

Health Resilience Program



Payer-Provider-Community Partnership to Improve Outcomes for High Risk/High Cost Medicaid Population in Oregon

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The Secret Sauce

- ▶ **New workforce embedded in safety-net practices**
 - Skilled behaviorists with community outreach capacity & excellent engagement competency
 - Trauma-informed moving toward trauma-recovery
 - Clinical supervision provided by behavioral health clinicians
 - A form of integrated BH/PH with a strong outreach component
 - Payer funded and administered, but perceived and operates as part of primary care team
 - Strong community of practice and learning culture facilitates rapid innovation
 - **Peers connect clients to community**
 - Subcontracts with regional and culturally-specific peer mentors
 - Builds longer-term sustainability into program
 - **Flexible funding available**
 - **Very strong support from delivery system**
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Outcomes

▶ Pre-post utilization rates:

- 34% reduction in ED, 35% reduction in non-maternity inpatient, 17% increase in outpatient behavioral health, no change in primary care
- Attempted a comparison group but matching was huge challenge
- Conservative ROI is 2:1

➤ Extremely high provider & care team satisfaction

- Across 125 responses, average value of HRS workforce on scale of 0-10 (10 being essential) was 9.4
- Reduce no-shows, improve patient engagement in care, reduce provider burden, promote positive culture change within clinic

➤ Emerging data suggests significant improvements in HRQOL and patient experience. Statistically sig improvements in:

- Access to health and dental services
 - Getting all the help that is needed w/food, housing, or transportation,
 - Reporting that health has improved over last 6 months
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Reflections

What has worked:

- CMMI award subsidized the learning and development
- Competencies of the particular staff we hired (25+ HRS hired)
 - Behavioral interviewing technique
- Integrating with peers
- Delivery-system and payer collaboration
- Process measure monitoring



Challenges:

- Outcomes evaluation
- Multi-payer environment

Advice:

- Care management is necessary but not sufficient for Medicaid high utilizers
 - Need to bring in non-traditional roles, esp peers
 - Community activation may be the ultimate platform
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Questions

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▶ Health Resilience Specialist Mayela Torres and Client Brent Lampa