Columbia Pacific CCO

Columbia Pacific
Coordinated Care Organization

Strategic Plan: 2015-2020

August 2015

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INTRODUCTORY SUMMARY

The following represents the culmination of six months of work to develop the first strategic plan for Columbia Pacific Coordinated Care Organization ("Columbia Pacific" or "CPCCO"). This is a five year plan which represents the direction and priorities of the Columbia Pacific Board of Directors. This plan was created and is owned by the Board, who, along with committees and staff, carries overall accountability for the achievement of the plan's goals and strategies. The plan will direct the work of the Board, the Clinical Advisory Panel, the Community Advisory Councils, and staff for Columbia Pacific through 2020.

PURPOSE OF THE STRATEGIC PLAN

While Columbia Pacific has been working since 2012 to help transform and integrate health care services for Oregon Health Plan members, its work to date has largely been driven by contract obligations, clinical and community health priorities, state incentive programs, and financial performance issues. The strategic plan, commissioned for the Columbia Pacific Board of Directors by its Chair, will set the context for all the coordinated care organization's work and help prioritize future investments of effort and resources. This plan establishes a direction set by the Board with data, structure, resources, and focused strategies. This document will help guide all community stakeholders in health transformation.

HOW THE STRATEGIC PLAN WILL BE USED

The work found in this plan will appear in the annual "Wall of Work" that staff develops to outline all the major regulatory, strategic and operational deliverables for Columbia Pacific and will determine the priorities for the relevant committees. Progress toward achieving goals and outcomes will be reviewed at each Columbia Pacific Board meeting; the Board will determine the amount of effort needed to stay on track. Additional resources needed to complete the work will be arranged and approved by the Board. Work plan items, which detail the necessary actions to achieve the strategies for each goal, will constantly evolve to reflect identified milestones that are achieved as well as emerging issues and trends.

The strategic plan may be revised by the Board over the next five years to assure continued alignment with changes in the environment and evolving community health priorities. The plan will be reviewed annually at the Board's all-day planning retreat in November.

COLUMBIA PACIFIC OVERVIEW

ORGANIZATION HISTORY

Columbia Pacific Coordinated Care Organization is a non-profit, wholly owned LLC of CareOregon. It was formed as a partnership in 2012 between CareOregon and Greater Oregon Behavioral Health, Inc. to provide integrated care and coverage for Oregon Health Plan enrollees. The service area includes Columbia, Clatsop, and Tillamook Counties. Columbia Pacific has an independent governing Board, three county-specific Community Advisory Councils, and a single multidisciplinary Clinical Advisory Panel. In addition to leaders from CareOregon and GOBHI, the Board includes OHP consumers and representatives from primary care, behavioral health, hospitals, community service agencies, public health, and county governments in the service area.

Columbia Pacific integrates medical and behavioral health services as well as oral health services provided through four dental carriers. New integration efforts are ongoing and will include more sectors, such as transportation, and new partners, such as public health.

Columbia Pacific grew significantly from 7,000 members in 2012 to 26,000 members in 2015. This growth has created significant challenges in assuring member access to care. Underlining this issue has been the lack of growth in the number of medical, behavioral health, and dental providers in the three communities. To that end, considerable resources have been devoted to increasing the capacity and capability of the existing primary care and behavioral health clinics. Despite the challenges around access and integration, Columbia Pacific has accomplished significant integration of its substance abuse and mental health services as well as the integration of behavioral health services into primary care. Additionally, Columbia Pacific has achieved 100% of the state's performance improvement targets for each of the two measurement years.

VISION AND VALUES

Columbia Pacific's vision is "Creating Health Together," recognizing the important role that everyone plays in health improvement. This vision encompasses not only improvements in health care but also includes important determinants of health such as secure and stable housing, food, education, child care, and jobs.

Columbia Pacific's values:

✓Transparency ✓Honesty ✓Accountability ✓Respect ✓Commitment

STRATEGIC PLAN DEVELOPMENT PROCESS

The strategic plan's goals and strategies were developed under the direction of the Columbia Pacific Board Chair and Directors. To help guide and support the process, Columbia Pacific retained a consultant. The full Board participated in the development of this plan through four facilitated work sessions. In addition, they appointed a Board sub-committee to advance the creation of the plan. Sub-committee members reflected the diversity of the Board, which included leaders from CareOregon and GOBHI, OHP consumers, and representatives from primary care, behavioral health, hospitals, community service agencies, public health, and county governments in the service area.

BOARD AND SUB-COMMITTEE WORK SESSIONS

Full Board work session, February 2015: The Board reviewed and voted on the priority goal areas for the strategic plan using past and existing source documents. Source documents included, but were not limited to, the State's CCO Incentive Metrics, the approved Community Health Improvement Plan (CHIP), the Transformation Plan and Transformation Fund Proposal, and prior Board work related to investment priorities. From these source documents, a series of common topics emerged, including clinical interventions, community interventions, health integration, social determinants and prevention, and finance.

Each Board member voted on their top priority topic areas, with no limitation on the number of votes they could place on any one topic. Board members who were absent from the meeting were given an opportunity to vote electronically in order to allow full participation. Columbia Pacific staff was also asked to participate in the voting process.

The topics voted on, in order of importance, were:

- health integration
- clinical interventions – behavioral health
- social determinants and prevention
- alternative payment methodologies
- community interventions
- clinical interventions – dental
- finance
- clinical interventions – primary care
- clinical interventions – general
- health disparities
- CCO structure

Sub-Committee work session, March 2015: The first sub-committee work session focused on reviewing, condensing, and categorizing the topics from the Board's list into four priority goal areas:

- Health integration
- Clinical interventions (all types)
- Community interventions
- Finance, including alternative payment methodologies

The committee also developed draft goal statements and strategies to support the four goal areas.

Full Board work session, April 2015: Using a "World Café" model, the Board reviewed and added to the work accomplished by the sub-committee. This included suggesting amendments to the four goal areas, further recommending strategies, and beginning to identify more detailed work plan items to support the strategies. During this session, a fifth goal area emerged: Workforce Development.

Sub-Committee work session, May 2015: The committee met to review and refine five goal statements and associated strategies and work plan activities. They then assigned responsibility for each strategy to the Board, Clinical Advisory Panel, Community Advisory Councils, and/or staff.

Full Board work session, May 2015: Members of the Clinical Advisory Panel (CAP) and leaders of the Clinical Advisory Councils (CACs) were invited by the Board to a shared work session to review work completed to date, understand the strategic planning purpose and process, and add to the draft strategic plan. The group agreed on the five goal statements and the strategies assigned to each goal statement. In sub-groups, the CAP, CACs, and Board members added to and/or confirmed their areas of responsibility.

From this work, the Columbia Pacific staff proposed outcome measures for each goal, as well as monitoring and process measures for each strategy.

Full Board work session, June 2015: At the final strategic plan development work session, the Board approved the five goal statements and corresponding outcome measures, along with each attendant strategy and measure. The Board agreed that the strategic plan work would be an agenda item at each Board meeting. Staff was tasked with developing a timeline for achieving each strategy as well as completing a more detailed work plan. These items will be reviewed and voted on by the Board.

GOALS AND STRATEGIES

Columbia Pacific has five goals with corresponding strategies designed to guide its leadership and staff over the next five years. The goal areas are:

- Community Interventions
- Health Integration
- Clinical Interventions, Prevention, and Health Promotion
- Workforce Development
- Finance

I. Community Interventions

Goal: CPCCO invests in cost-effective CHIP-guided interventions that address the Social Determinants of Health.

Measured by:

Annual County Health Rankings or similar data set

Strategies

1. Support each CAC in their role as community stewards by providing each CAC with clear bi-directional communication and the resources needed to be successful **Responsible Party**: Nancy, CAC Chairs	**Measure:** 1. 51% OHP active participation on each CAC 2. The number of engagement strategies, e.g., prevention, integration, for each CAC, and the number of people who are engaged	**Monitor:** #1 Measure: formal, quarterly by CAC #2 Measure: annually **Complete:** September 2016
Notes:		

2. Use tools and best practices included in the CHIP for capacity building **Responsible Party**: Nancy, CAC Chairs	**Measure:** 1. The CHIP is approved by the CAC and Board 2. Community Health Assessments are conducted utilizing an accepted methodology 3. The community is informed of the update	**Monitor:** Annual Survey Review **Complete:** March 2016
Notes:		

3. Actively work with each local CAC to coordinate funding, including in-kind funding, to carry out CHIP priorities and achieve the State CCO Incentive Metrics Responsible Party: Nancy, CAC Chairs, Finance Chair/staff	**Measure:** 3-5 CAC CHIP priority projects are funded	**Monitor:** Semi-annually **Complete:** March 2017
Notes:		

4. Research, identify, and apply best practices, return on investment, including social return on investment, and metrics that address root causes of Social Determinants of Health Responsible Party: Mimi (to get research resource), Board Chair	**Measure:** The Board and staff have established and implemented an agreed-upon approach to address Social Determinants of Health	**Monitor:** Quarterly and ongoing **Complete:** June 2016
Notes:		

5. Strategically link community, public health, clinical and CHIP guided interventions within CPCCO Responsible Party: Safina, CAP Chair, Nancy, CAC Chairs	**Measure:** The number and results of linked interventions in each county	**Monitor:** Semi-annually **Complete:** September 2016
Notes:		

II. Health Integration

Goal: CPCCO supports a network of intentionally integrated health and wellness partners to achieve the "Triple Aim."

Measured by:

Cost: Invest 1% annual surplus, as available, in CPCCO transformation work

Quality: 100% achievement of state incentive benchmarks

Member Experience: Achieve state benchmark CAHPS measures (satisfaction & access)

Strategies

1. Research, develop, and apply a working definition and process measures for integration, using best practices and return on investment **Responsible Party**: Mimi (identify resource), Board Chair	**Measure:** 1. Have a working definition of integration that is agreed upon by all parties 2. Completed environmental survey of best practices and measures including various types of return on investment 3. Integrated systems are established or improved	**Monitor:** Quarterly for first year and annually thereafter **Complete:** December 2015
Notes:		
2. Engage the CACs and other resources to help individuals residing in each county understand CPCCO and health system **Responsible Party**: Nancy, CAC Chairs	**Measure:** Complete a community Asset Inventory that includes TA needs and other gaps	**Monitor:** Annually **Complete:** March 2016
Notes:		

III. Clinical Interventions, Prevention, and Health Promotion

Goal: CPCCO has designed and implemented medical (including pharmacy), behavioral, and dental interventions that address root causes of illness and improve health outcomes.

Measured by:

State CPCCO Incentive Metrics

Strategies

Strategy	Measure	Monitor
1. Research, develop and implement best practices, root causes, return on investment, including social return on investment, and metrics that address clinical interventions, prevention, and health promotion **Responsible Party:** Safina, CAP Chair	**Measure:** 1. A completed environmental survey of best practices and measures including various types of return on investment 2. The Board, CAP, and staff have established and implemented an agreed upon approach to clinical interventions, prevention, and health promotion	**Monitor:** Semi-annually first year and annually thereafter **Complete:** March 2017
Notes:		
2. Invest in strategies to assure that 100% of incentive metrics are achieved annually **Responsible Party:** Safina, CAP Chair	**Measure:** 1. The outcomes of the investments made: measured semi-annually 2. The % of incentive measures achieved annually	**Monitor:** Monthly **Complete:** October 2015
Notes:		

3. Assure that all services are population-based and include the integration of behavioral health **Responsible Party**: Safina, Leslie, Alyssa, Nancy	**Measure:** Annual review of clinical services that reflect a population-based approach Annual review of satisfaction with services by CAC members	**Monitor:** Quarterly first year, and semi-annually thereafter **Complete:** March 2017
Notes:		
4. With input of CAC, invest in health promotion and prevention to address root cause of illness **Responsible Party**: Safina, Nancy, Alyssa, Leslie	**Measure:** The number of new, enhanced, or sustained health promotion and prevention programs funded and implemented that show positive outcomes	**Monitor:** Semi-annually **Complete:** March 2017
Notes:		
5. Assure that CPCCO optimizes access to timely and needed care for its members **Responsible Party**: Safina, CAP Chair	**Measure:** 1. An increase in the number of member encounters versus assigned 2. A decrease in the number of members seen outside of their assigned PCP	**Monitor:** Quarterly **Complete:** March 2016
Notes:		

IV. Workforce Development

Goal: CPCCO supports each community's clinical staff recruitment and retention processes.

Measured by:

Optimal staffing levels are met

Retention targets are met

Strategies

Strategy	Measure	Monitor / Complete
1. Develop a community based workforce development and care capacity work plan **Responsible Party**: Safina, CAP Chair	**Measure:** 1. Actionable work plans completed for each community 2. Reduction of vacancies among targeted professions	**Monitor:** Quarterly for first year and semi-annually thereafter **Complete:** March 2016
Notes:		
2. Develop specific recruitment plans based on provider-identified interest in practicing in each community **Responsible Party**: Safina, CAP Chair	**Measure:** Completed community based recruitment plans	**Monitor:** Quarterly first year and annually thereafter **Complete:** March 2016
Notes:		

3. Partner to create policy changes for clinical and operational leadership, providers, and staff working in rural areas with steps such as: student loan assistance/forgiveness; tax incentives; other incentive programs **Responsible Party**: Erin, CAP Chair	**Measure:** A policy platform and plan is developed	**Monitor:** Semi-annually **Complete:** March 2016
Notes:		

4. Fund training ("up-skill") that allows clinical and operational leadership, providers, and staff within CPCCO as well as community members to function at the top of their license or training **Responsible Party**: Safina, CAP Chair	**Measure:** 1. Training resources are developed 2. Target number of trained providers and staff is met	**Monitor:** Annually **Complete:** March 2016
Notes:		

5. Convene community partners to address the topic of shared community care extenders and resources (e.g. navigators, diabetes self-management classes) **Responsible Party**: Safina, CAP Chair	**Measure:** 1. An analysis of the concept of shared care extenders is completed 2. Community specific care extenders are identified and roles are defined 3. Shared care extenders are placed in each community	**Monitor:** Semi-annually first year and annually thereafter **Complete:** June 2016
Notes:		

V. Finance

Goal: CPCCO invests its full Coordinated Care Organization financial resources to drive individuals and communities to achieve the "Triple Aim."

Measured by:

Goals I-IV are funded

Outcomes for Goals I-IV are achieved

Generate minimum1% operating surplus annually

Strategies

Strategy	Measure	Monitor
1. Invest a portion of incentive funds in the CACs' activities identified in the Community Interventions Goal I, Strategy 3 **Responsible Party**: Mimi, FC Chair	**Measure:** 1. The percent of money invested 2. The number and outcomes of CAC activities completed	**Monitor:** Semi-annually **Complete:** September 2016
Notes:		
2. Research, develop, and apply best practices, return on investment, and metrics that address the development of alternative payment methodologies (APM) **Responsible Party**: Mimi, Kevin, CareOregon (Scott), FC Chair	**Measure:** 1. Completed environmental survey of best practices and measures including various types of return on investment 2. Deploy one or more alternative payment methodologies 3. Number of clinics being paid through an alternative payment methodology	**Monitor:** Quarterly **Complete:** September 2017
Notes:		

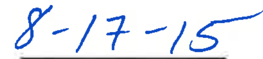
3. Provide financial incentives and pilot an alternative payment methodology based on the working definition of integration in various settings, e.g., primary care medical homes **Responsible Party**: Mimi, Kevin, CareOregon (Scott), FC Chair	**Measure:** 1. Number and type of alternative payment methodologies established 2. The number of approved/sustainable methodologies adopted	**Monitor:** Quarterly **Complete:** March 2018
Notes:		

4. Provide financial incentives and pilot an alternative payment methodology that supports prevention and public health partnerships **Responsible Party**: Mimi, Kevin, CareOregon (Scott), FC Chair	**Measure:** 1. Number and type of alternative payment methodologies established 2. The number of methodologies adopted 3. Return on investment or impact by county	**Monitor:** Quarterly **Complete:** March 2018
Notes:		

5. Create partnerships for collective impact of community-based organizations in each county **Responsible Party**: Nancy, Jim T	**Measure:** The number of agreements/projects in development	**Monitor:** Semi-annually **Complete:** September 2018
Notes:		

BOARD APPROVAL

This is the Strategic Plan as approved by the Columbia Pacific Coordinated Care Organization Board of Directors on August 17, 2015.



Marlene Putman
Chair, Columbia Pacific Coordinated Care Organization Board of Directors

Date

APPENDIX

Acronyms

ACE	Adverse Childhood Event
APM	Alternative Payment Methodology
Board	Columbia Pacific CCO Board of Directors
BH	Behavioral Health
CAC	Community Advisory Council
CAH	Critical Access Hospital
CAHPS	Consumer Assessment of Health Plans
CAP	Clinical Advisory Panel
CCO	Coordinated Care Organization
CHIP	Community Health Improvement Plan
CHA	Community Health Assessment
CHNA	Community Health Needs Assessment
CMHP	Community Mental Health Provider
CPCCO	Columbia Pacific CCO
DCO	Dental Care Organization
ED	Emergency Department
FQHC	Federally Qualified Health Center
IA	Innovator Agent
MHO	Mental Health Organization
OHA	Oregon Health Authority
OHP	Oregon Health Plan
OPCA	Oregon Primary Care Association
PCMH	Primary Care Medical Home (see also PCMH)
PCP	Primary Care Physician
PCPCH	Patient-Centered Primary Care Home (see also PCMH)
PH	Public Health
PIP	Performance Improvement Project
ROI	Return on Investment
SBHC	School-Based Health Center
TA	Technical Assistance
TP	Transformation Plan
NEMT	Non-Emergent Medical Transportation

Other

OCHIN	An Oregon-based health information organization