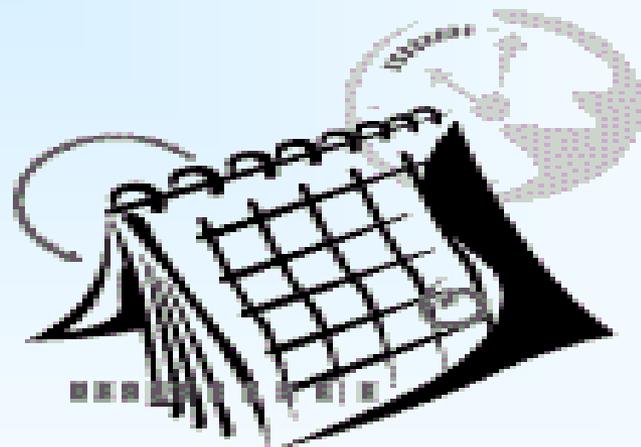


Clatsop Pacific Coordinated Care Organization (CCO) – Clatsop County Data Summary





CLIFFS NOTES 00

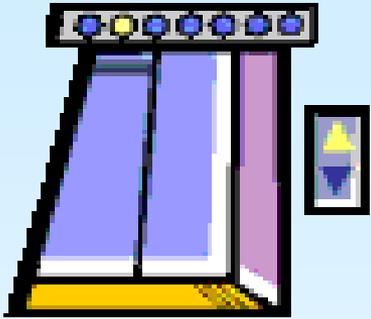
OREGON INTEGRATED & COORDINATED HEALTH CARE DELIVERY SYSTEM

Cliffs

CLIFFS
SOLUTIONS
HEALTHCARE.COM

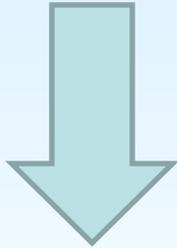
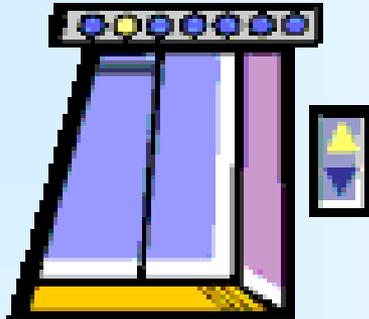
OHP Client

Physical Health



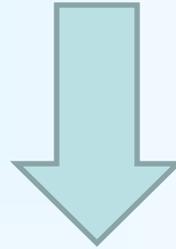
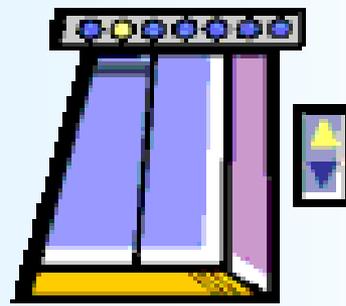
- Assessment
- Diagnosis
- Treatment Plan (EBP)
- Pre-set rate per service
- Monitor / Update

Mental Health



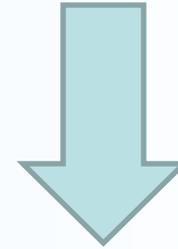
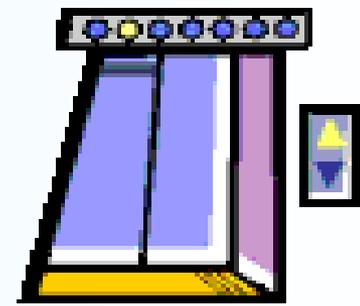
- Assessment
- Diagnosis
- Treatment Plan (EBP)
- Pre-set rate per service
- Monitor / Update

Addictions TX



- Assessment
- Diagnosis
- Treatment Plan (EBP)
- Pre-set rate per service
- Monitor / Update

Oral Health



- Assessment
- Diagnosis
- Treatment Plan (EBP)
- Pre-set rate per service
- Monitor / Update

- **Local Control** (different CCO models)

- **Coordination** – Integrate Physical health, mental health, dental health—single point of accountability

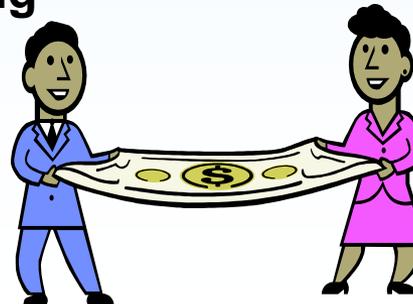
- **Metrics / Performance Measures** – Operate under contracted performance standards with clinical, financial and operational metrics

- **Global Budget And Shared Saving** – More flexibility to manage dollars



Primary Care Health Homes – Center of patients' coordinated care. Includes a team that works on keeping patients at their healthiest.

Community Advisory Council – Each CCO convenes a CAC to ensure that the health care needs of consumers are being addressed





CCO created a culture which allowed providers to bring these local activities into the next generation of integration

Why This Why Now?

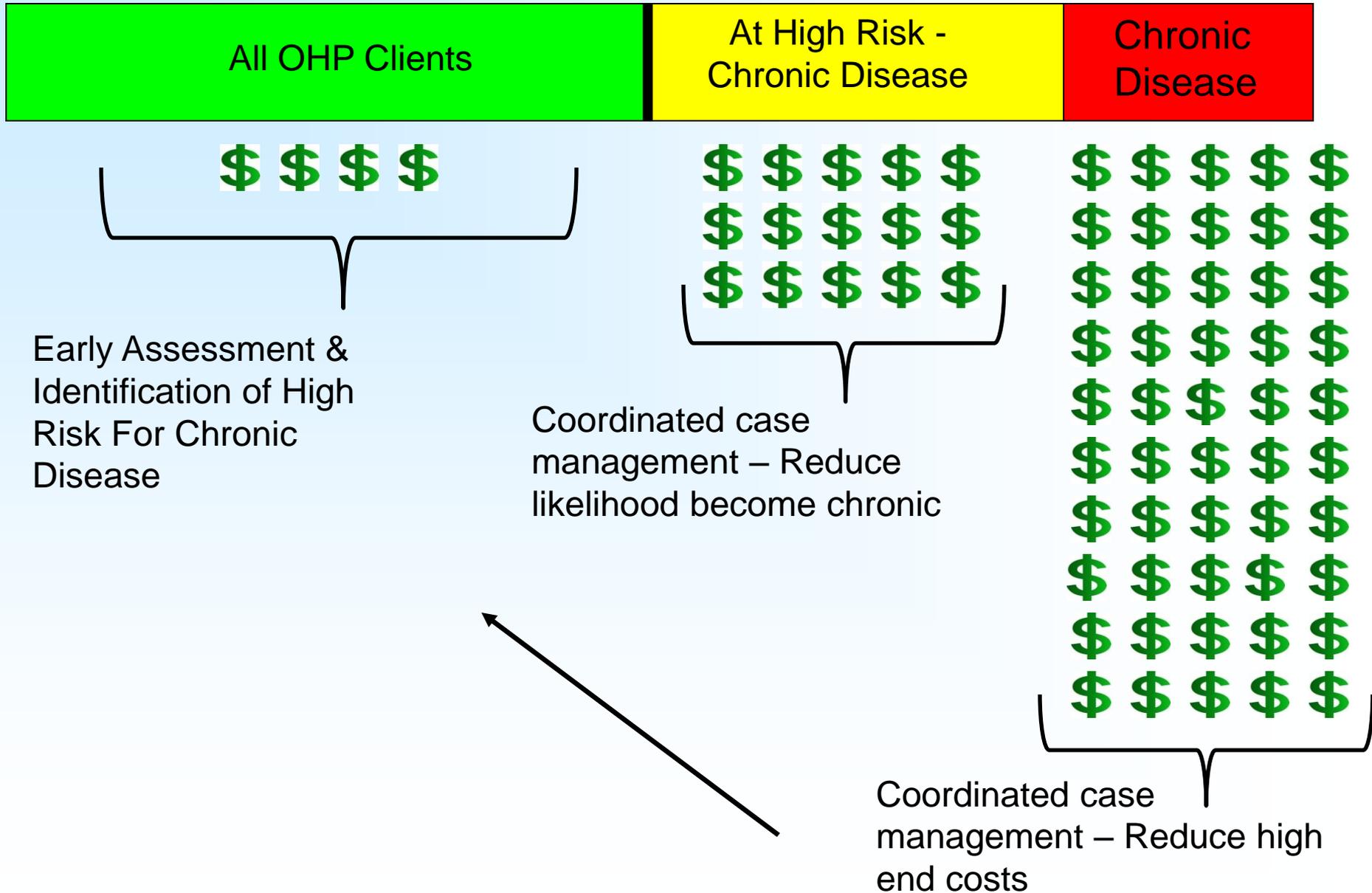


Better Health Care System

Better Health Outcomes

Cost Savings

Improve Health System, Improve Health Outcomes, Lower Costs



All OHP Clients

At High Risk - Chronic Disease

Chronic Disease

\$ \$ \$ \$

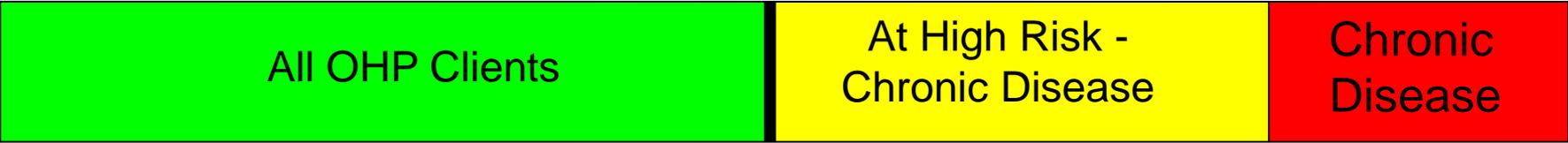
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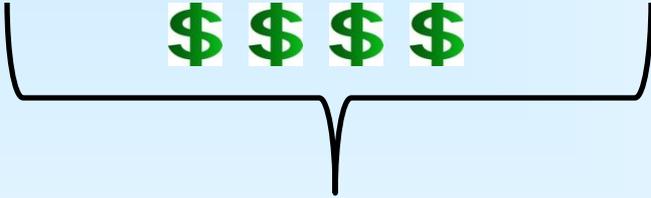
Early Assessment & Identification of High Risk For Chronic Disease

Coordinated case management – reduce likelihood become chronic

Coordinated case management – Reduce high end costs



\$ \$ \$ \$
\$ \$ \$ \$



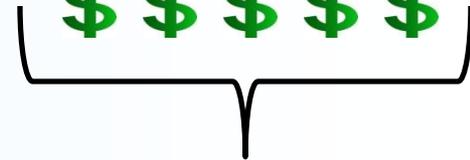
Early Assessment & Identification of High Risk For Chronic Disease

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\$ \$ \$ \$ \$
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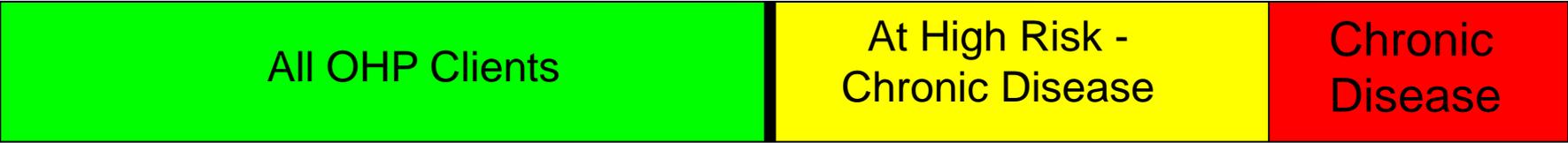


Coordinated case management – reduce likelihood become chronic

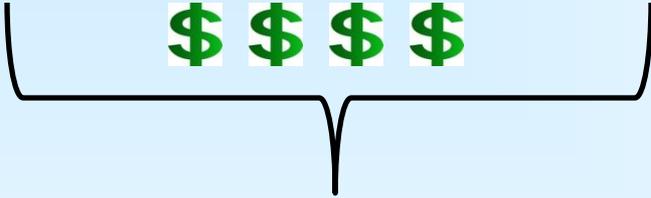
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Coordinated case management – Reduce high end costs



\$ \$ \$ \$
\$ \$ \$ \$



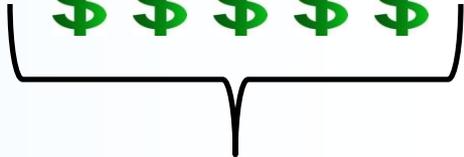
Early Assessment &
Identification of High
Risk For Chronic
Disease

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Coordinated case
management – reduce
likelihood become chronic

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Coordinated case
management – Reduce high
end costs

REALLY?

Savings = reinvestment – incentive, etc.

Cost Impact

Sample – Using Diabetes for A Single Oregon County:

Number of Persons: 9,300

Number of Deaths: 531

Costs: \$42.6M

If you can prevent 4.67% of people from getting Diabetes:

If you can prevent 20% of people from getting Diabetes:

Number Prevented: 437

1,860

Lives Saved: 32

121

Financial Cost Savings: \$2 M

\$8.52 M

Cost Impact

Sample – Using Diabetes for Douglas County:

The risk of Type 2 Diabetes
can be reduced by
50-70% by control of obesity
And by
30-50% by increasing physical activity

\$8.52 Million Question:

What is the likelihood of preventing 5%, 10%, 20% of population from getting Diabetes?

If you can prevent 4.67% of people from getting Diabetes:

If you can prevent 20% of people from getting Diabetes:

Number Prevented:	437	1,860
Lives Saved:	32	121
Financial Cost Savings:	\$2 M	\$8.52 M

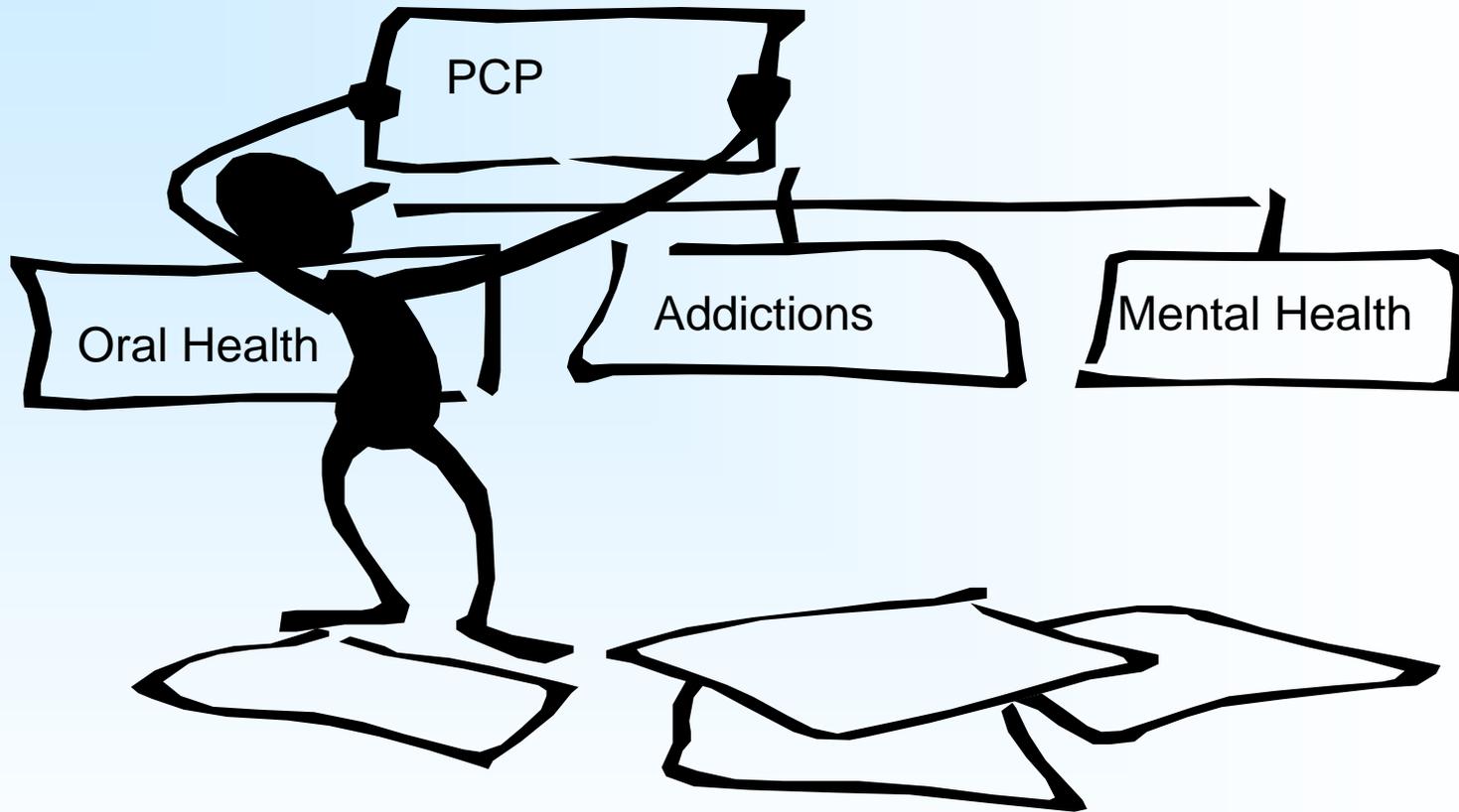
- Personal impact cannot be quantified
- Can apply model to other chronic diseases – Each has risk factors which increase the likelihood of illness:

Heart Disease and Stroke Prevention:

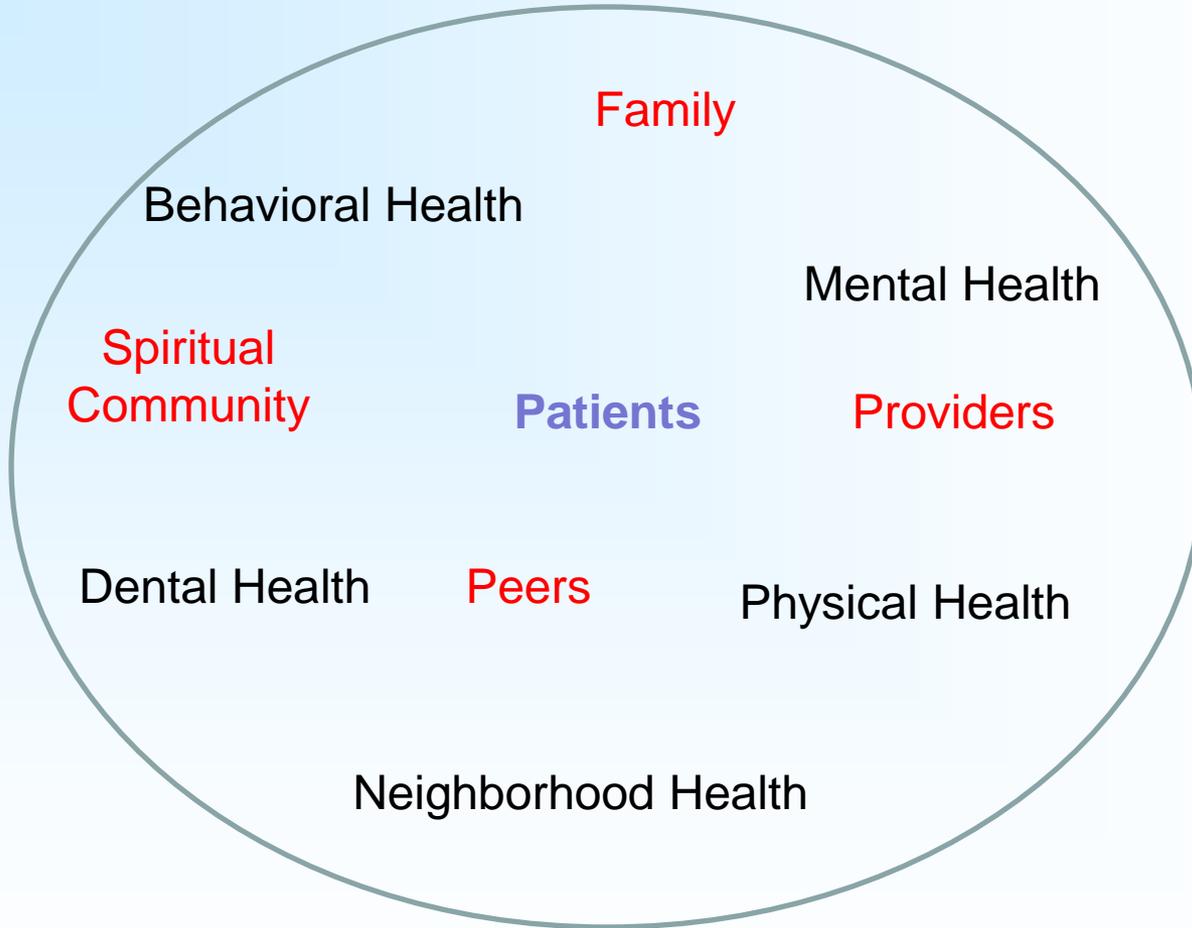
- No tobacco
- Physically active
- Healthy weight
- Healthy food choices
- Preventing / controlling high blood pressure
- 12 – 13 point reduction in average systolic blood pressure over 4 years reduces heart disease risk by 21%, stroke risk by 37%

Cancer Prevention:

- No tobacco
- Limiting alcohol
- Limited exposure to ultraviolet rays
- Diet rich in fruits and vegetables
- Maintaining a health weight
- Being physically active
- Seeking regular medical care



Health Integration System



- 15 CCO management areas

CCO Core Function

1 Governance	2 Clinical Redesign & Innovation (c)	3 Community Wide Integration (c)	4 Community Relations	5 Population-Based Planning, Global Budgeting
6 Pharmacy Management	7 Care Management	8 Quality Management	9 Member Services	10 Administrative Services
11 Provider Contracting & Relations	12 Compliance	13 Risk Management	14 Billing & Reimbursement	15 Accounting & Financial Management

Community Advisory Councils – Ensure health care needs of consumers are being met. Community / consumer focus within CCO's work to accomplish vision – Improve Health Care System, Improve Health Outcomes, Lower Costs

Current Goal – Identify 3 priority areas to improve health then identify strategies to reach that goal

National / State Studies:

Higher death rates related to:

- Heart disease
- Stroke
- Unintentional injuries

Higher death rate from drug induced causes

Slightly higher death rates related to alcohol induced diseases

Higher rates of:

- DUII rates
- Heavy drinking – female
- Youth who use marijuana

Limited access to health foods

Higher rates of preventable hospital stays

Higher percentage of reporting of depression/anxiety and high blood pressure (CP CCO Medicaid data)

Summary of Findings

Community Responses (Not in specific Order)

Conditions create a healthy community:

- Jobs
- Clean environment / Access to healthy foods
- Affordable housing / Education – Schools

Health problems in community:

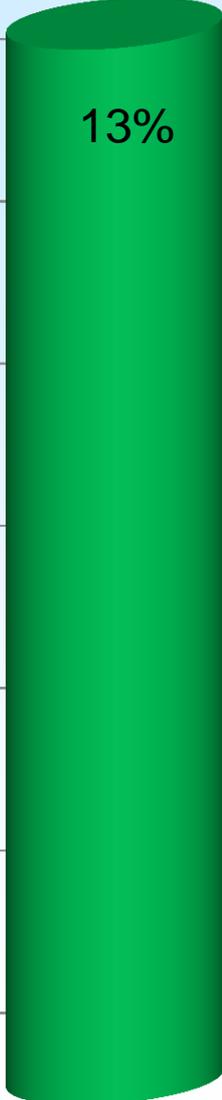
- Alcohol / drug addiction
- Obesity
- Cancer

3 things to improve community health:

- Health education
- Expand OHP
- More doctors

Poor Or Fair Health

14%
12%
10%
8%
6%
4%
2%
0%



13%



14%



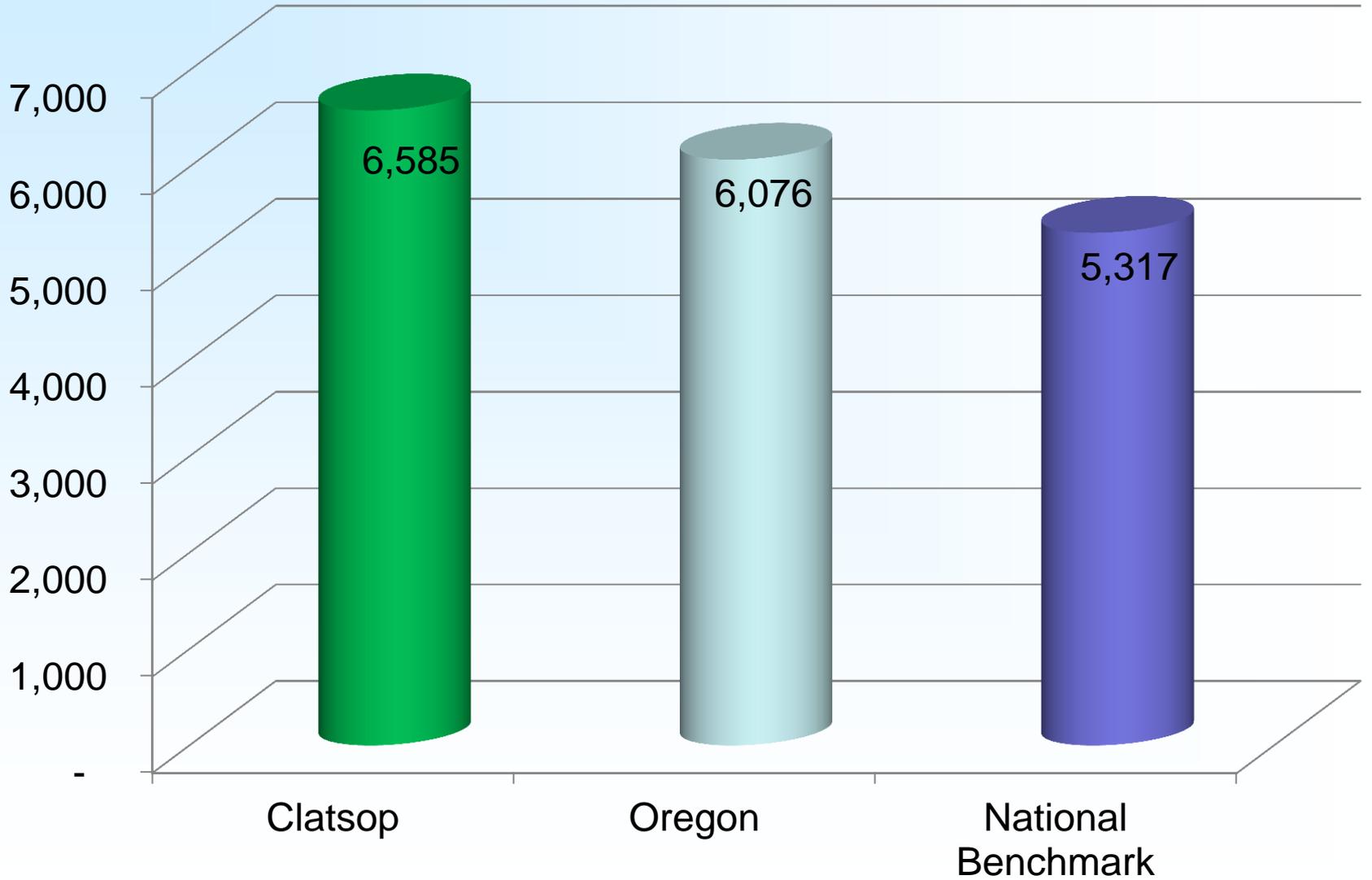
10%

Clatsop Co

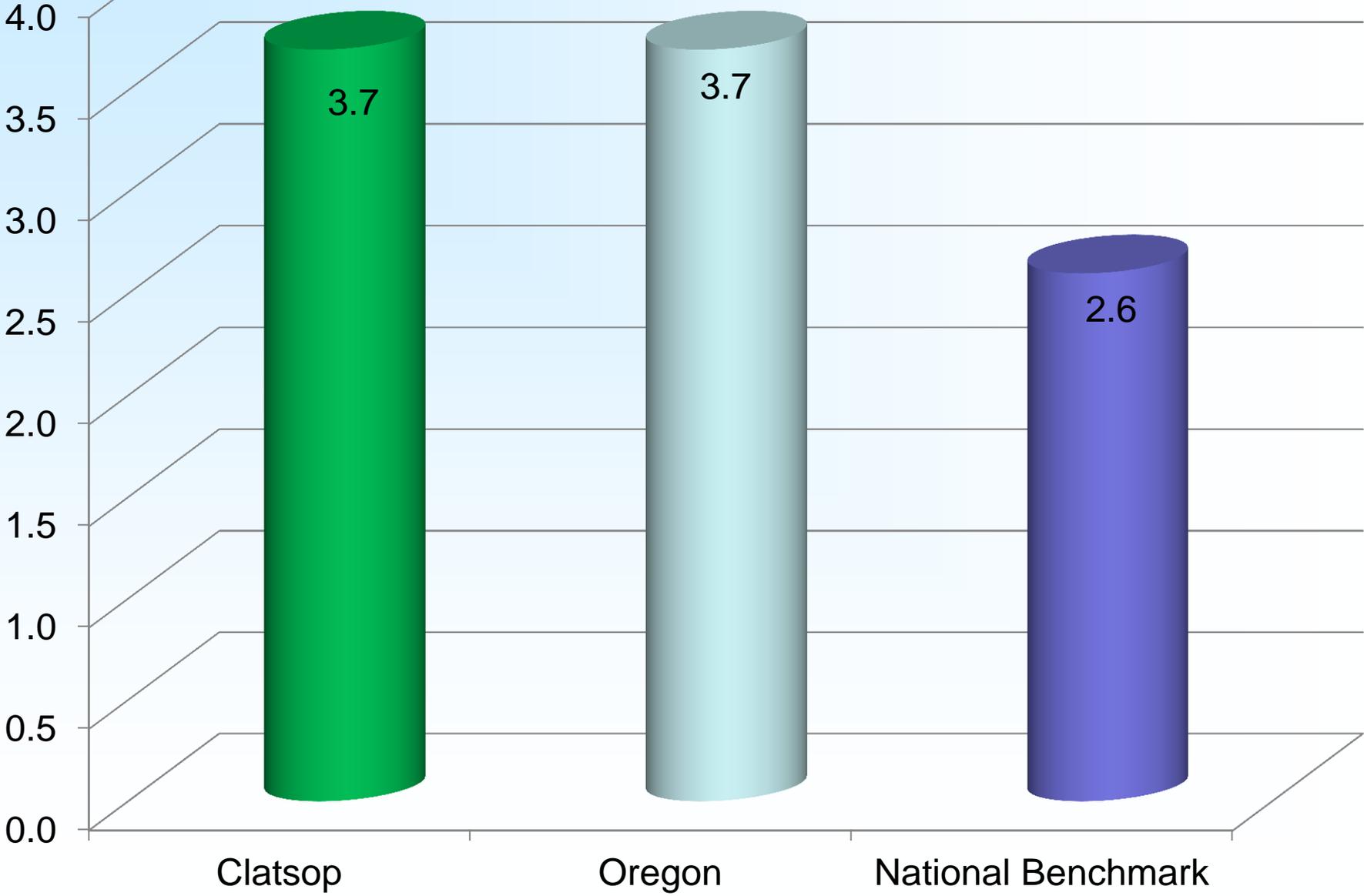
Oregon

National Benchmark

Premature Death



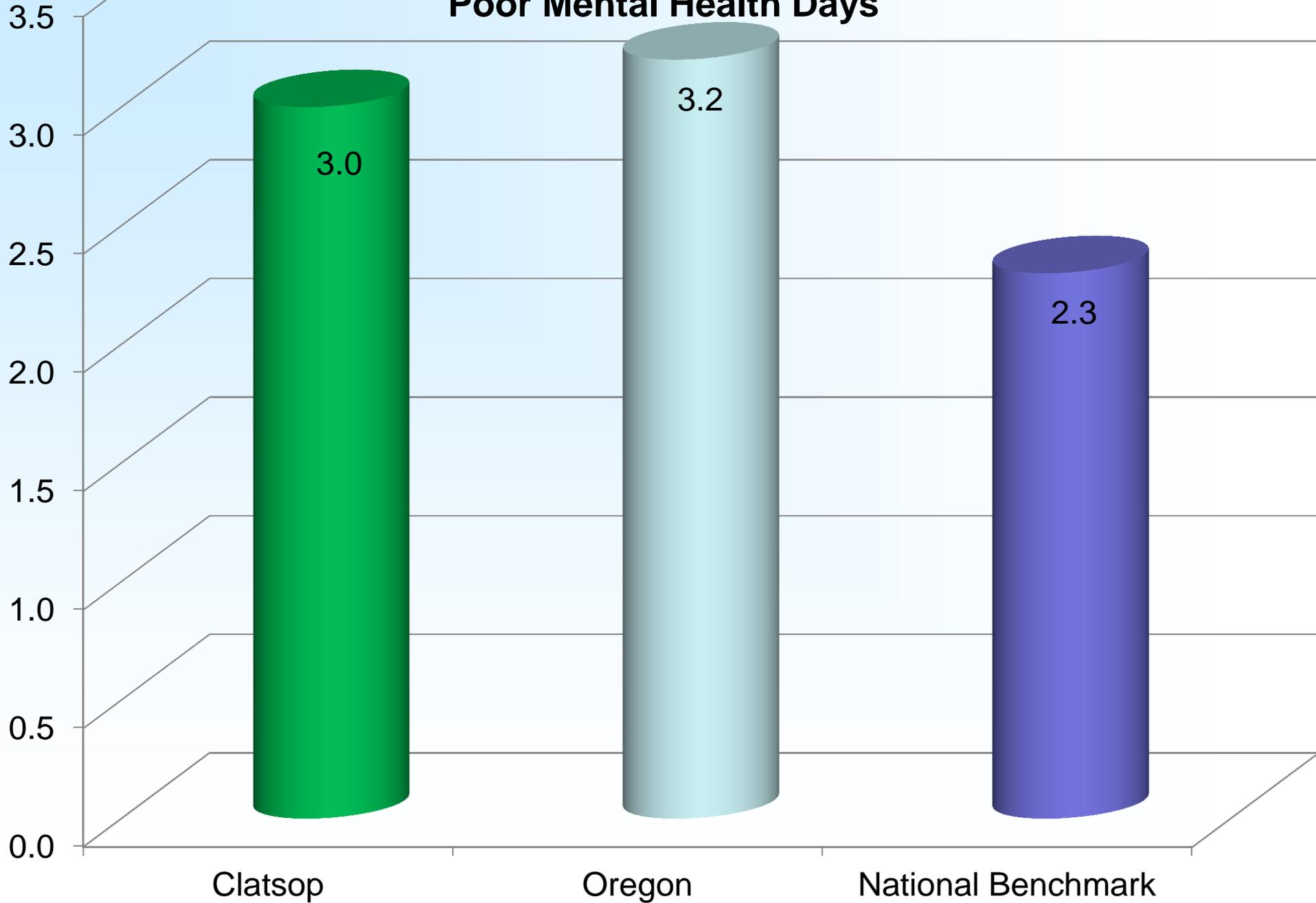
Poor Physical Health Days



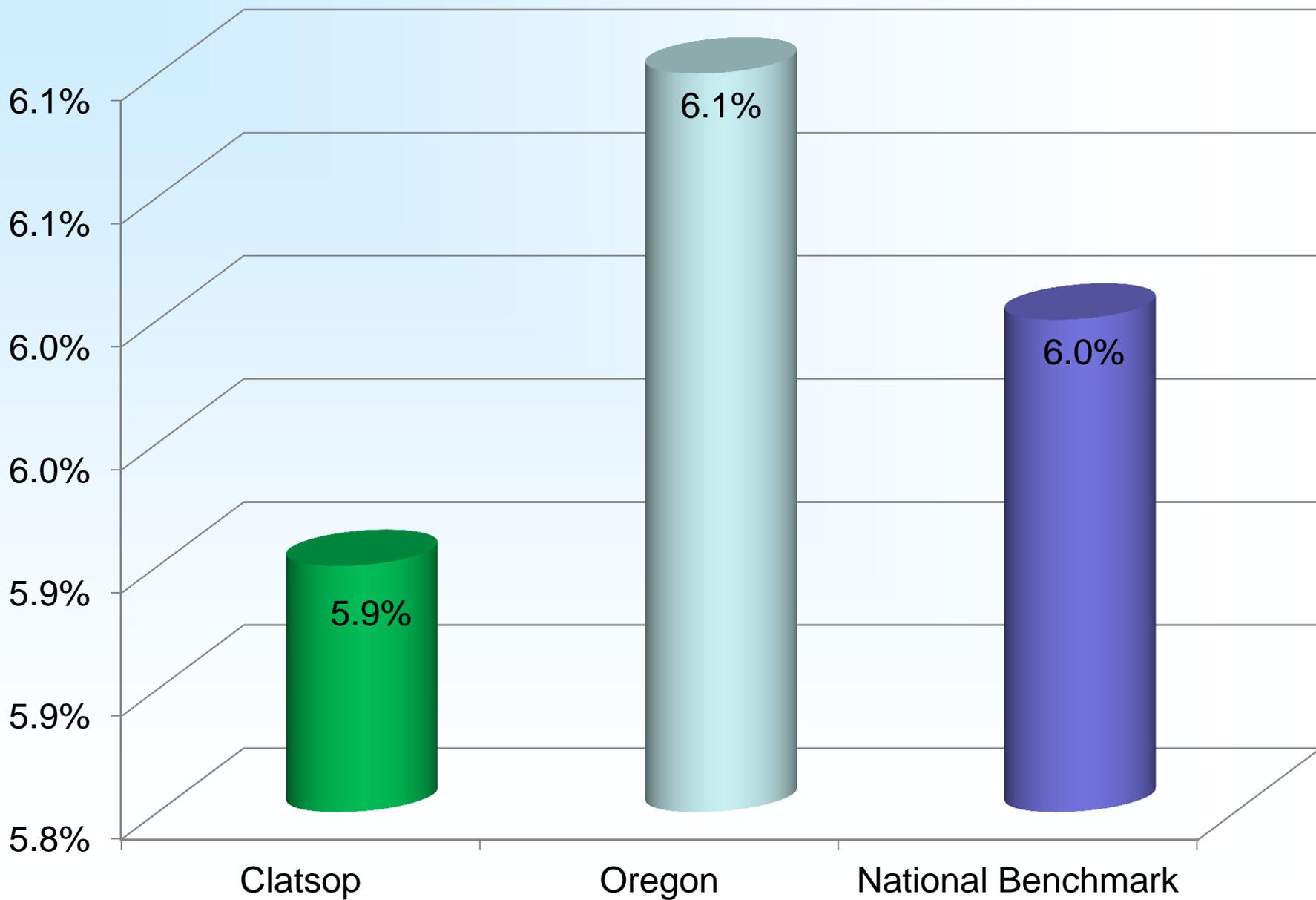
Chronic Condition Diagnoses – Medicaid-eligible Population (CPCCO Service Area

Chronic Health Conditions	Percent told they have it by a physician (N= 1,486)	Of those percent currently taking RX for it
Diabetes	9.7	62.4
High cholesterol	19.1	45
High blood pressure	29.6	57.8
Depression / anxiety	44.2	51.8
Asthma	18.2	51.9
Emphysema / COPD	8.2	50.4
Heart attack / Angina	6.6	50
Congestive heart failure	2	69
Kidney problem	5.1	33.3
Cancer	3.7	50

Poor Mental Health Days



Low Birthweight



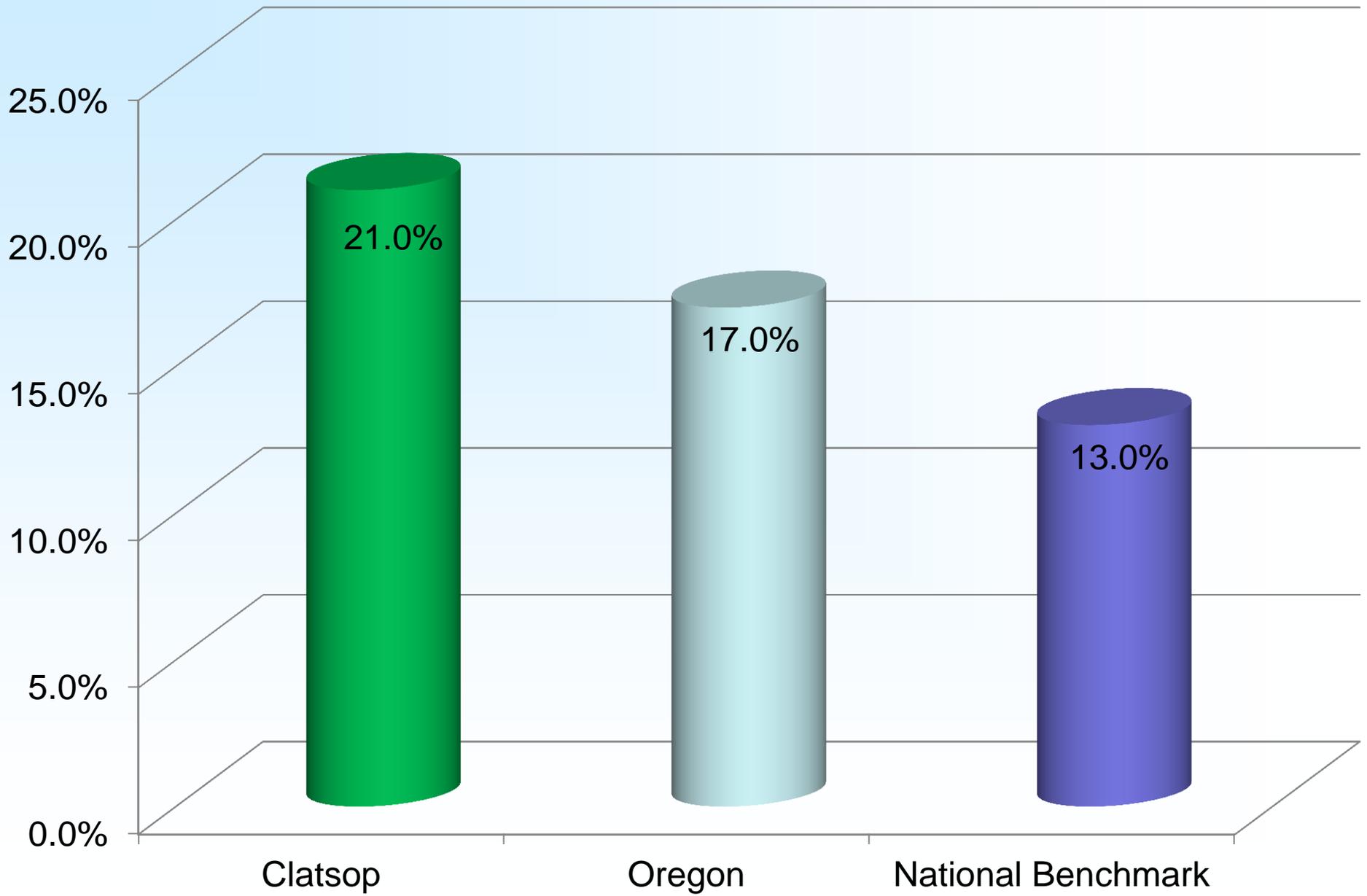
Leading Cause of Death - Rate Per 100,000
(5 year average) 2007 – 2011

Cause	Clatsop County	Oregon
Heart Disease	222.1	163.1
Stroke	67.4	47.9
Unintentional Injuries	57	41.9
Suicide	14.3	16.2

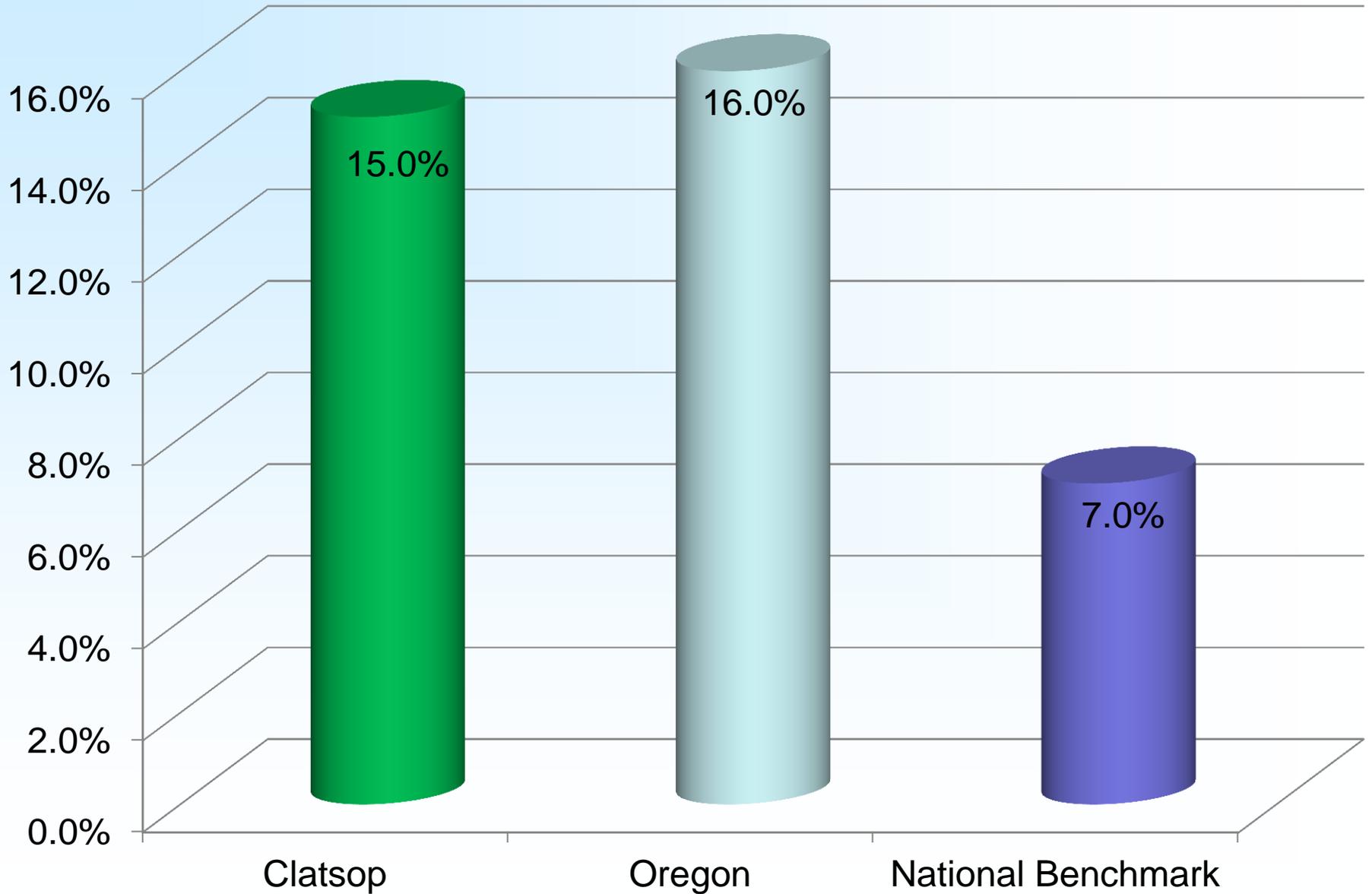
Health Behaviors



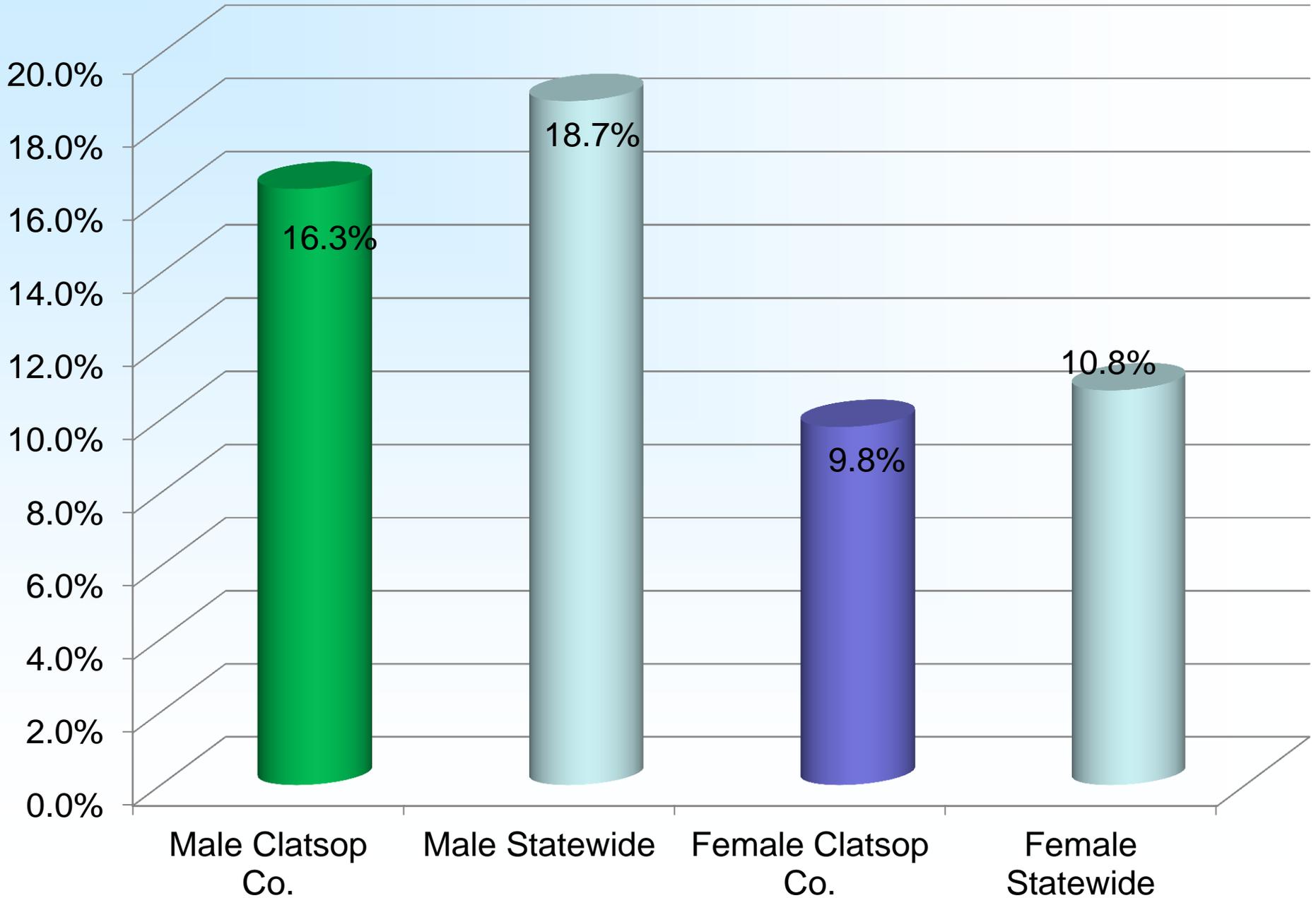
Adult Smoking



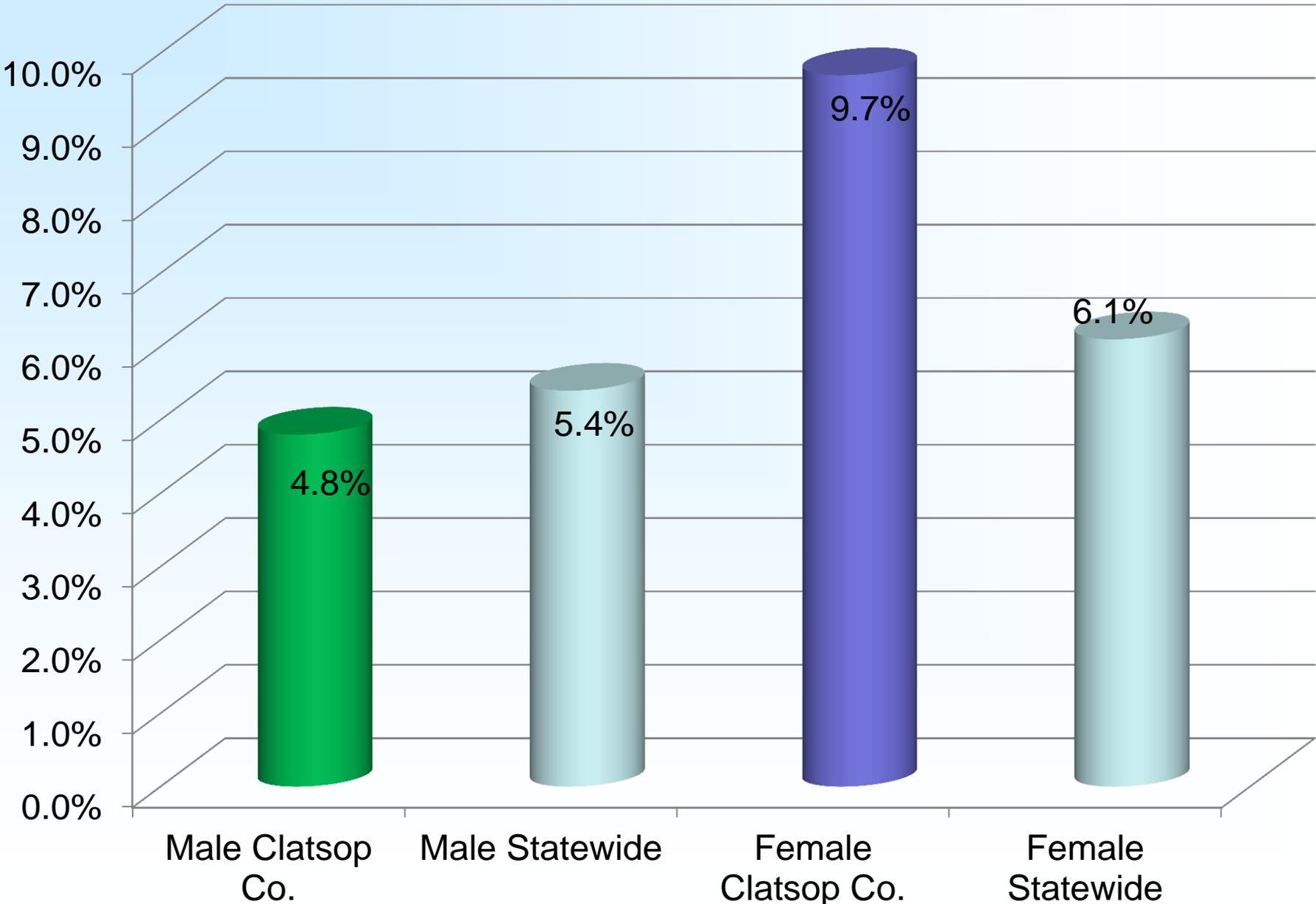
Excessive Drinking



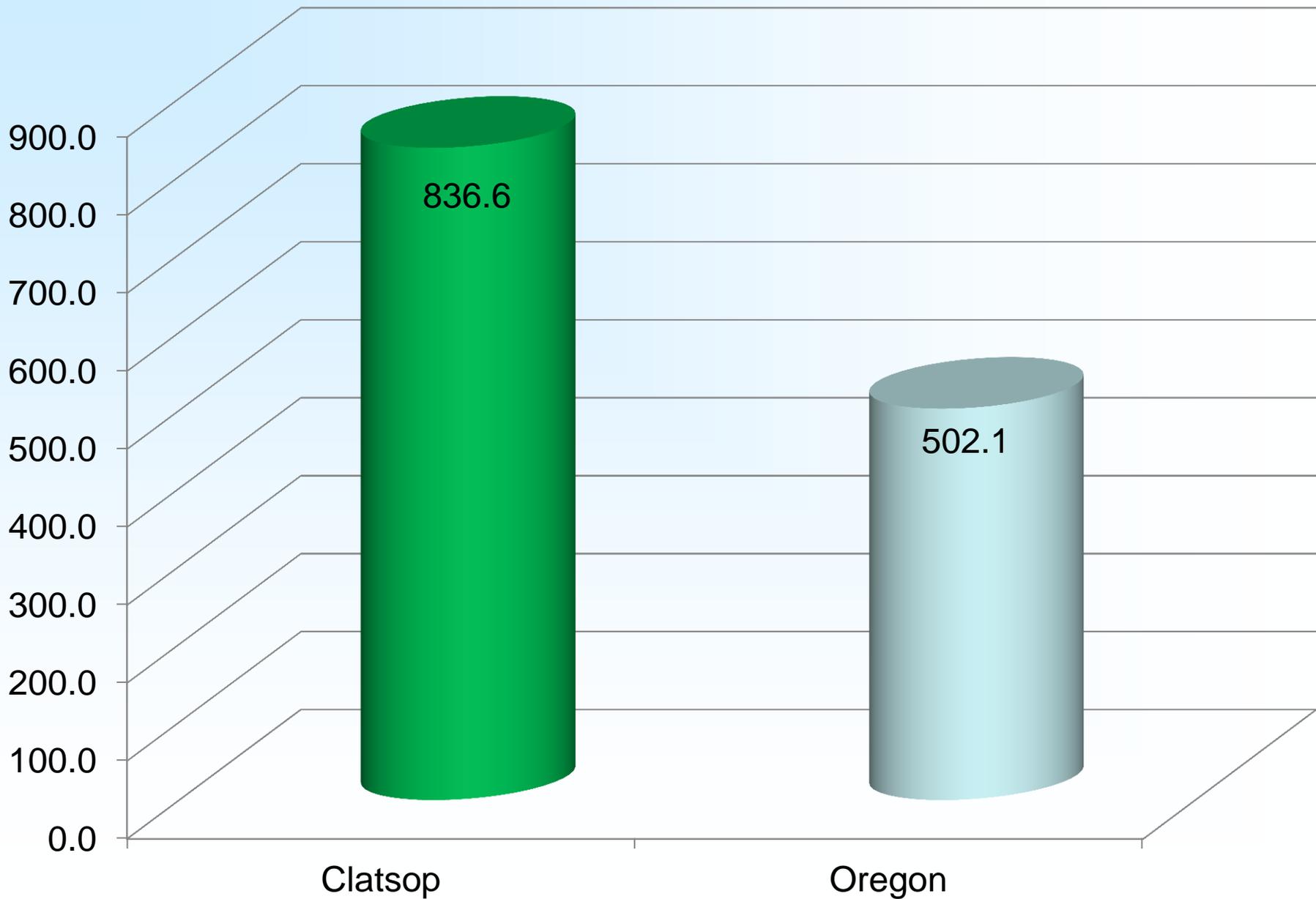
Binge Drinking



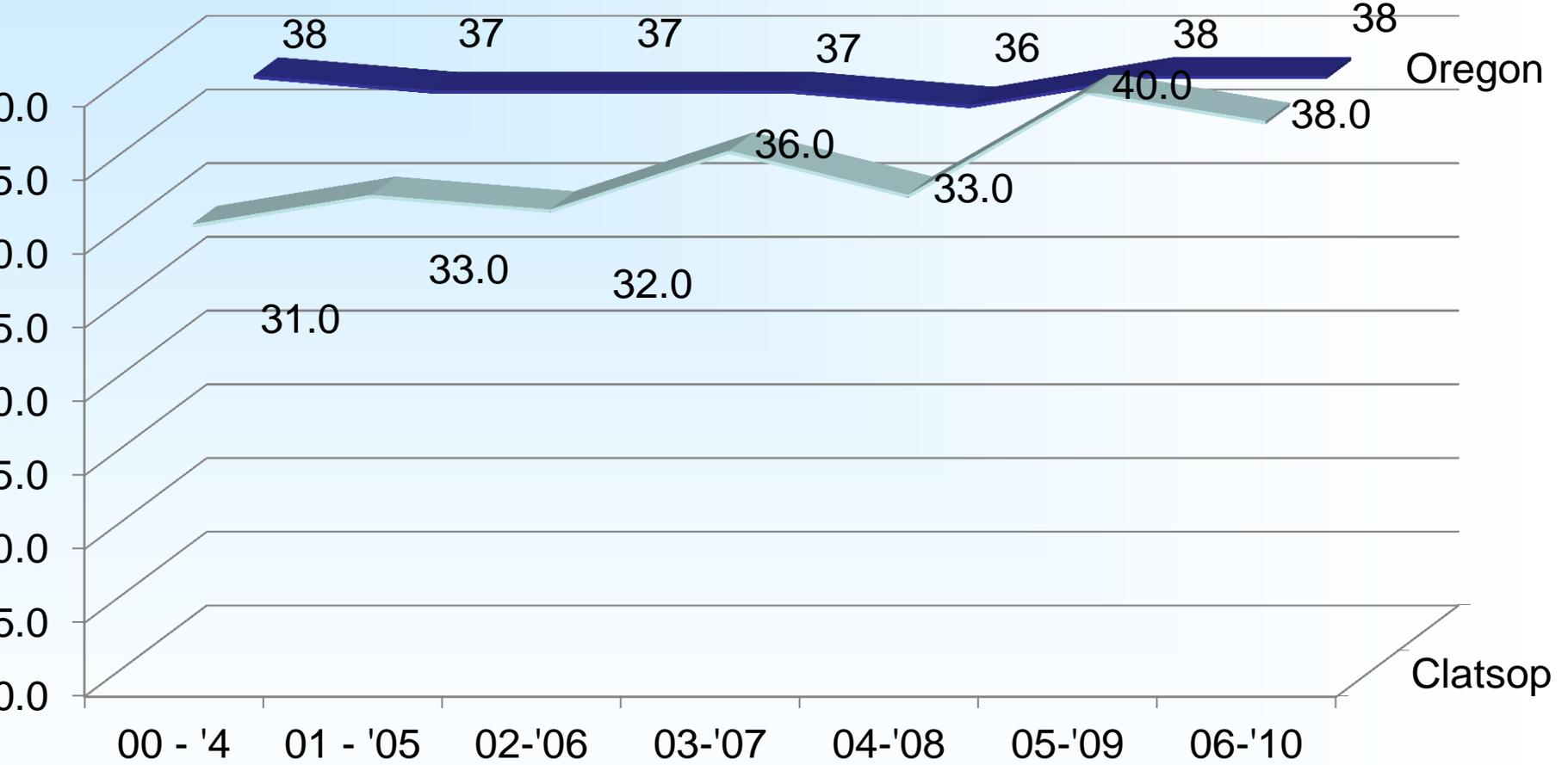
Heavy Drinking



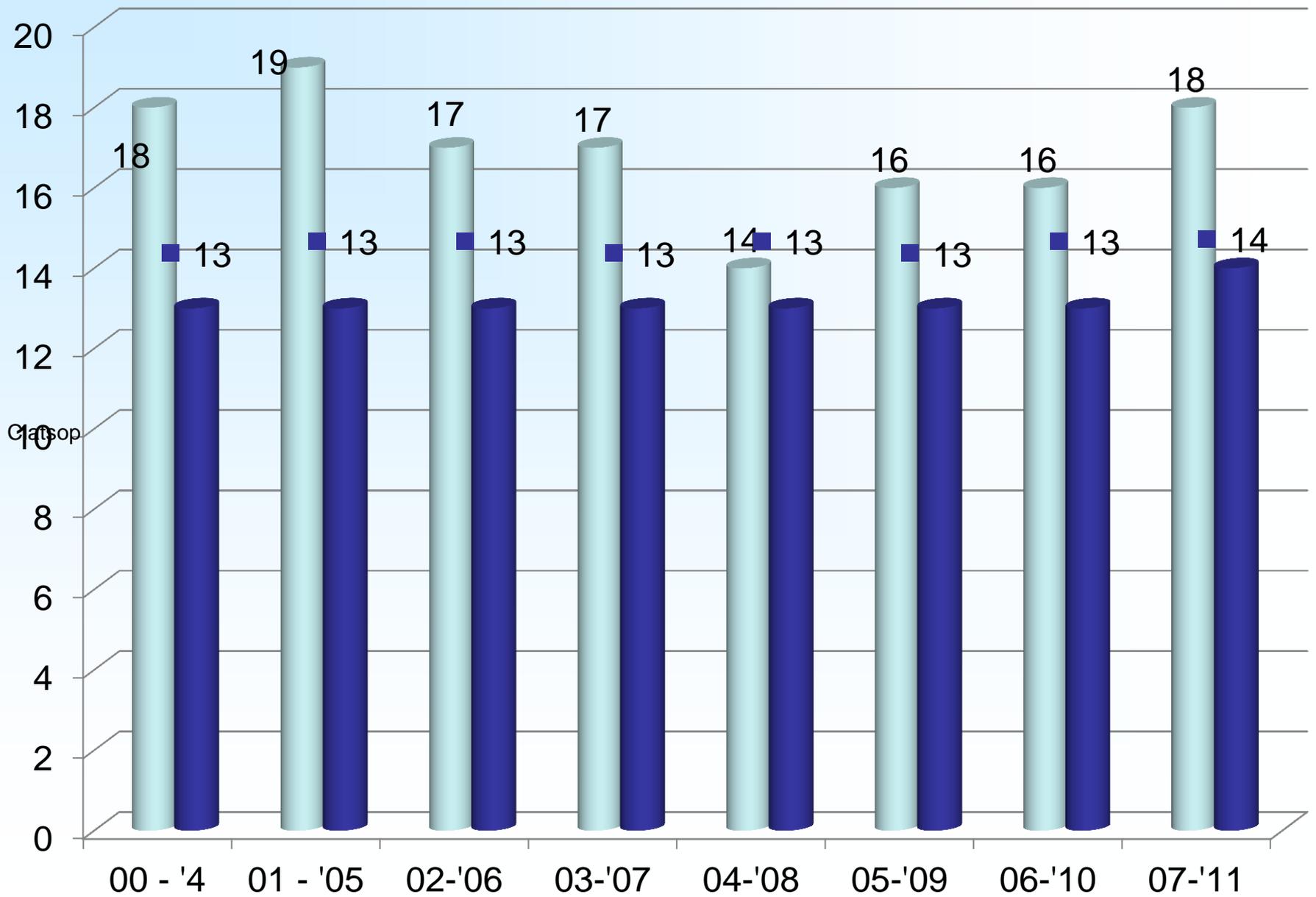
DUI Rates Per 100,000



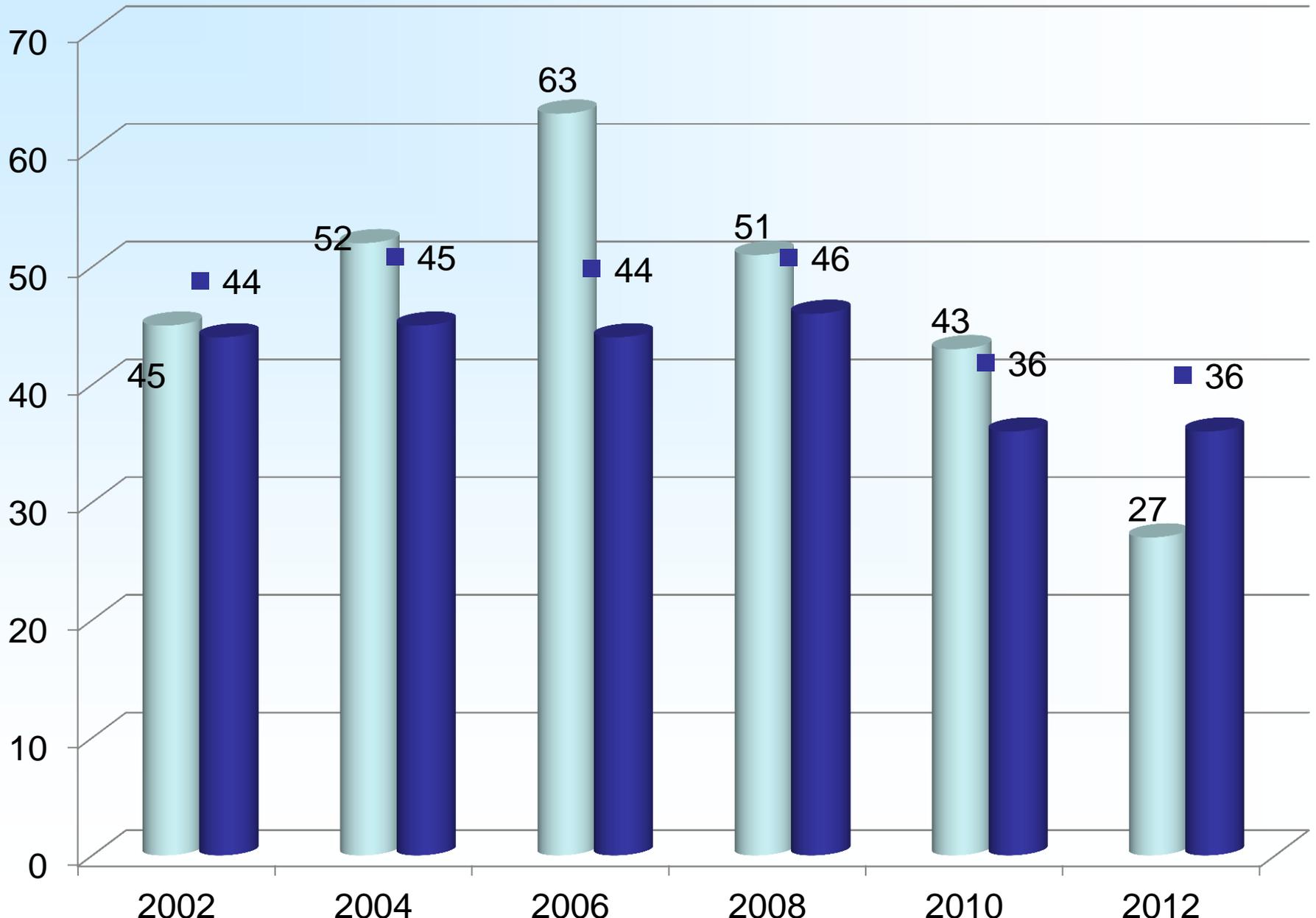
Percent Motor Vehicle Fatalities Involving Alcohol



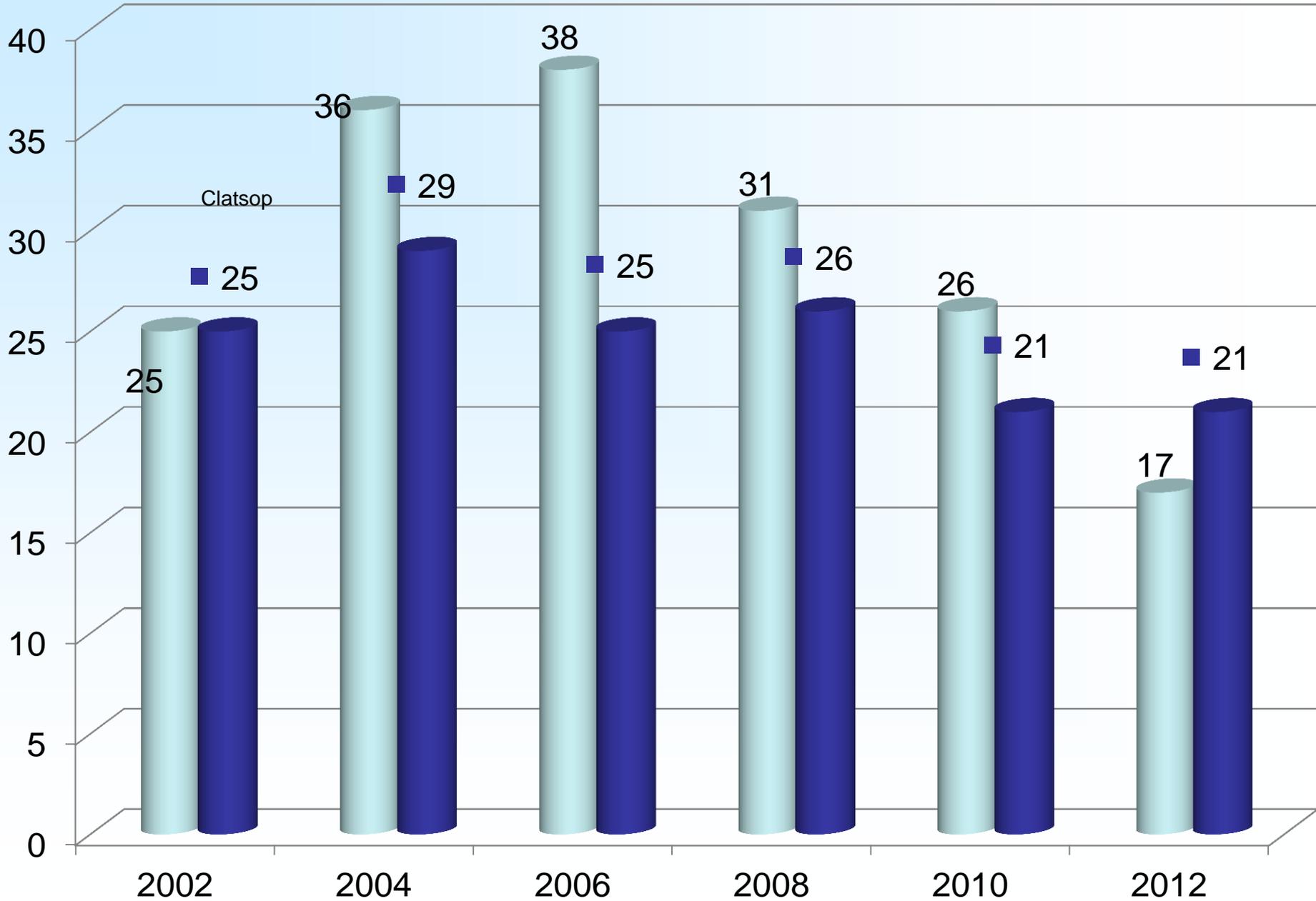
Death Rate from Alcohol-Induced - Diseases per 100,000



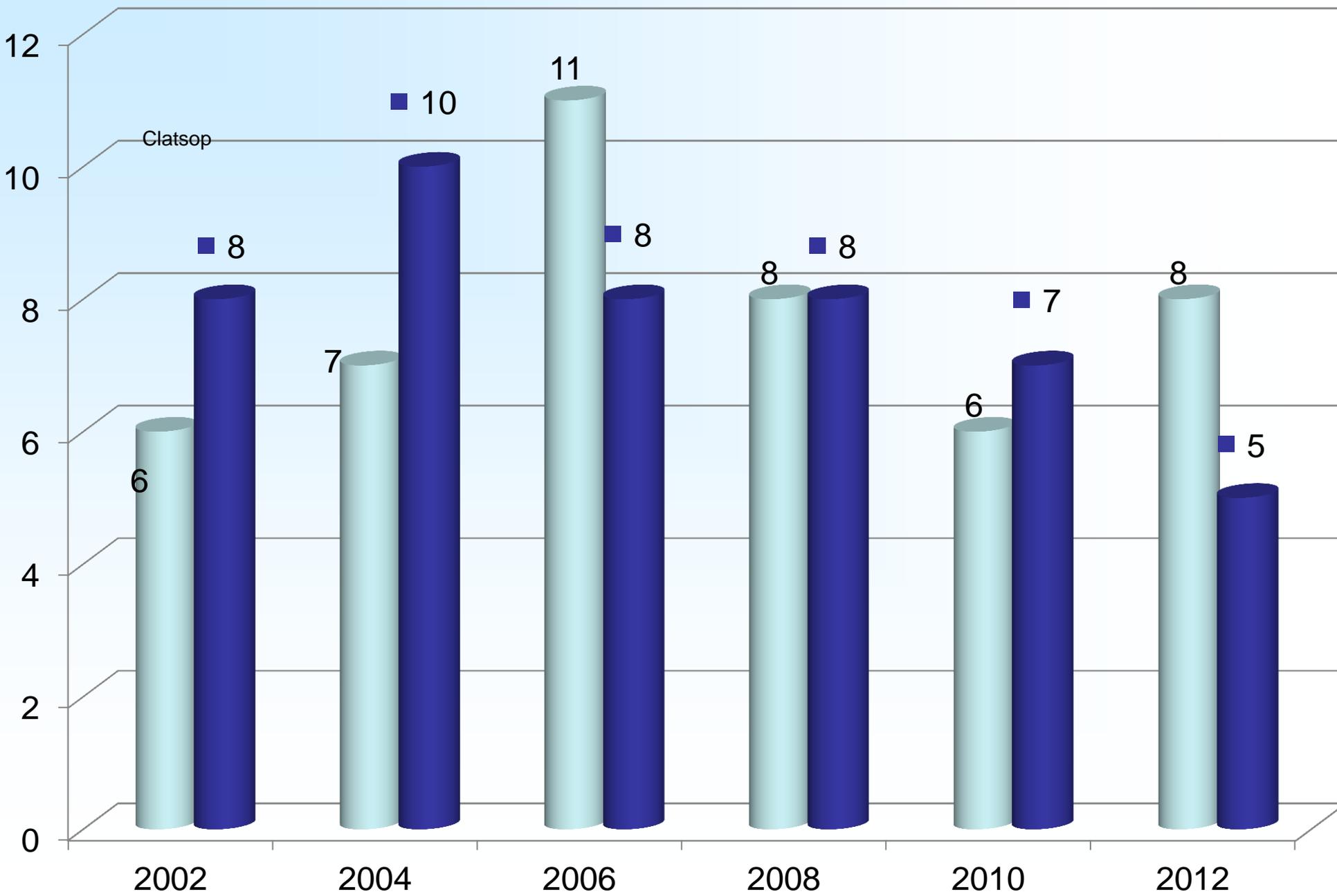
Percent of Youth Who Had Drank Alcohol Past 30 Days (11th Grade)



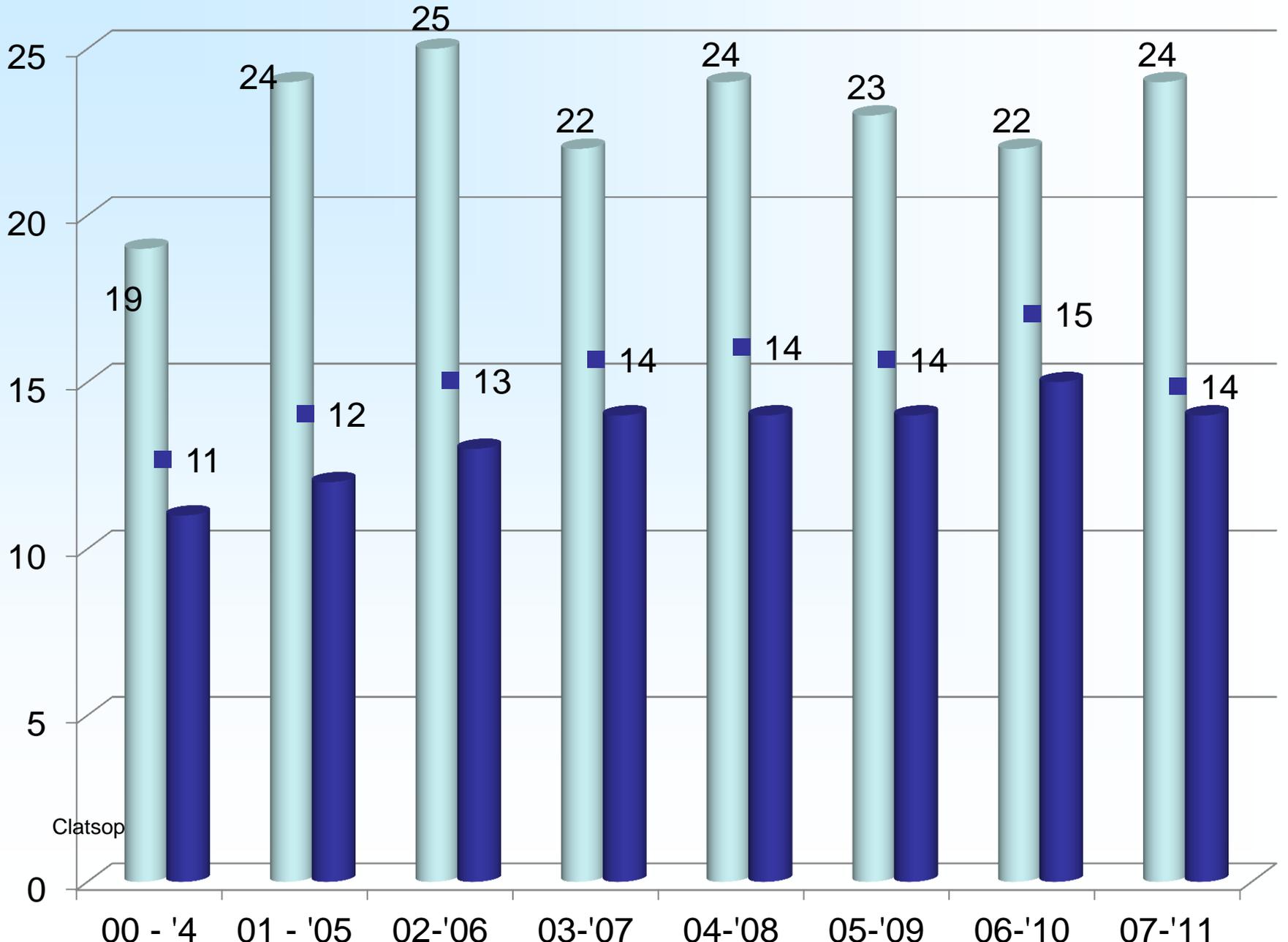
Percent of Youth Who Binge Drink in the Past 30 Days (11th Grade)



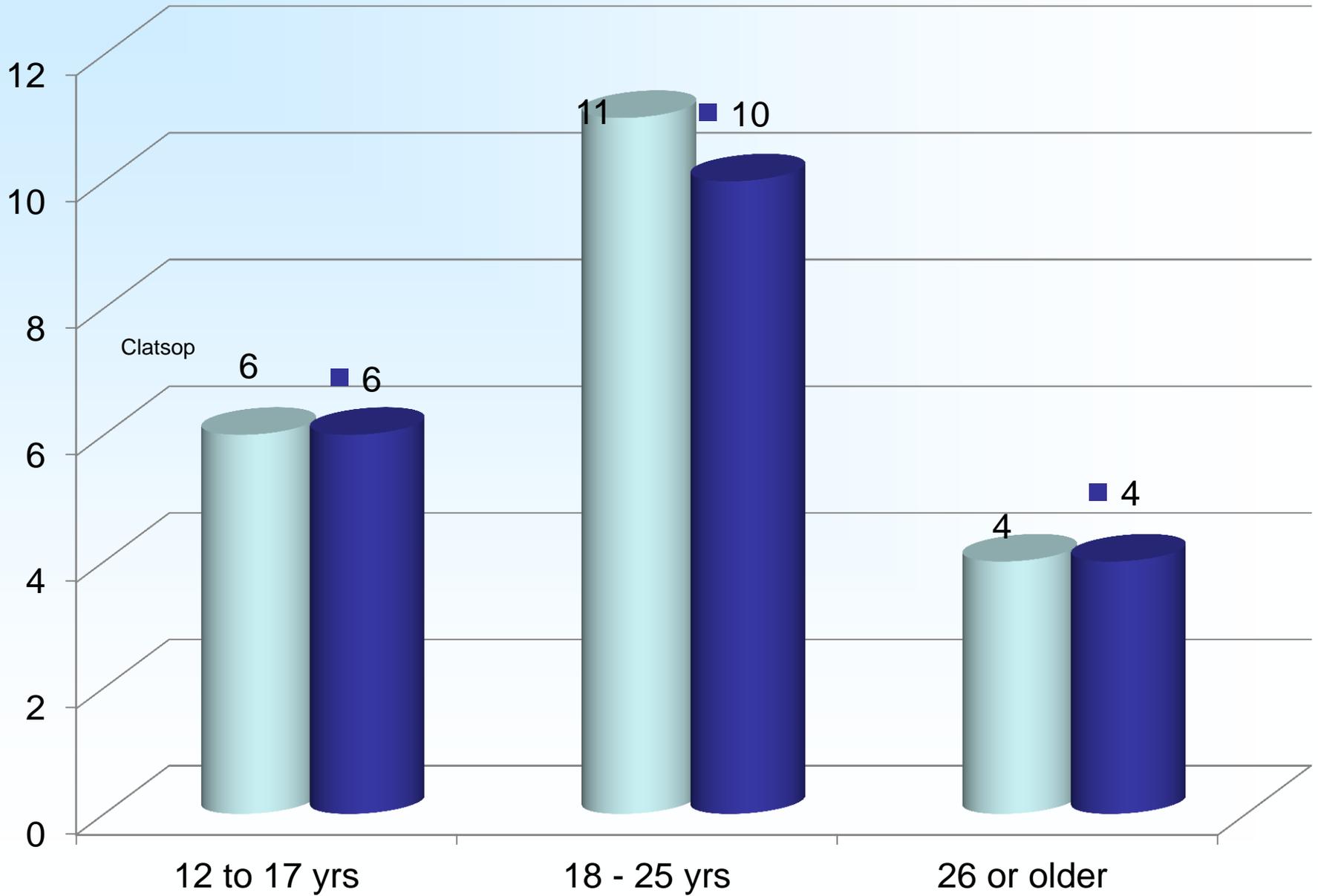
Percent of Youth Who Drove When Drinking Alcohol (11th Grade)



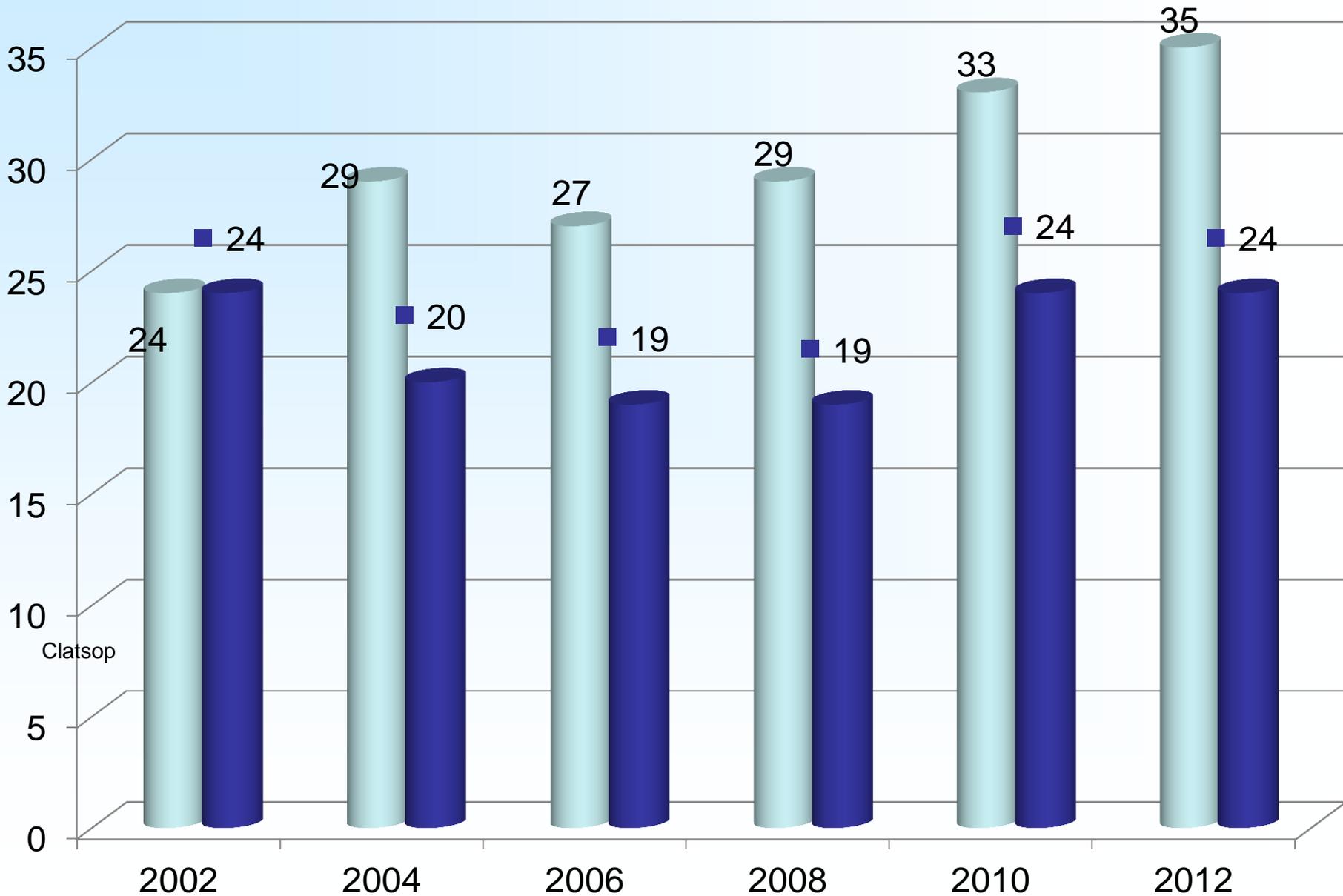
Death Rate from Drug-Induced Causes per 100,000



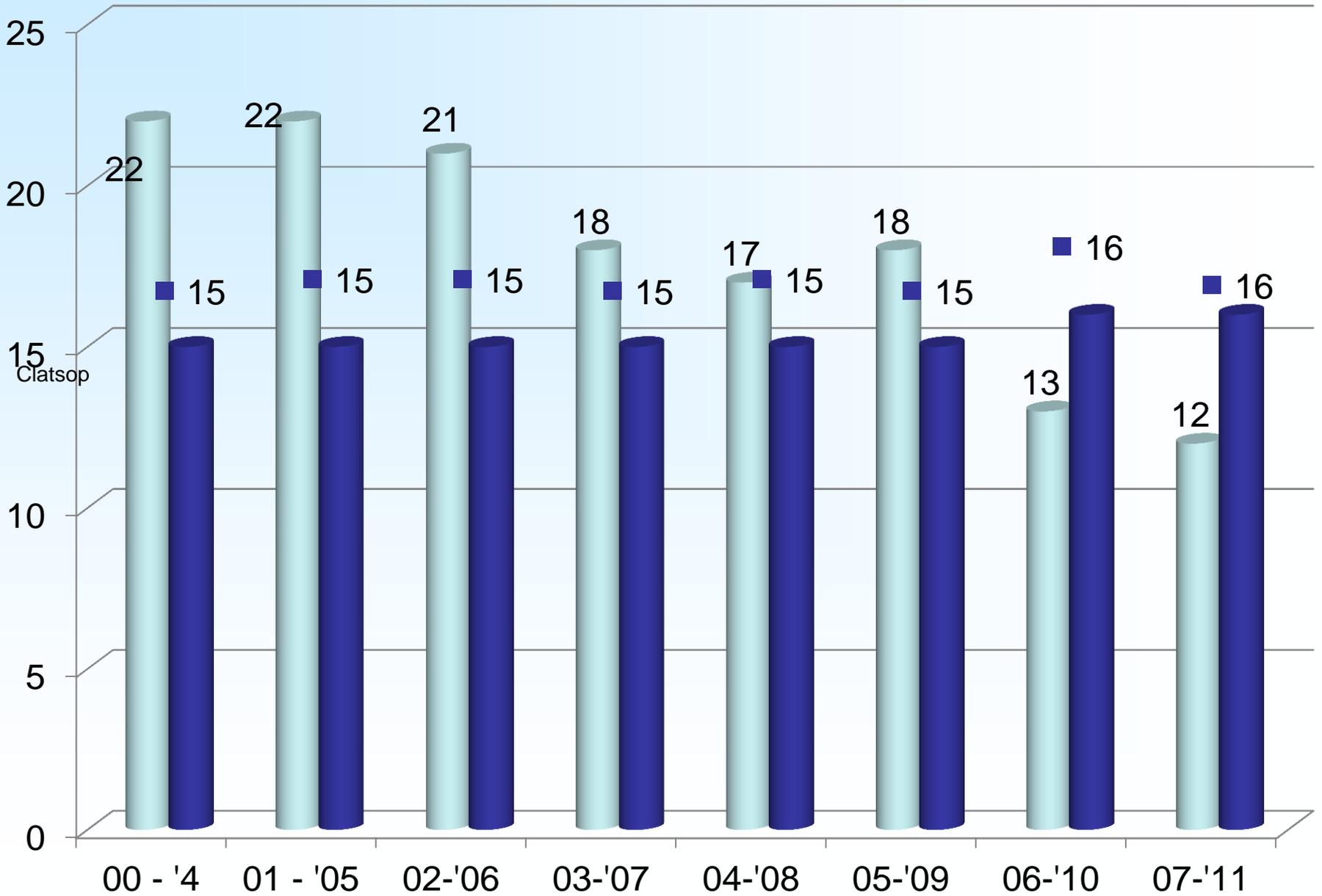
Percent Who Used Illicit Drug(s) Other Than Marijuana in Past 30 Days



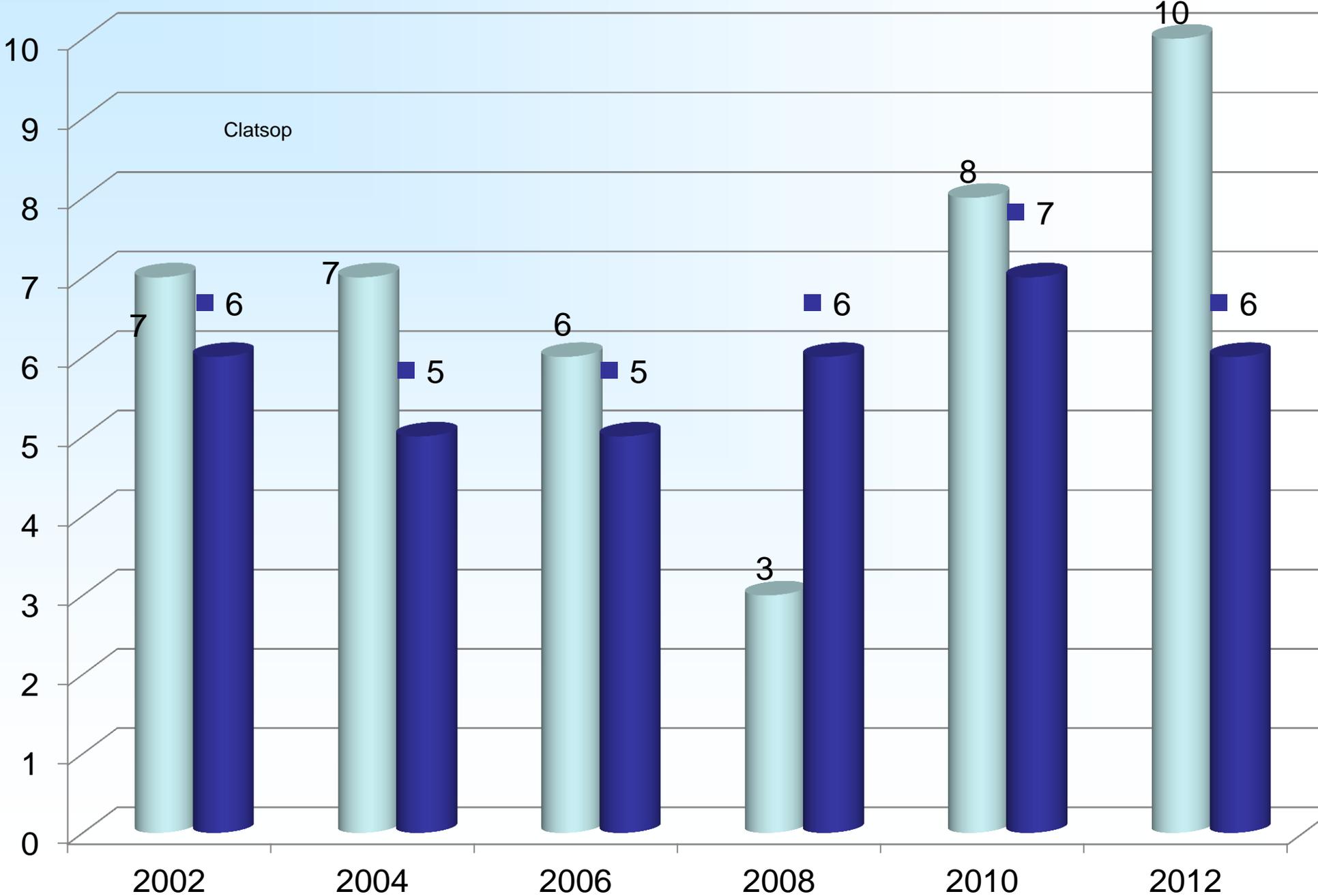
Percent of Youth Who Used Marijuana In Past 30 Days (11th Grade)



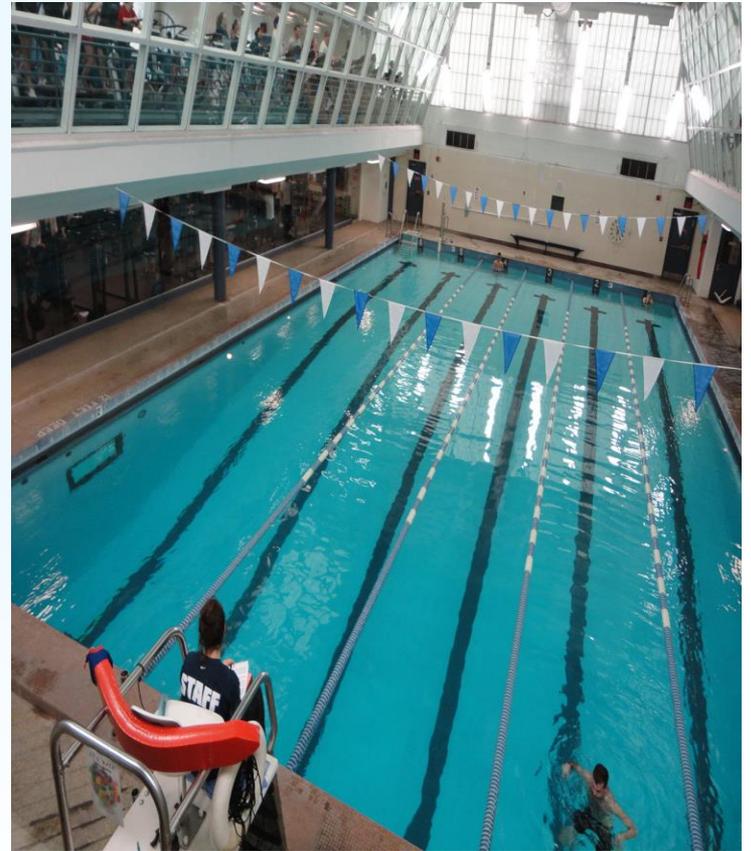
Death Rate from Suicide per 100,000



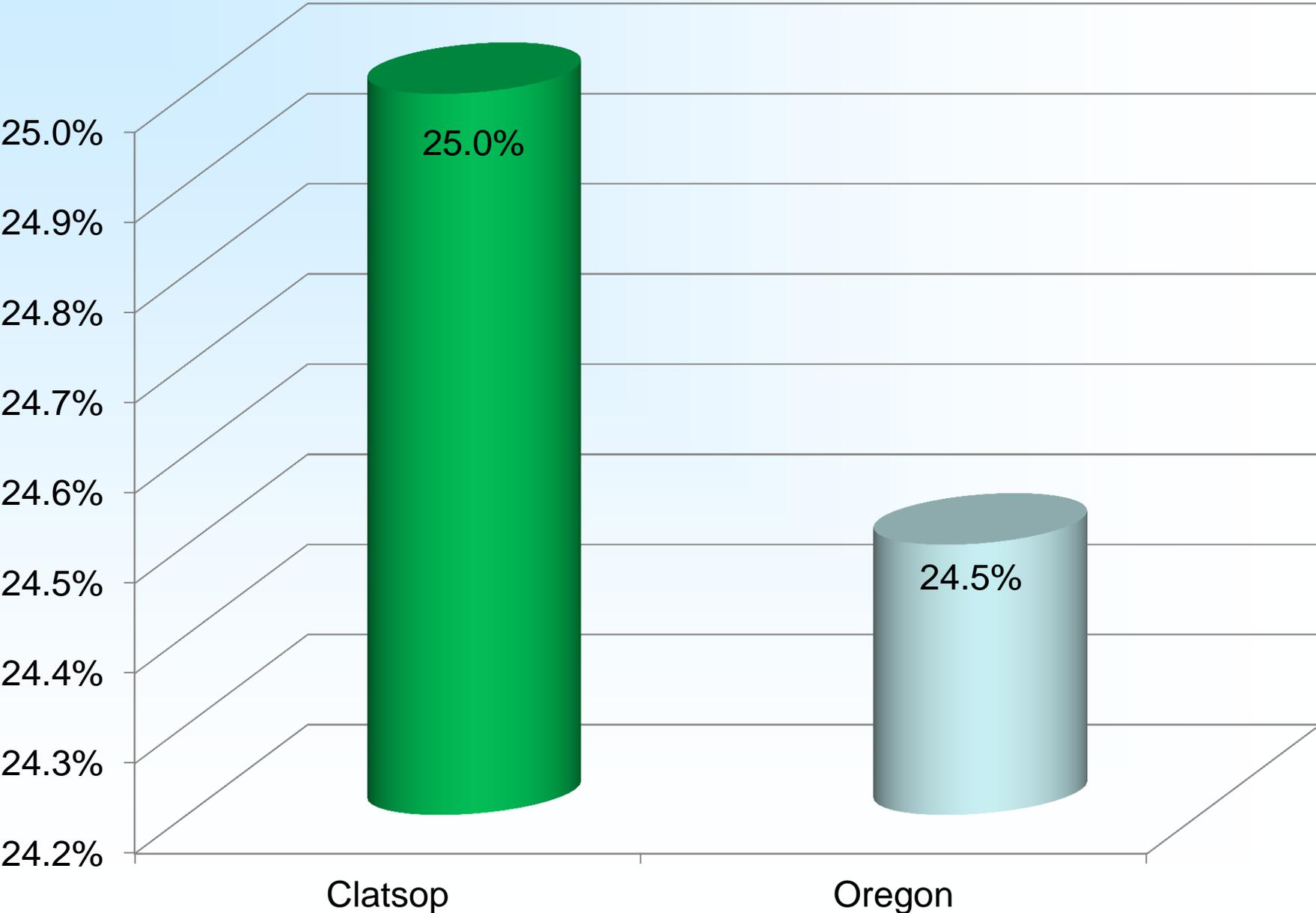
Percent of Youth Who Attempted Suicide in the Past Year (11th Grade)



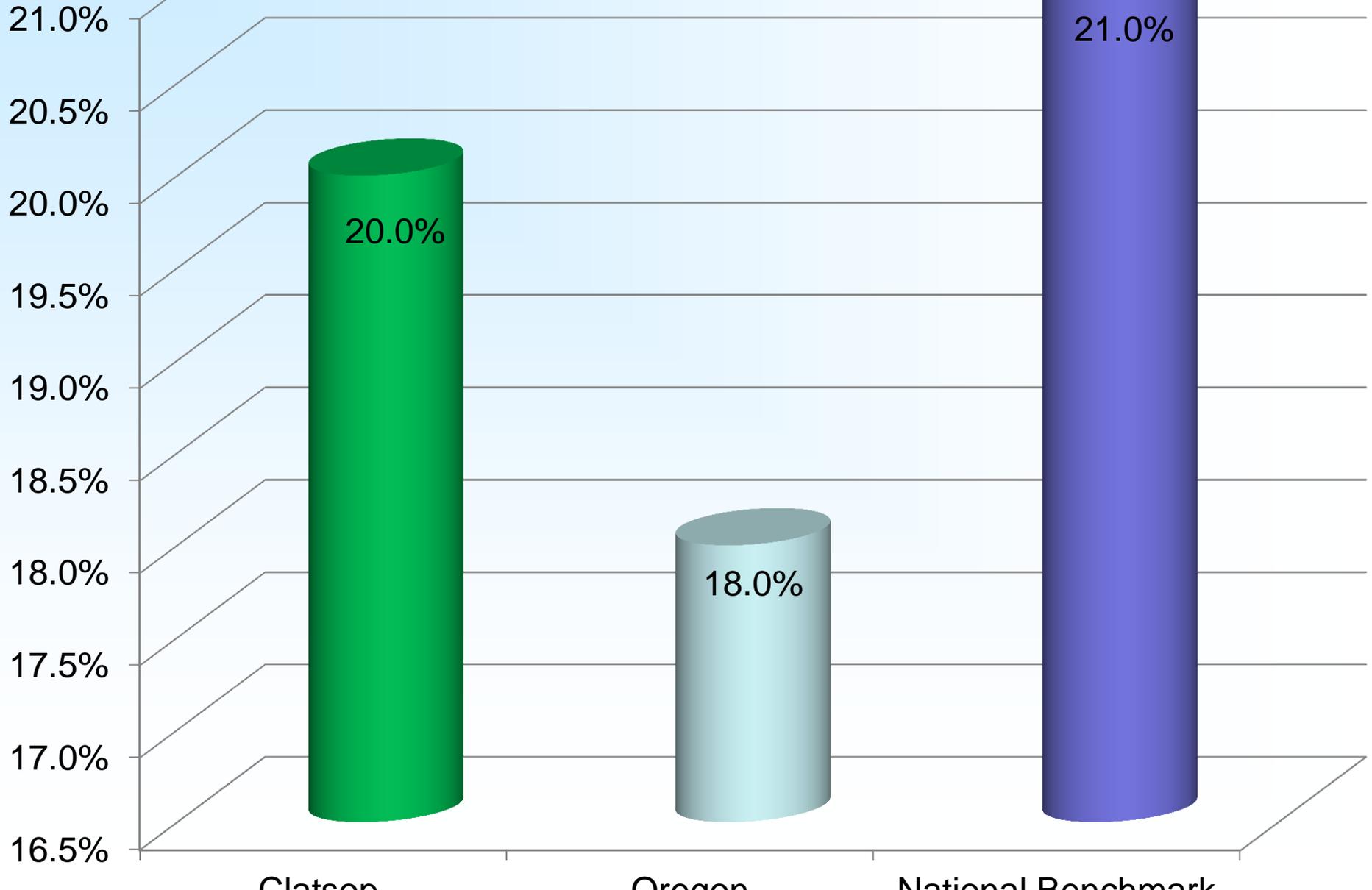
Obesity and Access to Recreation



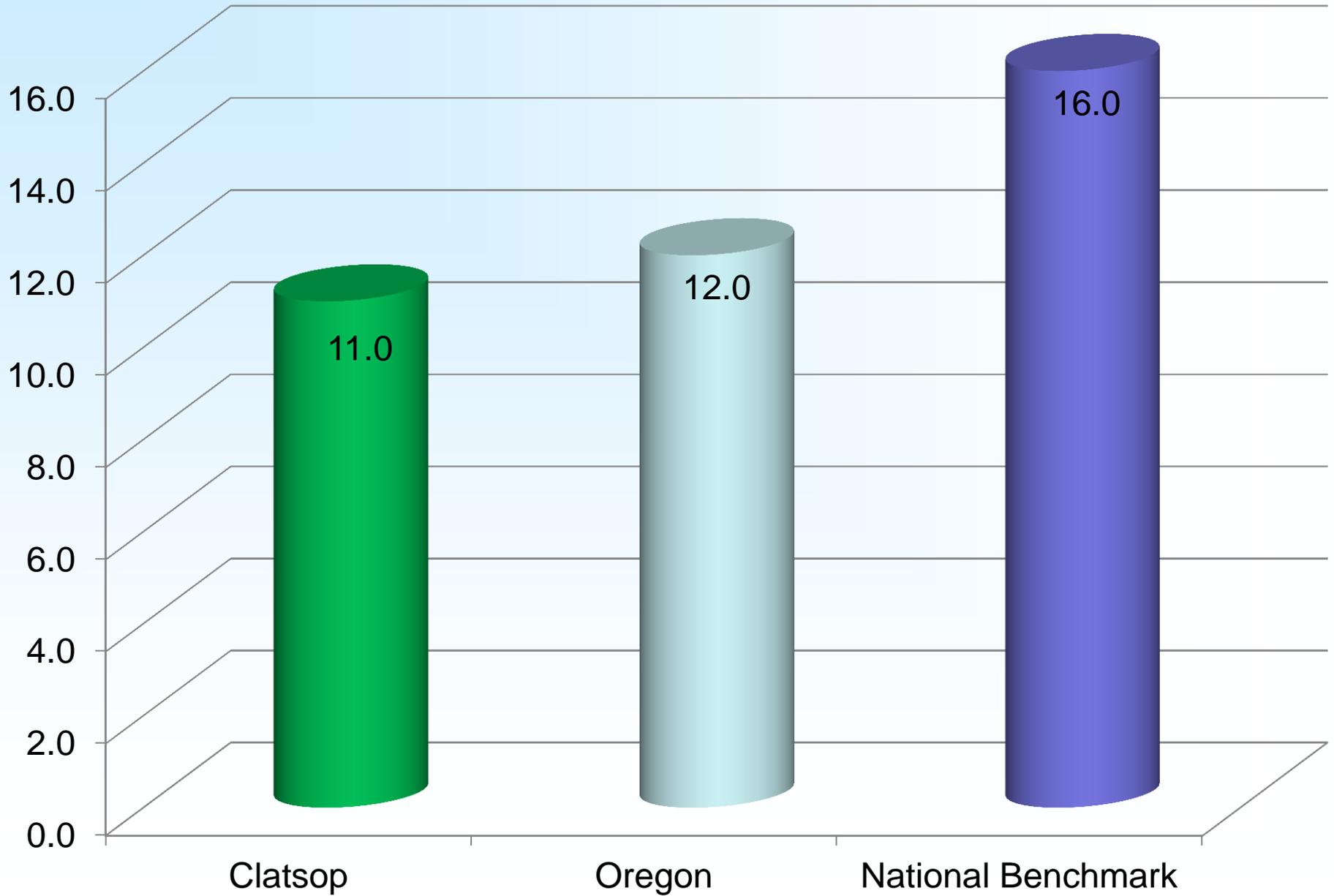
Obesity



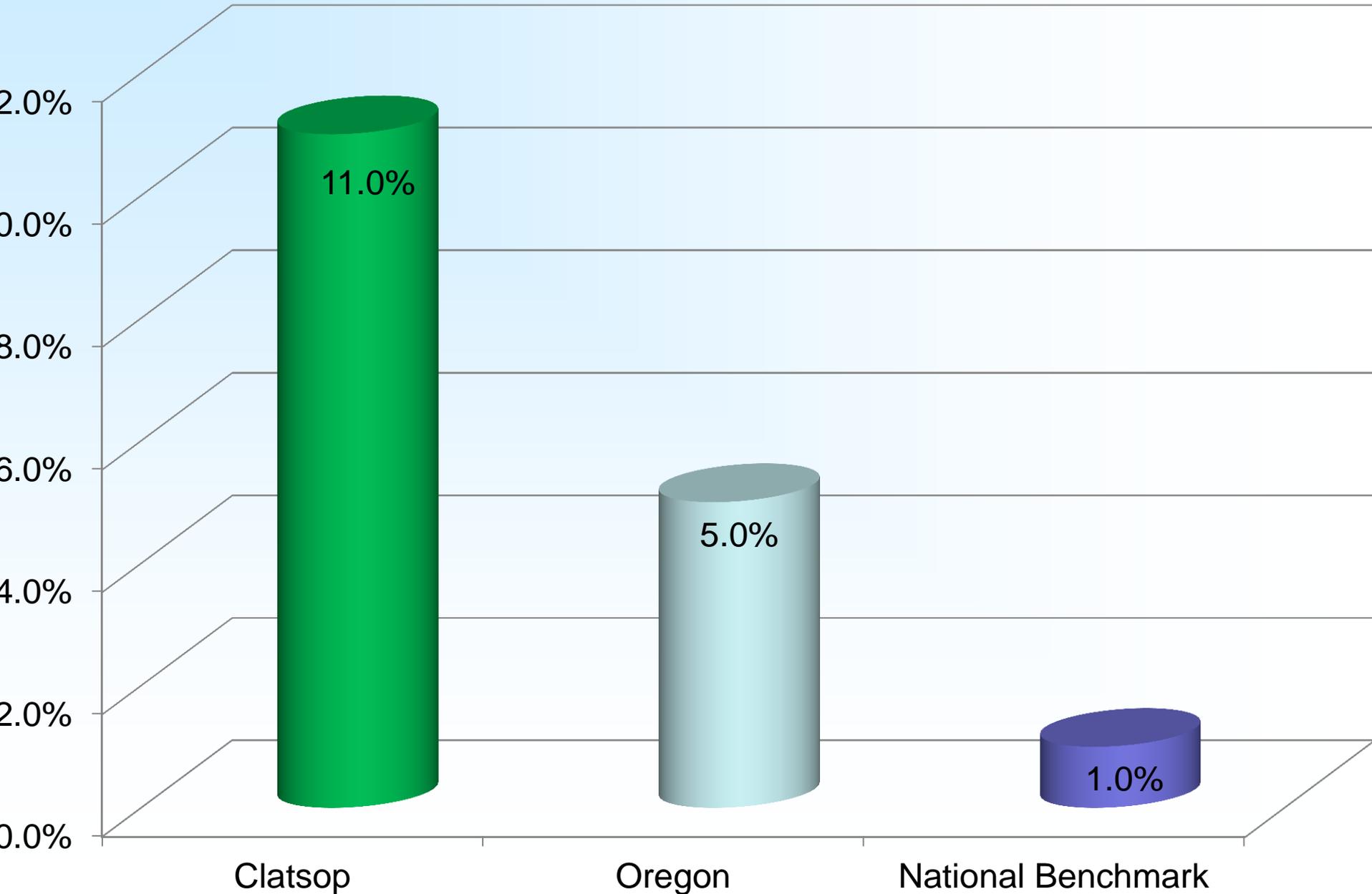
Physical Inactivity



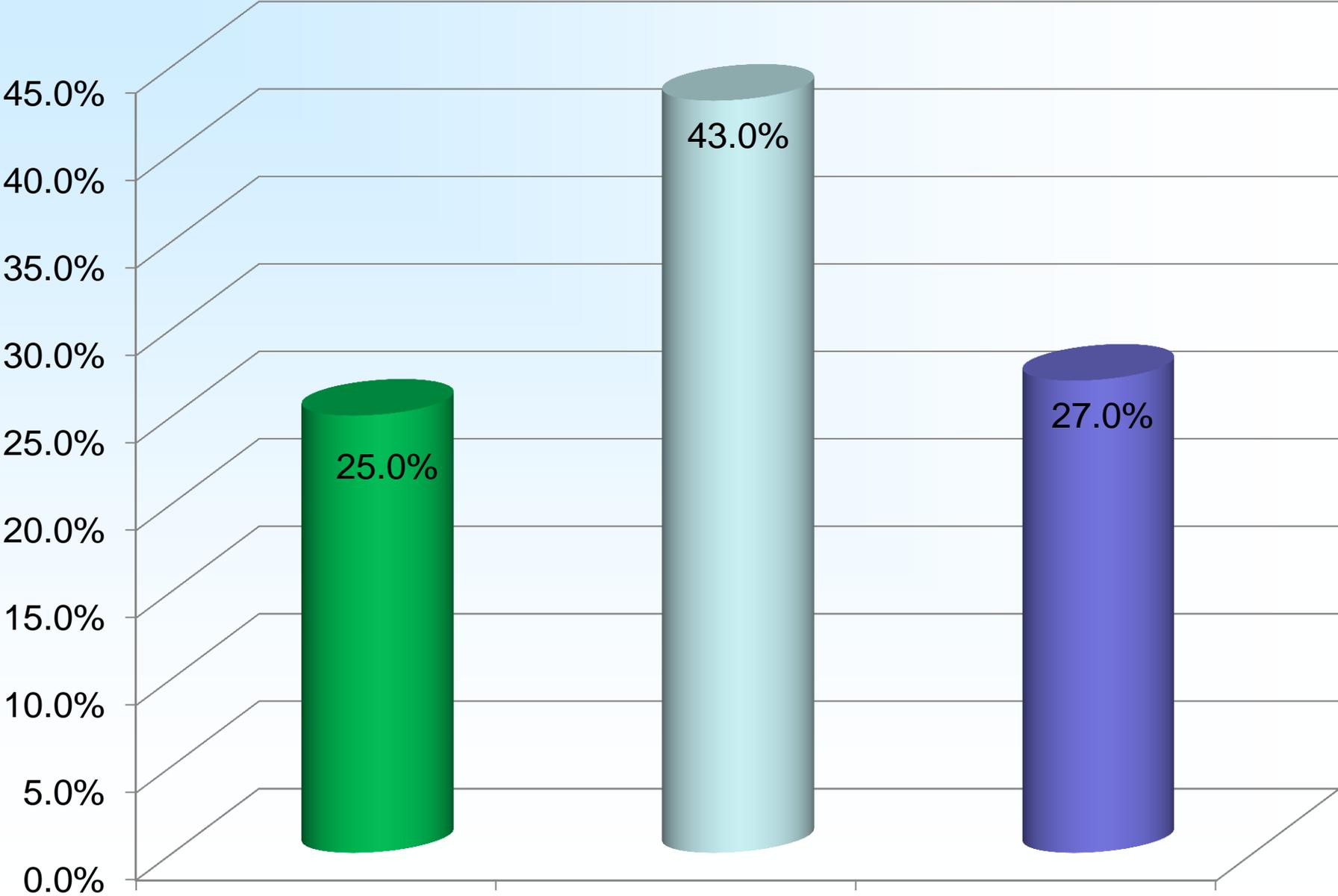
Access To Recreational Facilities



Limited Access To Healthy Foods



Fast Food Restaurants



Clatsop

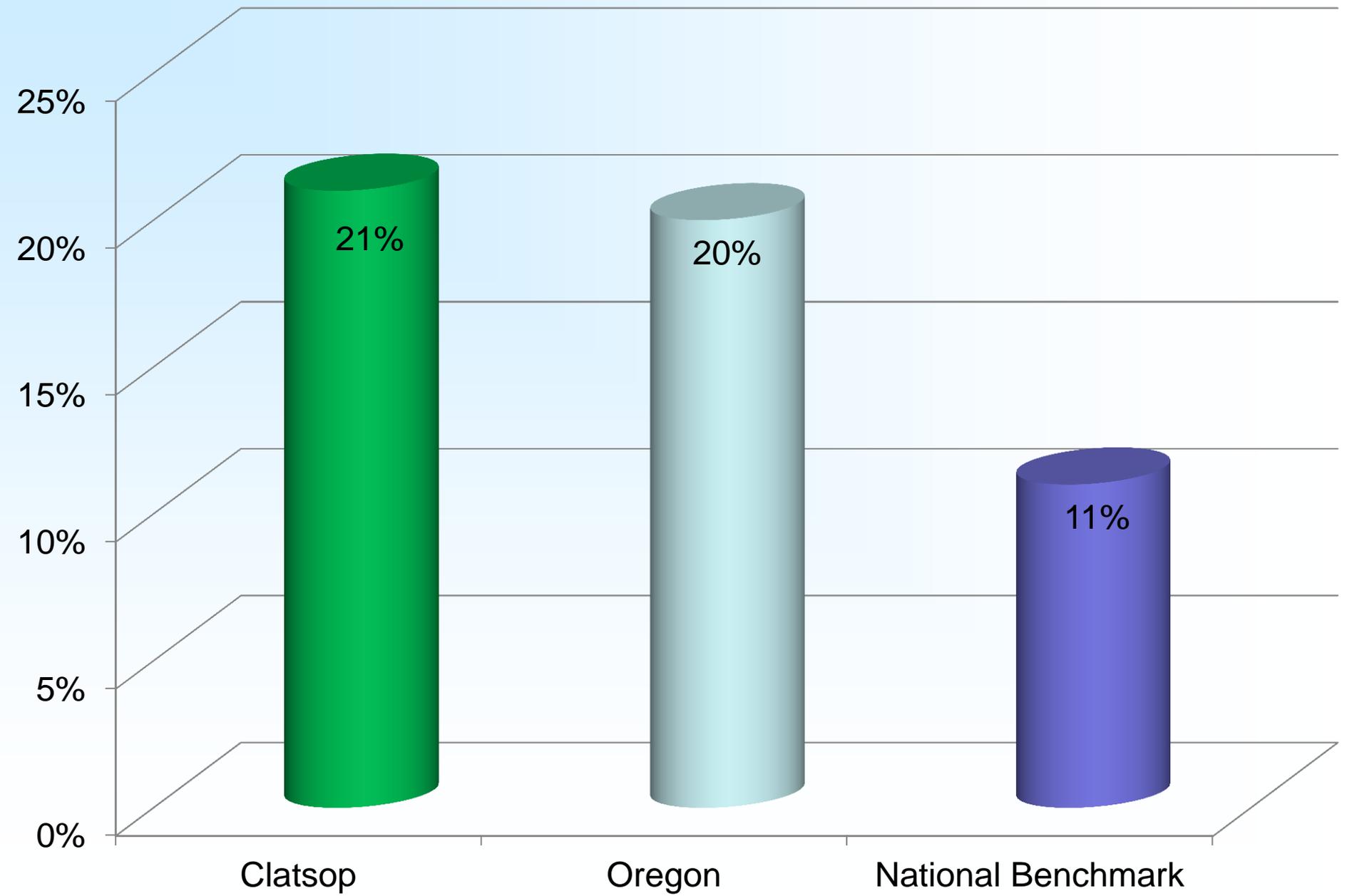
Oregon

National Benchmark

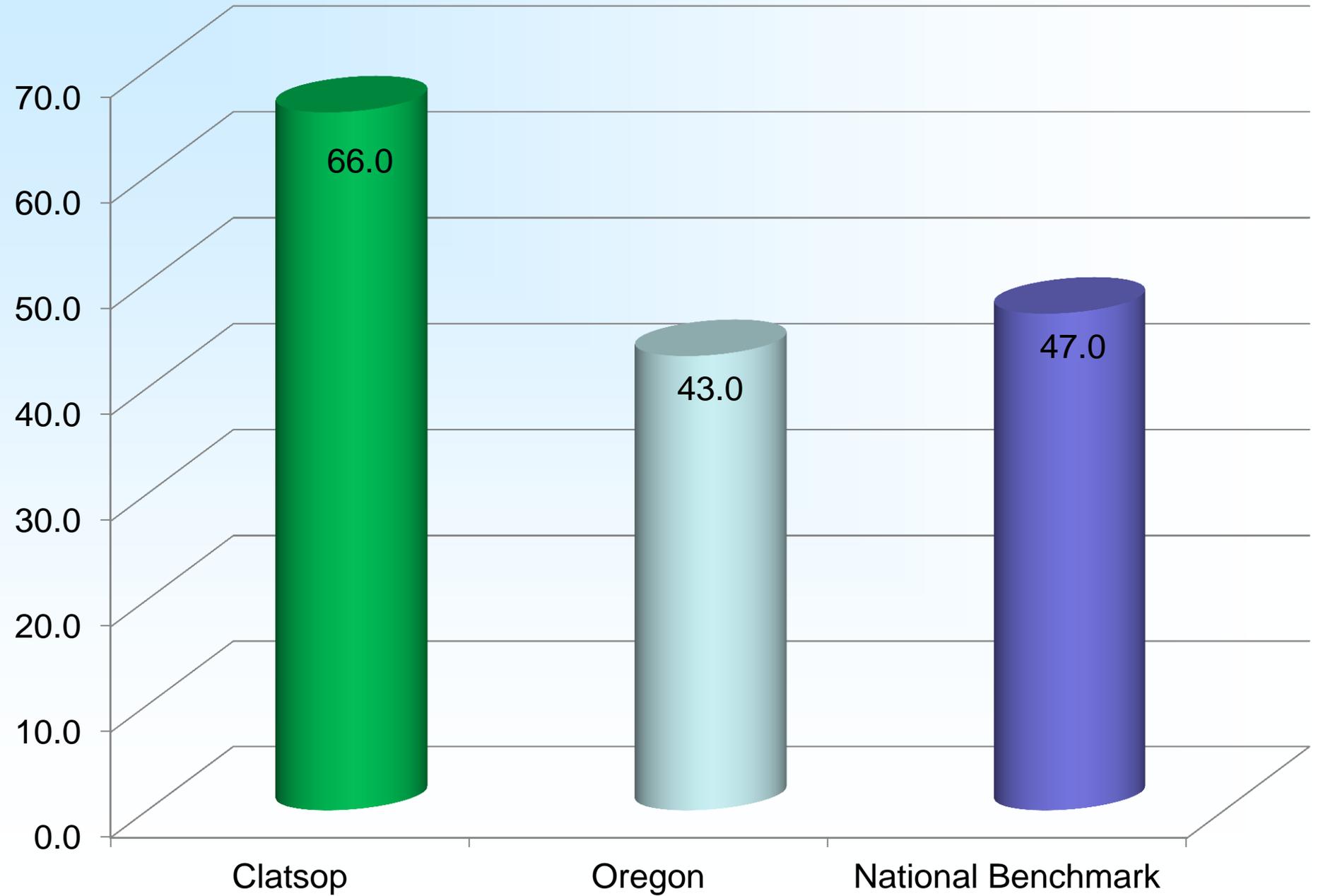
Clinical Care



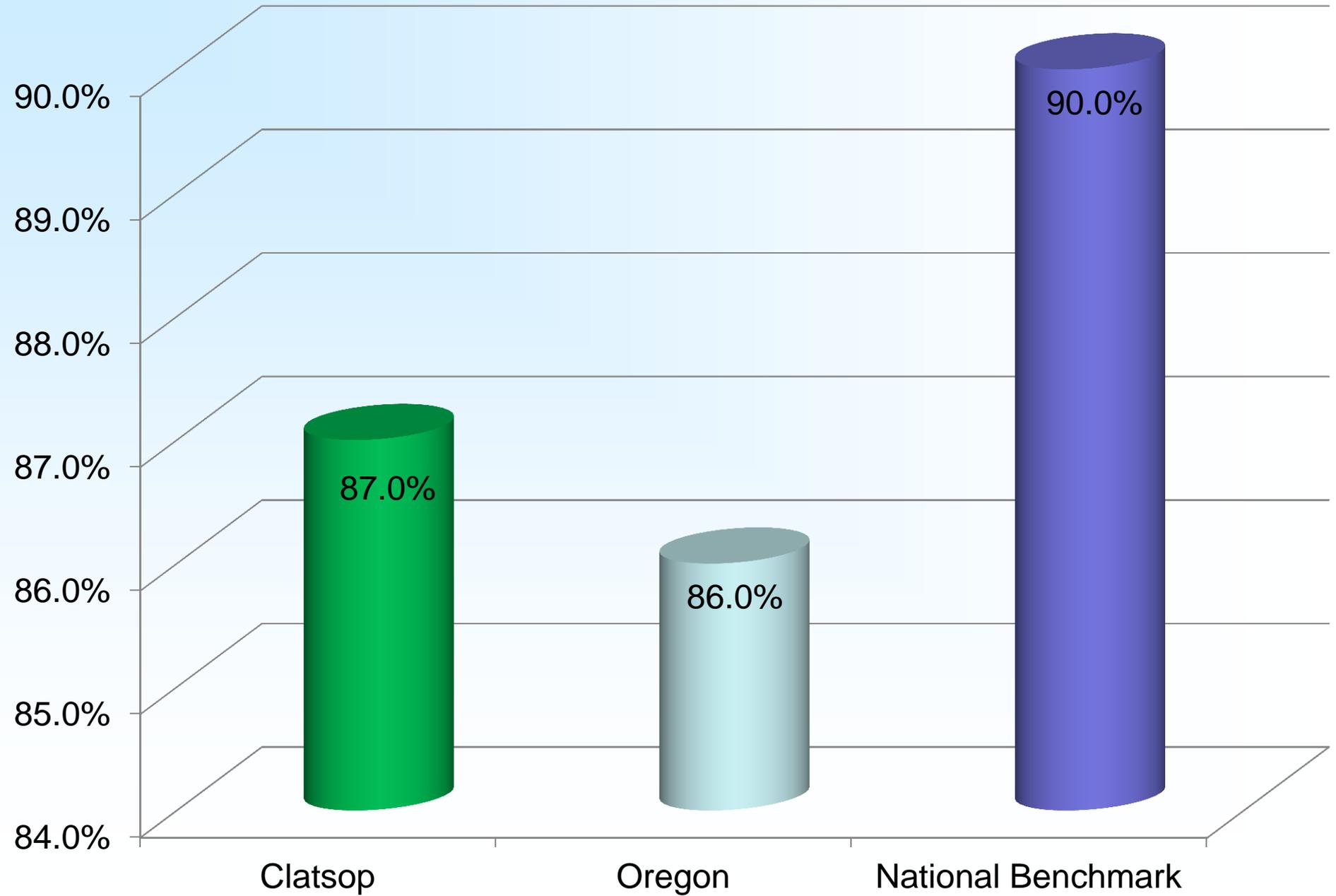
Uninsured



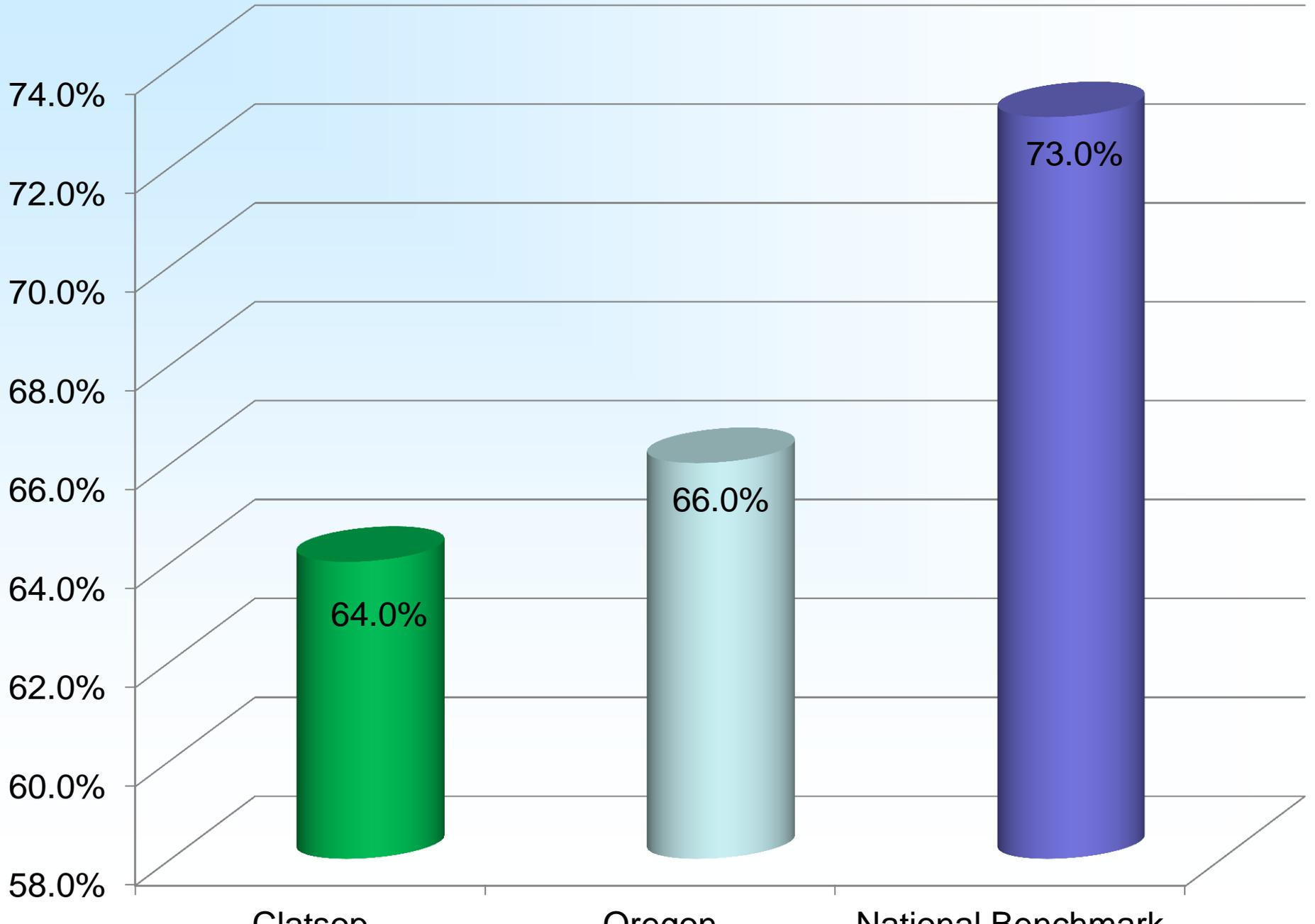
Preventable Hospital Stays



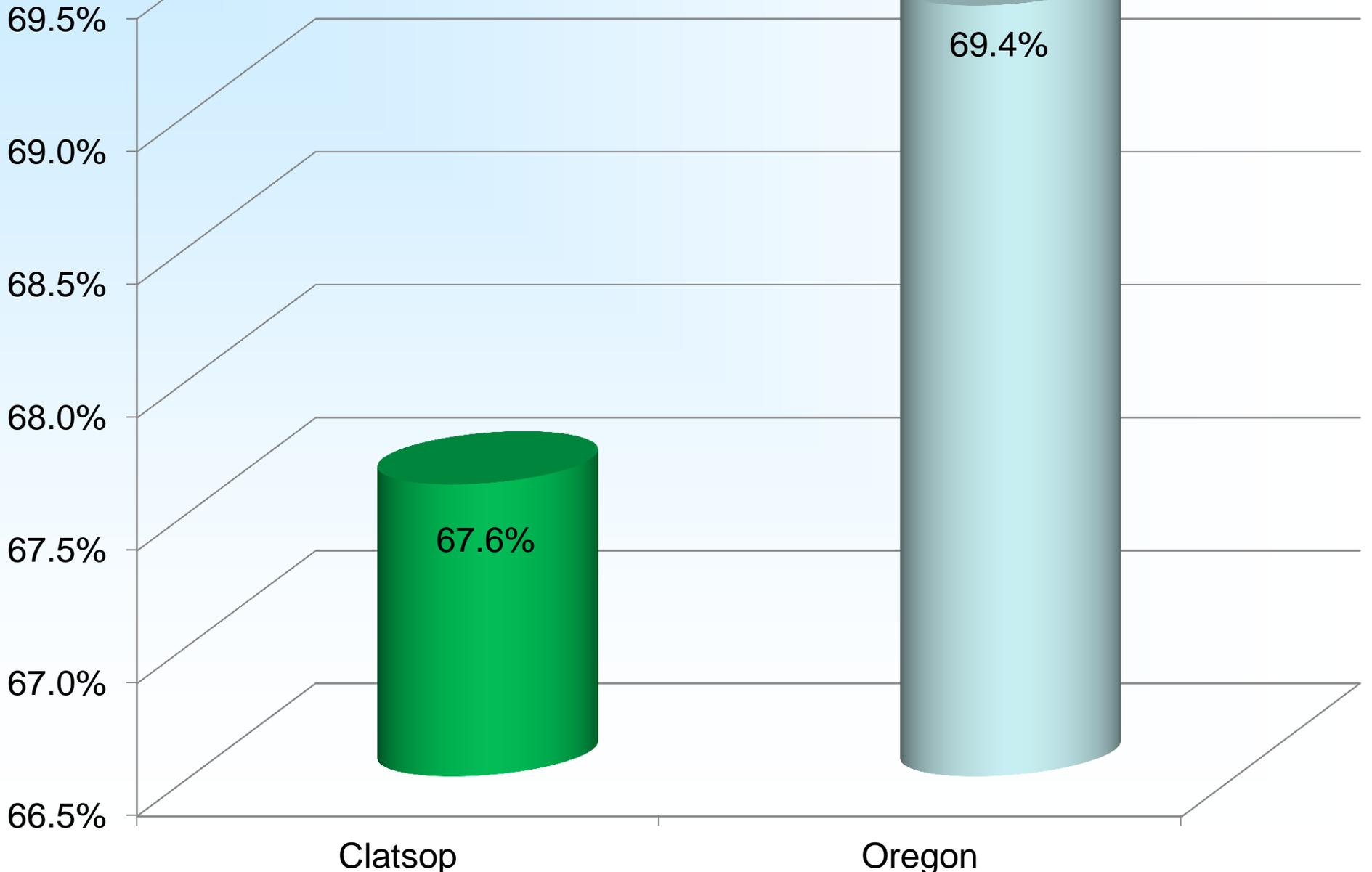
Diabetic Screening



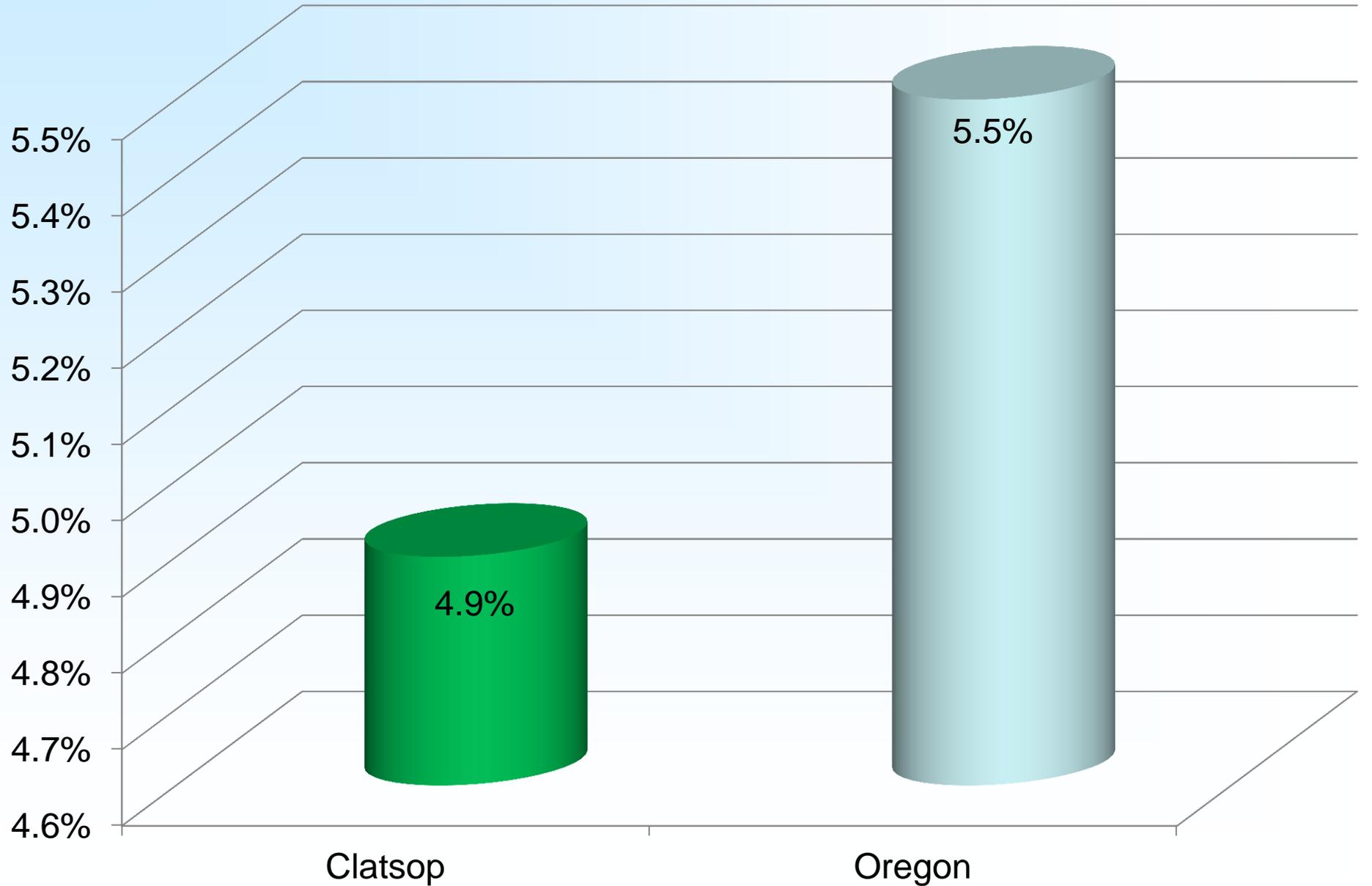
Mammography Screening



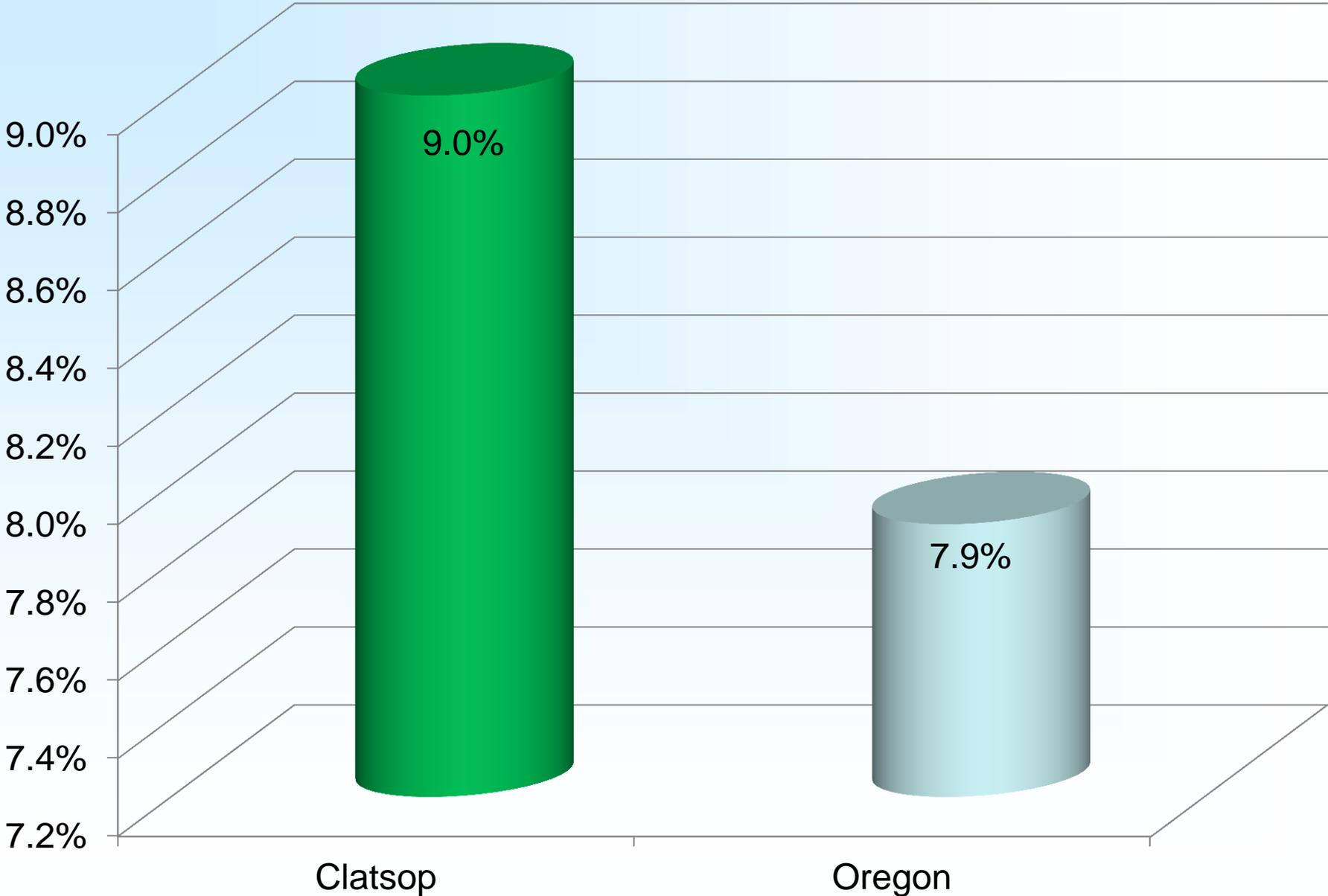
Up-to-date Immunizations Among Two-year Olds



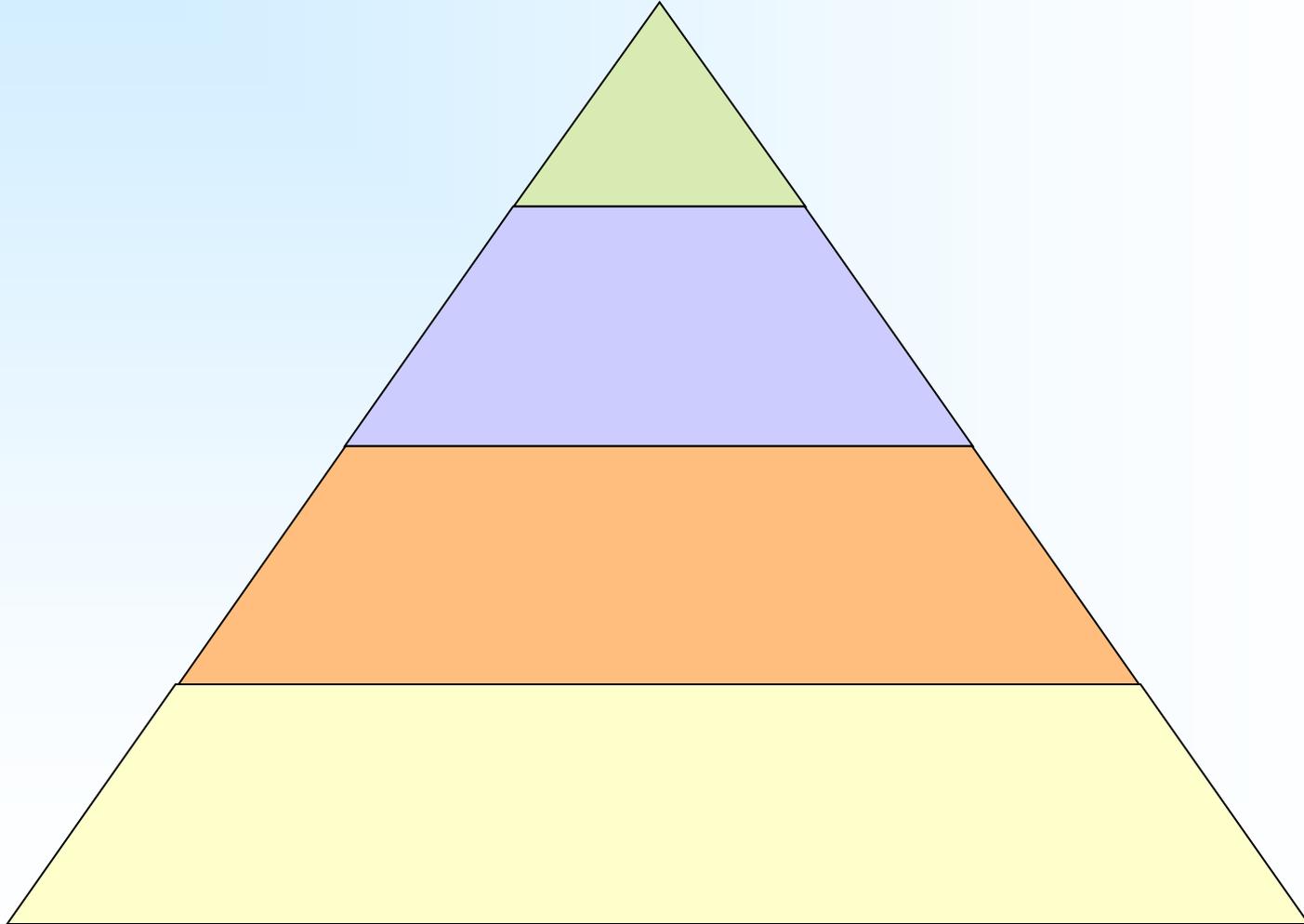
Mothers Receiving Inadequate Prenatal Care



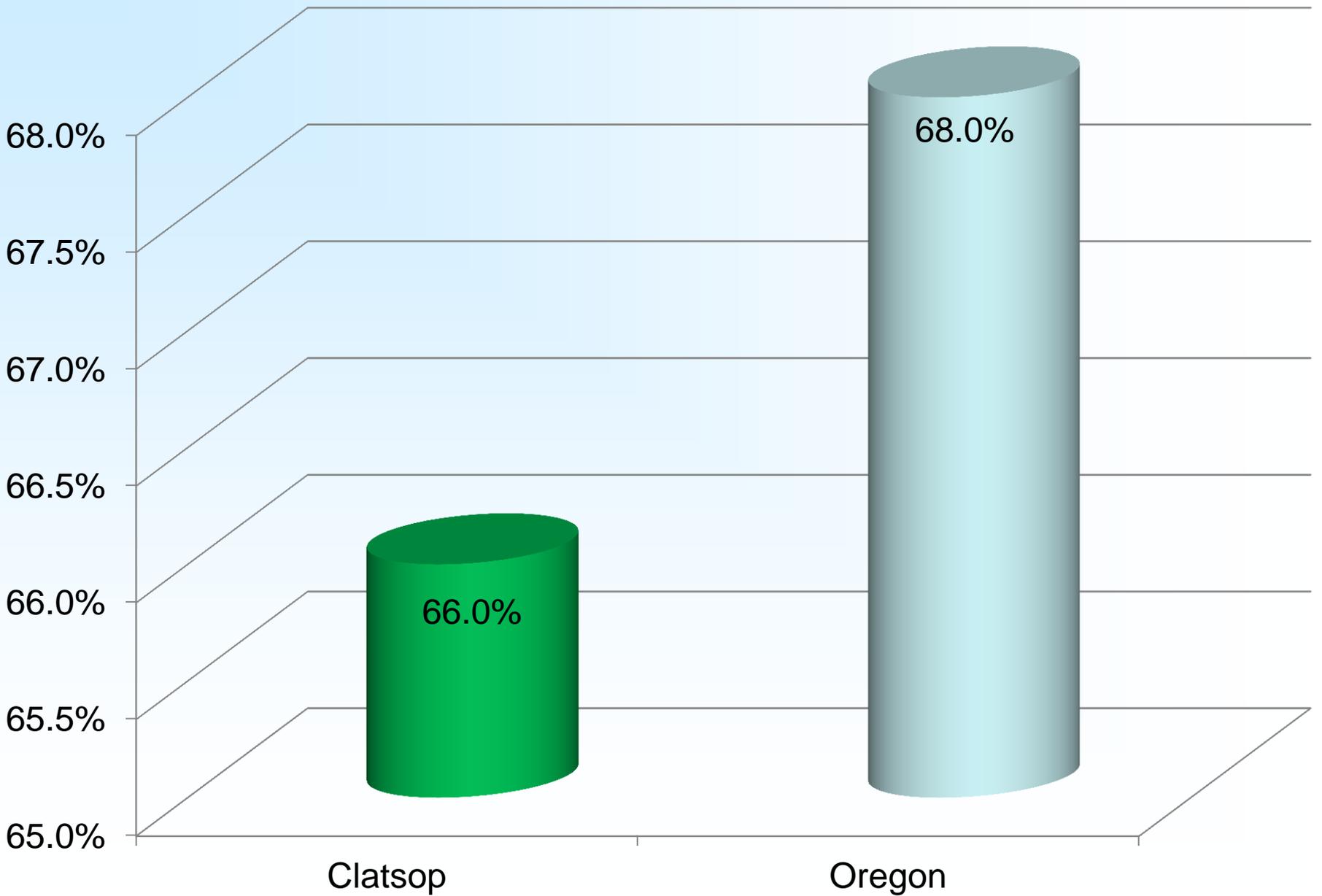
Percent Age 20+ with Diabetes



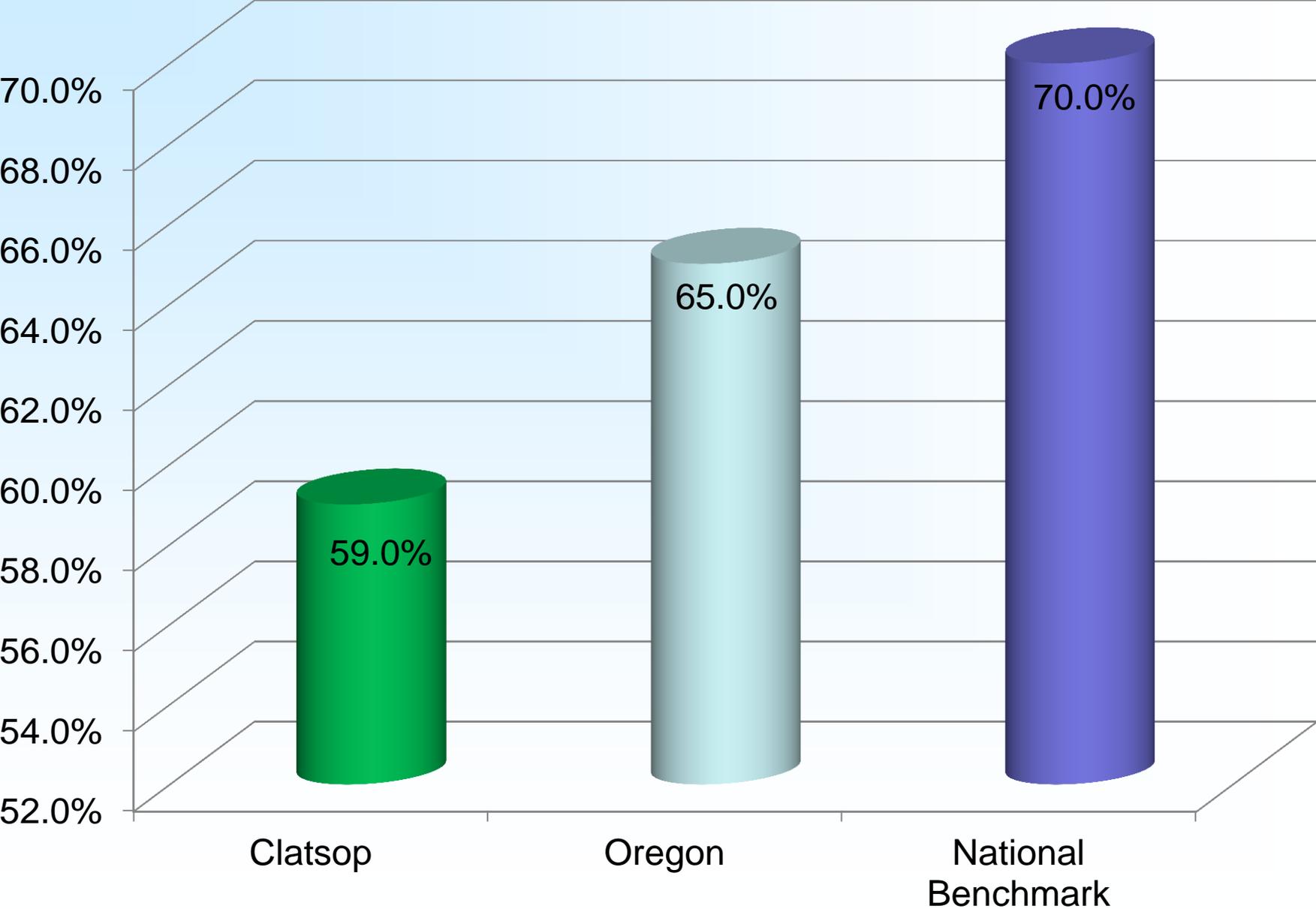
Social, Economic, and Physical Environment



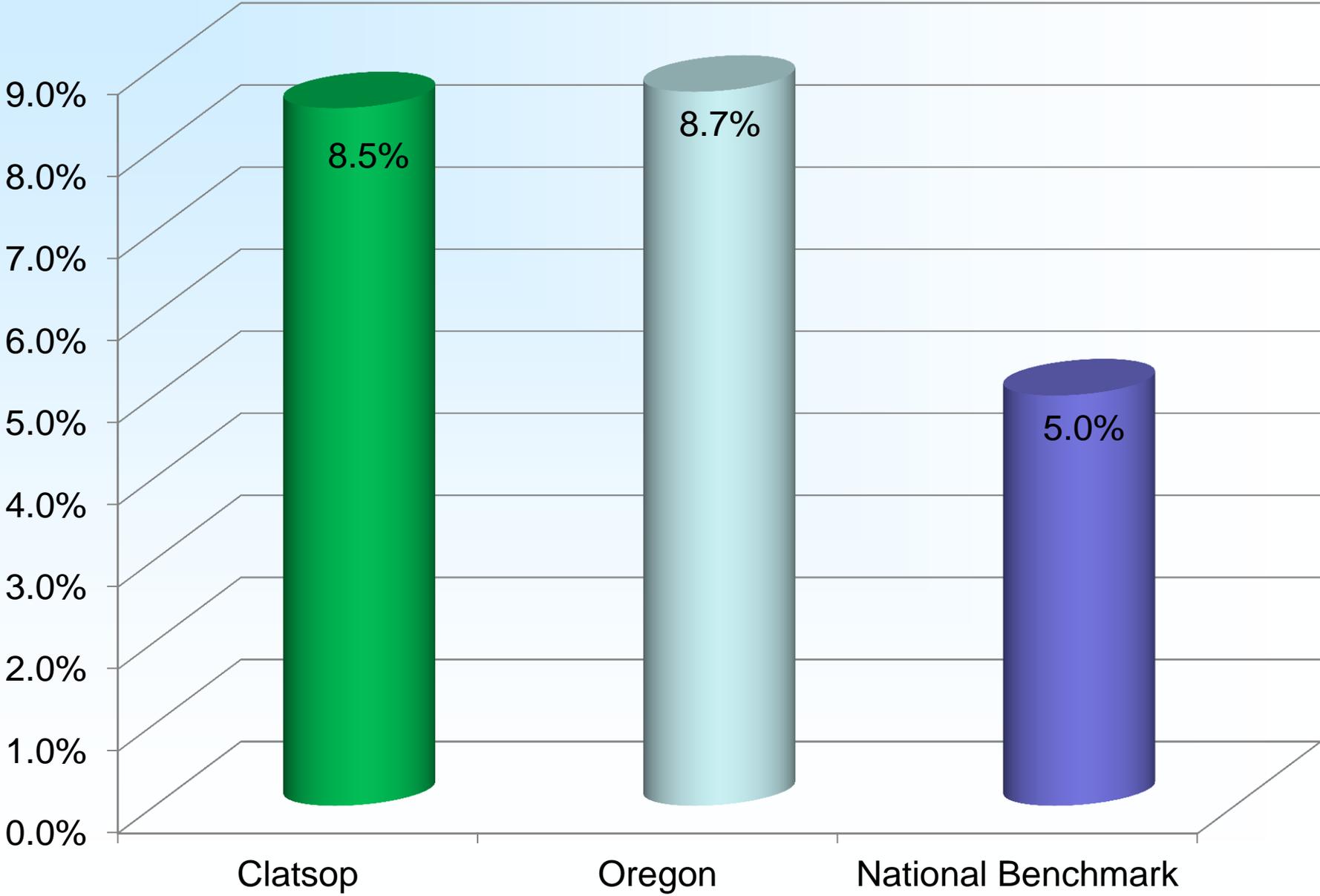
High School Graduation



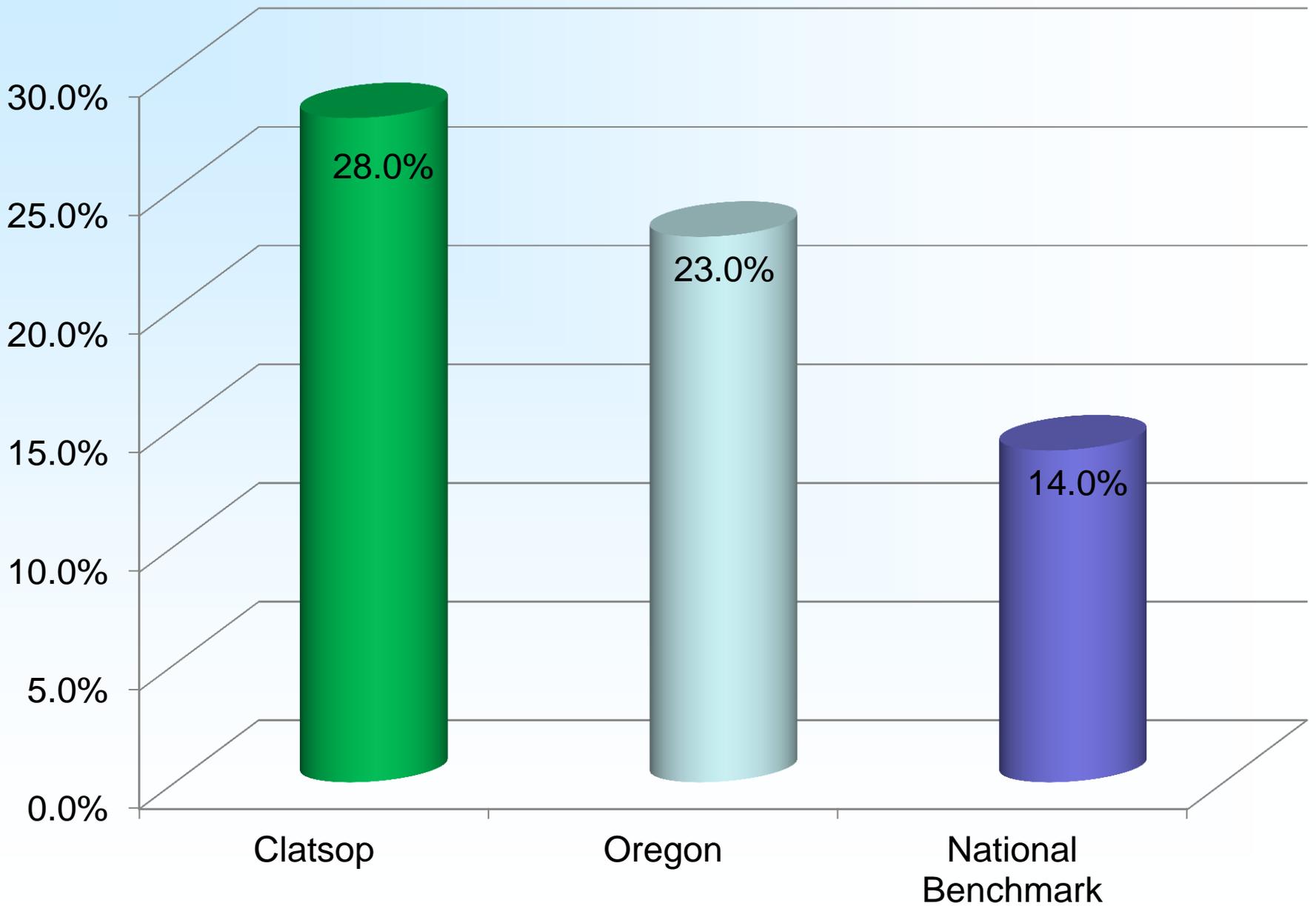
Some College



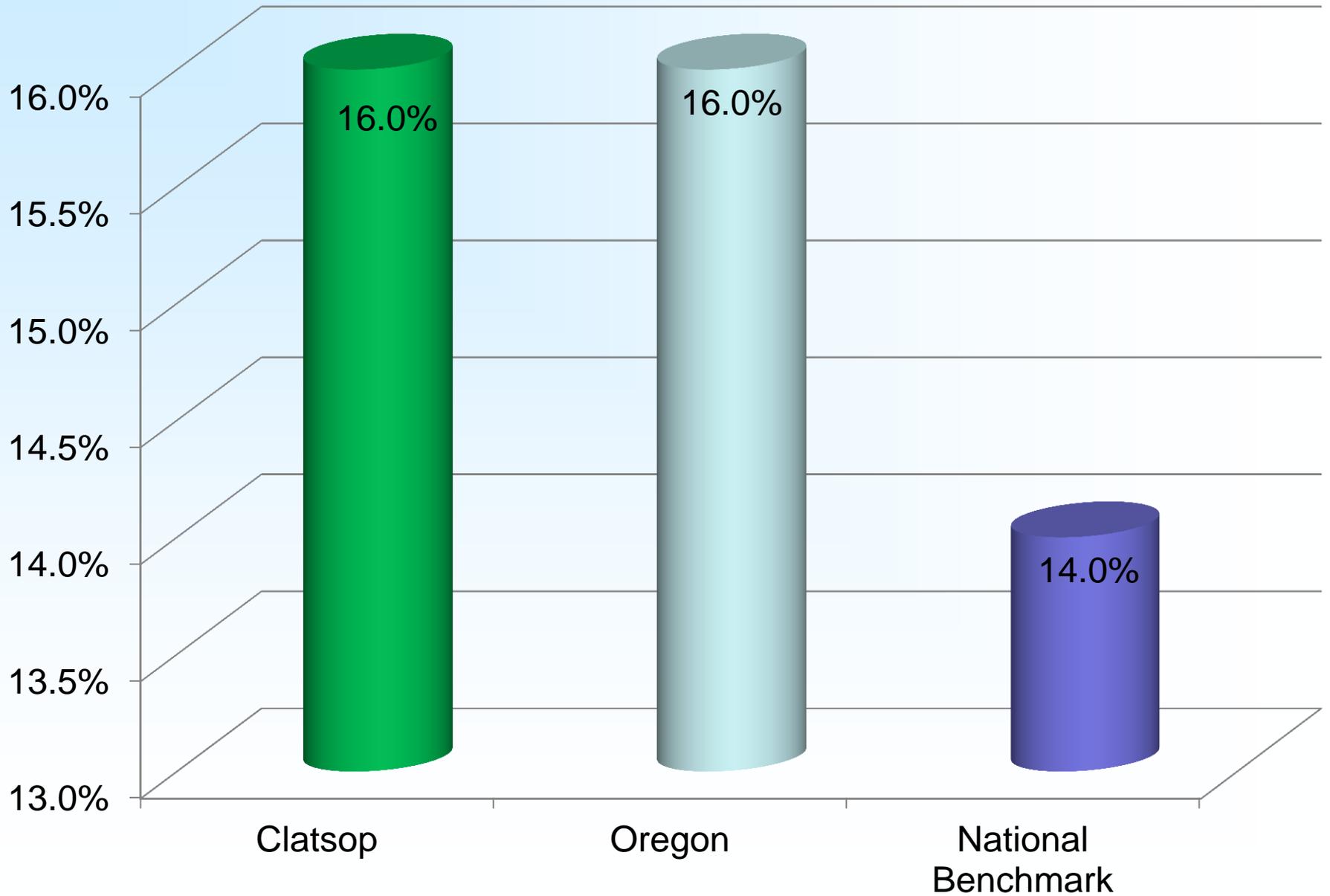
Unemployment



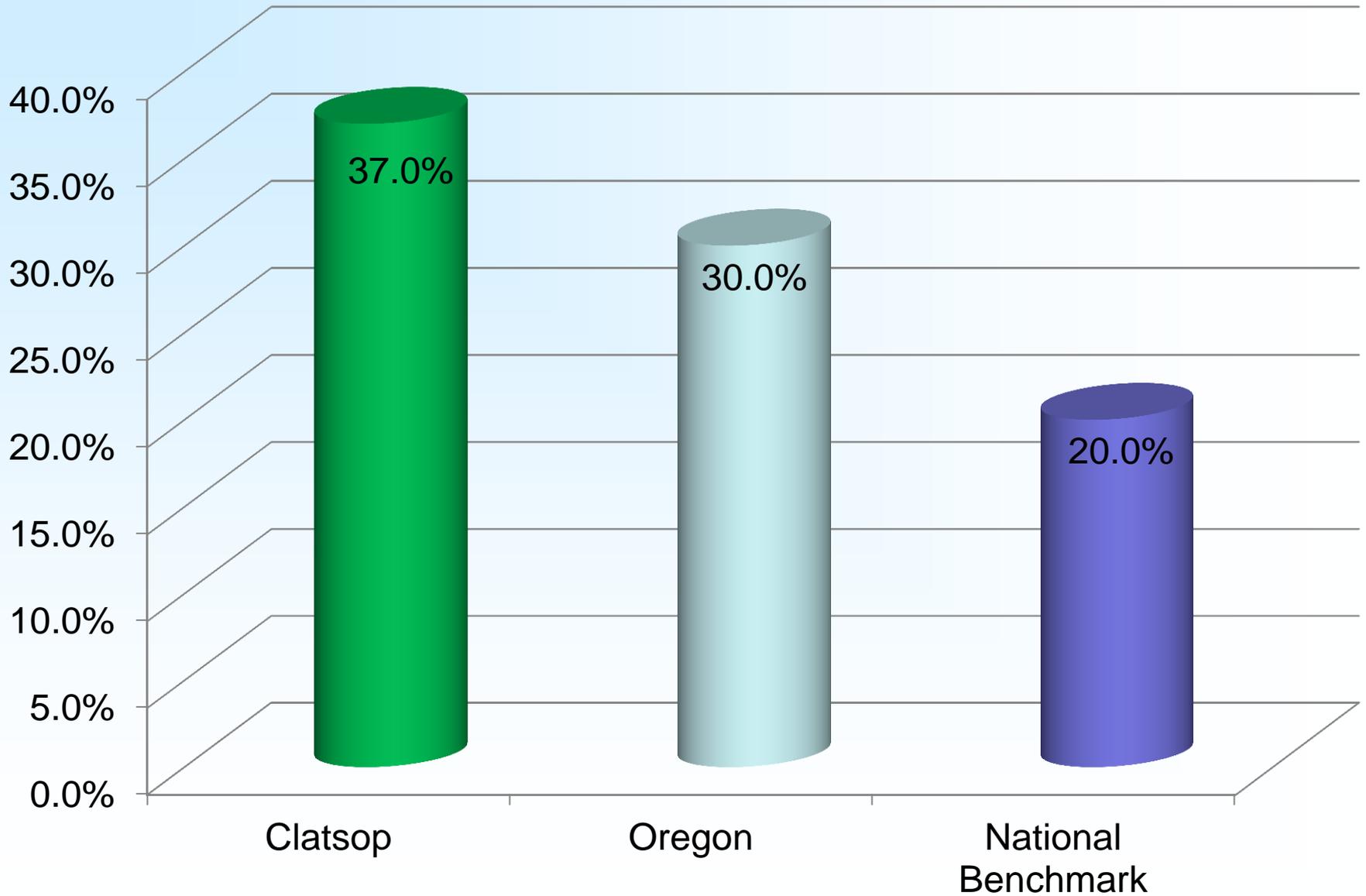
Children In Poverty



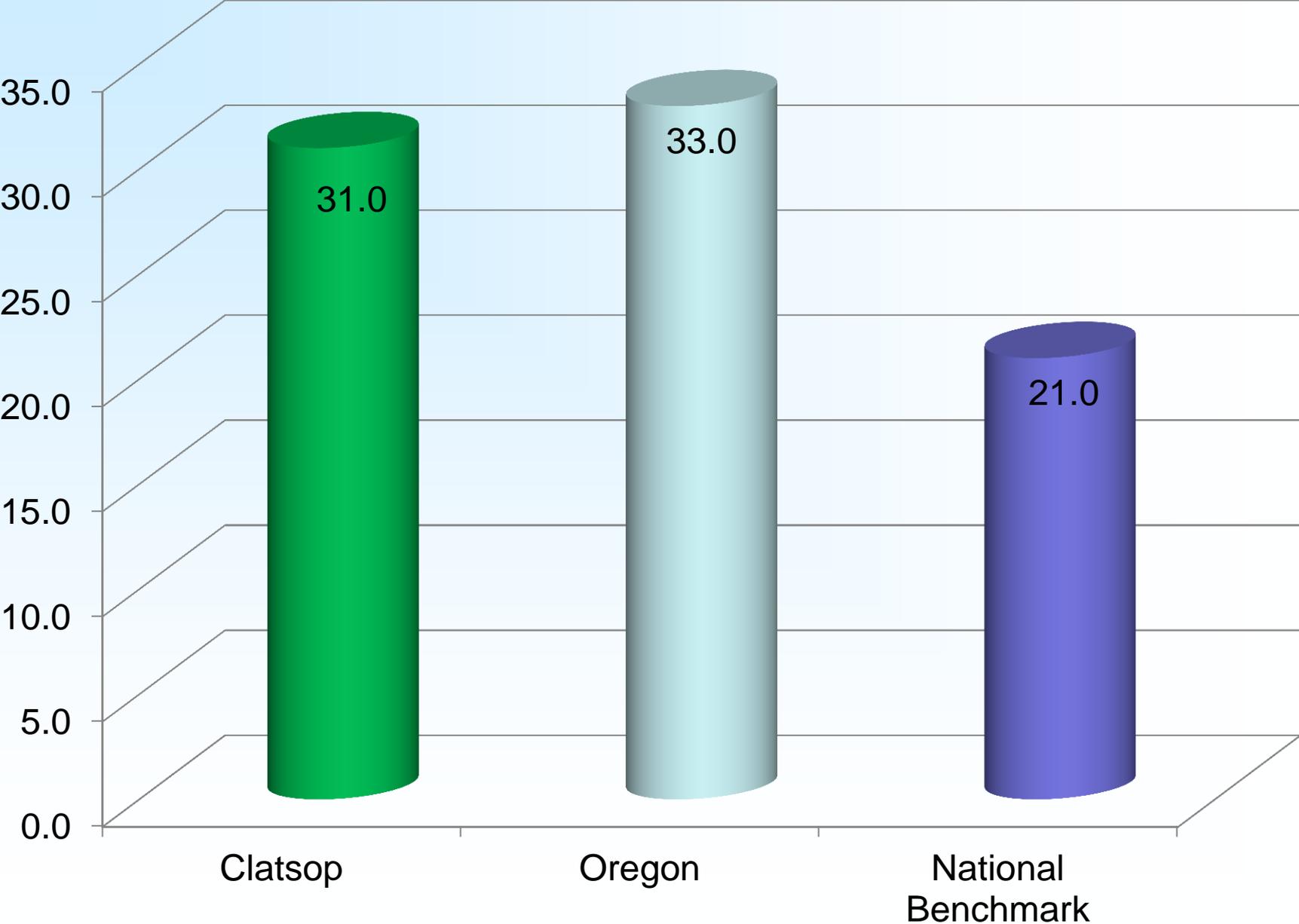
Inadequate Social Support



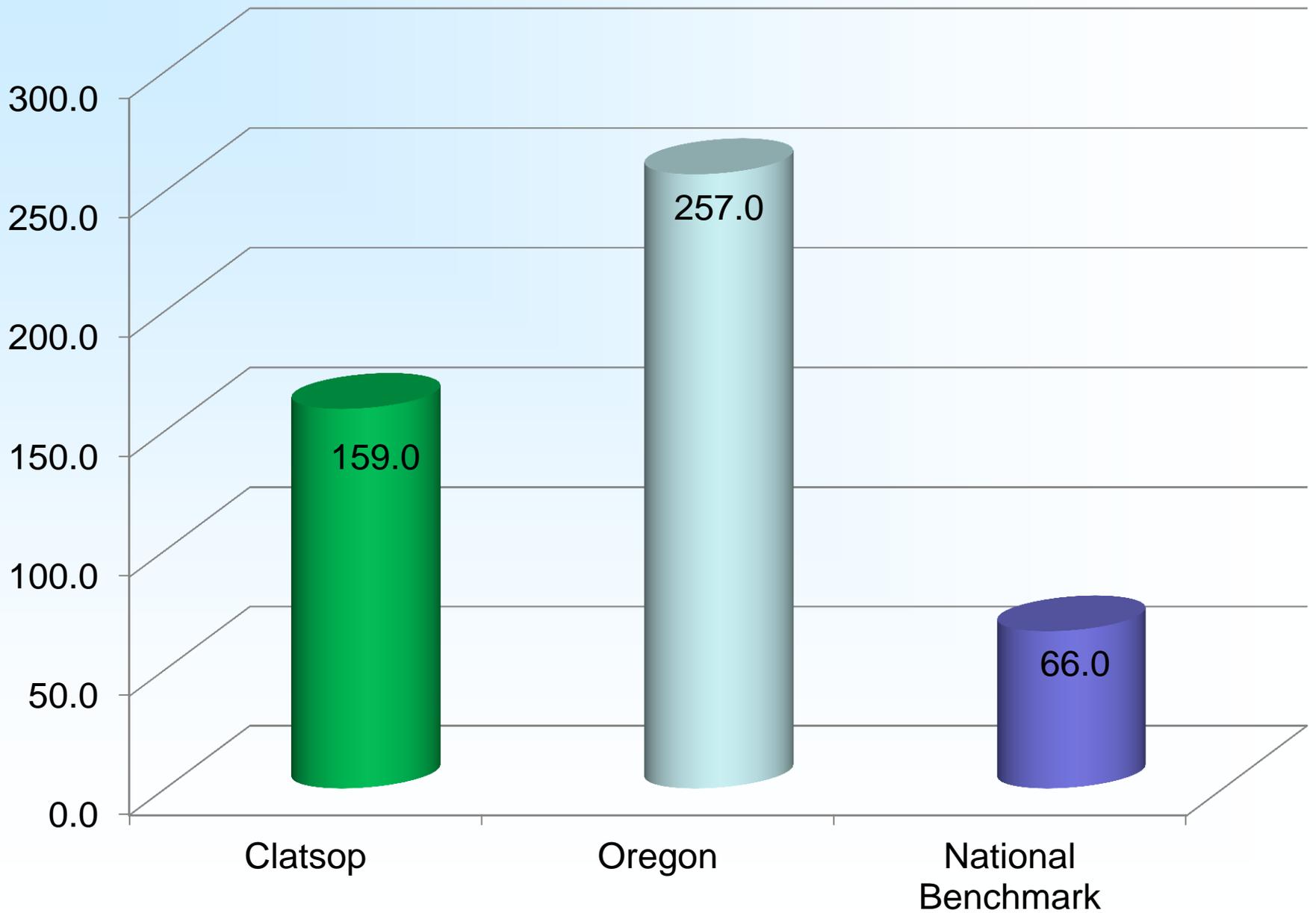
Children in Single-parent households



Teen Birth Rate



Violent Crime Rate



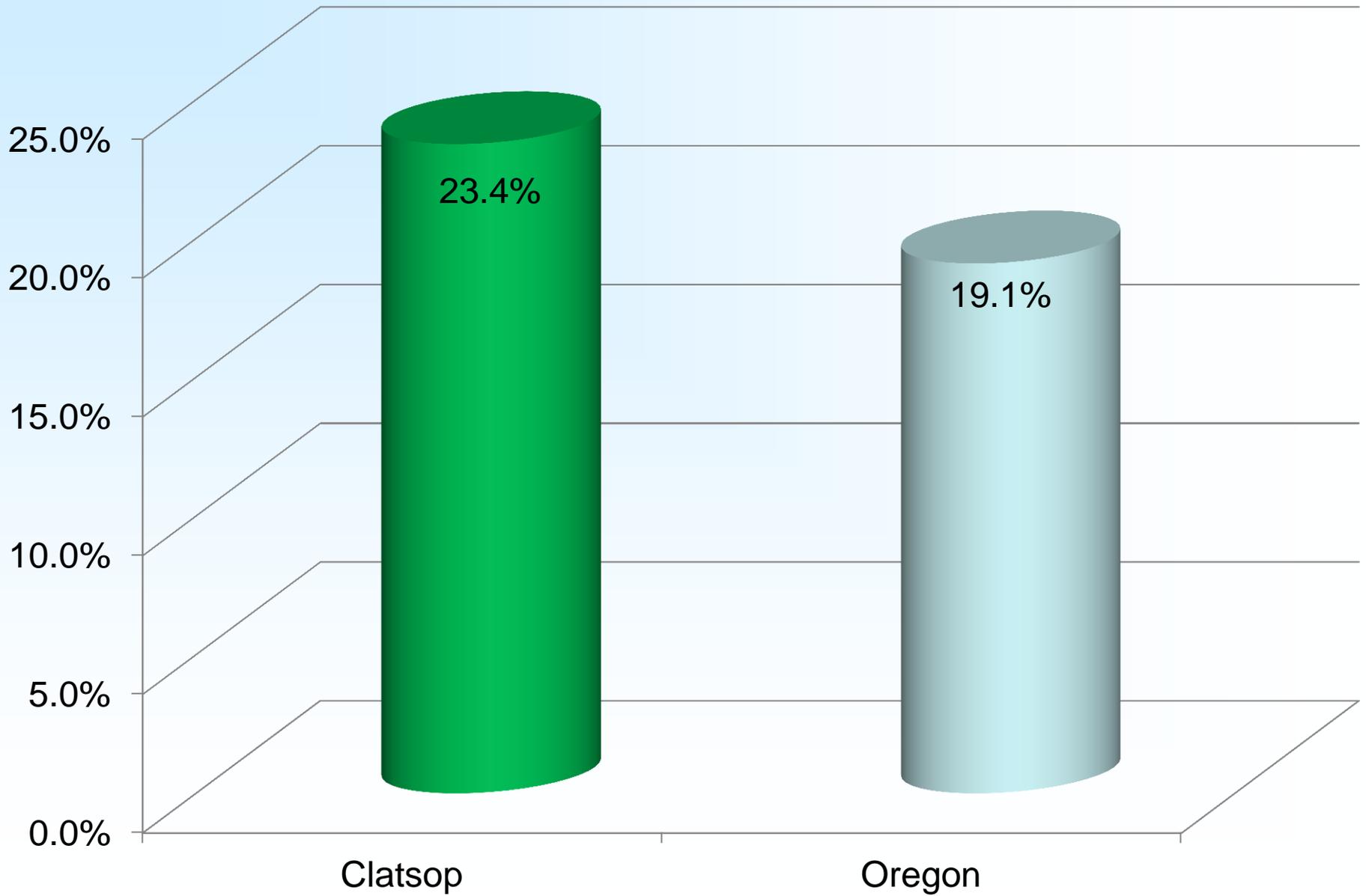
A Look At Who We Are...

Average Age?

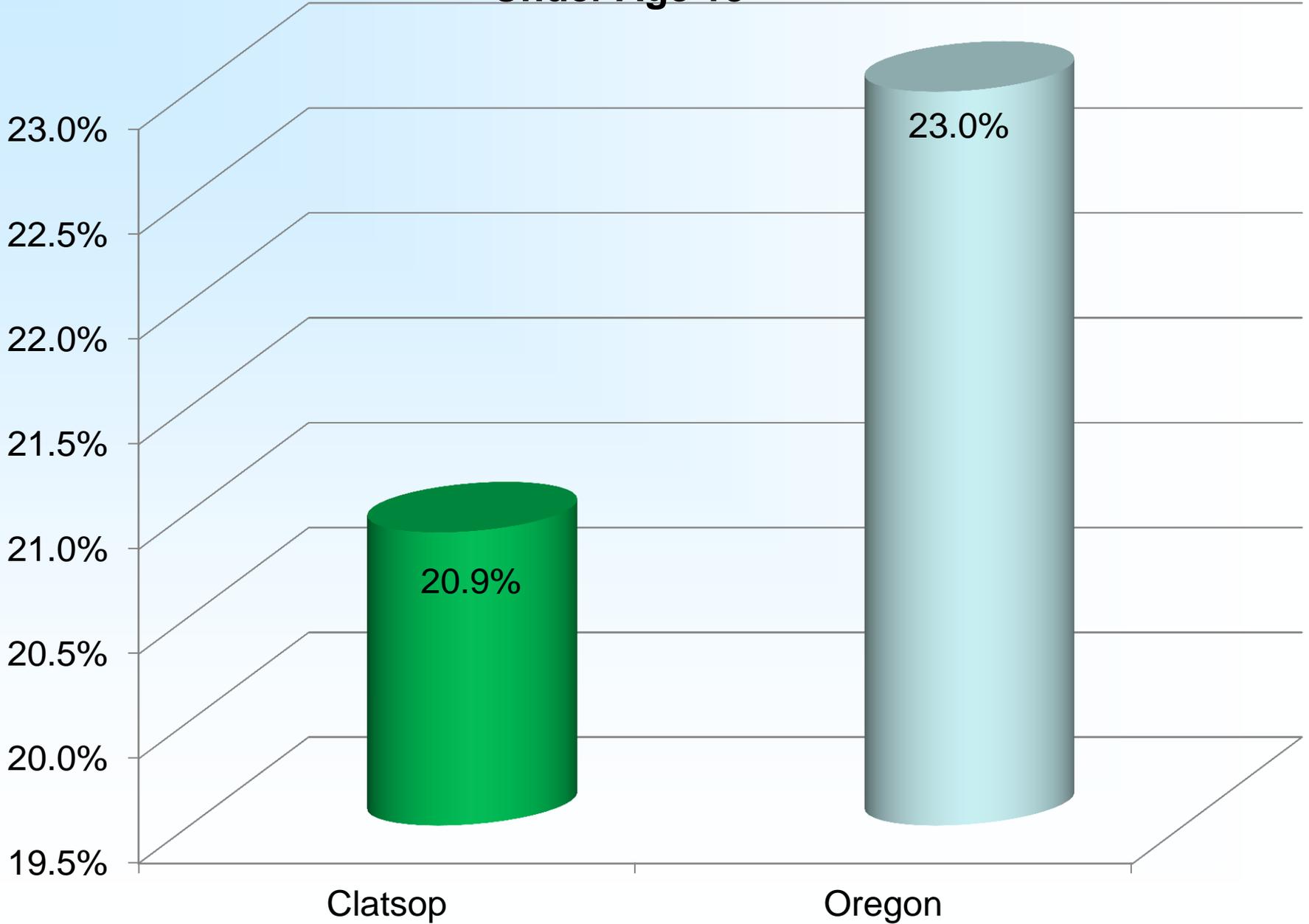
Oregon = 38.1

Clatsop County = 42.7

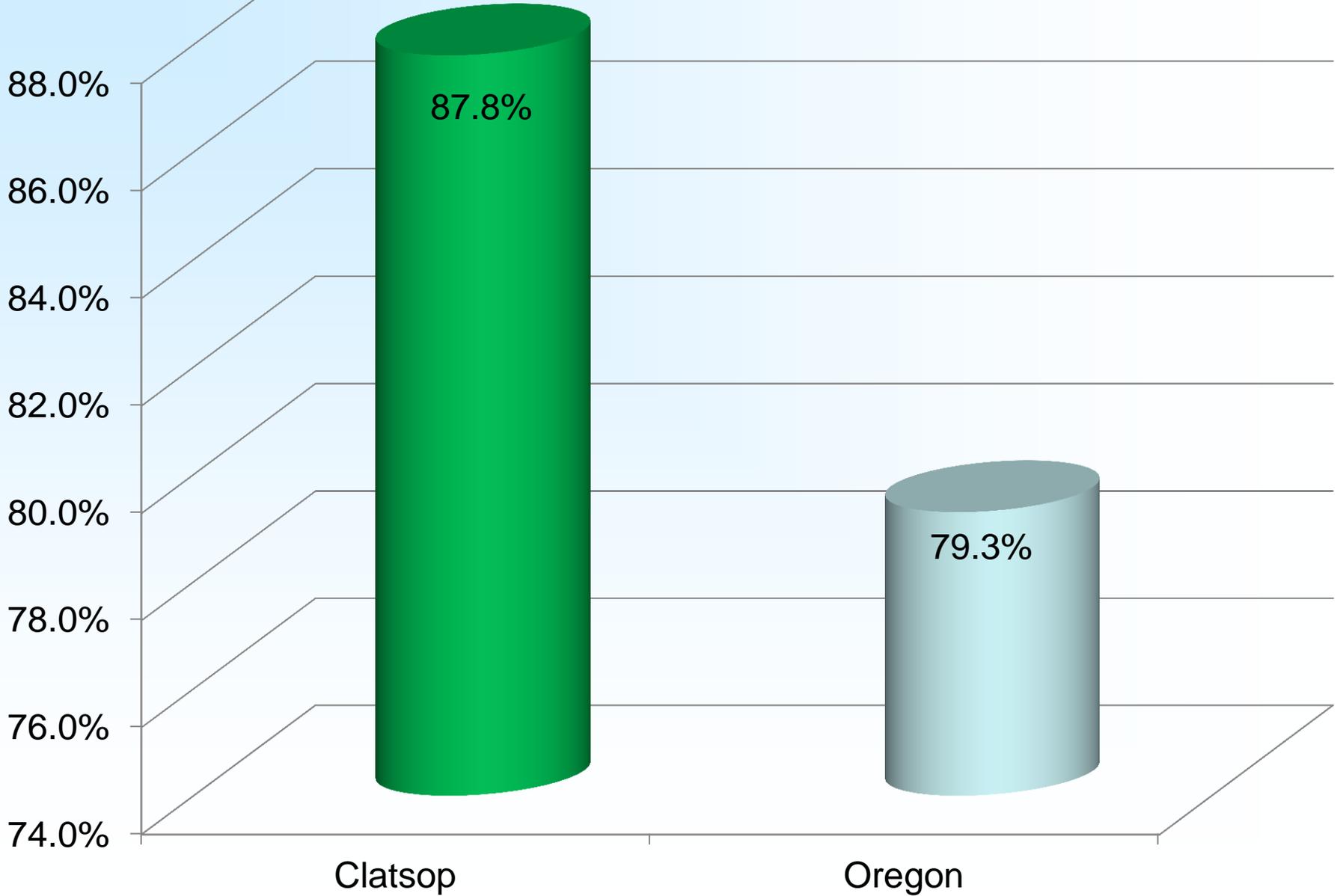
Age 60 +



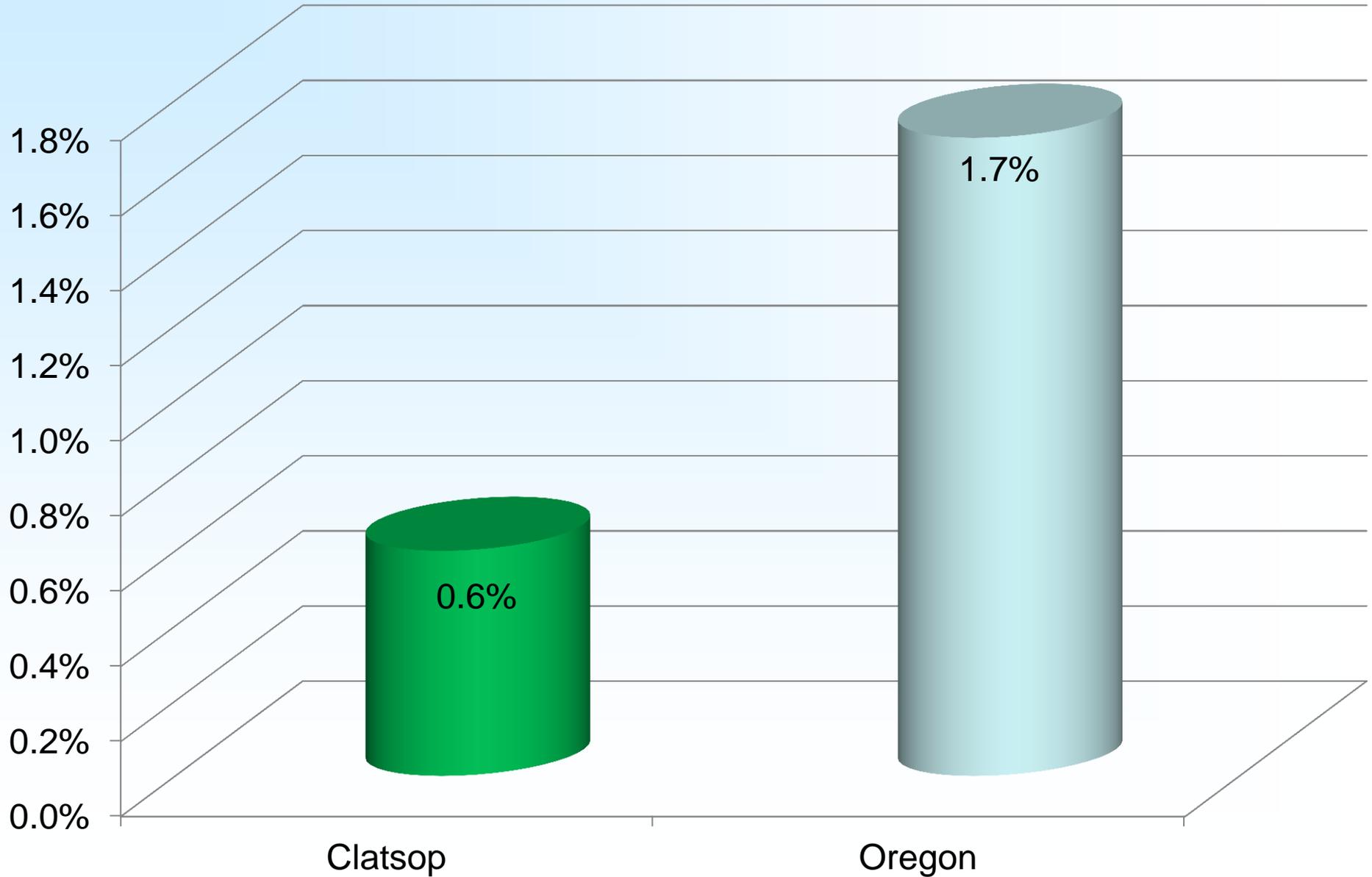
Under Age 18



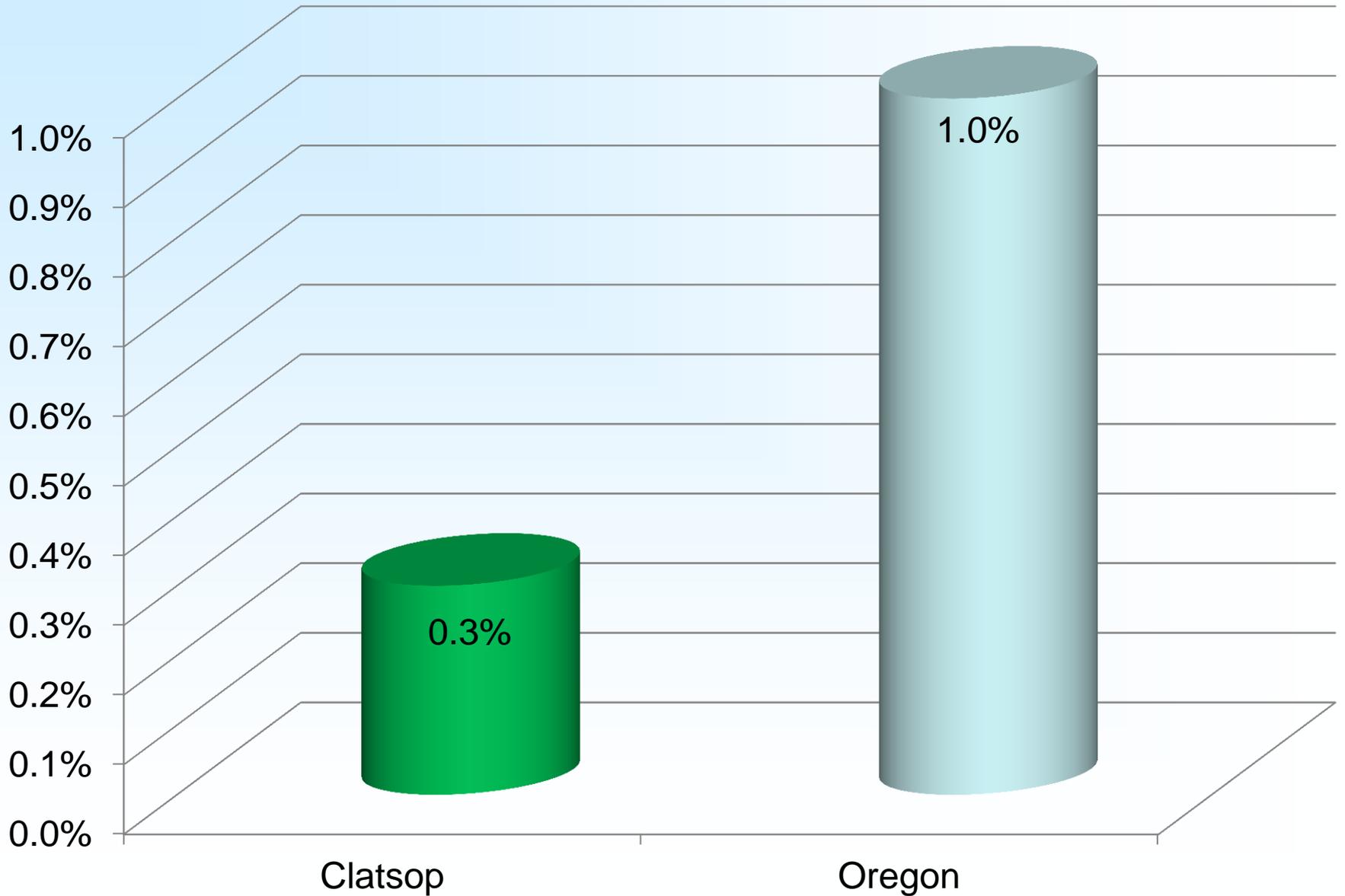
Percent White / Caucasian



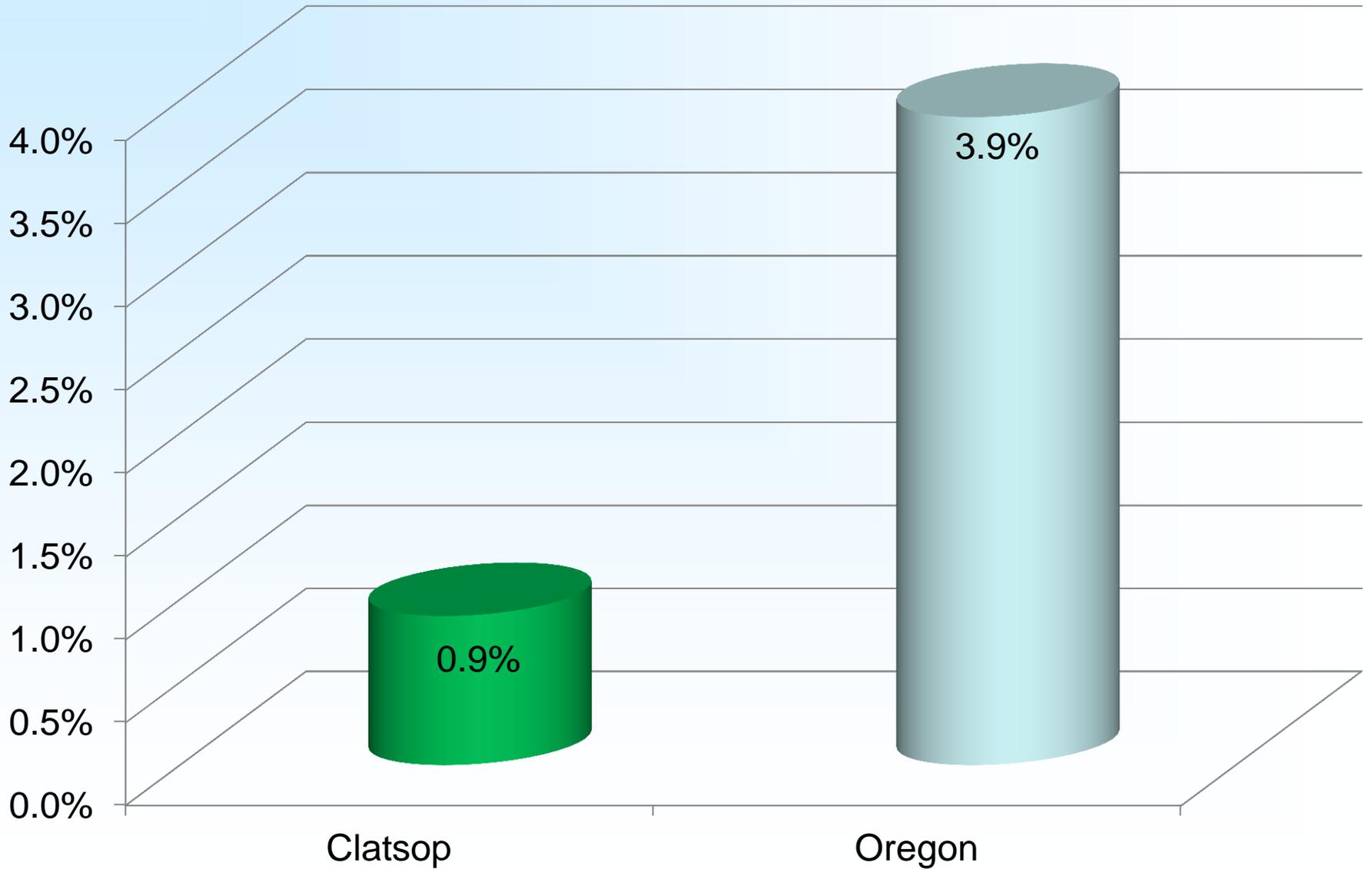
Percent African American



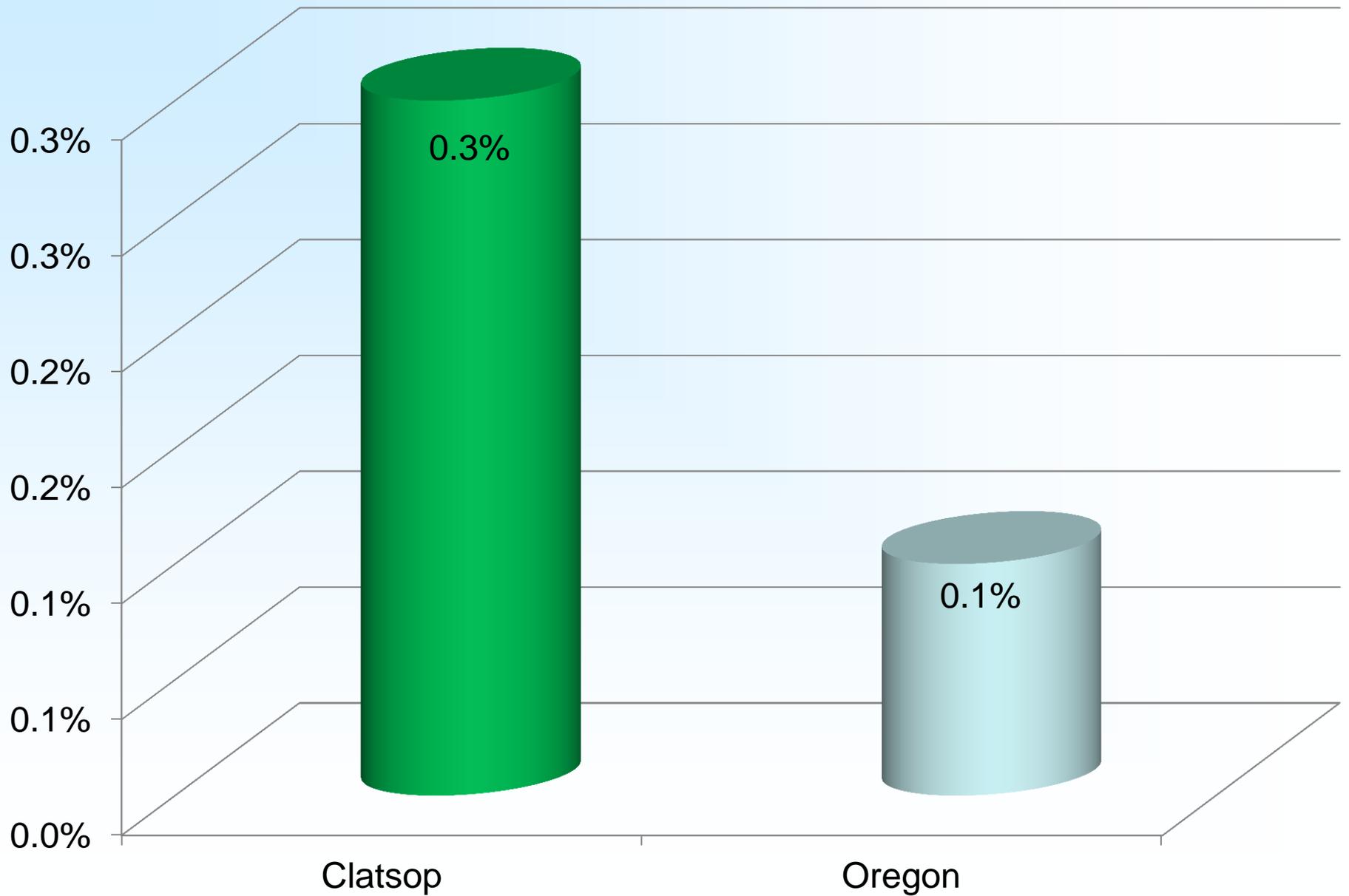
Percent Indian or Alaskan Native



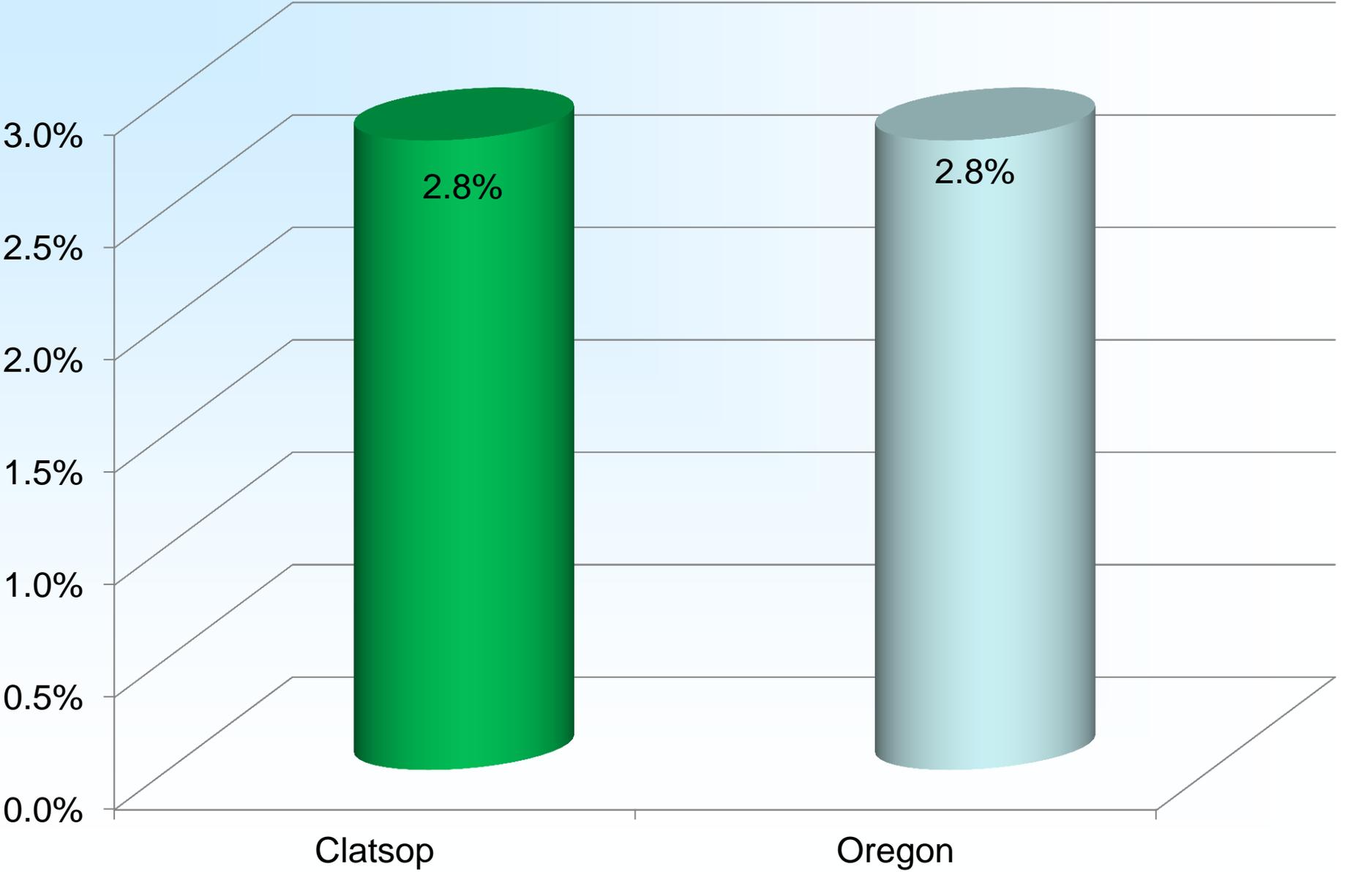
Percent Asian or Pacific Islander



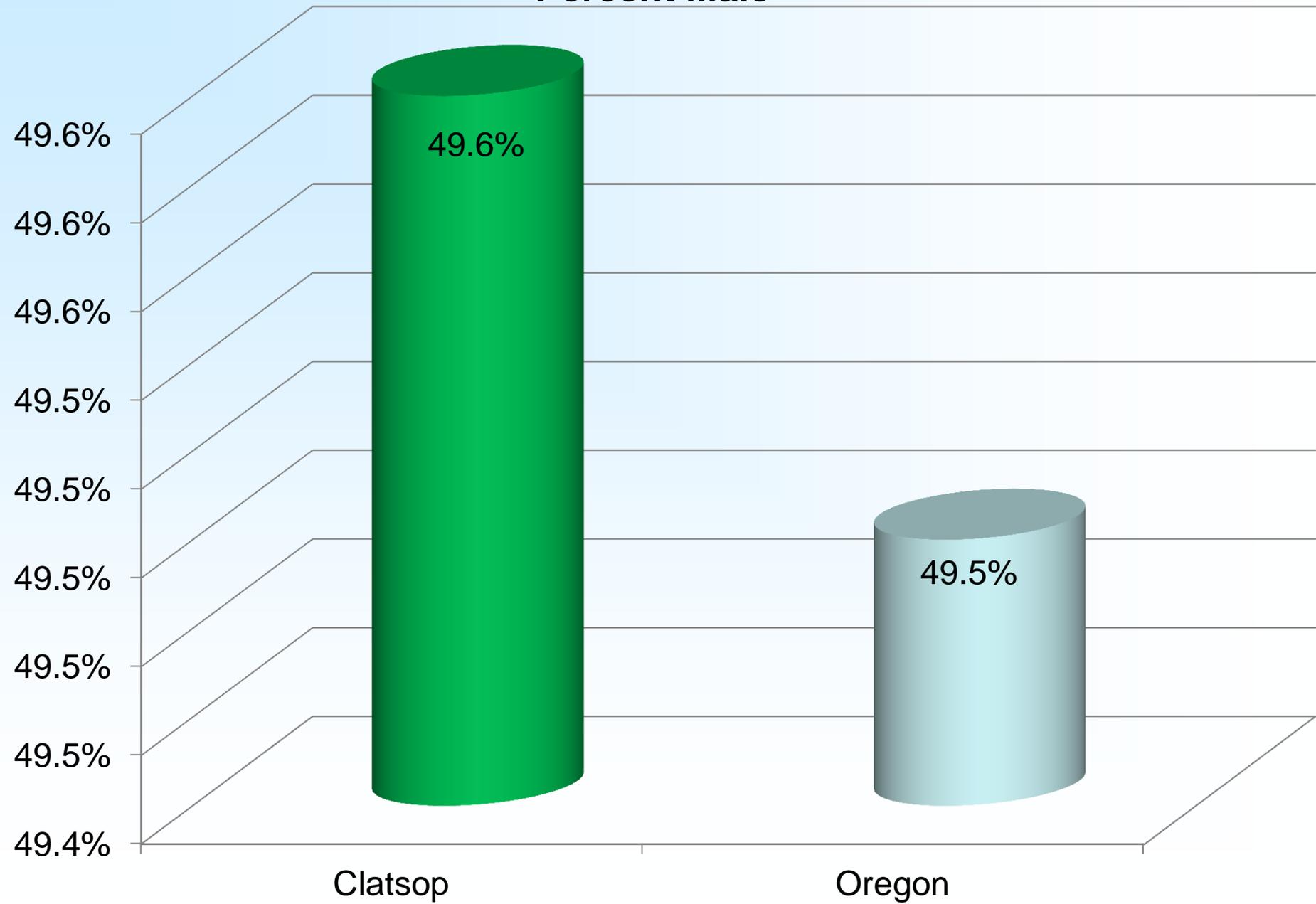
Percent Other Race



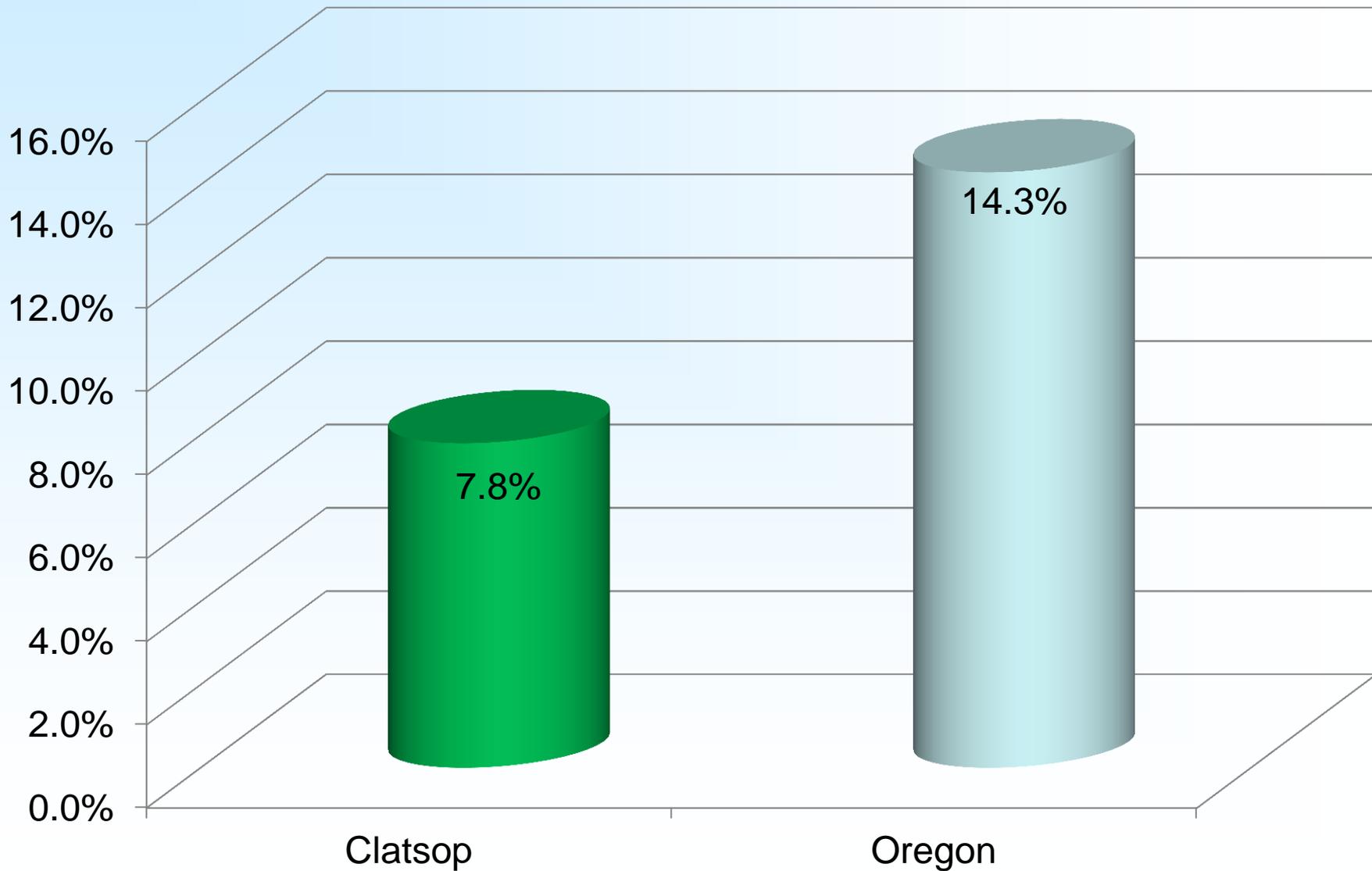
Percent Two or More Races



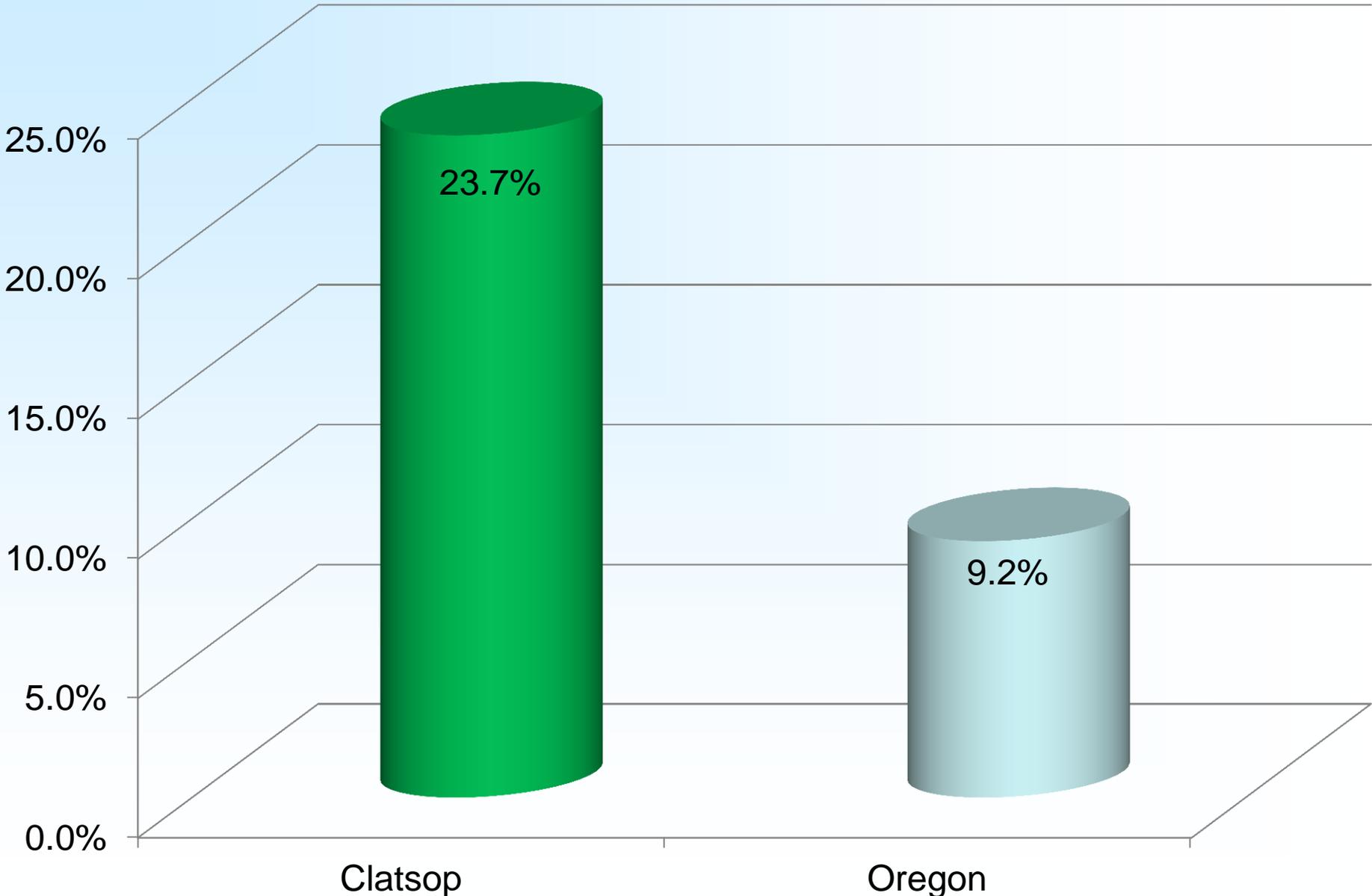
Percent Male



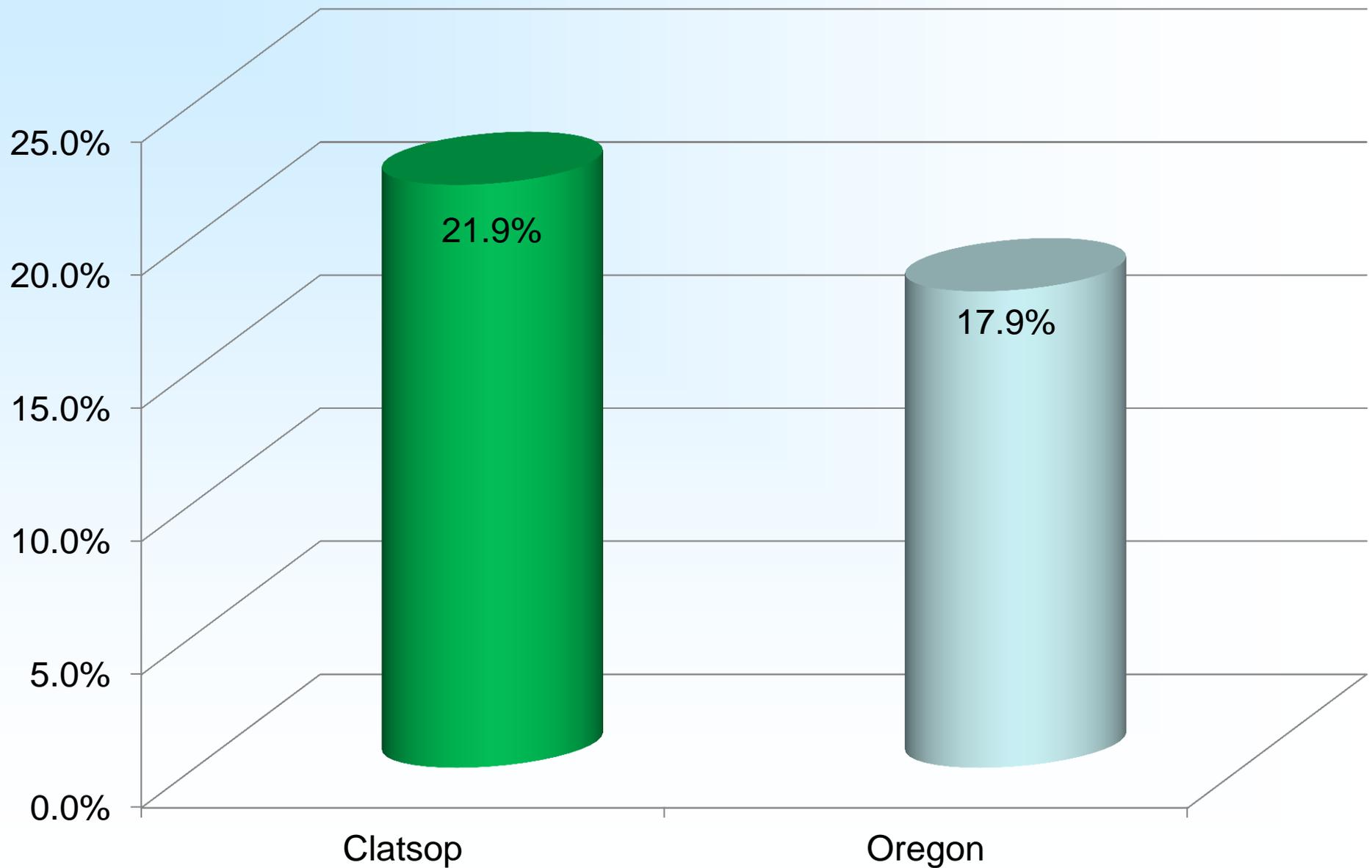
Percent Who Speak Language Other than English At Home



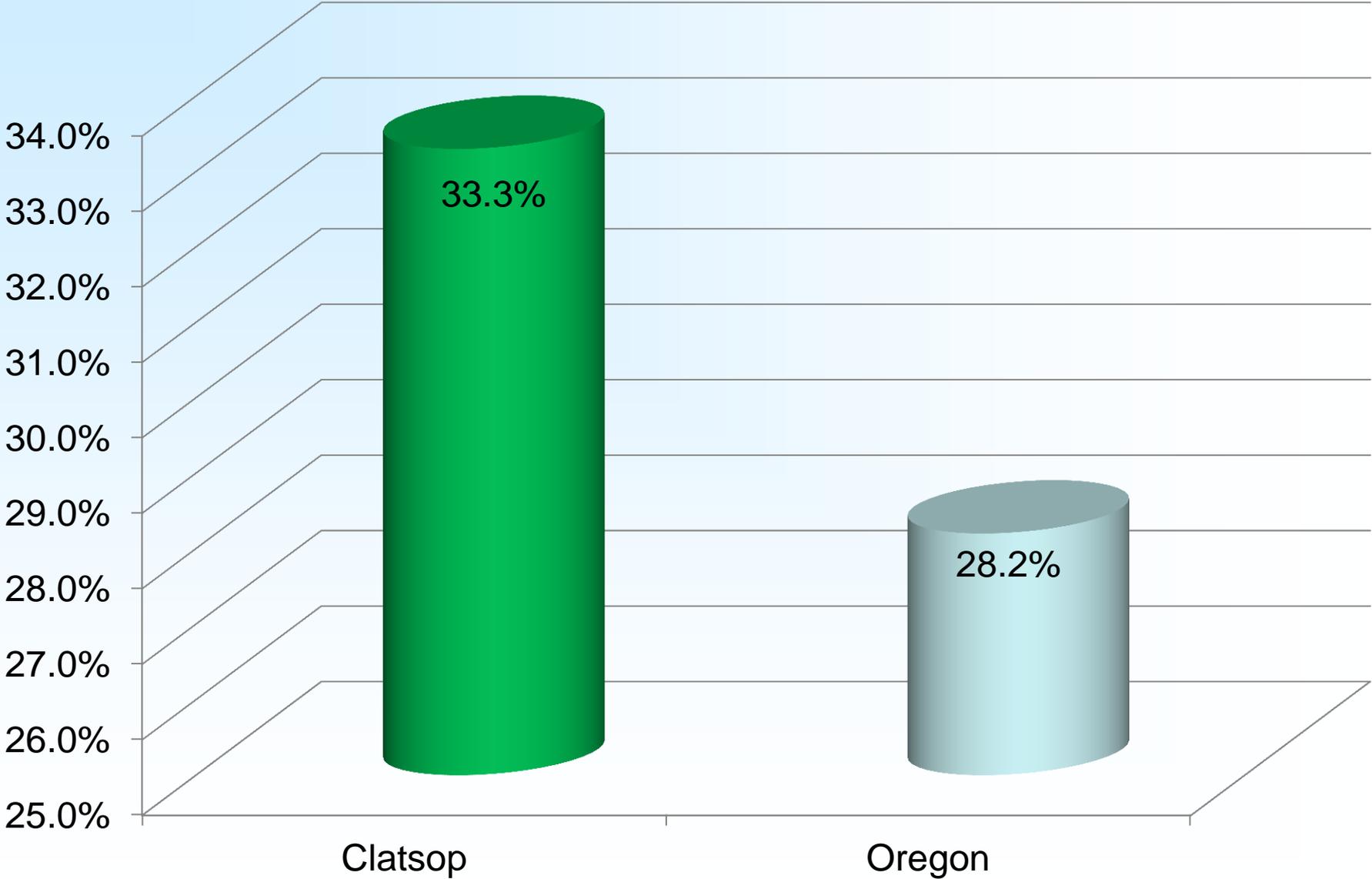
Housing Vacancy Rate



Percent Households With Retirement Income



Percent Households with Social Security Income



Community Survey Preliminary Data:

- 189 Community Surveys

True

False

1. In the past year, have you or anyone living in your home used health services at any of the following locations? Please select all that apply:

	Percent	Number
Hospital	54%	102
Urgent care	44.4%	84
Doctor's office or other outpatient medical clinic	70.9%	134
Veterans health Administration hospital or clinic	5.3%	10
Addictions treatment center	1.1%	2
Dental services	61.4%	116
Public health department	20.1%	38
Mental health / behavioral health or other counseling	19.6%	37
911	9.5%	18

2. What conditions exist now in your community to help create or foster good health? Please select all that apply:

We have good doctors (They care about patients, provide good health care, etc.)	68.8%	130
We have local access to specialty services (A focus on specific area of care like a heart doctor)	37%	70
There are good prevention services that help reduce health problems (Services that help people quit smoking or to eat healthy)	39.7%	75
Citizens make use of recreational activities (Helps with exercising and stress reduction, etc.)	47.6%	90

3. What do you think are the three (3) most important ways to create a healthier community? **Please select only 3**

A clean environment	37.6%	71	Mental health treatment	21.2%	40
Access to healthy foods	37%	70	Food banks/hunger programs	17.5%	33
Affordable housing	32.8%	62	Low crime/safe neighborhoods	14.8%	28
Cultural acceptance	7.9%	15	Sports and recreation activities	18%	34
Education / Schools	31.2%	59	Tobacco prevention / treatment services	7.9%	15
Drug/alcohol prevention and treatment	21.2%	42	Job opportunities and a healthy economy	45%	85
Health prevention and wellness education	22.2%	42	Better access to health care services	23.8%	45

4. What do you think are the three (3) most critical health problems in your community? (those problems which have the greatest impact on overall community health)

Cancer	21.7%	41	Lack of mental health treatment facilities	3.7%	7
Respiratory/lung disease	4.2%	8	High crime rates	4.2%	8
HIV/AIDS	2.6%	5	High cost of mental health services	3.7%	7
Diabetes	18%	34	Not enough doctors and clinics	9%	17
Heart disease / stroke	6.9%	13	High cost of health care / lack of health insurance	6.3%	12
High blood pressure	9%	17	Too few recreational and exercise facilities	2.6%	5
Tobacco use	15.9%	30	Poor eating habits	14.8%	28
Obesity	29.1%	55	Lack of access to healthy foods	5.8%	11
Mental Illness	15.3%	29	Domestic violence	3.7%	7
Alcohol/drug addiction	36%	68	Lack of transportation to medical facilities	4.2%	8
Dental problems	9.5%	18	Too little affordable housing	6.9%	13
Sexually transmitted diseases	3.7%	7	Child abuse	6.3%	12
Suicide	3.2%	6	Too few educational opportunities after high school (college, trade schools, et.)	6.3%	12

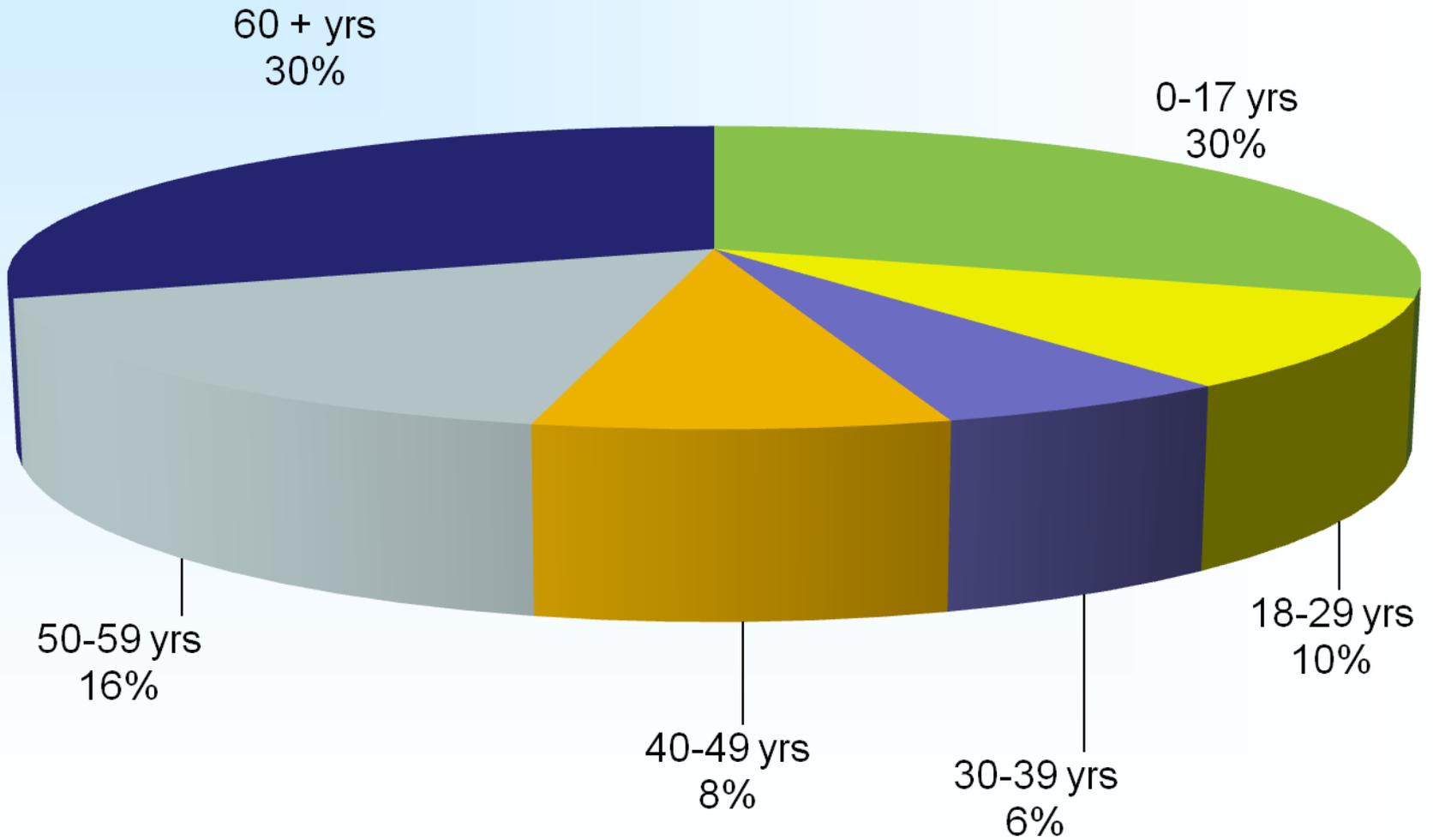
5. If you could pick just three (3) things to improve your community's access to health care, what would they be? Please pick only 3 boxes:

More health education services	30.7%	58
More doctors	31.7%	60
More illness prevention services	5.3%	10
More alcohol and drug treatment	36%	68
More dentists	13.2%	25
Doctor appointments after 5 pm or on weekends	27%	51
More culturally sensitive care	4.2%	8
Transportation assistance	13.8%	26
More mental health services	26.5%	50
Alternative health care	18.5%	35
Expand the OHP (Medicaid)	37.6%	71
More tobacco cessation programs	8.5%	16

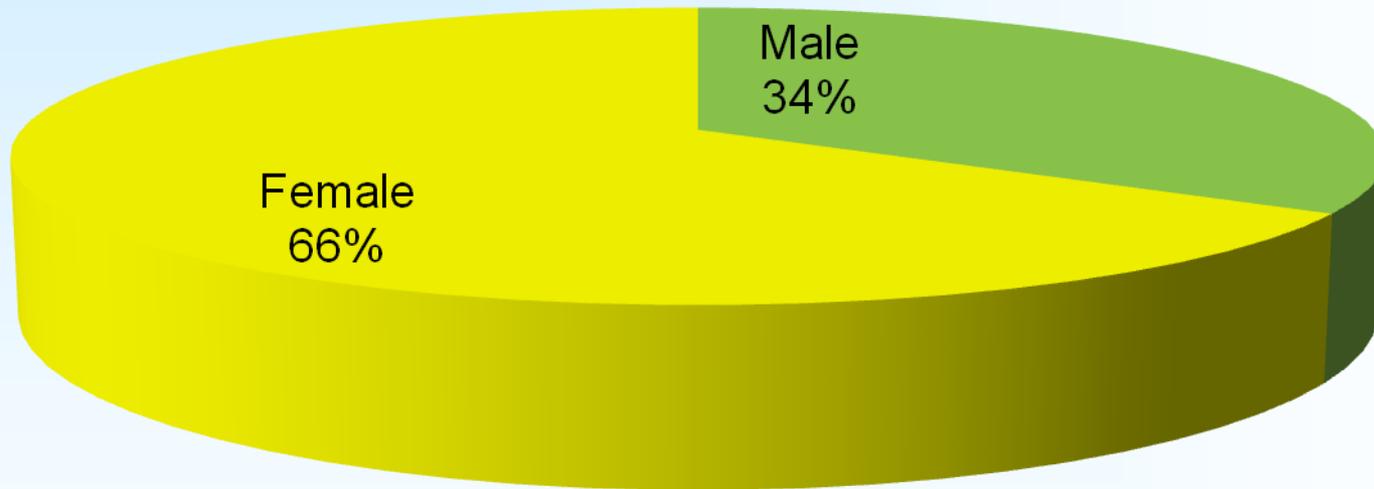
6. Think about the most recent time when you or a family member living in your home went without needed health care. What were the reasons why? Please check all that apply

It costs too much	46.6%	88	Don't know where to go to get care	3.2%	6
Don't have insurance	30.2%	57	Afraid of what they might find wrong with me	7.4%	14
Childcare issues	2.6%	5	Do not have a regular doctor	14.3%	27
Transportation problems	9.5%	18	Couldn't get appointment quickly enough	11.6%	22
Don't like doctors	10.1%	19	On the Oregon Health Plan, but do not have a doctor	1.6%	3
Waited for the health problem to go away	28%	53	Doctor's office not open when needed	15.3%	29

7. Age



8. Gender



Income			Race / Ethnicity:		
Less than \$5,000	15.9%	30	American Indian or Alaska Native	5.3%	10
\$5,000 - \$15,000	19.6%	37	Asian	1.1%	2
\$16,000 - \$25,000	13.8%	26	Black or African American	1.6%	3
\$26,000 - \$40,000	16.9%	32	Latino / Hispanic	6.3%	3
\$41,000 - \$70,000	13.8%	26	Native Hawaiian or Other Pacific Islander	1.1%	2
\$71,000 - \$100,000	8.5%	16	White	79.9%	151
More than \$100,000	6.9%	13	Other:	4.2%	8

National / State Studies:

Higher death rates related to:

- Heart disease
- Stroke
- Unintentional injuries

Higher death rate from drug induced causes

Slightly higher death rates related to alcohol induced diseases

Higher rates of:

- DUII rates
- Heavy drinking – female
- Youth who use marijuana

Limited access to health foods

Higher rates of preventable hospital stays

Higher percentage of reporting of depression/anxiety and high blood pressure (CP CCO Medicaid data)

Summary of Findings

Community Responses (Not in specific Order)

Conditions create a healthy community:

- Jobs
- Clean environment / Access to healthy foods
- Affordable housing / Education – Schools

Health problems in community:

- Alcohol / drug addiction
- Obesity
- Cancer

3 things to improve community health:

- Health education
- Expand OHP
- More doctors

- “Community Health Needs Survey, - Clatsop County” 2013. Clatsop Pacific Coordinated Care Organization : Community Advisory Council. Oregon.
- “County Health Calculator,” 2013. Robert Wood Johnson Foundation and the Virginia Commonwealth University Center on Human Needs.
- “County Health Rankings and Roadmaps – a Healthier Nation County by County,” 2013. Robert Wood Johnson Foundation and University of Wisconsin – Population Health Institute.
- “Data Elements for CCOs Reports,” 2013. Oregon Health and Science University. Office of Rural Health.
- “Clatsop County’s Epidemiological Data on Alcohol, Drugs and Mental Health. 2000 to 2012. Oregon Health Authority. Office of Health Analytics and Addictions and Mental health Division.
- “Clatsop Pacific CCO Service Area. Health & Care Profile for Newly Eligible Oregonians Under the ACA”
- “Prevention Chronic Diseases and Reducing Health Risk Factors,” 2013. Centers for Disease Control and Prevention. CDC 24/7 : Saving Lives. Protecting People.
- “Quick Facts,” January 2013. Oregon Department of Human Services; Children, Adults and Families Division. Office of Business Intelligence and the Office of Forecasting, Research and Analysis.