



health
share

The Power of Together

2015-2016 HEALTH SHARE OF OREGON ANNUAL REPORT

In Oregon, we know that health doesn't just happen in the doctor's office—it starts in the community.

Our health is affected by access to quality, coordinated health care, but also by where we live, and by the stressors, support networks, and community services in our lives. These factors are a critical part of the work you all do to improve the health of Oregonians.

As an integrated collaborative of health care and community services, Health Share functions more effectively together to serve Oregon Health Plan members than each component can on its own. In other words, by working together we become greater than the sum of our parts. Only together do we have the potential to achieve our vision at Health Share, a healthy community for all.

Health Share has continually evolved since 2012. Over the past year we launched Health Share 2.0 to enhance access to care and promote early life health. We also introduced Health Share Bridge, an analytics program that builds healthier communities through shared data and Health Share Pathways, an integrated behavioral health system of care that integrates mental health and substance use disorder services for our members who need recovery support.

And finally, I'm proud that Health Share met 14 of Oregon's 17 quality incentive measures, including reduced ER visits, increased prenatal care, adolescent well visits and enrollment in patient-centered primary care homes. Meeting these measures qualifies Health Share for the full incentive funding (\$42 million) to reinvest in our community and members.

The important work Health Share and our partners have done—and continue to do—together allows us to help our members, our community and our state achieve better health. Read on to learn more about how we're making it happen.



Janet L. Meyer
Chief Executive Officer | Health Share of Oregon



Together We Create a Healthy Community for All

WE WORK WITH
OUR COMMUNITY
TO CONNECT
OUR MEMBERS
TO THE SERVICES
THEY NEED TO
BE HEALTHY.

AT HEALTH SHARE, WE BELIEVE:

- member voice and experience are at the center of what we do
- health equity is achievable and requires deliberate action on our part
- in honoring our commitments
- using continuous improvement is vital to our efforts
- in operating transparently and using data to guide our work
- in working in partnership to maximize our resources

PUTTING WHOLE HEALTH FIRST

Here's where we'll be focusing our efforts over the next two years. Together, these key priorities will allow us to focus on upstream prevention, increase transparency in health care, and improve health outcomes for the community.

CAPACITY AND ACCESS



HEALTH SHARE BRIDGE



EARLY LIFE HEALTH



HEALTH SHARE PATHWAYS



Together We Provide the Best Possible Care

CAPACITY AND ACCESS

Improving access to care

Every member should have access to the care they need, when and where they need it. By using existing capacity in new ways and increasing capacity through community-level system enhancements, we're creating infrastructure that can be sustained for years to come.

Health Share is working with Community Health Worker and Peer services to:

- Reduce disparities by increasing member engagement with the health care system.
- Demonstrate the impact of culturally specific Community Health Workers and Peer services.
- Determine financial sustainability of the Community Health Workers and Peer workforce model.

We're also leveraging regional care systems to:

- Identify and implement technology to increase access to specialty services.
- Pilot and evaluate Community Paramedic Programs to reduce unnecessary emergency room visits and hospital readmissions.
- Reduce use of 911 and emergency systems through the TC911 program.

HEALTH SHARE BRIDGE

Connecting information for better health

Health Share's analytics program has been a trusted source for cross-system health information when it comes to our member population. Through system investments, our new platform, now called Health Share Bridge, will enhance access to information and allow for partners to gain insight into how health care and community support systems are working together in our region, allowing for decisions based on clear data and best practices.

This user-friendly program provides valuable information about: member demographics, per member per month spending, incentive metrics performance, patient risk stratification, and an overall summary of Health Share's activity in those four areas. All of this information spans across Health Share's plan partners and multiple systems.

Health Share Bridge and its secure, shared analytics environment will allow partners to interact with regional data in a way that makes sense for them, their health systems, and their patients—ultimately resulting in better care, smarter spending and healthier people.

HEALTH SHARE PATHWAYS

Supporting care for recovery and wellbeing

Our mental and physical health plan partners agreed that change was needed to improve how mental health and substance use disorder services are delivered. The result was the creation of a single, regional system for behavioral health care called Health Share Pathways. By bringing together services for mental health and substance use and breaking down geographical limitations among Clackamas, Multnomah and Washington counties, our members can access seamless coverage and care wherever they live. In addition, providers will have a single contract and claims administrator for all behavioral health services.

To implement the vision of Pathways, three county-based mental health plans joined forces for the good of Health Share's members. They worked tirelessly to create a standard platform for management of these important services, including regional payment rates, uniform provider contracts, standard prior authorization criteria, a risk sharing agreement and more. We're proud to partner with these organizations to jointly govern Health Share Pathways.

EARLY LIFE HEALTH

Promoting better health through prevention

Every child should be physically and emotionally ready for kindergarten. To ensure the next generation of Oregonians is healthy and productive, Health Share is focusing on these areas:

REDUCE UNINTENDED PREGNANCIES:

- Improve the screening rate of pregnancy intentions among women in primary care, including specific attention to race, culture and language.
- Increase effective contraceptive use with attention to underserved populations and communities who historically have had poor access.

INTEGRATE MATERNITY CARE SERVICES:

- Expand screening of pregnant women to include behavioral and oral health and family resource needs, such as housing.
- Pilot and evaluate new models that integrate behavioral and substance use treatment into maternity care.
- Test funding mechanisms to support integrated care.

PREPARE KIDS FOR KINDERGARTEN:

- Identify populations with low rates of developmental screenings and implement initiatives to improve screening rates with attention to cultural needs.
- Improve primary care capacity to address developmental delays and disabilities in children ages 0-6.
- Ensure children receive all preventive health care services needed for kindergarten readiness, such as immunizations and dental screenings.

THE NEXT GENERATION

As of April 15, 2016, the Health Share community has 5,114 members who are under 1 year old. 14 newborns per day come into our system. That's a future class of 20 kindergarteners born every 1.4 days and 255 kindergarten classes a year!

COLLABORATIVE CARE PROGRAMS

Strategic initiative highlights

Health Share is always looking for ways to improve the lives of our members. As part of our strategic focus, we have launched several programs designed to support member populations with special health needs and unique barriers to care. Collaboration with our partners is what makes these programs possible.



PROJECT NURTURE

When women with mental health or substance use issues become pregnant, they often forgo prenatal care out of fear, lack of information, or mistrust of health providers. Health Share hopes to overcome these barriers through Project Nurture, a program that provides respectful, nonjudgmental care to pregnant women struggling with addiction.

Project Nurture integrates maternity care with substance use treatment, including peer support, group visits, and individual care. The support for these mothers and their infants continues for a year postpartum, providing case management and advocacy services. In addition, the program works closely with DHS Child Welfare, helping to build trust with providers and allowing Health Share and our partners to advocate for women and their families whenever possible.

Project Nurture is a transformation project built on the partnership of Legacy Health, Lifeworks Northwest, Providence Health & Services, CODA Inc., Oregon Health and Science University, Oregon DHS Child Welfare, and Health Share of Oregon.



PROJECT ECHO

Initially created at the University of New Mexico to support distant rural health clinics with little access to specialty expertise, Project ECHO expands the capacity to safely and effectively treat chronic and complex diseases. Live video communication links specialists with clinic-based primary care providers for mentoring, training, and consultation about the diseases frequently found in primary care.

ECHO's tele-mentoring allows primary care providers to increase their knowledge and skills in areas that challenge them, reducing barriers to care and promoting evidence-based standards of care for better outcomes. Health Share has partnered with OHSU and Albertina Kerr to implement the first Project ECHO Clinics in Oregon. The OHSU ECHO Clinic focuses on psychiatric medication management, and Albertina Kerr's ECHO Clinic focuses on children's developmental health services.



FOSTER CARE ADVANCED PRIMARY CARE COLLABORATIVE

Children in foster care represent a uniquely disadvantaged and vulnerable group. In recognition of the special challenges that foster children face and their health care needs that have gone unaddressed, Health Share has identified foster children as a prioritized population. Health Share is working with internal and external partners to enhance and coordinate the system of care for these children and promote the best possible health and life outcomes.

Health Share launched the Foster Care Advanced Primary Care Collaborative with seven area clinics and clinic systems, including Providence Medical Group, Hillsboro Pediatrics, Kaiser Permanente, Calcagno Pediatrics, Multnomah County Health Department, Randall Children's Clinic and OHSU. The group participates in a year-long learning collaborative to explore and implement Foster Care Medical Home Models and interventions to better support the health needs of foster children.

Together We Improve Outcomes



Our members expect the best from us. And, according to the Oregon Health Authority, that's exactly what they're getting.

QUALITY INCENTIVE MEASURES

The Oregon Health Authority uses a set of quality measures to determine how successful coordinated care organizations (CCOs) are at improving care, making quality care accessible, eliminating health disparities and curbing the rising cost of health care for the populations they serve. In 2015, Health Share of Oregon exceeded requirements to qualify for the full incentive funding (\$42 million).

Each CCO is evaluated in 17 areas. To earn our full incentive payment, we had to meet benchmarks or improvement targets on at least 13 of the 17 incentive measures. Here's how we did:

ACHIEVED THE BENCHMARK

- Follow-up after hospitalization for mental illness
- Screening for clinical depression
- Developmental screening
- Controlling high blood pressure
- Diabetes: poor control
- Patient Centered Primary Care Home enrollment
- Dental sealants
- Electronic Health Record adoption
- Colorectal cancer screening

MET THE IMPROVEMENT TARGET

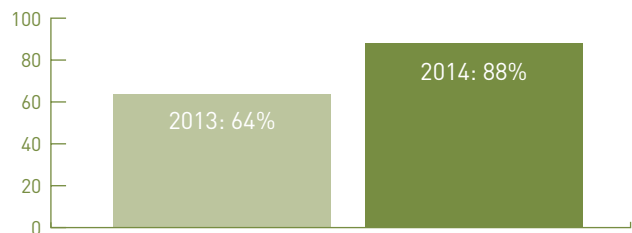
- Adolescent well-child visits
- Alcohol and drug misuse screening (SBIRT), all ages
- Emergency Department utilization
- Assessments for children in foster care
- Timely prenatal care

WE TAKE A TEAM APPROACH TO SERVICE

Since we created a team of in-house customer service professionals in 2014, our members have reported greater satisfaction with the help they get and the service they receive.

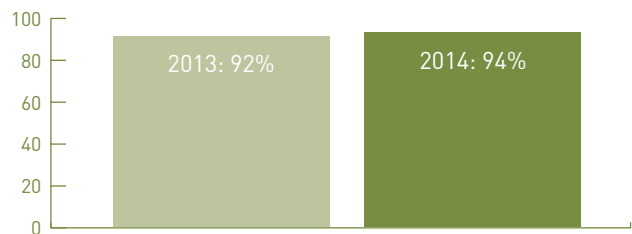
"In the last six months, how often did your health plan's customer service give you the information or help you needed?"

HEALTH SHARE MEMBERS REPORTING "ALWAYS" OR "USUALLY"



"In the last six months, how often did your health plan's customer service staff treat you with courtesy and respect?"

HEALTH SHARE MEMBERS REPORTING "ALWAYS" OR "USUALLY"

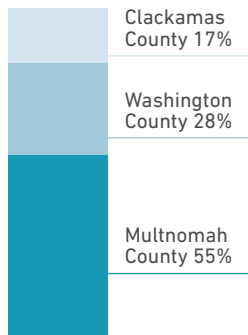


Serving Our Members Where They Live

THE COMMUNITY WE SERVE

Our members reflect the diversity of the communities and cultures that we reach in Clackamas, Multnomah and Washington counties. Health Share serves about 14 percent of the Tri-County population of 1.7 million. That's around 233,000 members.

WHERE THEY LIVE



GENDER

47% male
53% female



ETHNICITY

15.2% Hispanic
84.8% Non-Hispanic



TYPE OF CARE RECEIVED

68% saw a primary care physician



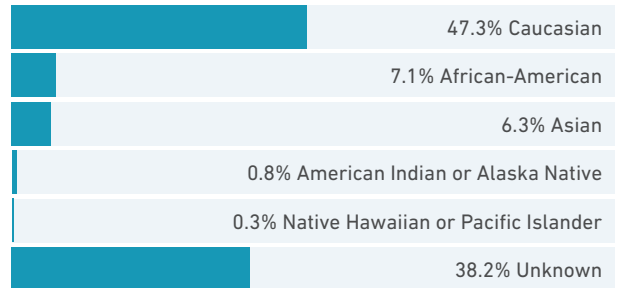
40% saw a dental provider



12% received mental health services

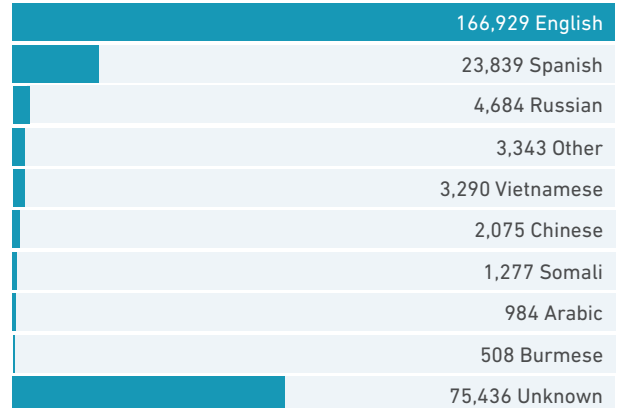


RACE



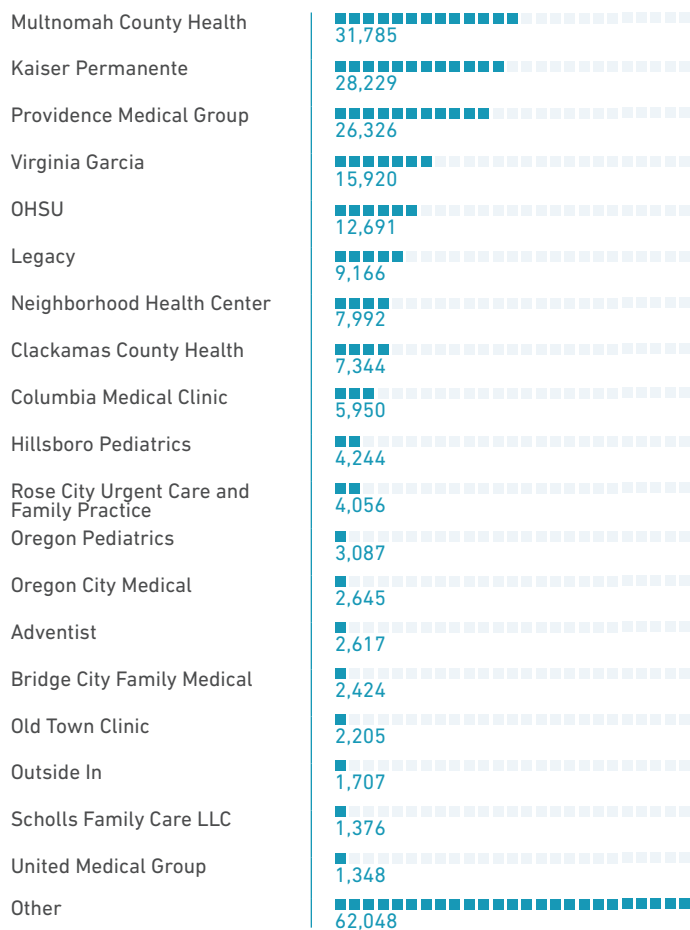
LANGUAGE

19% of members speak a language other than English. In fact, our members speak 68 languages, from Urdu to Croatian.



PRIMARY CARE AT A GLANCE

PATIENT CENTERED PRIMARY CARE HOME ASSIGNMENTS



WE BUILT A WAY TO BUY AN AIR CONDITIONER

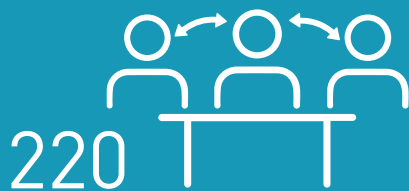
Partnering to provide more

When a member needs a service or piece of equipment that is not a typical health care service but might be a lower-cost intervention, CCOs can use their global budget to provide them. Examples of these services, commonly referred to as “flexible services,” include temporary post-surgery housing, an exercise class for weight management, a vacuum to help manage asthma, or childcare services so a parent can attend a doctor’s appointment. Health Share partnered with the community-based organization, Project Access NOW, to develop a system that provides real-time online ordering of a variety of flexible services for members. The system also enables Health Share to track and administer flexible services on a member level.

Our Collective Impact

We convene our partners and health care providers to share information and engage our community, creating alignment and consensus in leading health care transformation.

IN THE LAST YEAR, HEALTH SHARE HAS:



HELD MORE THAN 220 MEETINGS WITH OUR COMMUNITY PARTNERS

- 35 Board of Directors meetings
- 21 Community Advisory Council meetings
- 21 Joint Operating Committee meetings
- 21 Other operations and compliance meetings
- 53 Other behavioral health meetings
- 25 Public policy and advocacy meetings
- 28 Incentive Metrics meetings
- 9 Foster care system meetings
- 13 Regional Behavioral Health Steering Committee meetings



SERVED ON MORE THAN 48 COMMITTEES

- CCO Metrics and Scoring Committee (Chair)
- Healthy Columbia Willamette Collaborative (Co-Chair)
- OHA Substance Use Disorders Waiver Advisory Committee
- Oregon Opioid Prescribing Guidelines Task Force
- Tri-County Early Learning Hub and CCO Workgroup
- OHA Traditional Health Workers Commission
- Governor's Foster Care Ombudsman's Advisory Group
- Dozens of state policy advisory committees



PRESENTED AT MORE THAN 45 EVENTS

- US Senate Finance Committee Hearing on Mental Health in America
- Legacy Health Literacy Conference
- Accountable Care Organization & Payer Leadership Summit
- 20th Anniversary of the Commonwealth Fund Mongan Fellowship in Minority Health Policy
- National School-Based Health Center Convention



VOLUNTEERED AT 11 COMMUNITY EVENTS

- Legacy Hospital Family Wellness Fair
- Virginia Garcia Health Fair
- Asian Community Health Fair
- Oregon City Health and Safety Fair
- Annual Indian Day in the Park
- Binational Health Week Fair
- African American Wellness Village Health Fair
- Bienestar Y Salud es Vida Health Fair2
- NAYA Community Health Fair
- Kindergarten Registration Fairs-Washington County



TRAINED MORE THAN 560 CARE PROVIDERS

- Transgender Health
- Peers for Substance Use Disorder Treatment
- Foster Care Advanced Primary Care
- Long-Acting Reversible Contraceptives
- Psychiatric Prescribing in Primary Care
- Developmental Screening in Primary Care
- Opioid Prescribing and Pain Management
- Buprenorphine Training
- Chronic Pain, Addiction, and Trauma



CONDUCTED 18.5 HOURS OF EQUITY TRAINING FOR STAFF

- Implicit Bias
- Trauma Informed Care
- Adverse Childhood Experiences
- Member Disparities
- Disability Awareness
- Mental Health Awareness
- Racism, Discrimination, and Health
- Unnatural Causes Video Screening



COMMUNITY ADVISORY COUNCIL

Our Community Advisory Council ensures Health Share remains responsive to consumer and community health needs by enabling consumers, which comprise the majority of the Council, to take an active role in improving their own health and that of their family and community members. The Council advises and makes recommendations to our Board of Directors on our strategic direction and oversees the development of our Community Health Needs Assessment and resulting Community Health Improvement Plan. Through authentic collaboration and partnership, the Council forges connections among Health Share members and leadership. The Council Chair serves on the Health Share Board of Directors, and Health Share's Executive Leadership fully participates in every Council meeting, providing monthly reports on Health Share activities and initiatives. The Council meets monthly across the tri-county area and all meetings are open to the public.

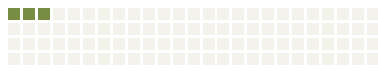
We're an Open Book

Our work is publicly financed, which is why transparency, smarter spending and efficiency are key parts of Health Share's value system.

96.8% Oregon Health Plan (Medicaid) premium payments

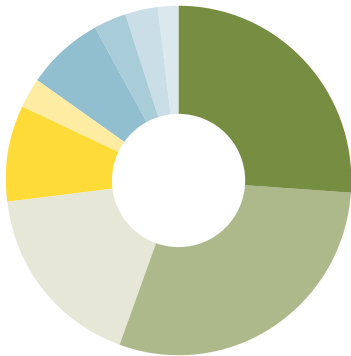


3.2% Incentive funding for high-quality metrics performance



2015 REVENUE ALLOCATION

- 26.2% Physical health professional services
- 29.5% Hospital services
- 17.4% Pharmacy
- 9.1% Mental health
- 2.8% Substance use disorders
- 7.2% Dental health
- 2.9% Non-emergent medical transportation
- 3.2% Incentive metrics
- 1.7% CCO administration and reserves



Excludes all hospital reimbursement adjustment (HRA) pass-through revenue.

In 2015, Health Share had a medical loss ratio (MLR), the proportion of premium revenue spent on direct services to members, of 92 percent. The 8 percent in administrative costs was spread among administrative allowances built into subcapitation payments to subcontracted health plans, as well as 0.85 percent for Health Share operations and 0.85 percent for state-imposed financial solvency requirements.



THANK YOU TO OUR FOUNDING MEMBERS



ADVENTIST HEALTH

Adventist Health has, by far, the best performance on the diabetes control metric among all of Health Share's provider partners.



CAREOREGON

CareOregon is leading the way in Alternative Payment Methodology development with an enhanced primary care fee schedule to incentivize team based care, behavioral health integration, care management and telehealth.



CENTRAL CITY CONCERN

Central City Concern recently became one of two Medication Assisted Treatment Hubs in our service area, increasing access to evidence-based treatment for members with substance use disorders.



CLACKAMAS COUNTY

Clackamas County has developed one of the most robust peer-delivered services programs in Oregon, integrating peers into clinical and community settings.



KAISER PERMANENTE

Kaiser Permanente has successfully targeted achievement of the CCO quality metrics that have behavioral health components, including depression screening outcomes and SBIRT.



LEGACY HEALTH

Legacy Health's Randall Children's Clinic is leading the way for Health Share's Foster Care Advanced Primary Care Collaborative participants—demonstrating what a model of excellence for primary care serving foster children should look like.



MULTNOMAH COUNTY

Multnomah County developed Oregon's first Forensic Assertive Community Treatment program to support Health Share members with mental illness transitioning back to their community out of correctional facilities.



OHSU

OHSU partnered with Health Share to bring Project ECHO to Oregon, training more than 100 primary care providers in psychiatric prescribing and developmental screening.



PROVIDENCE HEALTH & SERVICES

Providence Health & Services partnered with Health Share on Project Nurture, creating a new maternity care model that integrates substance use treatment into the maternity care setting for addicted women.



TUALITY HEALTHCARE

Tuality Healthcare implemented a member engagement program to increase effective contraception use by ensuring that members know that all methods are covered.



WASHINGTON COUNTY

Washington County works closely with their community Federally Qualified Health Center and School Based Health Centers to support provision of behavioral health services in primary care settings.

“Alone we can do
so little. Together
we can do so
much.”

—HELEN KELLER

HEALTH SHARE BOARD MEMBERS

GEORGE J. BROWN, MD, FACP
Chair, Legacy Health

ED BLACKBURN
Vice Chair, Central City Concern

MICHAEL BIERMANN, DMD
Dental Director, Private Practice

DORANE BROWER
Member Director,
Adventist Health

TIM FLEISCHMANN
Member Director,
Tuality Healthcare

JOANNE FULLER
Member Director,
Multnomah County

JILL GINSBERG, MD, MPH
Primary Care Director,
North by Northeast
Community Health Center

W. GARY HOFFMAN, MD
Specialty Care Director,
Women's HealthCare Associates

ERIC HUNTER
Member Director, CareOregon

JOAN KAPOWICH
Member Director, Providence
Health & Services

MARNI KUYL
Member Director,
Washington County

ANDREW MCCULLOCH
Member Director,
Kaiser Permanente

JACQUELINE MERCER
Addictions Treatment Director,
NARA

MARY MONNAT
Mental Health Treatment Director,
LifeWorks NW

JEAN-CLAUDE PROVOST, NP
Nurse Practitioner Director,
Housecall Providers

MEL RADER
Community at Large Director,
Upstream Public Health

PETER F. RAPP
Member Director, Oregon
Health & Science University

DALILA SARABIA
Chair, Community Advisory
Council

RICHARD SWIFT
Member Director, Clackamas
County

RAMSAY WEIT
Community at Large Director,
Retired

