

# Columbia Pacific CCO's

County Collaborative Risk Share Model

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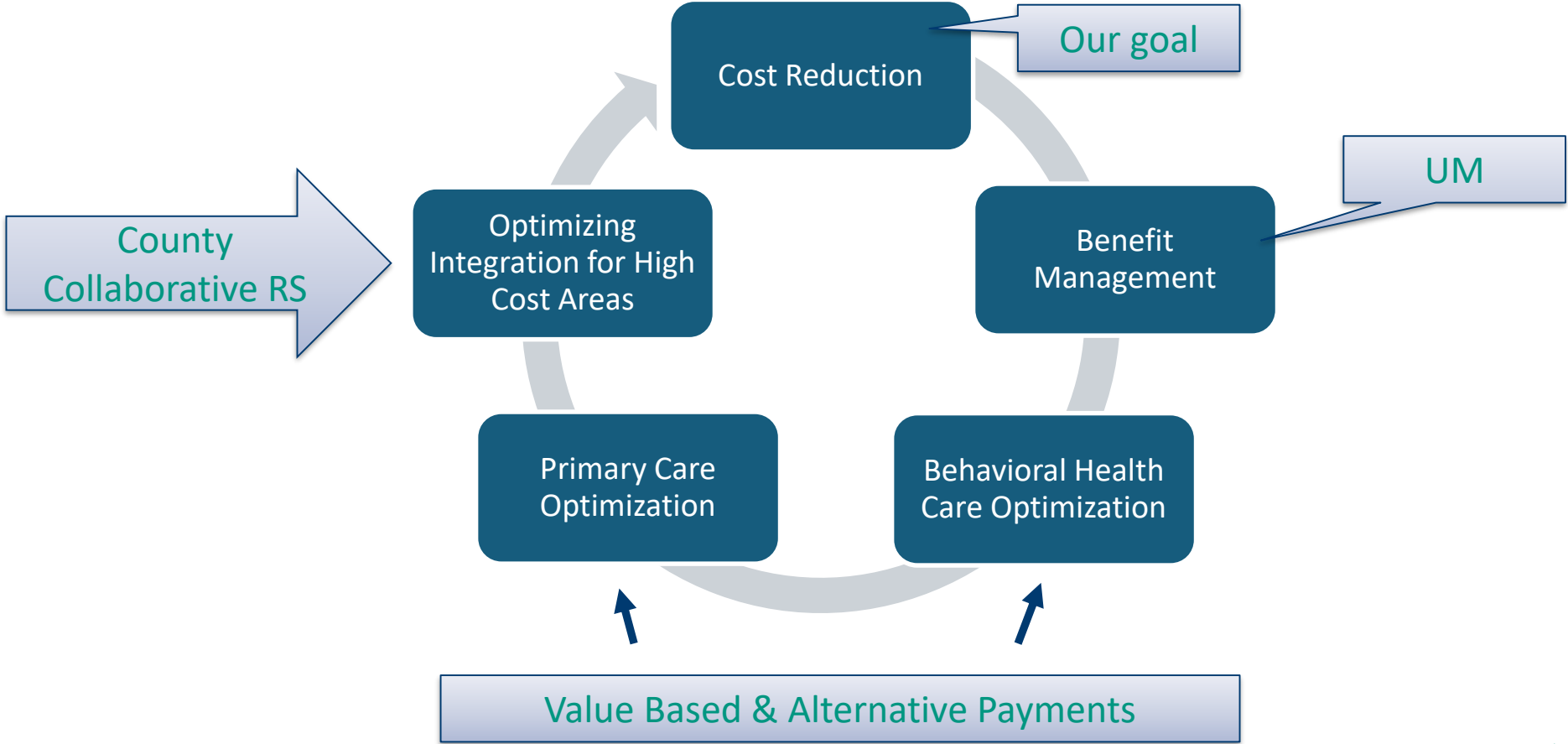
# Rural Communities

Smaller network of providers with smaller patient populations

Barrier: organizations do not have patient populations large enough to enter into share risk contract

Solution: Create a collaborative contract around entire county population

# CPCCO's Framework for Cost Reduction



# Goals

**Goal 1:** Risk Shares achieve their cost targets annually: 1) County PMPM target, and 2) CareOregon MLR targets

**Goal 2:** Risk Share partners make data informed decisions to improve quality and address problematic cost/utilization trends.

**Goal 3:** Risk Share partners establish a community of collaboration that generate solutions aimed at transforming healthcare through integration and continuous quality improvement

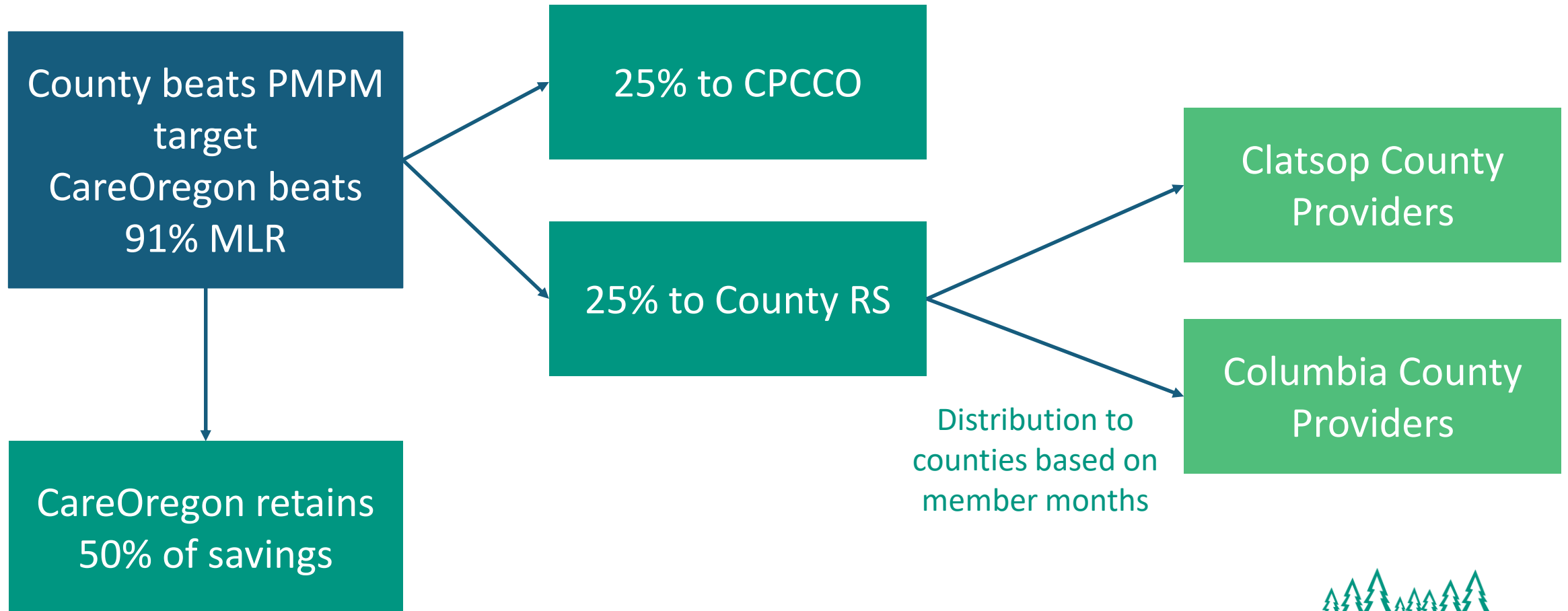
# CPCCO Community Risk Share Model

<b>Delivery System keeps 25% of Savings</b> <i>(1/3 Distributed equally and 2/3 distributed proportionally based on cost)</i>	<b>CareOregon Keeps 50% CPCCO Keeps 25% of Savings</b>
<b>County PMPM Target</b> <i>(3% cost trend from previous year)</i>	
<b>Risk Corridor / No Shared Risk – 1.5%</b>	
<b>County takes 25% risk (1.5% max)</b>	<b>CareOregon retains 75% risk</b>
<b>Above Upper Risk Corridor Limit/ No Shared Risk - 2.5% Cap</b>	

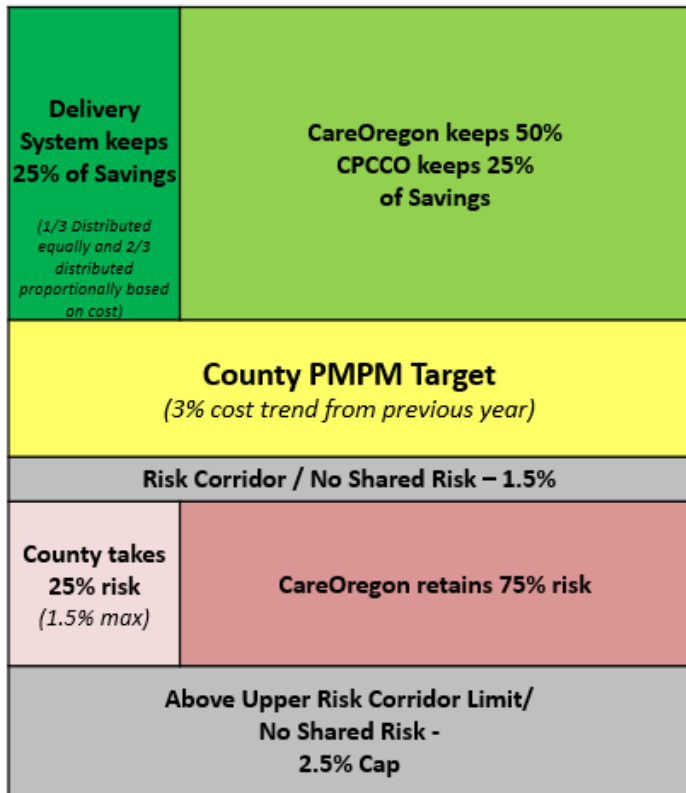
Payout is triggered by:

1. County Cost Target achievement:
  - CCO Rates
  - Membership mix and Morbidity Changes
  - Exclusions and large claims
2. CareOregon cost target achievement:
  - Based on budget projections and maintenance of cost trends

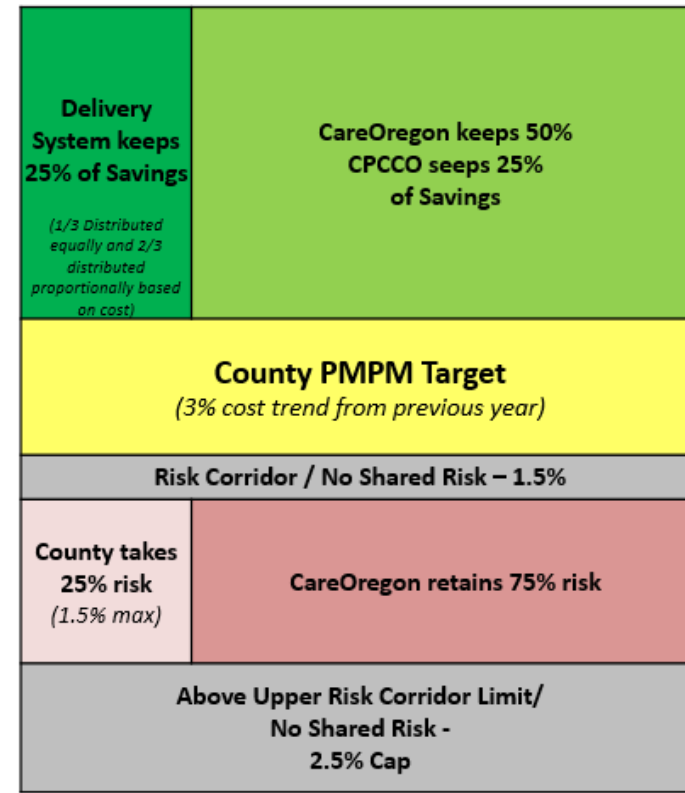
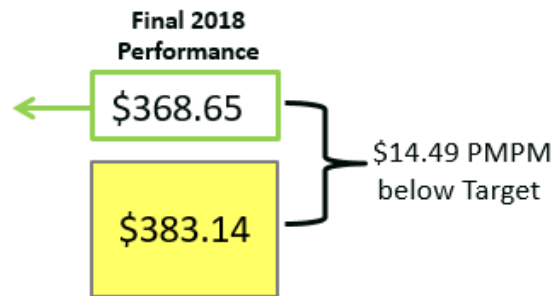
# Risk Share Payout



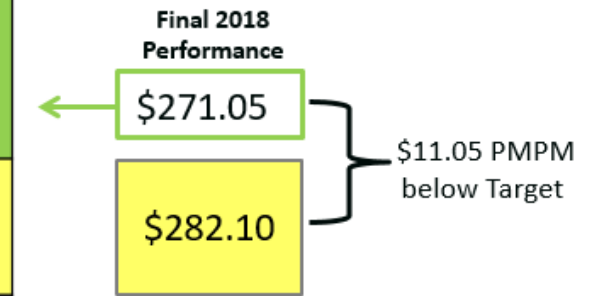
# 2018 Results



Clatsop County Risk Share Model



Columbia County Risk Share Model



CareOregon 2018 MLR = 88%

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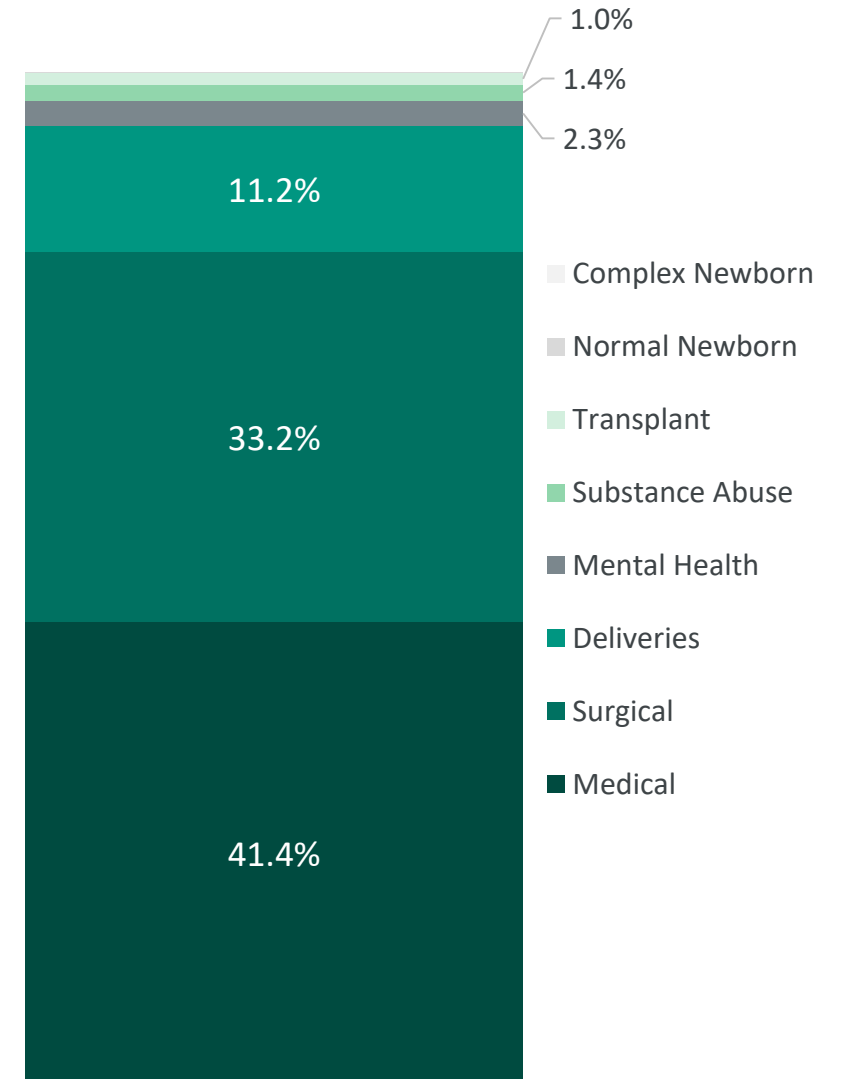
**Goal 3:** Risk Share partners establish a community of collaboration that generate solutions aimed at transforming healthcare through integration and continuous quality improvement



# Inpatient PMPM Proportion

PMPM for inpatient services for members assigned to Clatsop County primary care clinics driven by decreased costs for surgical admits

	March 2018 PMPM	March 2019 PMPM	% Δ	% of 2019 Total
Complex Newborn	\$0.47	\$0	-100%	0.0%
Normal Newborn	\$0.17	\$0.03	-81%	0.0%
Transplant	\$1.14	\$0.79	-31%	1.0%
Substance Use	\$1.26	\$1.09	-14%	1.4%
Mental Health	\$1.69	\$1.78	5%	2.3%
Deliveries	\$13.07	\$8.62	-34%	11.2%
Surgical (planned)	\$29.39	\$25.50	-13%	33.2%
Medical (unplanned)	\$30.84	\$31.82	3%	41.4%



# Pharmacy Update

Interested in reducing total cost of care for your members?



Tips from your friendly pharmacist:

- You can save nearly \$350 per inhaler per month by switching patients on Advair or Symbicort to generic AirDuo or generic fluticasone/salmeterol (Wixela)
- Consider low-cost insulin alternatives like NPH, admelog, and generic Humalog\*
- Do not mix GLP-1s with mealtime insulin- this is an expensive combination without supporting evidence

\*We do not yet cover generic Humalog on formulary

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# 313 Medical Admits

*39% of all CPCCO*

→ **68.7% were unplanned**

→ **31.3% were planned**

## Top 10 reasons members were admitted

DRG	# admits 2019	# admits 2018
Diabetes	28 (8.9%)	21
Poisoning & Toxic Effects of Drugs	22 (7.0%)	25
Septicemia or Severe Sepsis	20 (6.4%)	35
Heart Failure and Shock	18 (5.6%)	11
Bronchitis & Asthma	15	4
Esophagitis, Gastroent & Misc. Digestive	15	13
Cellulitis	15	12
COPD	10	9
GI Hemorrhage	10	7
Chemotherapy w/o acute leukemia	9	6

Top 10 account for **51.7%** of all medical IP admits



# 313 Medical Admits

## Top 5 reasons members were admitted

DRG	# admits 2019	Admits planned or not?	Admits by Age Group	Assigned PCP	
Diabetes	28 (8.9%)	78.6% unplanned	Adult: 22 Child: 3	CMH: Coastal:	Providence: Other:
Poisoning & Toxic Effects of Drugs	22 (7.0%)	72.7% unplanned	Adult: 19 (15 intentional) Child: 3 (2 intentional)	CMH: Coastal:	Providence: Other:
Septicemia or Severe Sepsis	20 (6.4%)	60% unplanned	Adult: 20 Child: 0	CMH: Coastal:	Providence: Other:
Heart Failure and Shock	18 (5.6%)	88.9% unplanned	Adult: 18 Child: 0	CMH: Coastal:	Providence: Other:
Bronchitis & Asthma	15 (4.8%)	73.3% unplanned	Adult: 2 Child: 15	CMH: Coastal:	Providence: Other:



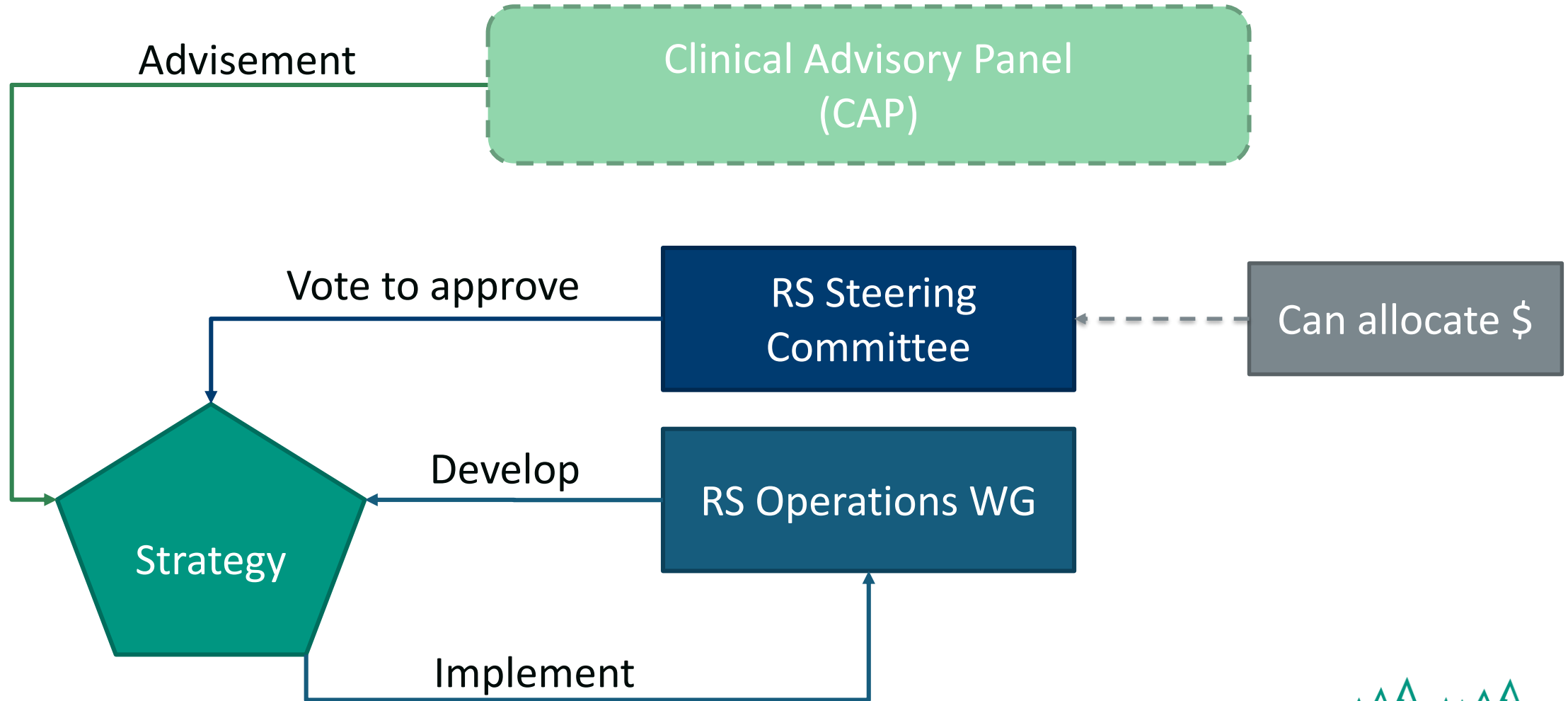
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# Risk Share– 2019 Structure



## Vision and Goals for Overdose Response Strategy

*For all non-fatal overdoses, we aim to provide:*

# Selected PDSA Topic

Creation of a process to review all overdoses that present to the ED/911 response to include a plan for follow up

Naloxone training for person who experienced OD and/or family members

Screening and referral to treatment

Recovery peer mentor support and outreach

Information regarding services for treatment, recovery, and harm reduction

Tracking and registry data for continued outreach and outcome monitoring

Education for first responders, EDs, peers, and other stakeholders

Compassionate, trauma-informed care that aims to create supportive relationships with people who use drugs

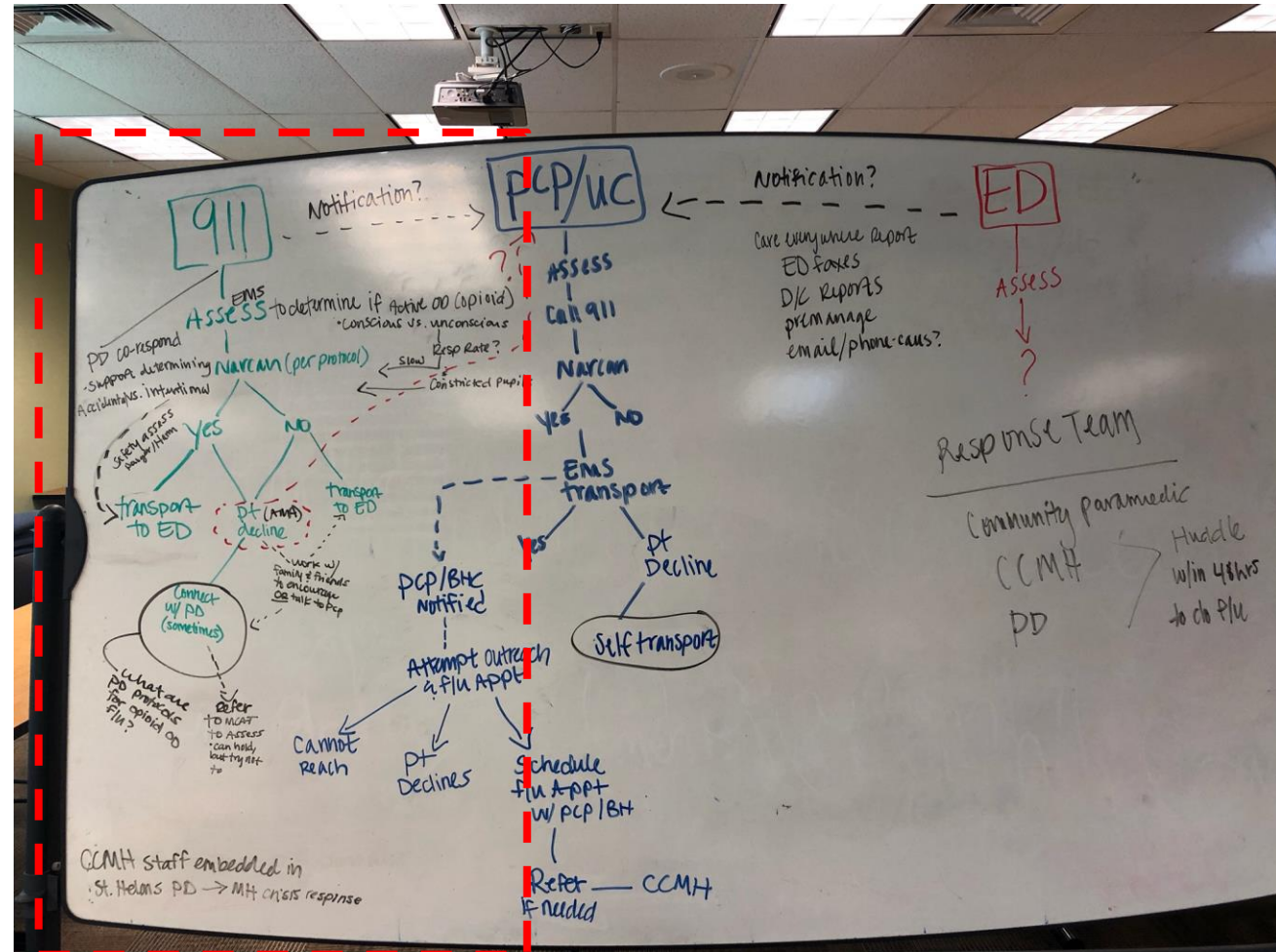


# PDSA

Focus: Overdose response and follow up strategy

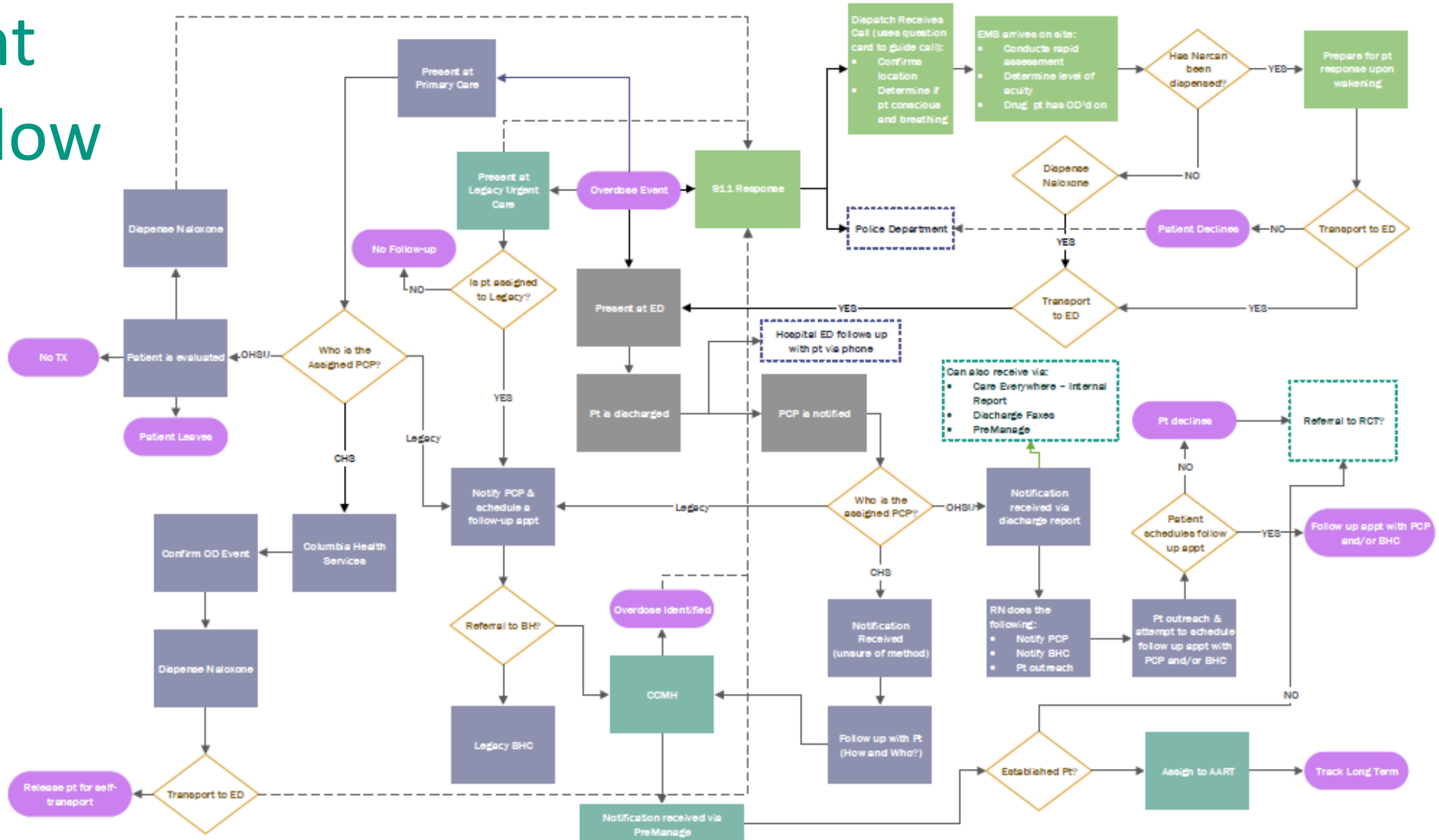
Last Meeting: June 4<sup>th</sup>

- Group reviewed system map of current state that came out of the May meeting
- Everyone agreed that we would focus on the 911 response for the first PDSA round
- Next Meeting: July 2<sup>nd</sup>
  - EMS & PD will attend
  - Review examples of ORT programs in other regions
  - Work on mapping ideal state and develop a PDSA workplan focused on addressing gaps/opportunities identified





# Current Workflow Map



# County Risk Share 2.0

**Goal:** Deepen the local collaboration and break down silos so that we can create strategically aligned interventions by:

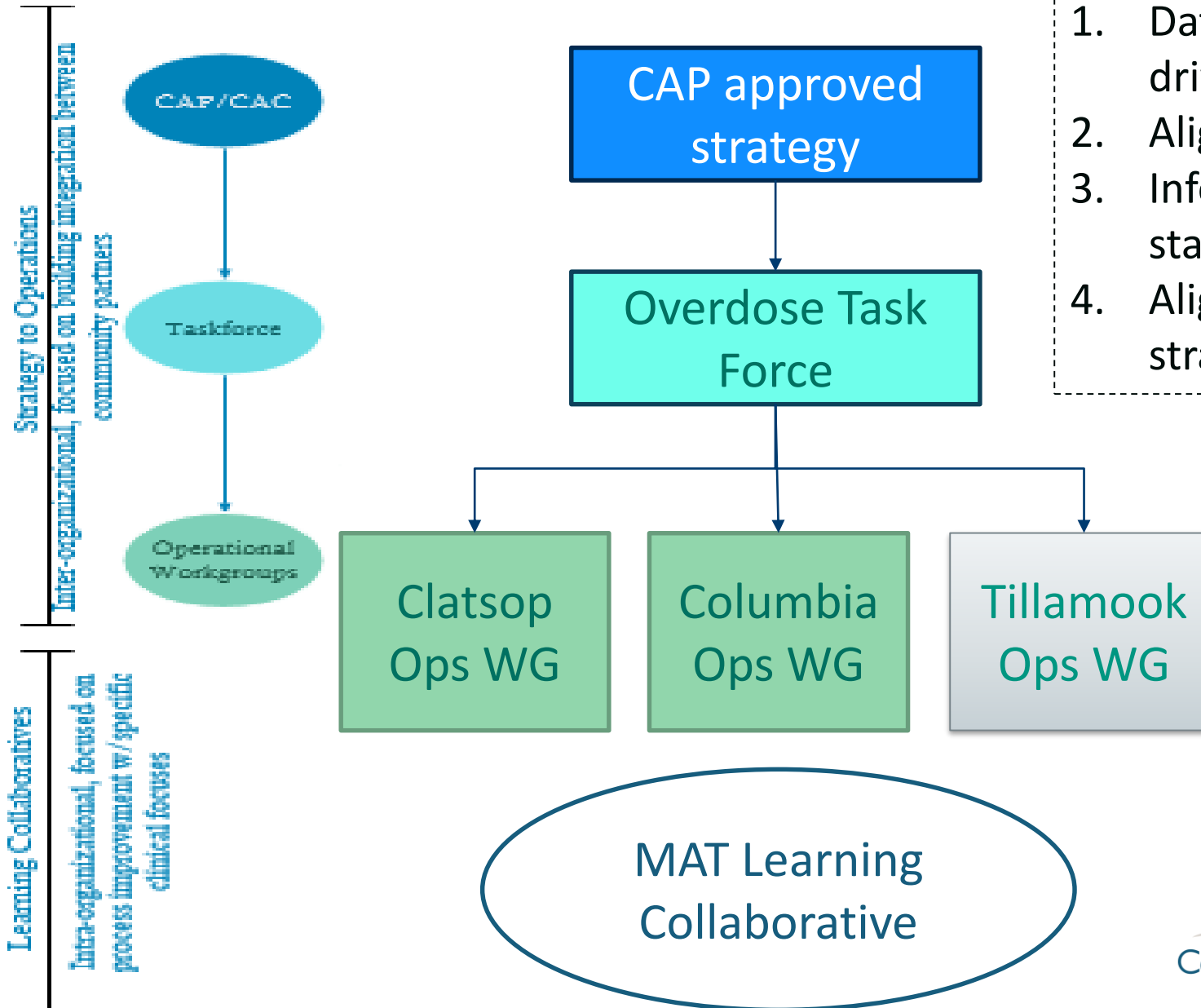
- Linking work to the Regional Health Improvement Plan
- Align CPCCO with delivery system data to identify and monitor quality outcomes
- Leverage Risk Share, Quality Pool Grants, and alternative payment models to fund a continuum of services

# Ops WG 2.0

SUDs

Strategies should be:

1. Data driven/informed
2. Aligned with RHIP
3. Informed by stakeholders
4. Aligned with 5 year strategic plan



# Questions?



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