Galvanizing Action for Children with Health Complexity in Douglas County

Led by the Oregon Pediatric Improvement Partnership (OPIP),hosted by The Ford Family Foundation and Supported by Local Community Partners Services on the Steering Committee

March 3, 2020, 10am-2pm

Douglas County ESD Library

1409 NE Diamond Lake Blvd Suite 110

Do not copy or reproduce without proper OPIP citation.

OPIP Oregon Pediatric Improvement Partnership

Welcome

Do not copy or reproduce without proper OPIP citation.

The North Umpqua River from North Bank Road. (Oregon State Archives Photo)

Meeting Logistics & Importance of Self Care

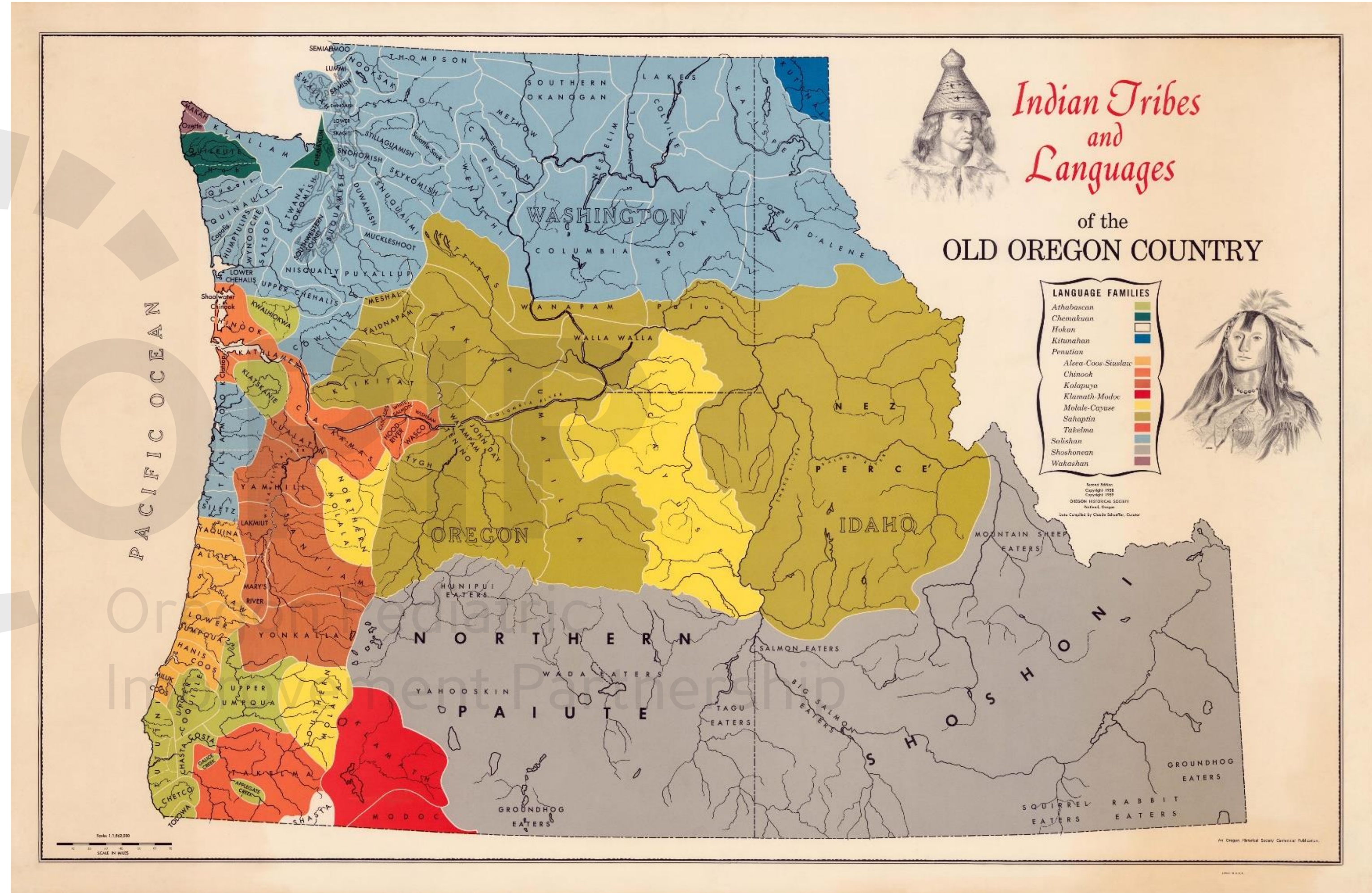
- Bathrooms
- Lunch
- Reason for assigned seating, that said feel free to stand during presentation and ensure your comfort
- Room for those that may need space
- Acknowledgement that the health complexity data may be triggering

OPIP
Oregon Pediatric
Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Land Use Acknowledgement

- **Confederated Tribes of Coos, Lower Umpqua, and Siuslaw**
- **The Cow Creek Band of Umpqua Tribe of Indians**
- **Coquille Indian Tribe**



https://ctclusi.org/history

Do not copy or reproduce without proper OPIP citation.

Objectives for Meeting

1. To provide an overview of the child health complexity data specific to Douglas County
2. To hear from parent's on needs of children with health complexity and priorities for improvement
3. To obtain community-level consensus on the need for a action
4. To obtain community-level input on design parameters for work moving forward and potential priorities for the areas of focus

OPIP Oregon Pediatric Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Agenda

- **10:20 – 11:00**: **What is the Health Complexity Data Telling Us?** Douglas County's Child Health Complexity Data: Overview of medical, social and health indicators for children in the region
- **11:00 – 12:00: Hearing from Parents of Children with Various Levels of Health Complexity in Douglas County**
- **12:00-12:30 Break to Get Lunch**
- **12:30-1:45: Douglas County's Call to Action for Children with Health Complexity**
  - Setting the stage for the small group discussion.
  - Facilitated **small group discussion**
  - Small group report out of discussion
- **1:45-2:00 Looking Forward**
  - Second Meeting to Review Specific Action Plans

OPIP
Oregon Pediatric
Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Steering Committee of Your Local Colleagues

- Mandy Rigsby, Umpqua Health Alliance
- Kat Cooper, Umpqua Health Alliance
- Rob McAdam, Umpqua Health Alliance
- Tracy Livingston, DHS/CWP
- Alison Hinson, Douglas Education Service District
- Ruth Galster, Network of Care
- Brian Mahoney, Public Health Network
- Lee Ann Grogan, Health Care Coalition of Southern Oregon
- Robin Hill Dunbar, The Ford Family Foundation
- Cristy Cox, The Ford Family Foundation

OPIP
Oregon Pediatric
Improvement Partnership
Do not copy or reproduce without proper OPIP citation.

Intentional Cross-Sector Stakeholders Represented Here Today

- Identify stakeholders who:
  - Play a role in supporting families of children with health complexity
  - Services are represented in the health complexity data
  - Shared interest in improving the health and resilience of children in Douglas County
- Grateful for our parent panel representatives who have agreed to be here all day
  - During the call to action, we will note the importance of parent informed and parent guided efforts that ensure representation of varied experiences
- Aware that some important stakeholders unable to make it today, look forward to future engagement

OPIP Oregon Pediatric Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Heads Up:
Questions We Will be Asking You After Lunch

1) WHAT <u>RESONATES FOR YOU</u> THAT IS A PRIORITY OPPORTUNITY TO FOCUS IMPROVEMENT EFFORTS?

2) <u>HOW</u> <u>CAN YOU SUPPORT IMPROVEMENT EFFORTS</u> MOVING FORWARD?

OPIP
Oregon Pediatric Improvement Partnership
Do not copy or reproduce without proper OPIP citation.

Pediatric Health Complexity Data:
Overview of the Construct and Findings for Douglas County

Health Complexity in Children – Douglas County

February 2019

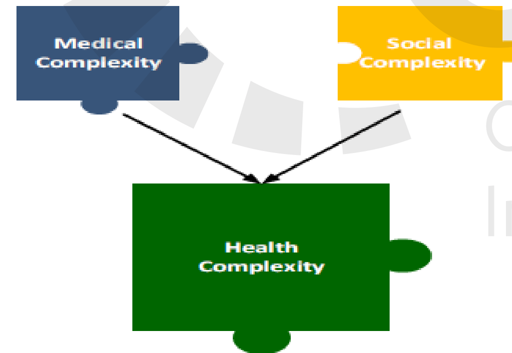
Introduction

The goal of this project is to identify children with health complexity in the Medicaid population and share this information with CCOs and other partners. Health complexity is based on medical complexity and social complexity.

This report has data specific to this county's population.

This project is a partnership between:
1) Oregon Pediatric Improvement Partnership (OPIP)
2) Oregon Health Authority (OHA) - Health Analytics Department
3) Department of Human Services (DHS) – Oregon Enterprise Data Analytics (OEDA) and Integrated Client Services (ICS)

Additional support for OPIP's role in providing technical consultation and facilitation of public and private stakeholders was provided by the Lucile Packard Foundation for Children's Health.



Oregon Pediatric Improvement Partnership

For questions about this report, please email Metrics.Questions@dhsoha.state.or.us

1

Do not copy or reproduce without proper OPIP citation.

Important Framing About the Data

- Based on **system-level data** & indicators available in the data for publicly insured children
  - Therefore, **missing data** that is not available at the system-level
- System-level data does not include factors related to **resiliency and strengths**
  - Important "rest of the story" and context
- Importance of **hearing and learning from families** about their **lived experience**
  - Understanding the data and what it means and what it doesn't
  - Learn from families with high complexity that are thriving – what made it work and what barriers do we need to remove
  - Learn from families not represented in the data
    - ➢ Example: Families whose children don't have access to services

OPIP
Oregon Pediatric
Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Key Topics I Will Cover

1) Context Setting About OPIP and the Health Complexity Data

2) Review Specific System-level Data Being Used to Operationalize Health Complexity and Douglas County Findings

Part 1: Pediatric Medical Complexity Algorithm

Part 2: Indicators of Social Complexity

Part 3: Medical + Social Complexity = Health Complexity

OPIP Oregon Pediatric Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Oregon Pediatric Improvement Partnership

The Oregon Pediatric Improvement Partnership (OPIP) supports a meaningful, **long-term collaboration of stakeholders** invested in child health care quality, with the common purpose of improving the health of the children and youth of Oregon.

OPIP is primarily contract and grant funded.

Statewide organization based out of Oregon Health & Science University, Pediatrics Department.

Do not copy or reproduce without proper OPIP citation.

Building Health and Improving Outcomes for Children and Youth

OPIP uses a **population based approach—starting with child/family**. Our staff and projects focus on:

1. Collaborating in **quality measurement and improvement** activities;
2. Supporting **evidence-guided quality activities**;
3. Incorporating the **patient and family voice** into quality efforts; and
4. Informing **policies that support optimal health** and development

OPIP
Oregon Pediatric
Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

OPIP

Problem…or Opportunity

Despite wonderful gains in patient centered primary care homes, coordinated care organizations and other efforts, there is a **need to better support children with health complexity:**

To impact **children's future health** & **preventable chronic conditions**, need to address predictive social determinants of health and amplify family/community resilience

In order to address children with health complexity, **a population and community-based approach** and **cross-sector engagement** is required.

OPIP
Oregon Pediatric
Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Why Focus on **Child Health Complexity**

- Lifelong health and well-being start in early childhood
- Child health and development are particularly impacted by the social determinants of health and equity
  - Adverse Childhood Experiences (ACEs)
- Thoughtful and innovative approaches are needed to address children's health complexity and health disparities
  - Multi-generational focus
- Provides a targeted approach to addressing Oregon's priorities, focused on families:
  - Behavioral health, value-based payments, SDOH, equity and a sustainable cost growth

OPIP
Oregon Pediatric Improvement Partnership
Do not copy or reproduce without proper OPIP citation.

OPIP's Effort to Support Communities in Addressing Children with Health Complexity

#1 Health Complexity Indicators to Guide and Inform Policy, System- and Practice-Level Efforts: Supporting and Learning from Efforts in Oregon

Goal: Support the meaningful use of population-level health complexity data to drive improved policies and investments in care and health management supports for children with health complexity.

Key Partners: Oregon Health Authority (OHA), Coordinated Care Organizations (CCOs)
Funder: Lucile Packard Children's Health Foundation, Transformation Center

#2: Galvanizing Action for Health Complex Children
Key Partners: *Local Communities*

Goal: Support local communities to engage partners, galvanize action and support improvement efforts.

Funder: The Ford Family Foundation

Oregon Pediatric Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Measuring Children's Health Complexity

Medical Complexity

Defined using the Pediatric Medical Complexity Algorithm (PMCA)

- Leverages system-level data over a three year period
- Takes into account: 1) Utilization of services, 2) Diagnoses, 3) Number of Body Systems Impacted
- Assigns child into one of three categories: a) Complex with chronic conditions; b) Non-Complex, with chronic conditions; or c) Healthy

Social Complexity

Defined by The Center of Excellence on Quality of Care Measures for Children with Complex Needs (COE4CCN) as:

> *"A set of co-occurring individual, family or community characteristics that can have a direct impact on health outcomes or an indirect impact by affecting a child's access to care and/or a family's ability to engage in recommended medical and mental health treatments"*

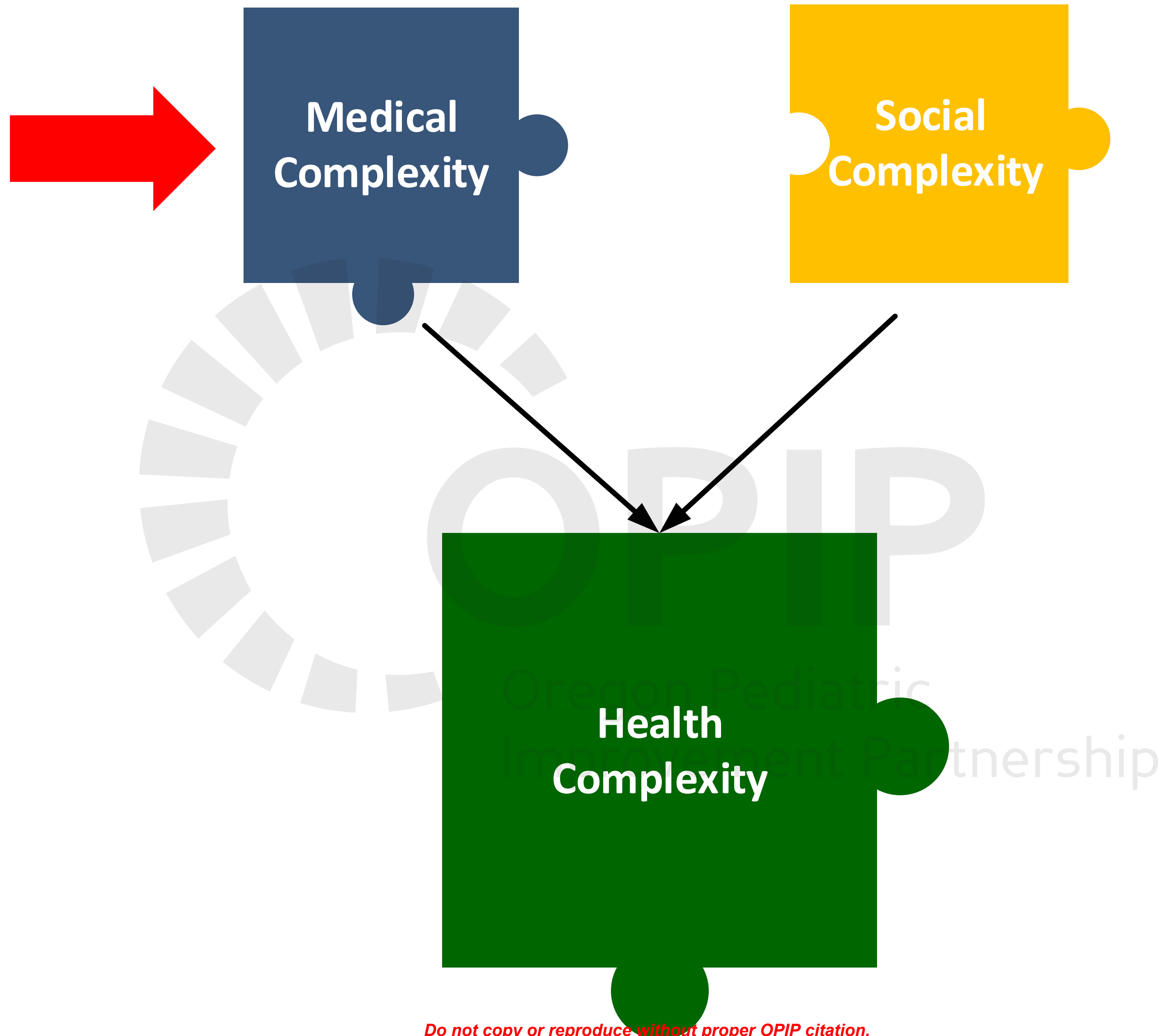
Our work incorporates factors identified by COE4CCN as predictive of a high-cost health care event (e.g. emergency room use).

HEALTH Complexity

OPIP Oregon Pediatric Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Combines the factors of **Medical** + **Social** = **Health Complexity**



Do not copy or reproduce without proper OPIP citation.

Pediatric Medical Complexity Algorithm Findings for Children Enrolled in Medicaid/CHIP

Page 3 of the report

Douglas County Publicly Insured as of August 2018: 11,484

1. Complex Chronic Disease: 5.6%

   N=643

2. Non-Complex Chronic Disease: 19.7%

   N=2,262

25.3%

3. Healthy: 74.7%

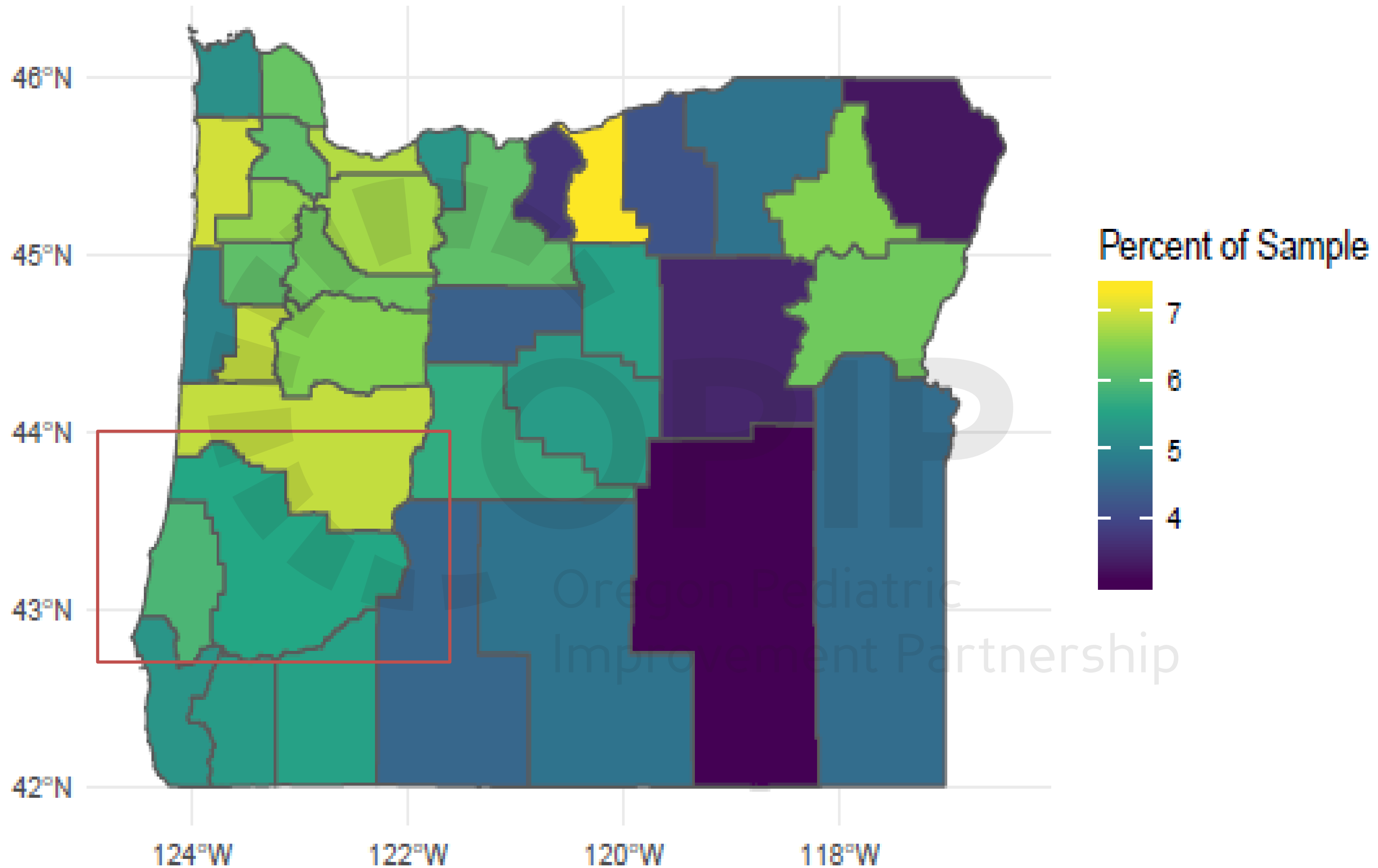
OPIP
Oregon Pediatric
Improvement Partnership

*There is a **statistically significant** difference in the distribution of the three PMCA Categories **across counties** in Oregon.*

Do not copy or reproduce without proper OPIP citation.

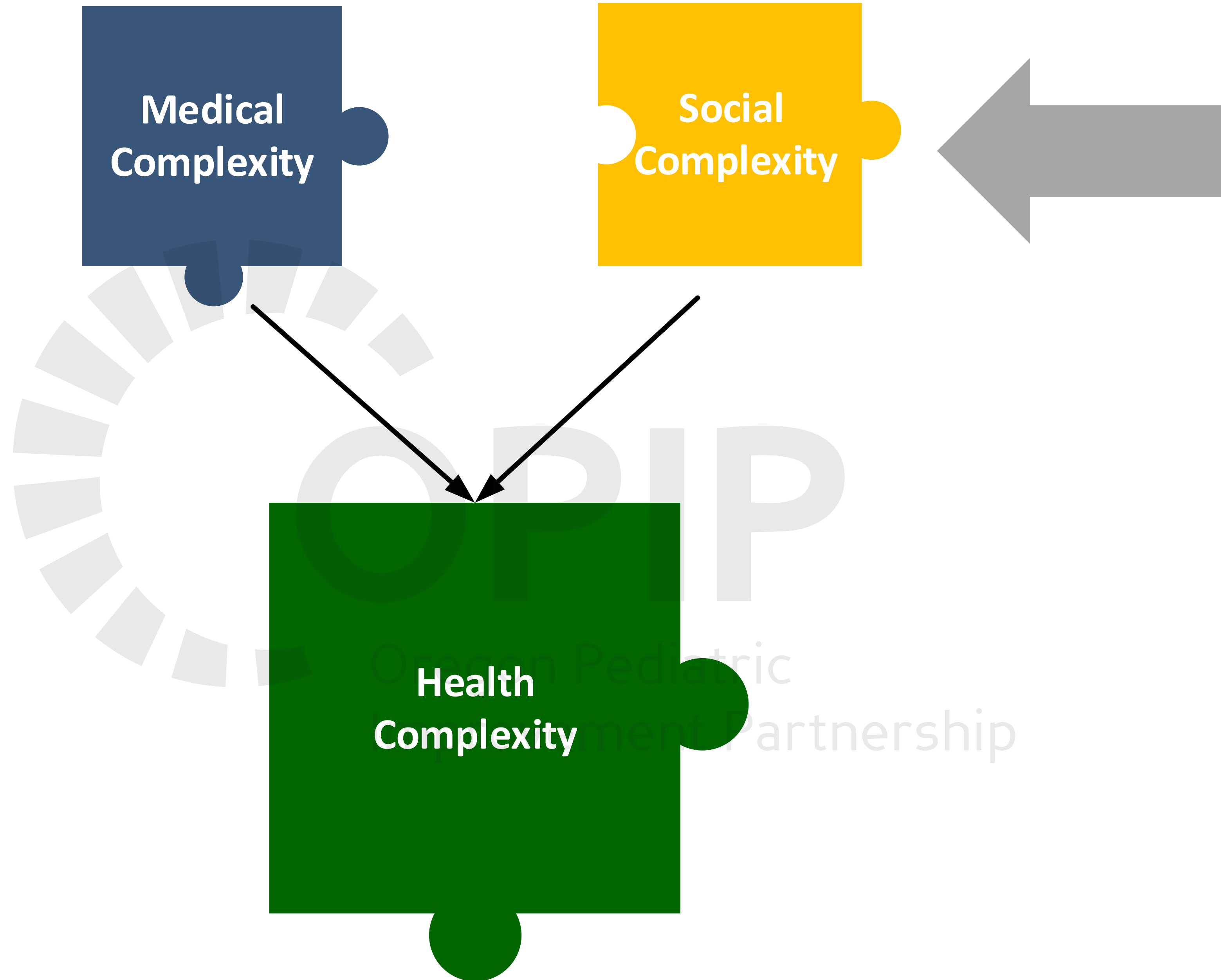
Data Source: Medicaid /CHIP data sourced from Medicaid Management Information System (MMIS).
The target period was July 2015 to June 2016 with claims data pulled one year before this target year and one year after the target year for a three-year total period

Complex, Chronic



Do not copy or reproduce without proper OPIP citation.

Data Source: ICS Data Warehouse & Medicaid data sourced from Medicaid Management Information System (MMIS). Children publicly insured (Medicaid/CHIP) in Oregon as of August 2018



Do not copy or reproduce without proper OPIP citation.

18 Social Complexity Factors

Identified by the Center of Excellence on Quality of Care Measures for Children with Complex Needs (COE4CCN) as Associated in Literature with Worse Health Outcomes and Costs

12 risk factors from literature review related to **worse outcomes:**

1. Parent domestic violence
2. Parent mental illness
3. Parent physical disability
4. Child abuse/neglect
5. Poverty
6. Low English proficiency
7. Foreign born parent
8. Low parent educational attainment
9. Adolescent exposure to intimate partner violence
10. Parent substance abuse
11. Discontinuous insurance coverage
12. Foster care

COE4CCN studies showed worse outcomes or consensus on impact:

13. Parent death
14. Parent criminal justice involvement
15. Homelessness
16. Child mental illness
17. Child substance abuse treatment need
18. Child criminal justice involvement

OPIP
Oregon Pediatric Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Page 4 of the report

INDICATOR: Descriptive Information* (*Source*)	CHILD FACTOR	FAMILY FACTOR	TOTAL
POVERTY – CHILD: For Child - Access of Temporary Assistance for Needy Families (TANF), Below 37% Federal Poverty Level *(ICS, data available 2000-2017)*	X		X
POVERTY – PARENT: Parent Access of TANF *(ICS, data available 2000-2017)*		X	X
FOSTER CARE: Child received foster care services (*ICS, data available 2000-2017*)	X		X
PARENTAL DEATH: Death of parent/primary caregiver in OR (*ICS-Death Certificate in Oregon, data available 1989-2017*)		X	X
PARENTAL INCARCERATION: Parent incarcerated or supervised by the Dept. of Corrections in Oregon (*ICS-Department of Corrections for state felony charges, not including county/municipal charges, data available 2000-2017*)		X	X
MENTAL HEALTH – CHILD: Received mental health services through DHS/OHA (*ICS- NMH Caseloads, data available 2000-2017*)	X		X
MENTAL HEALTH – PARENT: Received mental health services through DHS/OHA (*ICS-NMH Caseloads, data available 2000-2017*)		X	X
SUBSTANCE ABUSE – CHILD: Substance abuse treatment through DHS/OHA (*ICS- AD Caseloads, data available 2000-2017*)	X		X
SUBSTANCE ABUSE – PARENT: Parent – Substance abuse treatment through DHS/OHA (*ICS- AD Caseloads, data available 2000-2017*)		X	X
CHILD ABUSE AND NEGLECT: ICD-9, ICD-10 dx codes related used by provider (*OHA Medicaid Claims Data, data available 2002-2017*)	X		X
POTENTIAL LANGUAGE BARRIER: Language other than English listed in the primary language field (*OHA Medicaid Enrollment, most current data for family*)		X	X
PARENTAL DISABILITY: Parent is eligible for Medicaid due to a recognized disability (*OHA Medicaid Enrollment, data available 2002-2019*)		X	X
TOTAL NUMBER OF INDIVIDUAL FLAGS	5	7	12

Oregon Pediatric Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

* Look back period includes pre-natal period through the lifetime of the child, unless an exception is noted due to availability of data.

State Level: Findings on Prevalence of Each Social Complexity Variable

INDICATOR	CHILD FACTOR	FAMILY FACTOR
Poverty – TANF (for Child and by Parent)	**51.63%** (5,929)	**44.02%** (5,055)
Foster Care – Child receiving foster care services DHS ORKids	**17.34%** (1,991)	
Parent Death – Death of parent/primary caregiver in OR		**2.03%** (233)
Parental Incarceration – Parent incarcerated or supervised by the Dept. of Corrections in Oregon		**23.87%** (2,741)
Mental Health: Child – Received mental health services through DHS/OHA	**33.99%** (3,903)	
Mental Health: Parent – Received mental health services through DHS/OHA		**53.48%** (6,142)
Substance Abuse: Child – Substance abuse treatment through DHS/OHA	**5.06%** (581)	
Substance Abuse: Parent – Substance abuse treatment through DHS/OHA		**37.71%** (4,331)
Child Abuse/Neglect: ICD-9, ICD-10 dx codes related used by provider	**5.69%** (653)	
Potential Language Barrier: Language other than English listed as primary language		**7.33%** (842)
Parent Disability: Parent is eligible for Medicaid due to a recognized disability		**4.89%** (562)

Page 5 of the report

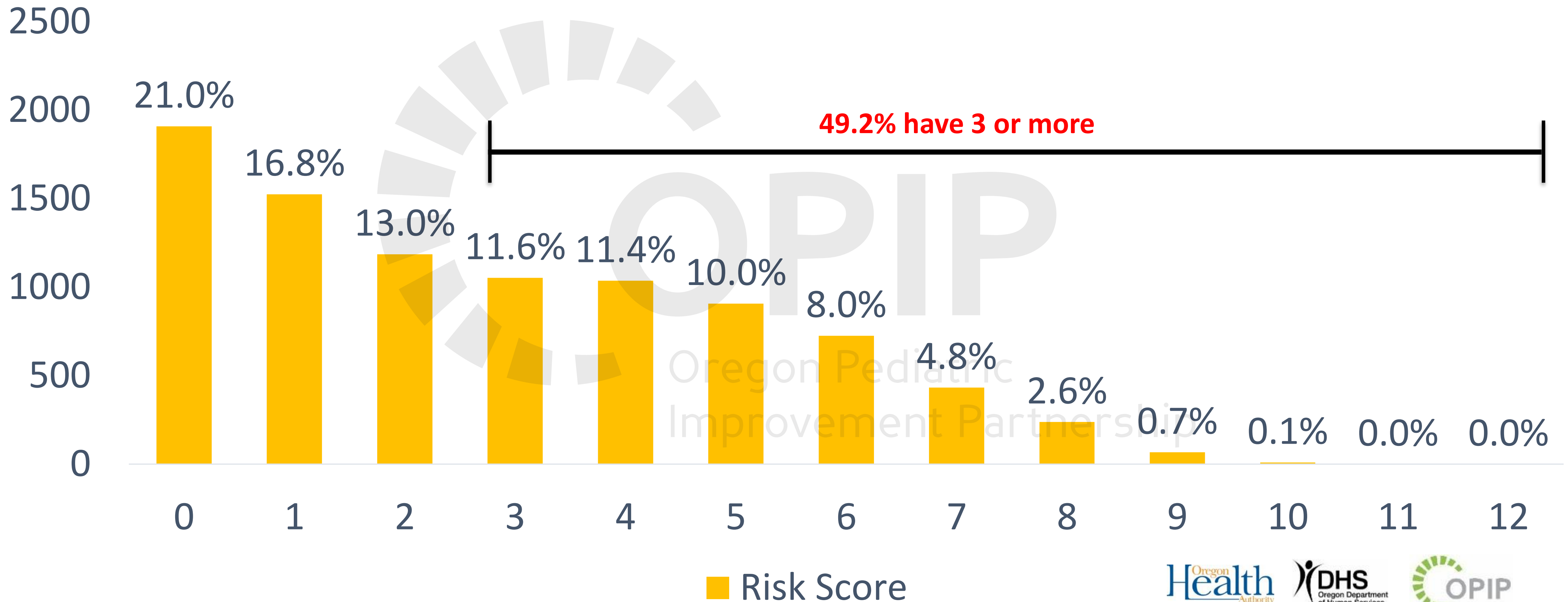
OPIP Oregon Pediatric Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Data Source: ICS Data Warehouse & Medicaid data sourced from Medicaid Management Information System (MMIS). Children publicly insured (Medicaid/CHIP) in Douglas County as of August 2018

Distribution of Social Complexity Factors

Page 6 of the report



Do not copy or reproduce without proper OPIP citation.

Data Source: ICS Data Warehouse & Medicaid data sourced from Medicaid Management Information System (MMIS). Children publicly insured (Medicaid/CHIP) in Douglas County August 2018

Social Complexity by County

MeanRisk

3.0
2.7
2.4
2.1

46°N
45°N
44°N
43°N
42°N

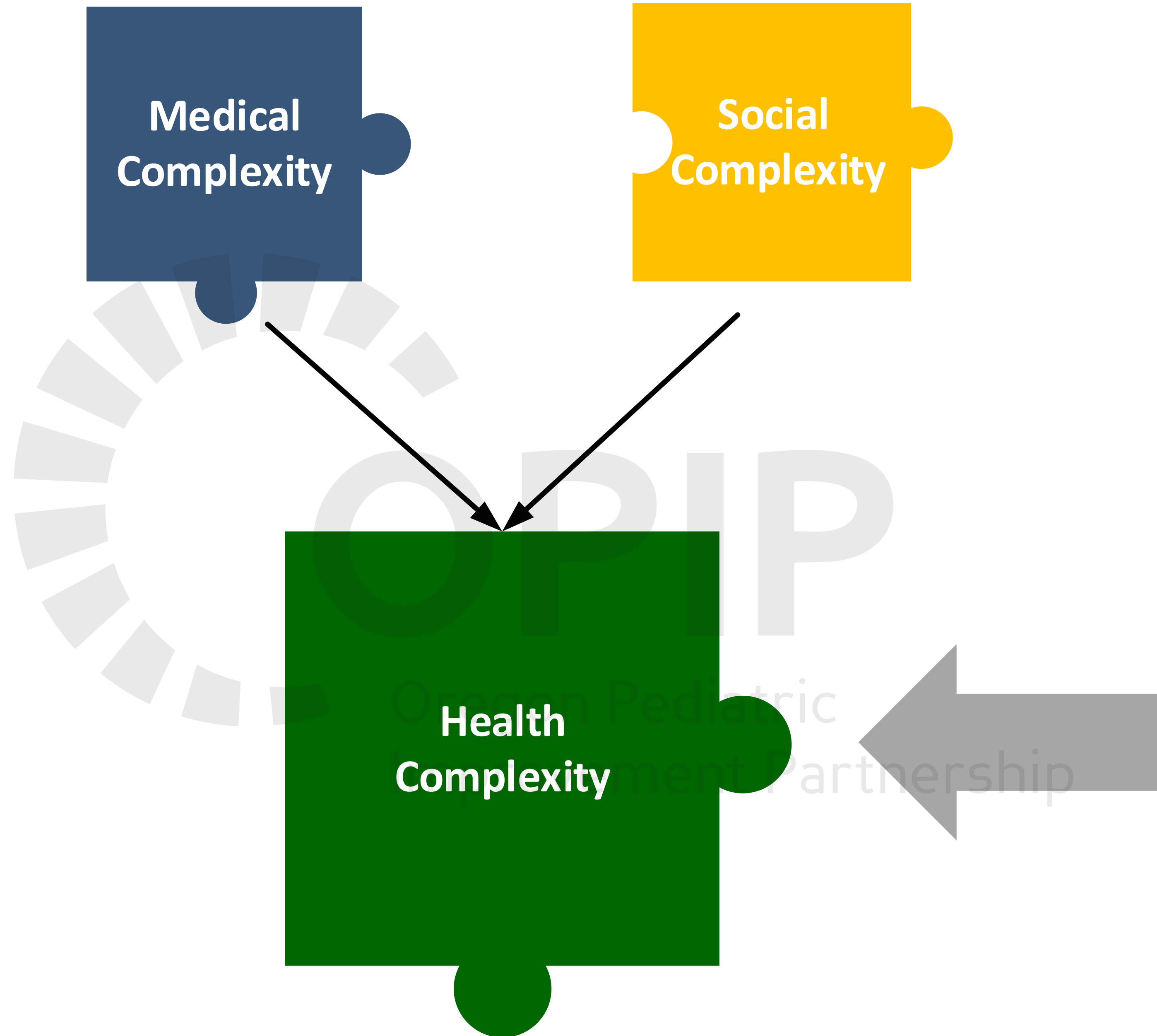
124°W
122°W
120°W
118°W

OPIP
Oregon Pediatric Improvement Partnership

For the social risk score distribution (range: 0 - 11), there is a statistically significant difference in the social complexity indicator count between counties. (Kruskal-Wallis 2 = 4132.3,p < .001).

Do not copy or reproduce without proper OPIP citation.

Data Source: ICS Data Warehouse & Medicaid data sourced from Medicaid Management Information System (MMIS). Children publicly insured (Medicaid/CHIP) in Oregon August 2018



Do not copy or reproduce without proper OPIP citation.

State-Level Health Complexity Categorical:

Source Variables Related to Medical and Social Complexity

Page 7 of the report

MEDICAL COMPLEXITY (3 Categories)	SOCIAL COMPLEXITY (Total Factors Possible in Preliminary Data Shown Here N=12)		
	3 or More Indicators	**1-2 Indicators**	**None in System-Level Data**
HIGH Medical Complexity (Chronic, Complex PMCA=1)	**3.3% (377)**	**1.7% (199)**	**0.5% (62)**
MODERATE Medical Complexity (Non-Complex, Chronic PMCA=2)	**11.5% (1,324)**	**6.5% (747)**	**1.7% (197)**
NO MEDICAL COMPLEXITY (PMCA=3)	**34.5% (3,963)**	**25.8% (2,965)**	**14.4% (1,650) Neither Medically or Socially Complex**

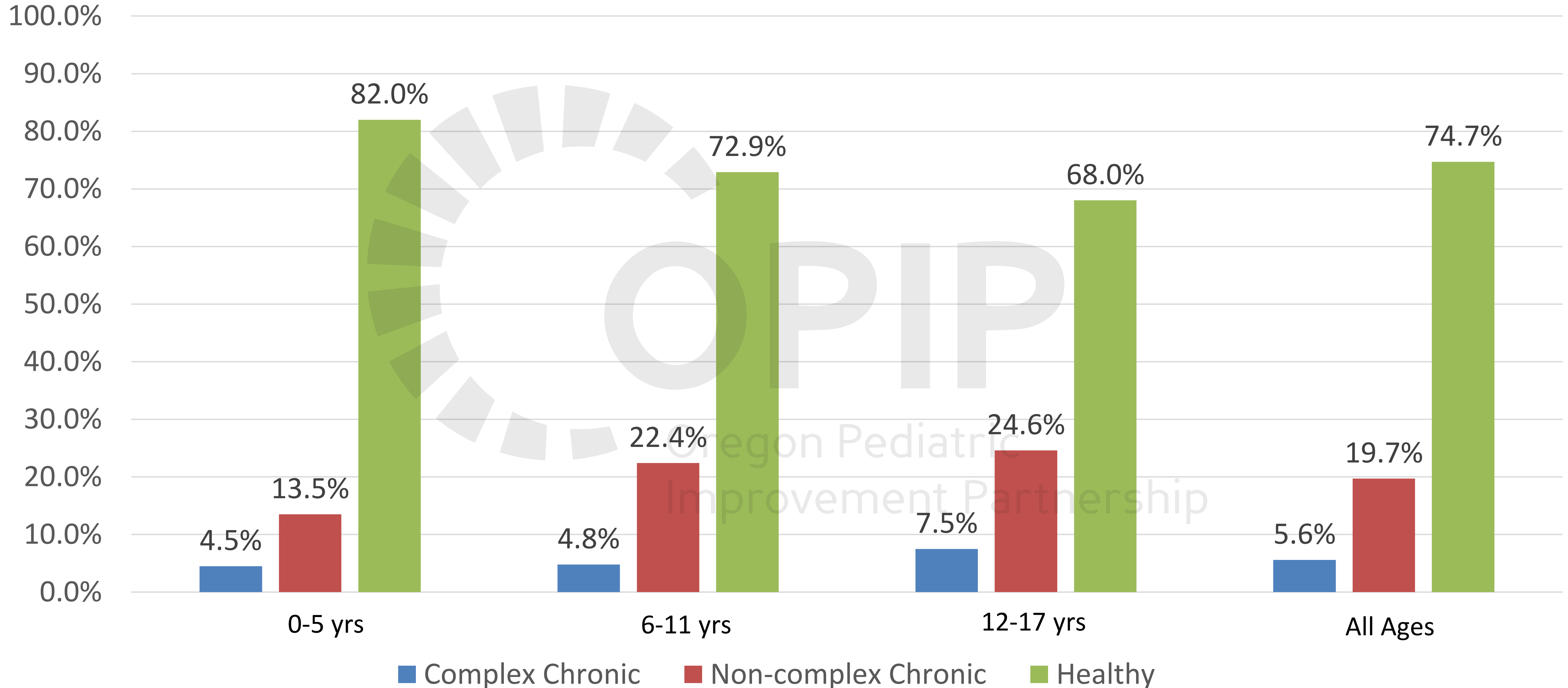
Do not copy or reproduce without proper OPIP citation.

Oregon Pediatric Improvement Partnership

Data Source: ICS Data Warehouse & Medicaid data sourced from Medicaid Management Information System (MMIS). Children publicly insured (Medicaid/CHIP) in Douglas County August 2018

Pediatric medical complexity algorithm findings: by age of child

Page 8 of the report



Population: Children in sample Medicaid/CHIP insured in Douglas County as of August 2018. *Data Source: ICS and Medicaid /CHIP data sourced from Medicaid Management Information System (MMIS)*

Do not copy or reproduce without proper OPIP citation.

DHS Oregon Department of Human Services
Oregon Health Authority
OPIP

Social complexity by age of child

Page 10 of the report

NUMBER OF INDICATORS (SOCIAL RISK FACTORS)	CHILDREN AGES 0-5 N= 4,346	CHILDREN AGES 6-11 N= 3,342	CHILDREN AGES 12-17 N= 3,796
0	**19.2%** (834)	**14.4%** (481)	**15.6%** (592)
1	**20.5%** (891)	**17.3%** (578)	**20.2%** (767)
2	**15.2%** (660)	**13.7%** (458)	**14.8%** (562)
3 or More	**45.2%** (1,964)	**54.6%** (1,825)	**49.4%** (1,875)

Population: Children in sample Medicaid/CHIP insured in Douglas County as of August 2018. *Data Source: ICS and Medicaid /CHIP data sourced from Medicaid Management Information System (MMIS)*

OPIP Oregon Pediatric Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Social complexity by age of child

***Due to reporting rules from DHS Integrated Client Services, populations with low counts (<10 people) are masked and reported as NA.*

Indicator	Children 0-5 N=4,346		Children 6-11 N=3,342		Children 12-17 N=3,796	
	Child Factor	Parent Factor	Child Factor	Parent Factor	Child Factor	Parent Factor
Poverty – TANF (for Child and by Parent)	**44.66%** (1,941)	**42.73%** (1,857)	**58.83%** (1,966)	**49.64%** (1,659)	**53.27%** (2,022)	**40.54%** (1,539)
Foster Care – Child receiving foster care services DHS ORKids	**12.95%** (563)		**18.91%** (632)		**20.97%** (796)	
Parent Death – Death of parent/primary caregiver in OR		**0.69%** (30)		**2.24%** (75)		**3.37%** (128)
Parental Incarceration – Parent incarcerated or supervised by the Dept. of Corrections in Oregon		**21.38%** (929)		**27.80%** (929)		**23.26%** (883)
Mental Health: Child – Received mental health services through DHS/OHA	**14.29%** (621)		**38.72%** (1,294)		**52.37%** (1,988)	
Mental Health: Parent – Received mental health services through DHS/OHA		**59.11%** (2,569)		**56.22%** (1,879)		**44.63%** (1,694)
Substance Abuse: Child – Substance abuse treatment through DHS/OHA	**0.69%** (30)		**2.24%** (75)		**12.54%** (476)	
Substance Abuse: Parent – Substance abuse treatment through DHS/OHA		**37.53%** (1,631)		**41.05%** (1,372)		**34.98%** (1,328)
Child Abuse/Neglect: ICD-9, ICD-10 dx codes related used by provider	**6.88%** (299)		**5.57%** (186)		**4.43%** (168)	
Potential Language Barrier: Language other than English listed as primary language		**8.33%** (362)		**6.91%** (231)		**6.56%** (249)
Parent Disability: Parent is eligible for Medicaid due to a recognized disability		**3.75%** (163)		**5.24%** (175)		**5.90%** (224)

OPIP Oregon Pediatric Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Population: Children in sample [Medicaid/CHIP insured in Oregon as of August 2019]. *Data Source: ICS and Medicaid /CHIP data sourced from Medicaid Management Information System (MMIS)*

DHS Oregon Department of Human Services | Oregon Health Authority | OPIP

Douglas County Health Complexity
Categorical Variable Findings for Children 0-5
Page 10 of the report

MEDICAL COMPLEXITY (3 Categories)	SOCIAL COMPLEXITY (Total Factors Possible in Preliminary Data Shown Here N=12)		
	3 or More Indicators	1-2 Indicators	None in System-Level Data
HIGH Medical Complexity (Chronic, Complex PMCA=1)	2.5% (107)	1.5% (66)	0.5% (23)
MODERATE Medical Complexity (Non-Complex, Chronic PMCA=2)	7.2% (312)	4.6% (201)	1.7% (75)
NO MEDICAL COMPLEXITY (PMCA=3)	35.5% (1,544)	29.5% (1,281)	17.0% (737) Neither Medically or Socially Complex

Oregon Pediatric Improvement Partnership

Population: Children in sample [Medicaid/CHIP insured in Douglas County as of August 2018].

Data Source: ICS and Medicaid /CHIP data sourced from Medicaid Management Information System (MMIS)

Do not copy or reproduce without proper OPIP citation.

OPIP Oregon Health Authority DHS Oregon Department of Human Services

Douglas County Health Complexity
Categorical Variable Findings for Children 6-11
Page 10 of the report

MEDICAL COMPLEXITY (3 Categories)	SOCIAL COMPLEXITY (Total Factors Possible in Preliminary Data Shown Here N=12)		
	3 or More Indicators	1-2 Indicators	None in System-Level Data
HIGH Medical Complexity (Chronic, Complex PMCA=1)	3.1% (103)	1.1% (36)	0.6% (20)
MODERATE Medical Complexity (Non-Complex, Chronic PMCA=2)	14.2% (473)	6.7% (225)	1.5% (49)
NO MEDICAL COMPLEXITY (PMCA=3)	37.4% (1,250)	23.2% (775)	12.3% (411) Neither Medically or Socially Complex

OPIP Oregon Pediatric Improvement Partnership

Population: Children in sample [Medicaid/CHIP insured in Douglas County as of August 2018]

Do not copy or reproduce without proper OPIP citation.

Data Source: ICS and Medicaid /CHIP data sourced from Medicaid Management Information System (MMIS)

Douglas County Health Complexity
Categorical Variable Findings for Children 12-17

Page 10 of the report

MEDICAL COMPLEXITY (3 Categories)	SOCIAL COMPLEXITY (Total Factors Possible in Preliminary Data Shown Here N=12)		
	3 or More Indicators	1-2 Indicators	None in System-Level Data
HIGH Medical Complexity (Chronic, Complex PMCA=1)	4.4% (167)	2.6% (97)	0.5% (19)
MODERATE Medical Complexity (Non-Complex, Chronic PMCA=2)	14.2% (539)	8.5% (321)	1.9% (73)
NO MEDICAL COMPLEXITY (PMCA=3)	30.8% (1,169)	23.9% (909)	13.2% (502) Neither Medically or Socially Complex

Oregon Pediatric Improvement Partnership
Do not copy or reproduce without proper OPIP citation.

Population: Children in sample [Medicaid/CHIP insured in Douglas County as of August 2018].

Data Source: ICS and Medicaid /CHIP data sourced from Medicaid Management Information System (MMIS)

Priority Areas We Want to Increase a Focus in the Community-Level Meetings We Attend

- Framing the report with a resiliency and strength-based lens, adding in resiliency data
- Hearing from and learning from families about their lived experience and adding to that to the story
  - Understanding the data and what it means, and doesn't
  - Parent informed and driven solutions about how to provide best match supports to meet the needs of families
  - Learn from families with high complexity that are thriving – what made it work and what barriers do we need to remove
- Hearing from communities about the strengths and weaknesses of the data
- Ensuring those people who are using the data and who may receive the data are trauma informed and use a trauma informed lens in all applications

OPIP
Oregon Pediatric
Improvement Partnership
Do not copy or reproduce without proper OPIP citation.

Panel of Douglas County Parents of Children with Various Levels of Health Complexity

Chuck Ostmeyer
Celia Vander Velden
Les Rogers

OPIP Oregon Pediatric Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Three parents shared their stories and participated in a facilitated discussion about what works, what doesn't work, and their priorities for improvement.

Please save your questions for lunchtime and roundtable discussion!

OPIP
Oregon Pediatric Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Please see the back table for deconstructed lunch boxes!

Do not copy or reproduce without proper OPIP citation.

We'd love to hear from you!

Oregon Pediatric Improvement Partnership

If you have any feedback throughout this meeting and don't have a chance to share it, fill out our feedback sheet

(left side of folder)

Do not copy or reproduce without proper OPIP citation.

Rolling Up Our Sleeves – Getting to Action

- Purpose of today is to galvanize action focused on children with health complexity
- Small groups discussion meant to harvest the ideas and opportunities that the varied stakeholders in this room may identify and to leverage the unique role and contribution that you each may make
- Small groups will be facilitated by Steering Committee Members

OPIP
Oregon Pediatric Improvement Partnership
Do not copy or reproduce without proper OPIP citation.

<u>DESIGN PARAMETERS</u> FOR HOW THIS COMMUNITY CAN MOVE FORWARD TO ACTION

- The goal for today is to begin the conversation and to identify areas of shared commitment and interest
- Work will be ongoing
- Useful to identify a set of overarching parameters – or guides – that your local leaders use in moving efforts forward.
- Draft proposed parameters:

1. **FAMILY-CENTERED AND FAMILY INFORMED, ENSURE REPRESENTATION AND DIVERSITY**
2. **PROVIDER INFORMED – ENSURE FRONT-LINE PROVIDER PERSPECTIVE IS OBTAINED**
3. **ALIGNED WITH AND LEVERAGING PRIORITIES AND MOMENTUM IN CCO 2.0, RAISE UP OREGON, TITLE V AND OTHER PUBLIC HEALTH PRIORITIES (SEE ATTACHED ONE PAGES)**
4. **IF EFFORTS ARE AGE-SPECIFIC, ENSURE THEY ARE DEVELOPMENTALLY APPROPRIATE**
5. **ACTIONABLE TO GET STARTED IN THE NEXT YEAR**

OPIP
Oregon Pediatric
Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Small Group Discussion

At your tables, you will have a facilitated discussion, lead by one of our steering committee members.

In your folder, in the right side pocket there are a copy of:
- the questions
- summary of some of the state and local priority areas

Identified State/Local Priority Areas

CCO 2.0

The new contracts (2020-2025) set new requirements for CCOs to improve care for OHP members and hold down cost increases in Oregon's Medicaid program. Over the next four years, the CCOs will focus on the governor's four priority areas:

1. Improve the behavioral health system and address barriers to access to and integration of care
2. Increase value and pay for performance
3. Focus on social determinants of health and health equity
4. Maintain sustainable cost growth and ensure financial transparency

https://www.oregon.gov/oha/OHPB/CCODocuments/2018-OHA-CCO-2.0-Report-Executive-Summary.PDF

GALVANIZING ACTION FOR CHILDREN WITH HEALTH COMPLEXITY
MARCH 3RD MEETING OF COMMUNITY-LEVEL STAKEHOLDERS

GUIDE FOR THE SMALL GROUP DISCUSSION ON NEXT STEPS

IN YOUR SMALL GROUPS, ANSWER THESE THREE QUESTIONS

#1) WHAT RESONATED FOR YOU THAT IS A PRIORITY OPPORTUNITY TO FOCUS IMPROVEMENT EFFORTS?

#2) WHAT IS YOUR REACTION TO THE DRAFT PROPOSED DESIGN PARAMETERS FOR HOW THIS COMMUNITY CAN MOVE FORWARD TO ACTION?

Oregon Pediatric Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Small Group Report Out: What Did you Hear

Do not copy or reproduce without proper OPIP citation.

Looking Forward – Summary of Next Steps

Do not copy or reproduce without proper OPIP citation.

Next Steps

- Provide feedback
  - ✓ Form provided today
  - ✓ Follow-Up Survey
- Follow-Up Meeting with the Steering Committee
  - o Review Specific Action Plans in Small Work Group
  - o Identify next phases
- Support from Ford Family Foundation for OPIP to provide technical assistance and support

OPIP
Oregon Pediatric
Improvement Partnership

Do not copy or reproduce without proper OPIP citation.

Oregon Pediatric Improvement Partnership

Do not copy or reproduce without proper OPIP citation.