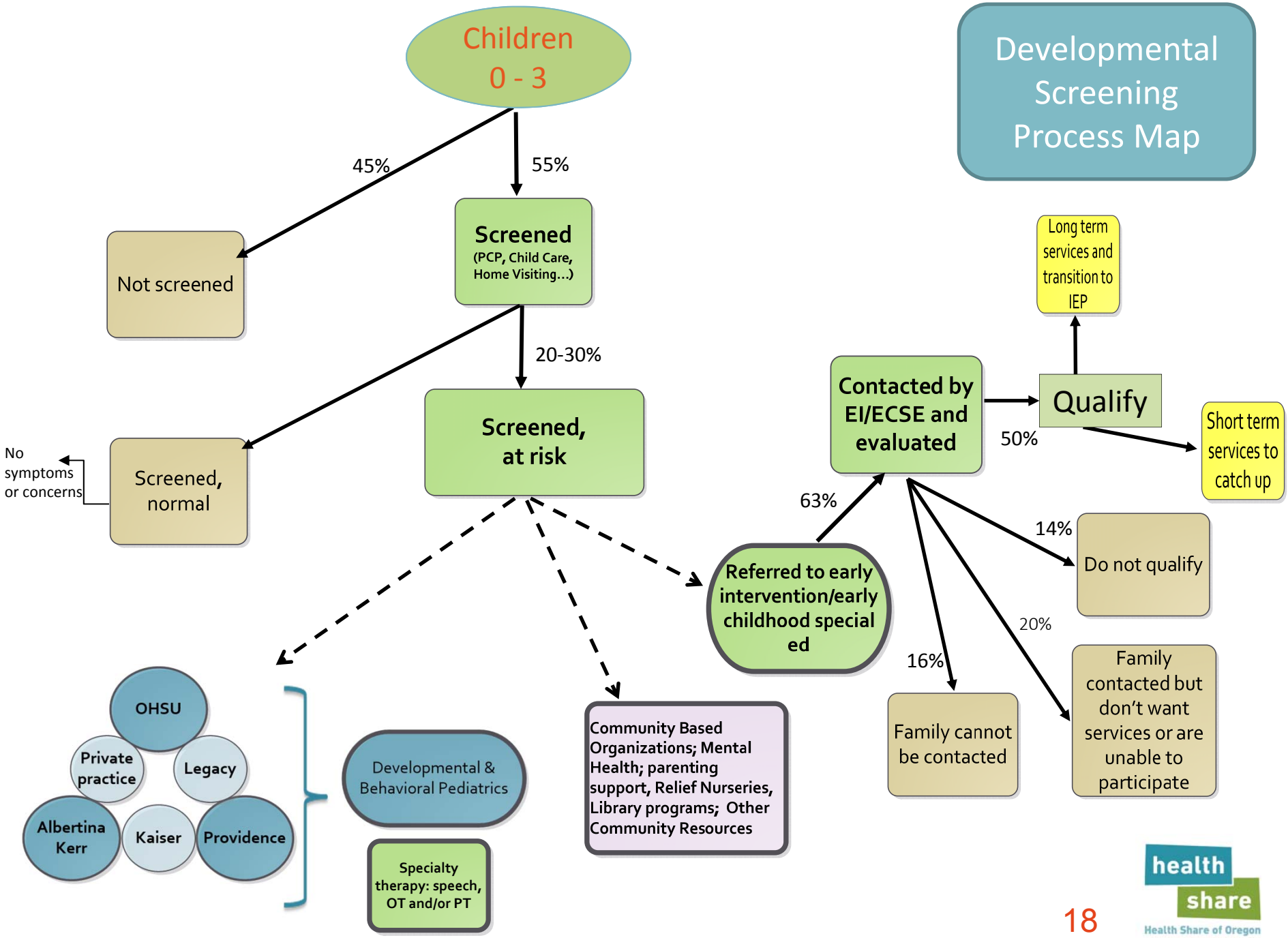
Developmental Screening

Approximately 34,000 children 0-5

Approximately 20,000 children 0-3

Target 45%/Benchmark 50%

Then What?



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“Foster Kids”

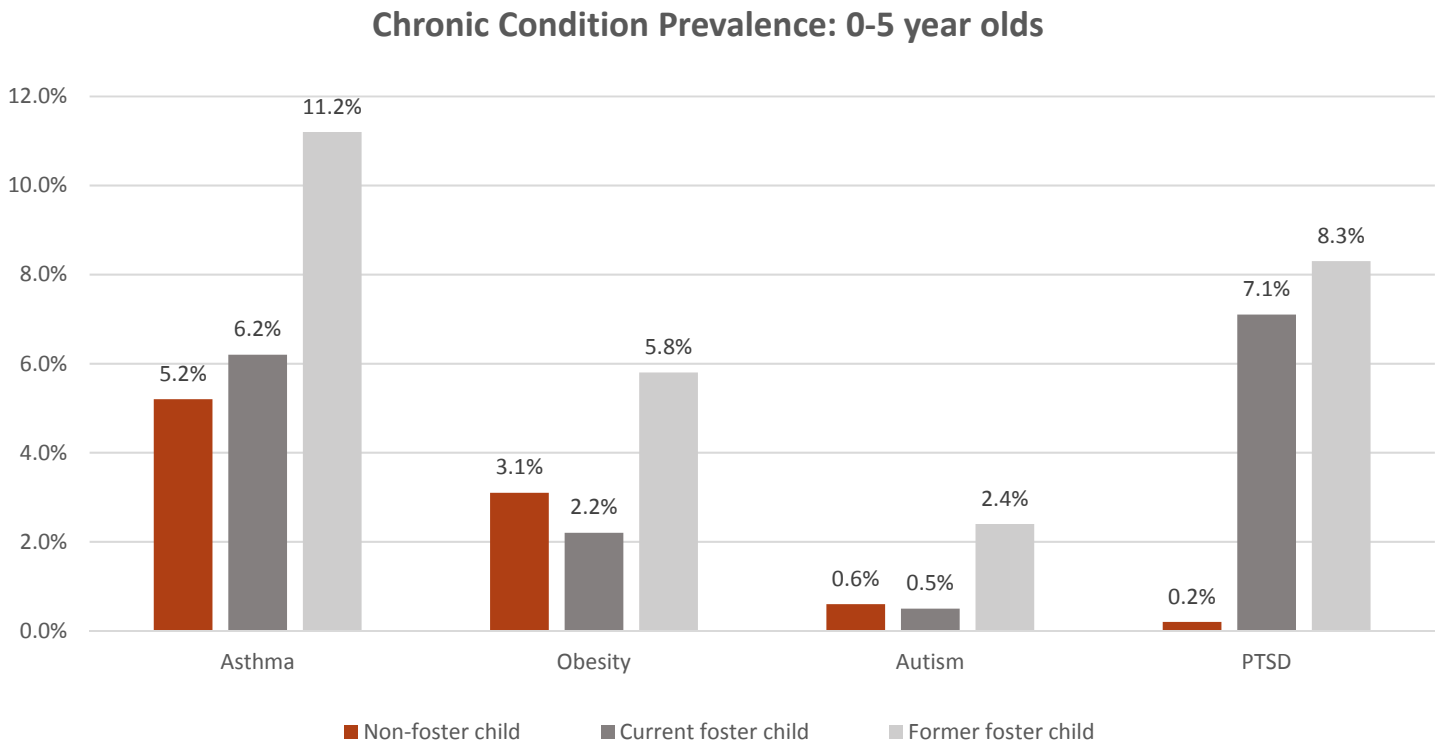
Screening for Children in DHS Custody (PH/MH/DH) within 60 Days

Each month 300 children are eligible for metric

Each month 3,500 children are in DHS Custody

Target 36%/Benchmark 90%

Effect of DHS Custody – 0-5 yrs



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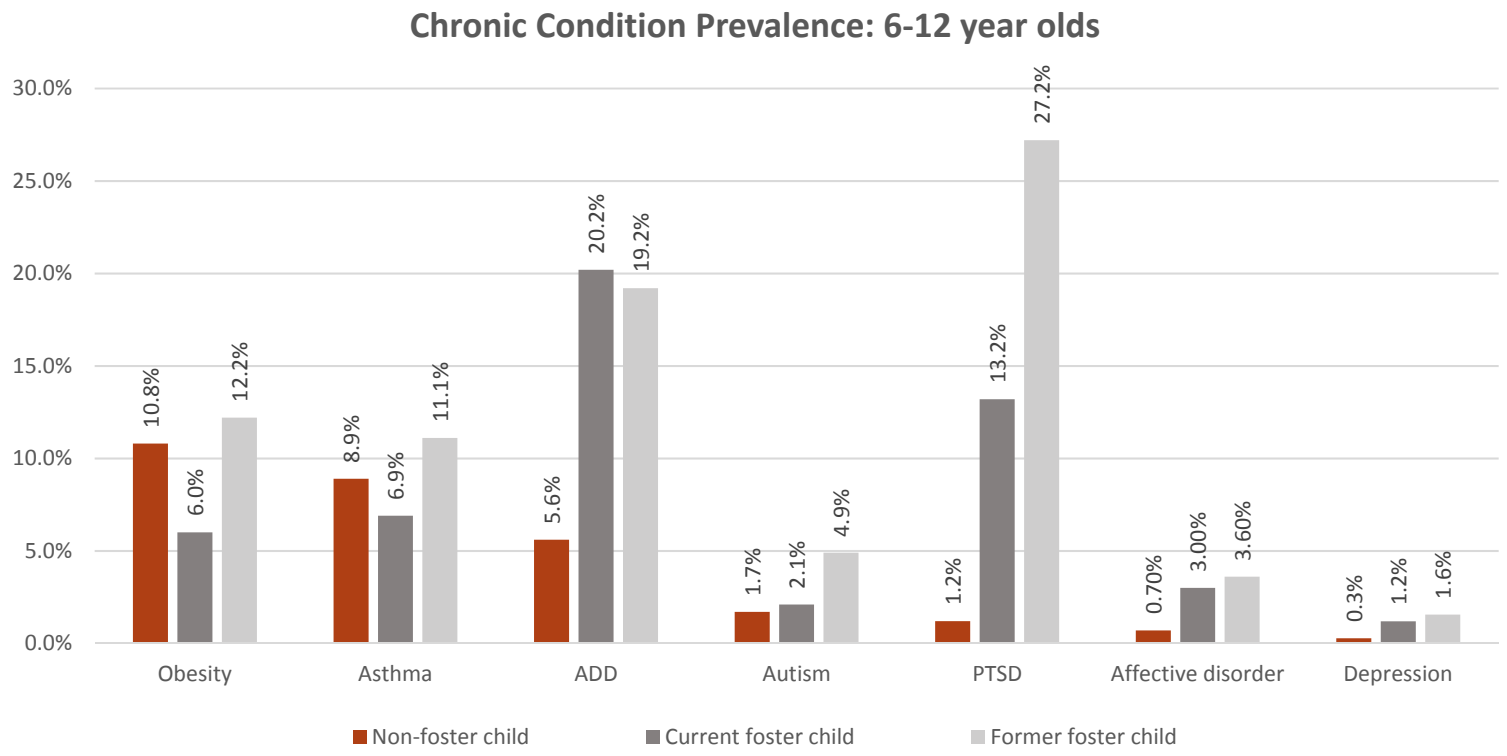
Effect of DHS Custody – 6-12 yrs



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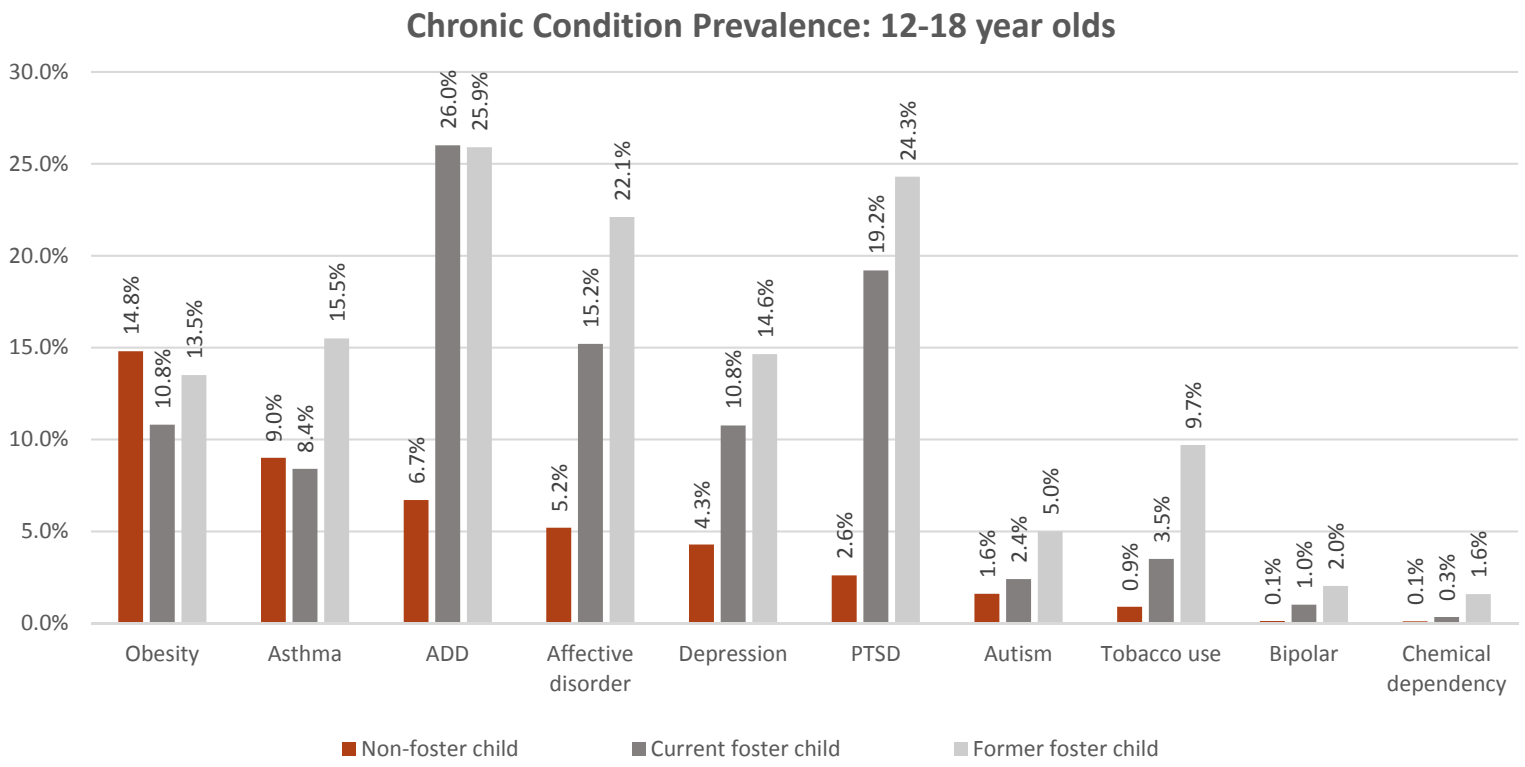
Effect of DHS Custody – 12-18 yrs



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Current Strategies

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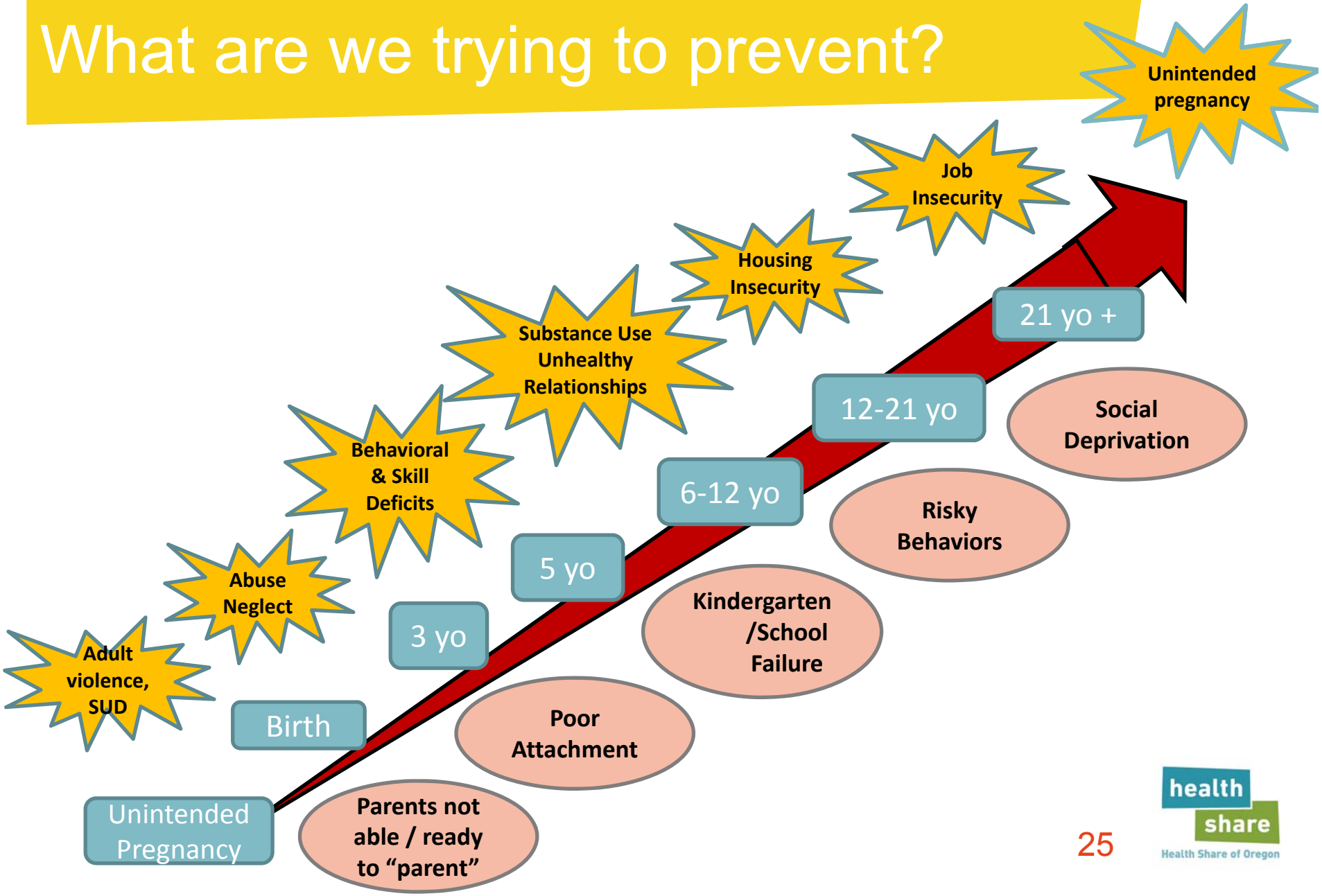
What are we trying to prevent?

- Future generations of “high utilizers”
- Cascading adverse life events that derail a healthy life
- Chronic illness, substance use, mental illness, criminality, isolation, disability

What are we trying to prevent?



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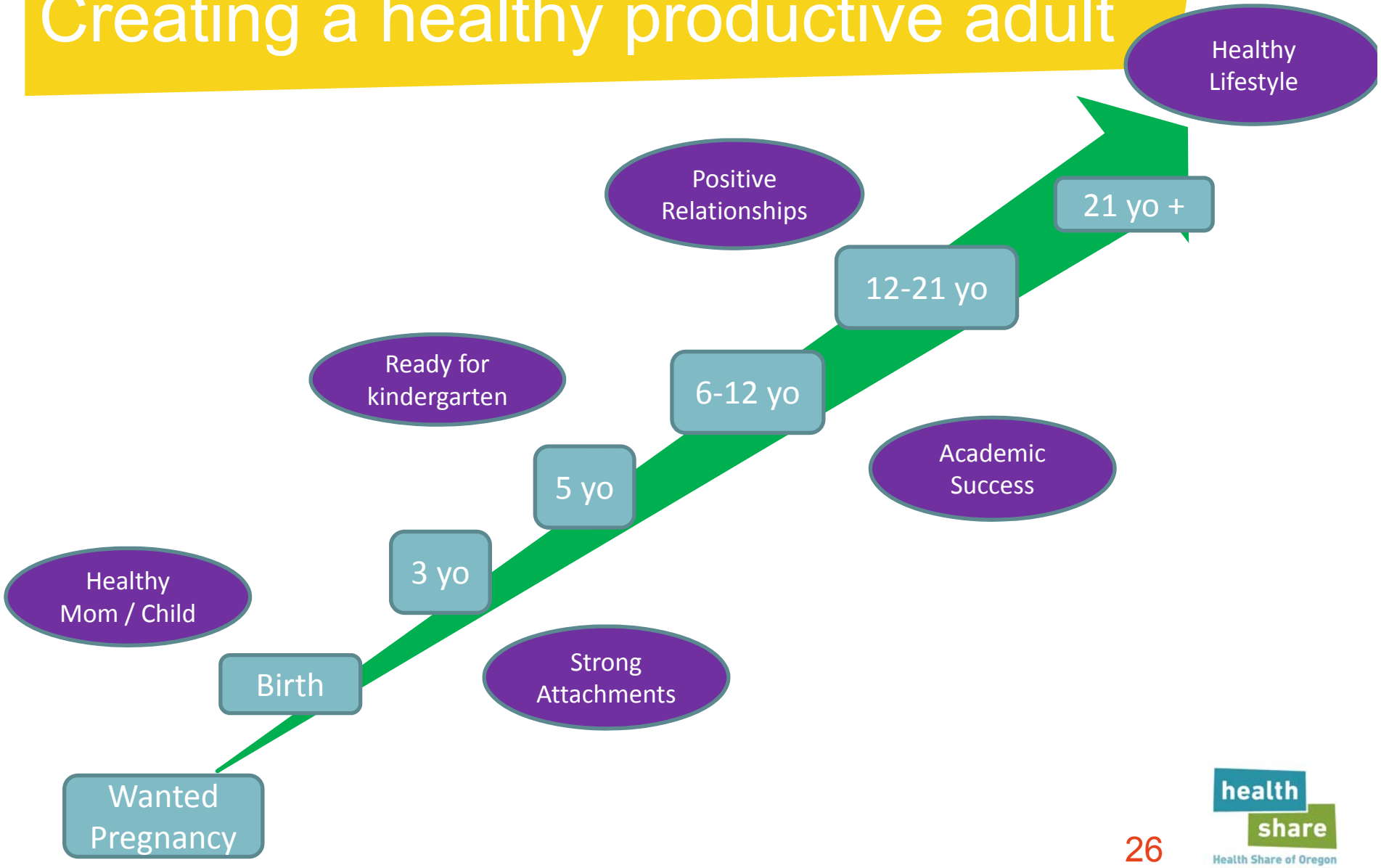
Creating a healthy productive adult



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Can we make a difference?

Before entering school, the health care system is the social institution with the most contact with young children and their families

Toxic stress is the early childhood roots of lifelong impairments in physical and mental health

Students from low income families are six times less likely to graduate high school when they are not reading at grade level by the end of third grade

High school dropouts are 63 times (!) more likely to be incarcerated than college graduates

Not graduating high school correlates with poor health outcomes and shorter life

The earlier the investment, the greater the return

Build Capacity – Create Partnerships

Alternate workforce

Extend knowledge

Leverage technology

Make new friends

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Translating to a prevention strategy

Identify key touch points in the care delivery system where we can provide meaningful support:

- Promote stable families with healthy early attachments, relationships are critical and form the foundation of brain development (Before 9 to 5)
- Ensure that at risk families get the mental health, substance use disorder treatment and social services they need to prevent adverse outcomes
- Focus on highest risk children
- Use the health care system's frequent contacts with children to help them be **ready for kindergarten** by age 5

Early Life Health Strategy

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Preventing Unintended Pregnancies

- Poor women (<100% FPL) are more than 5 times as likely as higher income women (>200% FPL) to have an unintended pregnancies
- Unintended pregnancies are associated with worse birth outcomes and can set the stage for child abuse and neglect
- Loss of employment and educational opportunities are a leading reason why families on the edge fall into poverty

Preventing Unintended Pregnancies

Tactics:

- Improve rate of effective contraception use among women at risk of unintended pregnancies with particular attention to underserved populations and communities with poor access
- Screen women for pregnancy intentions in primary care

Metrics:

- Effective contraception use among women at risk of unintended pregnancy (P4P)

Preventing Adverse Childhood Events

There is a strong link between Adverse Childhood Events, such as child abuse and neglect and household dysfunction, to lifelong health and mortality

The most important factor in child abuse and neglect is parental substance abuse

ACEs are directly related to the health and well-being of the child's caregivers as well as community level problems

Having at least one emotionally stable caregiver who can build a strong attachment to the child is critical for the child's wellbeing, success in school and lifelong health

Preventing Adverse Childhood Events

Tactics:

- Screen and refer pregnant women for behavioral health and family resource needs
- Pilot and evaluate new models that integrate behavioral health and substance use treatment into maternity care

Metrics:

- Early entry into prenatal care (P4P)
- Pregnancy risk assessment completed
- Risk stratification of maternity population
- Reduction of foster care placement for children under 1 year of age

Kindergarten Readiness

- Kindergarten is usually a child's first foray into society and it is the first stepping stone for lifelong success and health
- The strongest predictor of lifelong career achievement and economic stability is high school graduation
- The strongest predictor of high school graduation is third grade reading level
- The strongest predictor of third grade reading level is being ready for kindergarten
- Social and emotional skills are as important as knowing numbers and letters
- Social and emotional skills are derived from parental attachment, boundary-setting and emotional stability

Kindergarten Readiness

Tactics:

- Identify populations, with a focus on communities of color, with low rates of developmental screening and implement initiatives to improve screening rates
- Improve primary care capacity to address developmental delays and disabilities
- Ensure children receive all preventive health care services needed for kindergarten readiness
- Support robust Reach Out and Read programs in clinics serving high proportions of our pediatric members

Kindergarten Readiness

Metrics:

- Developmental screening rates for child by race, ethnicity and primary language
- Proportion of children 0 – 6 who are up-to-date on well child visits, immunizations (P4P) and preventive dental care
- Reduction in waiting times for developmental pediatrics
- Parental report of better access to child development and parenting resources

Creating Foster Care Centers of Excellence

Children in foster care have already experienced significant life trauma (removal from their biological family often due to extensive abuse and neglect)

The system may help with immediate safety concerns but it can also re-traumatize children because of inconsistencies and multiple transitions

Physical health and mental health needs may not be met if there is no consistent communication across providers

Creating Foster Care Centers of Excellence

Tactics:

- Ensure real time dashboards are effective in monitoring system performance including disparities related to race, culture and language for children in foster care
- Create and implement a coordinated and integrated system to identify, assess and provide services to children in foster care
- Pilot and evaluate new models to improve care for children in foster care through Foster Care Advanced Practice Medical Homes

Metrics:

- Children in DHS custody receiving a physical, mental and dental health assessment within 60 days of placement

Summary – Early Life Health Strategy

The objectives are intended to intervene with families at key touchpoints in the health care system with the goal of optimizing the likelihood of good health outcomes

Our objectives intersect and overlap with one another, addressing the root issues from multiple angles

Preventing the next generation of high utilizers requires a deep investment in prevention that matters

Working upstream is the most promising way to change the course not only of health care spending, but of the lives and health of families in our community

The last word

"It's easier to build strong children than to repair broken men."

--Frederick Douglas

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Together
we are

health
share

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