Community Advisory Council

InterCommunity Health Network – Coordinated Care Organization (IHN-CCO) Update
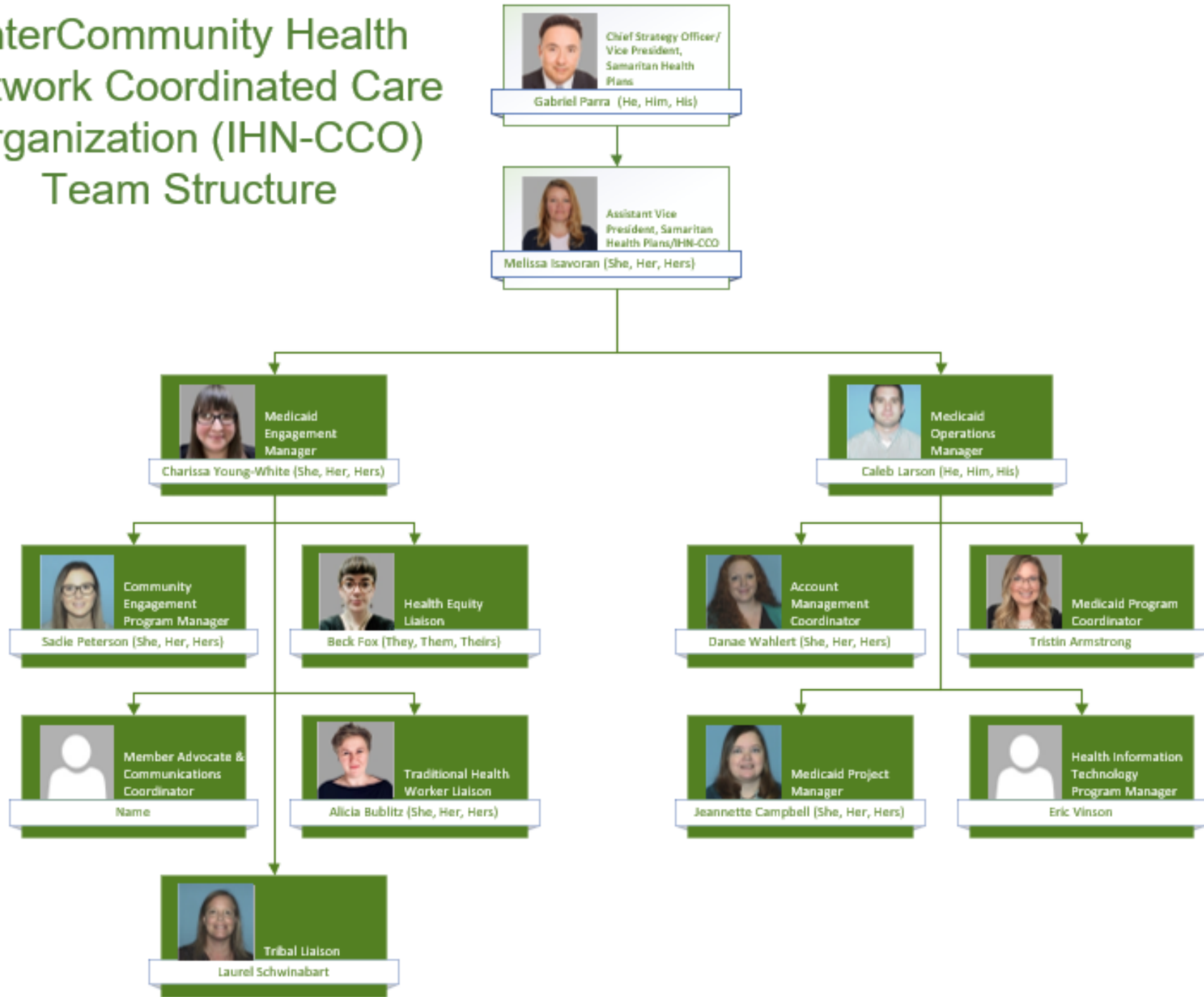
July 11, 2022

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IHN-CCO Update Topics

- **IHN-CCO Staffing Update**

- **IHN-CCO General Update**

- **Oregon Health Authority (OHA) Site Visit Summary**

- **Regional Health Assessment and Alignment Collaborative (RHAAC) Update**

- **IHN-CCO Network Contracting Process and Activities**

- **Behavioral Health Issues and Efforts**

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IHN-CCO Staffing Update

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InterCommunity Health Network Coordinated Care Organization (IHN-CCO) Team Structure

IHN-CCO General Updates

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General IHN-CCO Update

- OHA 2022 1115 Waiver still under CMS review; approval of terms in September

- Healthier Oregon Population transition on July 11, 2022

- Establishing a Service Integration Team; beginning in East Linn county

- Developing a housing collaborative to strategically deploy funding across region

- Activated in-house health risk assessments

- OHA site visit occurred on June 30, 2022
  - Discussed OHA's infrastructure and priorities
  - Discussed IHN-CCO's operational, behavioral health (BH), and SDoH efforts

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HIT/HIE Roadmap

Current and future state across the four key Roadmap areas

Support for EHR Adoption	Support for HIE Care Coordination	Support for Hospital Event Notifications	Support for SDoH Screening & Referrals
Current State: IHN CCO continues to support certified EHR adoption and captures EHR capabilities and barriers through surveys and site visits with providers.	**Current State:** IHN CCO continues to optimize HIT systems to better capture, report, and share data (e.g., integrating data into care coordination workstreams).	**Current State:** IHN-CCO uses EPIC and Collective Medical for event notifications; however, use of Collective Medical is low and not used by all IHN-CCO providers.	**Current State:** IHN-CCO uses Unite Us (Connect Oregon) for referrals in Benton, Lincoln, and Linn counties; however, uptake, use, and screening is limited.
Future State: • Develop a strategy to enhance support for certified EHR adoption • Provide EHR technical assistance • Assess capabilities/challenges related to EHR system use • Enhance EHR language in provider manual and provide education on the use of EHRs.	**Future State:** • Continue to integrate provider data into IHN-CCO systems. • Support CIE efforts • Exchange population health data with providers • Engage providers and community partners to develop strategies for HIE • Develop HIE training and technical assistance	**Future State:** • Ensure education and technical assistance related to Collective Medical event notifications • Integrate event notifications care management systems • Activate and support use of case management component of Collective Medical • Explore incentivizing the use of Collective Medical	**Future State:** • Support better Connect Oregon participation • Activate and enhance screening tools in EPIC and Unite Us • Work with Unite Us to integrate value-added functionality (CIE). • Ensure technical assistance on screenings/referrals • Facilitate better sharing of screening and referral data

Delivery System Transformation (DST)

Request for Proposal Update

- Released May 3, 2022
- Letters of Intent submitted June 3, 2022
- Proposals for <$50,000 due July 11, 2022
- Proposals for >$50,000 due July 25, 2022
- DST Decisions made July 2022/September 2022
- Regional Planning Council Decisions August 2022/October 2022
- Contracting begins October 2022/January 2023

For more information visit IHNtogether.org/RFP

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OHA Site Visit Summary

OHA Site Visit Summary

- **OHA Infrastructure and Priorities:**
  - Health Systems Division includes Medicaid and BH
  - Priorities include aligning contractual requirements with rules, monitoring performance, investigating member issues, redeterminations, and CCO 2025
- **IHN-CCO's Operational, BH, and SDoH Efforts:**
  - <u>Operations</u>
    - Deliverables management (225+ deliverables with heavy specifications)
    - Appeals and Grievances Root Cause Analysis
    - Enhanced provider/clinical collaboration
    - Audits and evaluations
    - Benefits management and configuration
    - Enhanced automation of operational functions
  - <u>BH (further highlighted in later slides)</u>
    - Administrative Burdens and system complexity
    - Work with BH providers and community partners
  - <u>SDoH</u>
    - Community Engagement
    - Regional Health Assessment
    - Health Equity Focus
    - Health Related Services and Community Benefit Initiatives

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Regional Health Assessment and Alignment Collaborative (RHAAC) Update

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Regional Health Assessment and Alignment Collaborative (RHAAC)

Regional Health Assessment (RHA)	• Reporting of regional population health data (July 2022)
Community Health Needs Assessment (CHNA)	• Identification and prioritization of community needs based on RHA, direct surveys, focus groups, and listening sessions (June – September 2022)
Community Health Improvement Plan (CHIP)	• Development of improvement goals and strategies to address community needs (beginning February 2023)

Structure and Timeline: Activities from 2022 – 2023

Establish RHAAC → Develop Structure and Workplan → Conduct RHA → Surveys, Focus Groups, and Listening Sessions → Develop CHNA → Develop CHIP with Community Feedback

Participants: Counties, SHS Hospitals, IHN, Siletz Tribe, United Way (CAC representation on workgroups being incorporated)

CAC Engagement

Evaluate RHA
Provide input on survey
Inform focus groups/listening sessions
Assist in prioritization
Help develop and approve CHIP
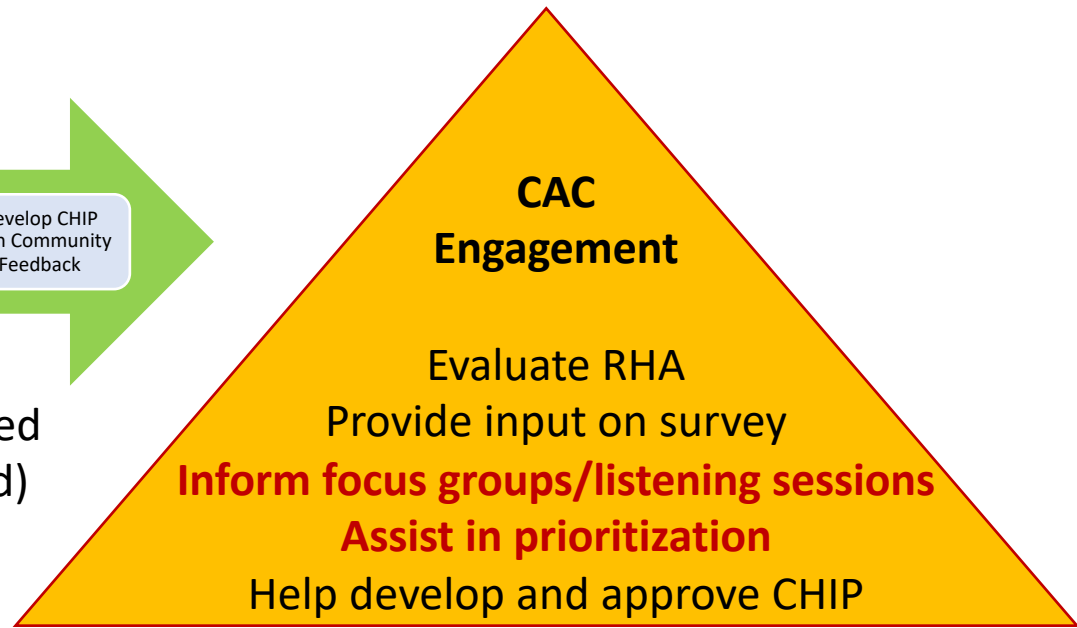
RHAAC Update

Current State

- Initial RHA Survey outreach was successful- receiving ~4000 responses
- Analyzing Regional Health Assessment (RHA) survey data
- Finalizing the RHA which will include an Appendix with key findings from surveys, focus groups, and key informant interviews
- Beginning to schedule marketing workgroup meetings to create collaborative website

Next Steps

- Finalize and publish the RHA
- Begin work on CHNA – CAC to inform and participate in focus groups/listening sessions that will help identify community needs based on data and survey responses
- CHIP work to begin January 2023

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IHN-CCO Contracting Process

How IHN-CCO manages its provider network

IHN-CCO's contracting process involves four main steps:

1. Provider submission of an "Intent to Contract" form
2. IHN-CCO evaluation of provider specialty type need in service area
3. Credentialing process activation and completion
4. Contract completion and provider directory listing

Evaluation Components

- Specialty Type
- Distance from Membership
- Number of Providers currently contracted
- Grievance data
- Care Coordination team input
- Adequacy (as measured by OHA requirements)
- Provider to Member Ratios
- Language and Cultural Competency
- Panel Size Availability (How many IHN members can provider add to their practice)

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IHN-CCO Contracting Complexities
Challenges associated with IHN-CCO provider contracting

IHN-CCO experiences the following common challenge that impact provider contracting:

1. Provider inadequacies

2. Provider inability to accept Medicaid members

3. Provider specialty type not needed

4. State and Federal rules impacting decisions

Behavioral Health Contracting Complexities

- Not all BH specialties are in shortage

  - Specialties with adequate capacity: Non-prescribing therapists (LPCs, LCSWs, LMFTs)

  - Specialties in shortage: Prescribing psychiatrists; inpatient/subacute/residential providers struggling with staffing which leads to access constraints

- OHA <u>no</u> telehealth only rule: OAR 410-120-1990
  "Providers who offer telemedicine or telehealth delivery of services shall also offer in-person services"

Current Behavioral Health (BH) Issues

Concerns regarding policy changes and funding stream complexity

- Numerous grants deployed and to be deployed; narrow focuses and complex application processes; lack of coordination of funding

- State level BH leaders not present in conversations

- Lack of BH providers and administrative staffing resources; rural counties have more challenges

- Lack of integrated requirements and administratively burdensome reporting

- Intensive In-Home Behavioral Health Treatment (IIBHT) has been difficult to staff; new reporting requirements proposed

- Lack of respite beds across IHN-CCO's region and the State; brick and mortar funding not entirely available

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IHN-CCO's BH Efforts

Continuing BH management efforts across IHN-CCO's region

- Sustained PMPM funding for counties through COVID; continuing

- Support BH workforce management and integration efforts in IHN-CCO region

- Conduct monthly meetings with CMHP leaders in IHN-CCO's region (Lincoln, Benton, Linn counties)

- Provide external consultation opportunities with local BH expert

- Partnered with OSU and Northwest Oregon Works to support BH workforce expansion; funded scholarships across all three IHN-CCO counties

- Fund Unite Us licenses and utilization for all three counties

- Engage in conversations with OCHIN to support Epic integration

- Track and provide support on the various funding opportunities

- Advocate at state level on BH requirements and funding

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