



# Further Together

2021-2022 Annual Report

health  
share

Health Share of Oregon

Over the past two years the Health Share Board of Directors, the staff and our members have come through a global pandemic that more than ever highlighted the racial and economic health disparities faced by our members and the communities Health Share serves. We are now even more committed to racial equity, partnership and continuous improvement.

We have many accomplishments to be proud of starting with our focus on leading with race and racial health equity. This focus has ensured we are using tools, policies, programming, and the commitment of Board members and staff to eliminate health inequities. We made great strides during the pandemic in leading the state in vaccination rates among our members including reducing the racial and ethnic gaps in vaccinations. This was done through partnership, including directly funding trusted culturally specific organizations who helped carry the vaccine messages and organize events to support our community through COVID-19.

Another major accomplishment I am proud of in 2021 was expanding behavioral health access. Across the collaborative, we identified models of behavioral health integration that are embedded within medical providers and assured that all integrated behavioral health providers are meeting the Patient-Centered Primary Care Home program standards for integrated behavioral health. Integrated behavioral health services are now built into physical health rates in the 2022 global budget. Health Share also increased access to evidence-based substance use treatment, and partners designed the Substance Use Disorder and Medications for Opioid Use Disorder (MOUD) Emergency Room pilot, to increase MOUD prescriptions and access to OUD treatment in the acute care setting.

Health Share launched the Housing and Regional Supportive Housing Impact Fund and is working with counties and housing services to design and implement collaborative housing services that build on current supportive housing programs with a goal to ensure our members facing housing insecurity are housed and services are coordinated across the housing and health systems. Health Share also focused on children and youth, some of our most vulnerable members. Together, we increased access to infant and early childhood mental health consultation in the region and funded the DHS medical liaisons to provide navigation for youth in foster care.

After a reflection and celebration of our accomplishments, during a pandemic that has endured for almost three years, we now turn to our future! Health Share is well positioned to thrive and lead Oregon and beyond as we prepare for changes in the Medicaid waiver towards a focus on social determinants, health equity, improved behavioral health and strong health systems that center on our members.



A handwritten signature in black ink that reads "Marni Kuyll". The signature is fluid and cursive.

**– MARNI KUYLL, MS, RN BOARD CHAIR  
HEALTH SHARE BOARD OF DIRECTORS**

# We are Health Share

Health Share serves more than 410,000 members across Clackamas, Multnomah, and Washington counties – almost 100 percent of the area’s Oregon Health Plan population.

## Adversity and opportunity

What an incredibly crucial time to be doing this work! Although no day can be said to be easy, each day in the life of Health Share can be said to be incredibly important in shaping the lives of our members and the way we are able to serve them. Since I began in this role at the beginning of 2020, we have all shared a powerful collaborative experience of challenge, change, and adversity. The most significant experience of course was the global COVID-19 pandemic that sickened hundreds of thousands of Oregonians, upended everyone’s life, and further laid bare the inequalities in the many systems that govern us – Health Share members especially so. Our collective responded admirably to the crisis, helping lead the way through the darkest days and beyond.

The pandemic further worsened another, existing crisis in our area; housing. The Health Share collaborative worked tirelessly with partners and in the legislature to help extend the eviction moratorium and help renters avoid the looming rent cliff. We also worked to implement an exploratory housing support benefit for specific members, as well as helped hundreds of seniors secure permanent housing.

The pandemic also necessitated the declaration of a public health emergency. This saw the number of Health Share members grow to more than 410,000 – almost a 20% increase between 2020 and 2022. Serving this growing population is important of course, but not as important as serving them equitably and using this time to honor our mission emphasizing health equity and improved outcomes for all. Especially those who have traditionally been underserved by our constellation of health systems. To address that, Health Share drafted and implemented a comprehensive health equity plan to guide our work in a durable and verifiable way. It was a concerted, incredibly focused effort from our outstanding teams. Of all our work in these past months, I am especially proud of this.



This is critically important as it has focused our other efforts. In the past two years we have helped expand access to behavioral health services for members, increased access to evidence-based substance use treatment, deployed Connect Oregon, played a key role in legislation, and so much more. What follows here in our annual report is a summary of our collaborative impact over these last few years. I am proud of this work and cannot wait to continue this work for our members and our shared community.

– JAMES SCHROEDER, CEO, HEALTH SHARE OF OREGON



# Our members, our community

## Working towards creating a healthy community

As a Coordinated Care Organization our vision is a healthy community for all. We manage data that can be used to both better understand the challenges faced by our members and inform how we help solve them.

We share data with you – our community – to help advance our goal of creating a healthy community for all. You've always worked alongside us and we hope that by sharing this data we can build a culture of transparency which is vital to solving complex issues. We are strongest when we work together and when everyone has a seat at the table.

## Data, equity, and our commitment

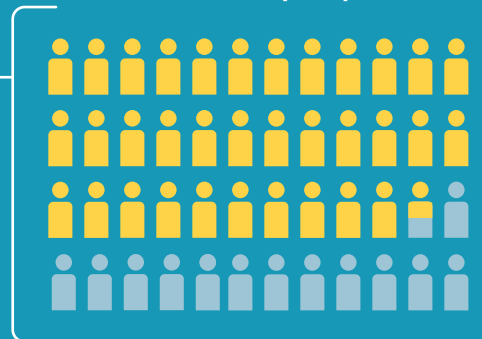
We acknowledge systems do not meet the needs of many communities, further perpetuating health and educational disparities and inequitable access to necessary services. We are committed to using data to better serve communities. This requires we stratify data by race, ethnicity, language, and disability to identify where systems are failing to serve communities most impacted by health inequities.

While data informs our understanding of how systems meet member and community needs it inherently has limitations. We are committed to being transparent with these limitations while continuing to acknowledge, challenge, and improve how we collect and make meaning of data. We believe our commitment and partnership with communities, will provide a more complete picture to interrupt and shift practices within the health system that continue to make some communities and their needs less visible.

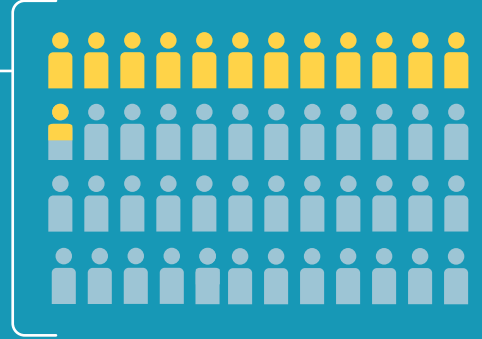
# Our Members

 = 12,000 people

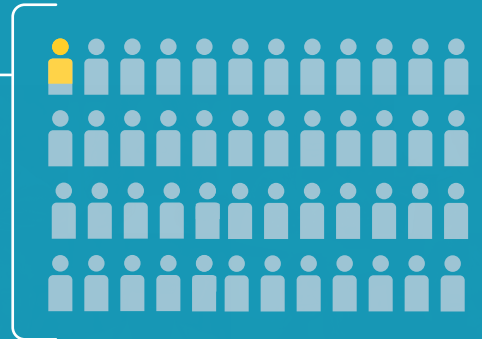
415,828 current members



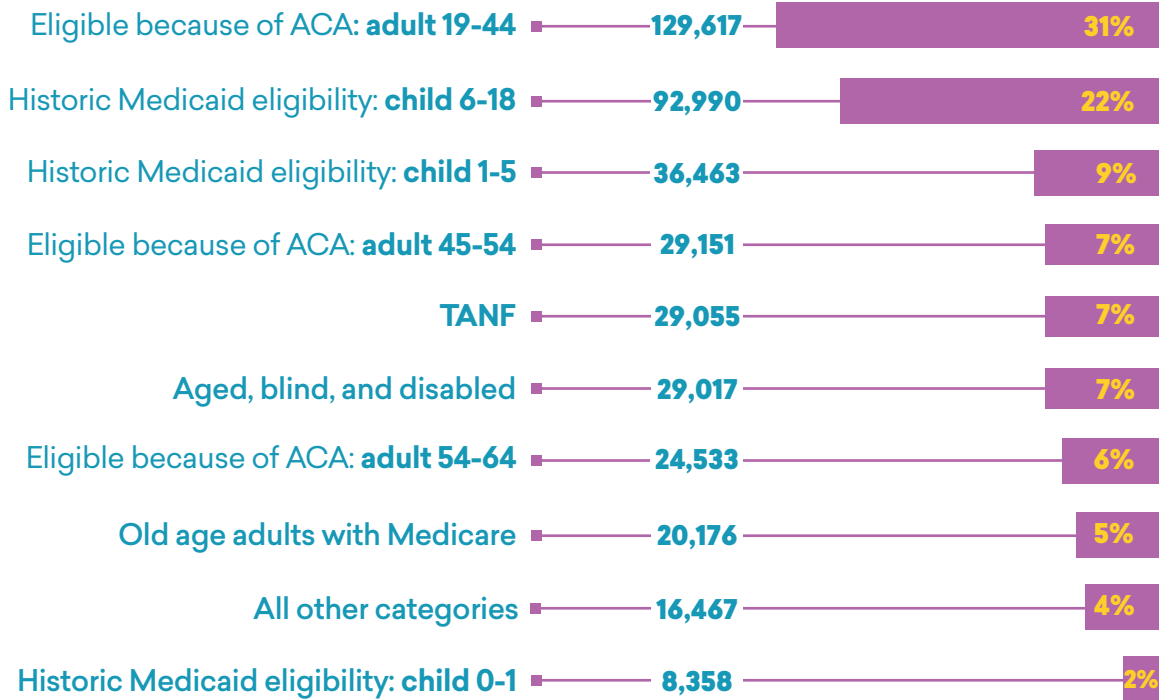
148,660 (35%) age 19 or younger



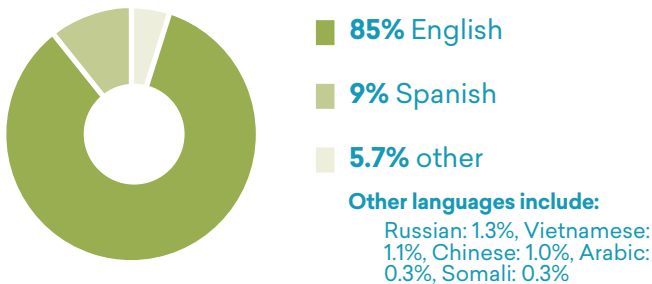
9,038 (2.2%) are youth in foster care



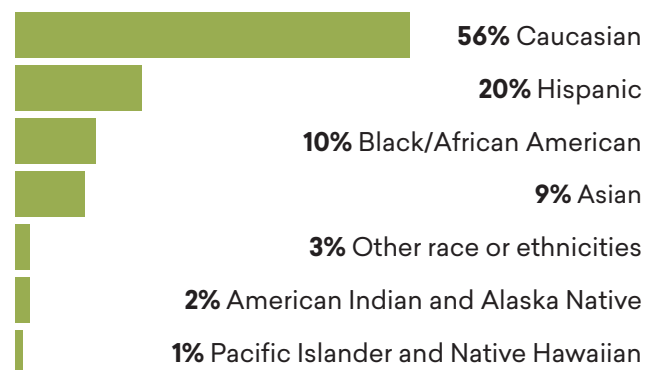
# Membership by aid category



# Primary language

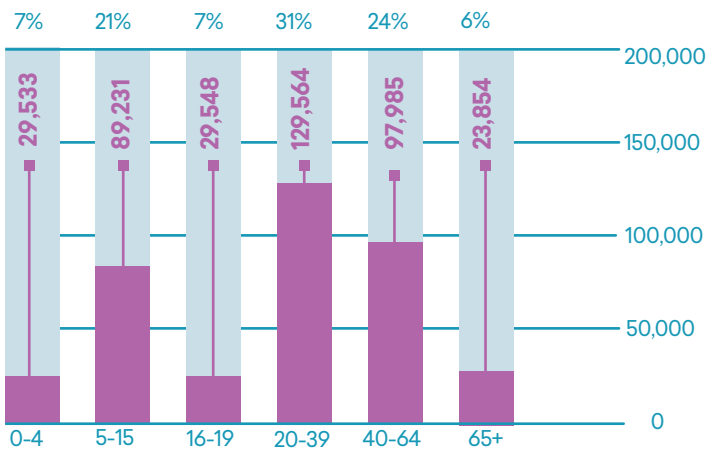


# Race/ethnicity\*



\*Based on available data collected in OHP enrollment process. OHA did not provide ethno-racial identity data for 190,068 members.

# Age



# Membership by county

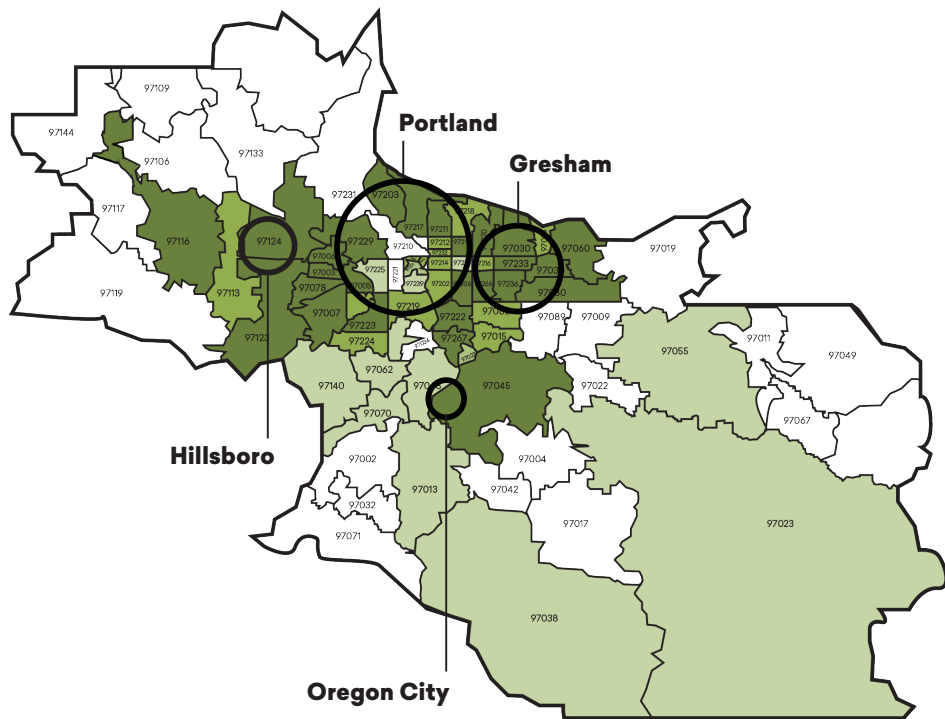


**Washington County**  
**113,706** members  
 19% of county residents  
 27% of Health Share members

**Multnomah County**  
**220,423** members  
 27% of county residents  
 53% of Health Share members

**Clackamas County**  
**81,699** members  
 19.5% of county residents  
 20% of Health Share members

# Membership by zip code



- 0 - 2,000 Members
- 2,000 - 4,000 Members
- 4,000 - 6,000 Members
- 6,000+ Members

# A strategic framework for the Health Share collaborative

In April 2021, Health Share's Board adopted a Strategic Roadmap to guide the work of the Health Share collaborative that was focused on eliminating health disparities. The goals focused on three areas of impact including racial equity, early life health, and behavioral health. Within those areas of impact, we had two focus areas – social determinants of health and integration.

Within the social determinants of health focus, our goal is to ensure that communities have access to essential services that impact health such as housing, education, transportation, and food. When it comes to integration, we strive to facilitate health systems, public health, and community-based organizations working collaboratively to improve health outcomes by ensuring that members have coordinated primary, specialty, behavioral health, and dental care that incorporates accessibility, and culturally and linguistically appropriate care.

## Social Determinants of Health

**Goal #1: Engage with Community-Based Organizations and other key social service providers to understand and meet the health-related housing and social needs of members**

In this first year, Health Share focused on engagement, and developing relationships with Community-Based Organizations (CBOs) to understand where we align on interests and priorities. Partner organizations also aligned to increase access to Health-Related Services (HRS) for priority populations, and developed a centralized HRS request process to pilot with CBOs. In addition, our Traditional Health Worker (THW) Advisory Group developed a shared vision, and the collaborative

increased the number of THWs serving Health Share members by 41 percent.

Health Share's partners have started to use Connect Oregon (a closed-loop community social resource referral system) to explore key use cases, and distribute funding to support delivery of key services.

**Highlights:** *Since April 2021, over 1,200 referrals have been made to community partners using Connect Oregon, for much-needed COVID wraparound services to maintain quarantine or isolation. 92% of these referrals were accepted and resulted in service delivery.*



# Leading with health equity

## Success by the numbers: 2021



**16%**

increase in the overall behavioral health budget. This helps increase behavioral health wages, which should help stabilize the workforce and provide greater access to behavioral health resources for our members.



**41%**

increase in Traditional Health Workers serving Health Share members.



**12,429**

contacts with Help Me Grow to support families with early childhood development and behavioral health.



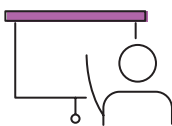
**74**

organizations added to Connect Oregon: a grand total of 184 organizations.



**390+**

seniors housed through Metro 300, a partnership between health systems, community-based service providers and counties.



**210**

providers attended an Alcohol Use Disorder learning collaborative series to expand evidence-based treatment in primary care, specialty behavioral health, and Community-Based Organizations.



**#1**

rank among Oregon CCOs for COVID-19 vaccination rates among members. Together, we developed culturally-specific approaches for both vaccinations and testing.

Health Share of Oregon acknowledges the inequitable health outcomes, and the deep and lasting impacts of structural and pervasive racism on marginalized populations, in particular for communities of color. As part of our continual learning and actions we seek to recognize, reconcile and rectify historical and contemporary injustices.

Recognizing that change starts with us individually, we commit to continue this equity journey. We will disrupt and dismantle systems; identify equitable distribution or redistribution of resources and power; change policies, processes, investment strategies and data sharing within our organization; and continuously center our members, collaborate with our community partners and support tribal sovereignty and culture.



## Goal #2: Ensure access to supportive housing by integrating with health systems, counties, the state, and housing providers

Health Share's Board supported launching an 18-month demonstration pilot to design and test a housing benefit package for members. During the demonstration period, the focus is on assisting members through eight high-risk transitions into housing with the support of county and CBO partners in the tri-county area. The benefit emphasizes connecting low-income persons with health challenges living in homelessness, or at risk of homelessness, to affordable housing options that include the services they need to remain stable and housed. The Regional Supportive Housing Impact Fund Steering Committee meets regularly to ensure that Health Share's housing efforts are grounded in racial equity, community voice, and strength-based, flexible, adaptive, and emergent practice.

**Highlights:** Over 390 seniors were housed through Metro 300, a partnership between health systems, community-based service providers, and counties.

## Integration

### Goal #3: Ensure equitable access to COVID-19 vaccines for members

Health Share was the highest performing Coordinated Care Organization in the state with regard to getting our members vaccinated. We worked with our health system partners and the counties to prioritize equity in decision making around vaccine distribution. Every one of Health Share's partners, hundreds of providers, our local public health partners, and numerous community organizations worked together to ensure every Health Share member got information and access regarding testing, vaccinations, and treatment related to COVID-19.

**Highlights:** Together, we developed culturally-specific approaches for both vaccinations and testing. Health Share members had the highest vaccination rate of all CCOs.

### Goal #4: Optimize the integrated care model for members with Substance Use Disorder

To increase access to evidence-based substance use treatment, Health Share partners designed the Substance Use Disorder and Medications for Opioid Use Disorder (MOUD) Emergency Room pilot, to increase MOUD prescriptions and access to OUD treatment in the acute care setting. We also funded the expansion of easy to access medication for OUD clinics to ensure more members have fast access to life-saving medication. The expansion will include culturally specific peer support services. With our coordinated efforts, we achieved the Initiation/Engagement/Treatment metric and built partnerships with peer Community-Based Organizations to help serve our members. These efforts increased the number of MOUD prescribers and prescriptions. In addition, we refined alcohol use screening practices (SBIRT) for providers.

**Highlights:** Over 210 providers attended an Alcohol Use Disorder learning collaborative series to improve evidence-based care for members with Alcohol Use Disorder.

### Goal #5: Optimize the integrated care model for children and youth with complex needs

The Health Share collaborative continued our focus on supporting children and youth in a variety of ways. We convened the network of eleven EveryStep clinics, facilitating monthly meetings with the EveryStep Leadership Council. We also continued to fund two DHS Medical Liaison positions that provide vital navigation to support the health care needs of youth in foster care. We initiated a pilot for increased access to infant and early childhood mental health consultation in the region, helping to fill a longstanding gap. In addition, we received an OHA grant to develop a pilot program using a multi-generational approach to support Latinx families on TANF in Clackamas County access behavioral health and developmental supports. Health Share continued to lead and facilitate the regional Children's System of Care committee structure to align child-serving system partners and address community barriers to care for children, youth, and families. Finally, we continued to fund and expand the Help Me Grow system across the region, providing a centralized access point for a triaged menu of services and supports for families.

**Highlights:** In 2021, Help Me Grow had 12,429 contacts with families to support developmental and behavioral health.

## Goal #6: Expand access to Integrated Behavioral Health Services

Expanded access to integrated behavioral health services is vital to our members. Across the collaborative, we identified models of behavioral health integration that are embedded within medical providers and assured that all integrated behavioral health providers are meeting the Patient-Centered Primary Care Home program standards for integrated behavioral health. We tested an integrated billing pilot to capture and reimburse providers for the behavioral health services provided in primary care. 4,486 members received one of these services in the first seven months of the pilot and we anticipate continued growth in access to these services. Integrated behavioral health services are now built into physical health rates in the 2022 global budget.

In October 2021, Health Share's Board approved a set of recommendations from the Behavioral Health Workforce Taskforce to address key workforce gaps in our service area. In addition to increased funding, we are collaborating with providers to more efficiently manage caseloads, advocating for regulator reform at the State level, improving the discharge process from acute inpatient psychiatric facilities, and enhancing cooperation between primary care and specialty behavioral health providers. Additional opportunities to expand the workforce via telehealth, clinician recruitment, and investing in education programs are also underway.

**Highlights:** *Health Share allocated additional funds to behavioral Health in the global budget process designed to increase wages of frontline clinicians and address the sustainability of the Behavioral Health network.*

## Goal #7: Refine governance structure and policies to ensure goals around collaborative work and leading with race are operationalized

The Health Share Board passed a resolution on our commitment to lead with race and adopted use of tools to help center race in our decision-making and strategic planning. In addition, our All:Ready network spearheaded a regional training with multiple CBOs, counties, and health plan partners centered on anti-racism. We completed the first governance structure collaborative survey and we continued to refine the incorporation of the Member Organization Advisory Committees (MACs) into our decision-making processes. Health Share also reviewed our policies to ensure that Traditional Health Workers (THWs) and social needs are integrated into existing policies.

**Highlights:** *We led an All:Ready training series with multiple CBOs, partners, and executive coaches centered around anti-racism.*

## Goal #8: Develop and refine capability for efficient oversight, monitoring, and delivery of CCO 2.0 reporting

Health Share worked with OHA and other CCOs to advocate for improved reporting on Non-Emergency Medical Transportation, the Delivery System Network (DSN), Behavioral Health, and Care Coordination, and automated and refined data for both our DSN capacity and PCP Clinic Rollup reports. We also completed a state assessment across our health plan partners on language access, and worked to increase language access among pharmacies. In response to our External Quality Review Process, we leveraged existing workgroups to increase our monitoring and oversight capability and revised the delegation oversight policy to be more transparent about inadequate performance and non-compliance. Finally, we also worked with CCO Oregon to launch an Operations and Compliance Workgroup to collectively advocate for changes on operational improvements with other CCOs.

**Highlights:** *We launched an Operations and Compliance Workgroup to collectively advocate for changes to OHA, in partnership with CCO Oregon.*

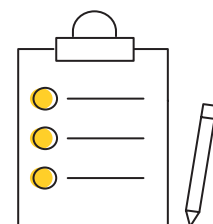


# Thought leadership and innovation

Health Share of Oregon proudly serves more than 410,000 Oregon Health Plan members in Clackamas, Multnomah, and Washington counties. Health Share looks forward to continuing to bring health plans, providers, and community health resources together so our members can access the care they need to be well. It is a critical time in our community as we emerge from the COVID-19 pandemic and its economic impacts, work for health equity, and address social determinants of health. Health Share looks forward to continuing to lead the way for Coordinated Care Organizations in our state. Here's how the Health Share collaborative is addressing the challenges of our time.

## Increasing access through equity

In September 2020, Health Share invested in **Connect Oregon** - a network of health and social care providers serving Oregon and Southwest Washington leveraging the Unite Us platform - a virtual tool that helps health care providers and community-based organizations (CBOs) partner to meet the needs of individuals they both serve. CBOs and health partners that join the network can securely send and receive electronic referrals and track outcomes to coordinate care.



Statewide, Connect Oregon has served over 8,000 people, generating over 14,000 service cases. Connect Oregon network has grown to over 165 CBOs, and Health Share's healthcare partners are all live on the platform.

Health Share's investment in Connect Oregon serves as a down payment on its commitment to health equity by increasing access to critical services to meet our members' needs. It is a vital step in a longer process of building a thriving coordinated care network, rooted in foundational work to center equity, heal the impacts of historical injustices, and cultivate trusting relationships with community.

*"A care manager working with a single mother with a high-risk pregnancy and young child referred her to a meal delivery program around noon on Friday. By 10 am on Monday they had accepted the referral. The next day they connected with her a placed a referral for a food box, requesting extra fresh fruits and vegetables included. The case was closed one week later, with the note that the member was set up to receive weekly deliveries."*

### - A CONNECT OREGON SUCCESS STORY



# COVID-19



## A collaborative response

**\$4.8M**

**Amount distributed to local Community Based Organizations (CBOs) to help offset the impacts of COVID-19 on their operations.**

Specifically these funds went to organizations focusing on serving communities of color. In total, 60 community-based organizations received funds.

We know that COVID-19 has had a tragically unequal effect on communities of color. CBOs play a critical role in supporting the health of these communities. These funds helped them offset impacts, both in the community and in their own organizations. This is a meaningful step in addressing health equity.

**230,000+**

**Health Share members fully and partially vaccinated against COVID-19.**

Vaccination rates for Health Share members from communities of color outpaced overall vaccination rates.

**#1**

**Ranking of Health Share among Oregon CCOs for member vaccination rates.**

Health Share has convened regional partners across health care, public health, pharmacy, emergency systems, and community partners to continue to increase COVID vaccination rates.

Health Share's vaccine response centered on equity. We saw significant disparities in our communities with those at substantial risk for severe illness or who may have had barriers to vaccination. We created an analytic dashboard that showed geographic racial and ethnic disparities that enabled to us to reach people that are most at risk. We came together in a coordinated effort with public health partners, pharmacies, and community-based organizations to ensure the communities most at risk had access to the COVID-19 vaccine.



**1,200+**

**referrals made to community partners using Connect Oregon for much needed COVID wraparound services to maintain quarantine or isolation.**

**92%**

**of these referrals were accepted and resulted in service delivery.**



## Addressing the housing crisis

**390+**

**# of seniors that secured permanent housing** through the Metro 300 program in 2021. Kaiser Permanente invested \$5.1 million in the program. Health Share administers the program working with Clackamas and Washington Counties, Multnomah County's Joint Office of Homeless Services, and housing service providers to help access safe, stable housing. These cross-sector collaborations and new system approaches to ending homelessness for these populations are a blueprint for future success.

**\$15M**

**Amount invested in a collaborative pilot creating a supportive housing benefit for Health Share members.** Our health plan partners have been instrumental in creating the \$15 million dollar fund, and together we hope to make housing a permanent benefit by 2023. The partnership with OHA here has been very close. There is a lot of support for both the pilot and future benefits here, with lots of great momentum heading into next year.

**6,000**

**# of Health Share members who could ultimately benefit from a defined housing benefit.** The housing benefit includes supportive services that help people get into housing and stay housed and up to 9 months in rent assistance. Health Share estimates that between 4,500 and 6,000 people on the Oregon Health Plan in Multnomah, Washington, and Clackamas counties could be eligible for this benefit.

**For now, the flexible housing benefit supports Health Share members in specific circumstances;** members aging out of foster care, members leaving a substance use disorder residential program, or those transitioning out of corrections. All of these groups have a high risk for potentially becoming homeless. For many of these folks, even a few months of transitional assistance can be enough to help them establish permanent housing.



# Health equity planning

Health Share has developed a comprehensive Health Equity Plan – a strategic-focused plan to support and guide CCOs in advancing health equity through 2024. Health equity is fundamental to ensuring “excellent health for all” as we seek to support our communities of color, to live in a health-conscious, socially responsible, and bright society. A Health Equity Plan that is driven by the recognition of social determinants of health and the integration of services offered by Health Share’s collaborative partners lays the groundwork for communities and health systems to act on ensuring the goals of this collective health, and a racial equity agenda that meaningfully addresses the priorities of the communities we serve across the Tri-County area. This Health Equity Plan;

- Created a vision for the organization’s future state.
- Outlined and defined strategic objectives and goals that include clear action steps and timelines.
- Identified methods to measure and monitor progress toward advancing equity within the collaborative.
- Developed and reinforced best practices and meaningful resource allocation by building upon a thorough analysis of the CCO structure, governance, program or service mix, collaborations, and financial, staff, technical, and material resources.

In the Health Equity Plan, Health Share proposed the following strategies to enhance health equity within priority populations.

**Grievance and Appeals System:** *Develop and implement an external Grievances & Appeals reporting process stratified by REALD data across Health Share collaborative partners.*

## **Culturally and Linguistically Appropriate**

**Services:** *Develop a consistent and accurate reporting process that tracks member requests and the use of culturally and linguistically appropriate services across Health Share collaborative partners.*

## **Language Access Reporting Mechanisms:**

*Provide guidance to support partners in meeting legislative requirements for language access for prescription drug materials.*

Health Share is moving forward with a three-year Health Equity Plan as outlined by CCO 2.0 Requirements. Health Share is required to submit an annual progress report to update or amend our goals/strategies. As we go, we will align the core principles to organizational and clinical assessments and offer advisory support to our collaborative partners on how to formally adopt these principles. The work is only just beginning.



## **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

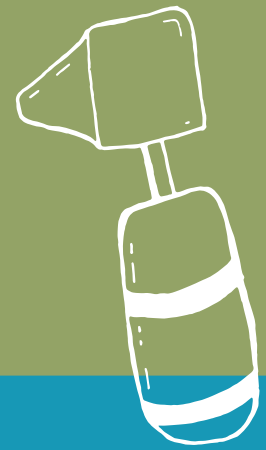
In honoring our commitments

That 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

# A Shared Vision for Health Policy



## 2021 legislative accomplishments

Health Share and our partners actively and effectively advocate on behalf of our members, plan partners, providers, and the Oregon Health Plan as a whole.

### Our Impact

## Health equity

**SB291 - Individualized assessments for people with criminal histories applying to housing:** Guarantees that individuals living with criminal histories cannot be banned or rejected from housing without a further look into the crime they were convicted of. Health Share led the effort and organized a collective sign-on letter that was endorsed by over 20 different entities in our industry.

**HB2337 - Declaring racism a public health crisis:** Health Share was the first CCO to endorse this landmark bill, which called for additional investment in REALD data and mobile health crisis units. Though the bill ultimately failed to pass, our advocacy helped raise awareness around the issue and ultimately played a large role in ensuring that some of the policies were included in other bills that did become law.

**SB271 - Extending \$5 million in funding for housing navigators to be placed at domestic violence shelters:** Provided funding to housing navigators at domestic violence shelters throughout the state. Oregon Health Plan (OHP) members who are survivors of domestic violence are likely to rely on shelters for support in their efforts to stabilize their lives in challenging circumstances.

**HB2340 - Transition services for foster care children:** Helps prevent adverse outcomes for youth with foster care history by stabilizing independent living program providers so they continue their important work and expand services to more foster youth. This allocates \$5.9 million dollars to address this population.

**Reach Out and Read funding:** Delivers vital information at routine checkups from 0-5 years of age about the value of reading and its connection to early relational health. Parents are 2.5 times more likely to read with their children as a result of this program.

## Oregon Health Plan budget

The flow of federal funds via the Cares Act and the American Rescue Plan Act ultimately helped stabilize the state's financial picture and enabled the Oregon Health Plan to be fully funded. There were no major cuts to existing programs or services and inflation for health care services remained steady at 3.4%. There were no discrete actions taken in the budget to reduce hospital and other health care reimbursement rates below current levels.



# Behavioral Health

The pandemic exacerbated workforce and access issues in an already underfunded behavioral health system. We advocated for more behavioral health spending as well as critical infrastructure to connect different funding sources and revenue streams. The legislature came through in a big way with \$460 million for behavioral health. Combined with matching federal funds and grants the behavioral health budget for the '21-'23 biennium is an incredible \$1.021 billion.

# Social determinants of health

**HB4401 - Extending the eviction moratorium:** Health Share supported the creation and extension of the eviction moratorium and the swift provision of rent assistance that protects both renters and landlords.

**SB282 / SB278 - Avoiding the rent cliff:** Health Share was a lead advocate in calling for a grace period for back rent accrued during the pandemic. This extension ensured that tenants had sufficient time to pay back their accumulated debt and time for the uptake and distribution of rent assistance dollars to tenants and landlords. Health Share was also a significant supporter of a bill which provided protections for tenants who could provide proof that they had applied for rent assistance that had yet to be received.

# Sustain and enhance access to OHP services

The past year brought significant disparities to the surface and reinforced the need to expand access to services beyond the status quo. As such, heading into the legislative session we were committed to expanding health care coverage to historically underserved groups.

**HB2164/3352 - Cover All People:** Health Share was an early and lead supporter for Cover All People, which extended the Cover All Kids program to cover individuals who were eligible for OHP but for their immigration status. The legislature devoted \$100,000,000 in funding to extend health care coverage to this underserved population for the '21 - '23 biennium.

# Maintain integrity of the CCO model

**SB457 - Supporting the Health Evidence Review Commission (HERC):** Health Share opposed SB457 and played a crucial role in defeating a policy that would have drastically undermined the objective role of the HERC. Our CCO emphasized that equitable, affordable, and efficient delivery of care to OHP members is only possible when the Prioritized List undergoes rigorous review from an objective lens.

**Restoring funding to “The Collective”/EDIE/ PreManage:** Health Share successfully advocated for continued funding to sustain Oregon’s most widely adopted and used statewide care coordination network. This vital program helps CCO staff collaborate with our contracted network of providers via real-time data and supports OHP members across the care continuum.



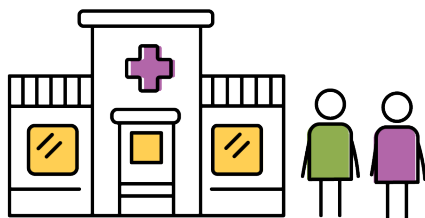
# Smarter spending, healthier people

By coordinating care for OHP members across our region, we have the unique ability to see beyond the symptoms of one individual—and beyond single health systems—to paint a more accurate picture of our community’s health. This helps us to spend limited resources in smarter ways, and ultimately lead to better health outcomes in our communities.

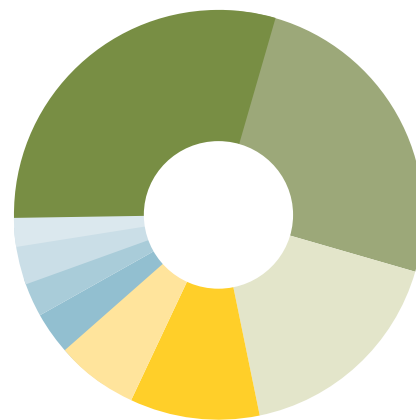
## 2021 Member Benefit Ratio

In 2021, the proportion of premium revenue spent on direct services to members – also called the member benefit ratio – was 92.3 percent.

<b>Member Benefit</b>	
Premium revenue spent on direct services to members	92.3%
<b>Health Plan Administration</b>	
Allowances to subcontracted health plans	5.5%
<b>Health Share CCO Operations</b>	
	2.0%



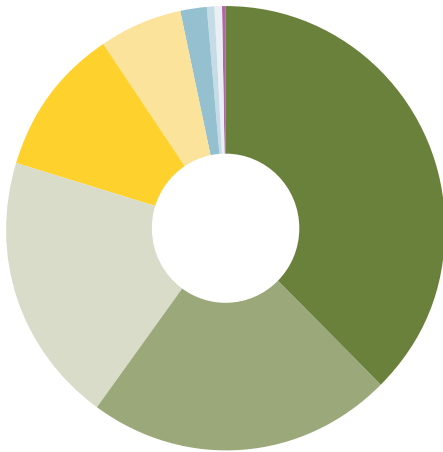
## 2021 Revenue Allocation



- 27%** Hospital services
- 23.2%** Physician/Professional Services
- 14.9%** Prescription Drugs
- 10.8%** Mental health
- 6.3%** Other Member Service Expenses including Health Related Services
- 5.1%** Dental health
- 4.9%** Transportation
- 4.4%** Incentive metrics
- 3.4%** Substance Abuse Disorder

Excludes all hospital reimbursement adjustment (HRA) pass-through revenue and prior period dual eligible recoupments.

# Smarter spending, healthier people (cont.)



- Public Health Initiatives
- Behavioral Health System of Care
- Health Information Technology
- Children in Foster Care
- Help Me Grow
- PreManage
- Community Health Workers
- Project Echo
- Kindergarten Readiness Collaborative Innovation

These figures are reflective of multi-year investments made through contracts that were active during 2021. Excluded are investments from projects that concluded prior to 2020 and new investments that were contracted in 2022.

## 2021 Program Investments & Partnerships

Health Share invested \$8.2 million in strategic initiatives in 2021.

### Behavioral Health System of Care

\$1,683,422

- Bridges to Change – Peer Supported Housing and SUD services
- CareOregon – Intensive Community Based SUD services
- Multnomah County – Addiction Care
- Portland Community College – CADC Workforce Development
- Washington County – Addiction Care

### Children in Foster Care

**(DHS Child Welfare Medical Liaisons, EveryStep Clinics)**

\$812,090

- Hillsboro Pediatrics – EveryStep Clinic
- Metropolitan Pediatrics – EveryStep Clinic
- Oregon Department of Human Services – Medical Liaisons
- OHSU Doernbecher – EveryStep Clinic
- Randall Children’s Clinic – EveryStep Clinic

### Community Health Workers

\$39,330

- Regional Doula Trainings

### Help Me Grow

\$453,334

- Providence Swindells – Central Hub
- Clackamas County – Liaison
- Multnomah County – Liaison
- Washington County – Liaison

### Kindergarten Readiness Collaborative Innovation

\$19,110

- All:Ready Network

### Health Information Technology

\$1,468,260

- UniteUs – ConnectOregon
- PH Tech – Foster Care Assessment Coordination
- OMBU – Portal Housing

### PreManage

\$135,407

- Collective Medical Technologies – Hospital event notifications

### Project Echo

\$35,000

- OHSU

### Public Health Initiatives (CHIP Grants, Regional Perinatal Continuum of Care, Tobacco Cessation, Vaccine Promotion)

\$2,793,795

- Brink Communications: Vaccine Promotion Campaign
- Clackamas County: CHIP, Regional Perinatal Continuum of Care, Tobacco Cessation, Vaccine Promotion
- Multnomah County: CHIP, Regional Perinatal Continuum of Care, Tobacco Cessation
- Washington County: CHIP, Regional Perinatal Continuum of Care

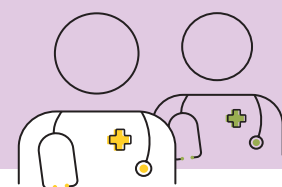
# 2021 incentive metrics performance summary

As part of Oregon's commitment to better quality health care and improved health outcomes, CCOs are scored for their performance on efforts to improve the health of the communities they serve. In 2021, Health Share met or exceeded the benchmark or the improvement targets on 13 measures, and met all other expectations for quality metric reporting, qualifying for 100 percent of the pay-for-performance dollars, a total of \$78,896,321 million.

MEASURE	2021 RESULT
<b>Health Share earned 100% of Quality Pool Funding</b>	
Initiation and engagement in SUD treatment	Exceeded benchmark
Adolescent immunizations	Exceeded benchmark
Well-child visit in the 3rd, 4th, 5th, and 6th years of life	Met benchmark
Timeliness of postpartum care	Exceeded benchmark
Oral evaluation for adults with diabetes	Exceeded benchmark
Preventive dental services (ages 1-5 and 6-14)	Exceeded benchmark
Diabetes A1c poor control	Exceeded benchmark
Cigarette smoking prevalence	Exceeded benchmark
Emergency dept. utilization / members experiencing a mental illness	Exceeded benchmark
Meaningful language access	Exceeded benchmark
Depression screening with follow-up plan	Fulfilled all reporting requirements
SBIRT: screening and BI/referral to treatment	Fulfilled all reporting requirements
COVID vaccination metric	Exceeded target

## Key areas of improved metric performance include:

- Diabetes
- (SBIRT) Screening brief Intervention and/or referral to treatment
- Depression screening
- Preventive dental
- Well-child visits





**Our founding partners: collaborative solutions**

**Founders + governance**

Health Share was founded and continues to be governed by 11 health and social services organizations serving Oregon Health Plan members in our community.





“Courage is what it takes to stand up and speak; courage is also what it means to sit down and listen”

– WINSTON CHURCHILL

## Leading Beyond Boundaries

Our dedicated board of directors provides invaluable leadership as we work together to transform health systems while spending smartly and serving more members than ever with equitable, high-quality, comprehensive care.

**Marni Kuyf**

Washington County  
*Board Chair*  
*Member Director*

**Camille Applin-Jones**

Kaiser Foundation Health  
Plan of the Northwest  
*Member Director*

**Cyreena Boston Ashby**

Girls, Inc.  
*Secretary of the Board*

**Dorane Brower**

Adventist Medical Center  
*Vice Chair*  
*Member Director*

**Ebony Clarke**

Multnomah County  
Health Department  
*Member Director*

**Jeff Conklin**

OHSU Health  
*Member Director*

**Rod Cook**

Clackamas County  
Health, Housing, & Human  
Services  
*Member Director*

**Keith Dempsey**

Mental Health Clinician  
and Consultant

**R.J. Gillespie, MD, MHPE**

The Children’s Clinic  
*Primary Care Director*

**Joe Hardman, MD**

Tuality  
Healthcare Member  
*Director*

**Katrina Holland**

JOIN - Homeless Service

**Eric Hunter**

CareOregon  
*Member Director*

**Candice Jimenez**

NW Portland Area Indian  
Health Board  
*Community Advisory  
Council*

**Abigail Lawrence**

*Community Advisory  
Council*

**Andy Mendenhall, MD**

Central City Concern  
*Member Director*

**Merrin Permut**

Legacy Health  
*Member Director*

**Bettyna Rosales**

Virginia Garcia Clinic  
*Behavioral Health Provider*

**Christa Shively**

Providence Health Plan  
*Member Director*

**Bob Stewart**

Gladstone School District  
*Community at Large*



Health Share of Oregon

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**“We but mirror the world. All the tendencies present in the outer world are to be found in the world of our body. If we could change ourselves, the tendencies in the world would also change. As a person changes their own nature, so does the attitude of the world change toward them. This is the divine mystery supreme. A wonderful thing it is and the source of our happiness. We need not wait to see what others do.”**

**— MAHATMA GANDHI**

**health**

**share**

**Health Share of Oregon**