



## Oregon's Integrated Care for Kids (InCK): Distilled Learnings –Session 2

### Maximizing Use of Child Health Complexity Data - Learning and Implications



What is measured is what is focused on

## ***Population:***

- If we had a measure for the full population of Medicaid Insured (as imperfect as it is) then it would create an intentional focus on that population
  - ❖ Drawback of practice based approaches, opportunity for synergy with practice based approaches
- Standardized language and standardized definitions for the population that can be used to inform cross sector conversations
- Family-centered use of existing data

## ***If You Have Population (Denominator) You Can Use That for***

- Equity
- Metrics or to use to stratify metrics
- To assess whether children with specific needs are getting recommended care
- Support INTEGRATION of care across sectors
- Inform payment models

# Measuring Children's Health Complexity: Definitions and Tools

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## Medical Complexity

Defined using the Pediatric Medical Complexity Algorithm (PMCA)

- 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).

## Medical Complexity

Combines the factors of Medical and Social Complexity into ONE Indicator

# Pediatric Medical Complexity Algorithm

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**Developed by a team at Seattle Children's, Validated by Center of Excellence on Quality of Care**

## **Measures for Children with Complex Needs (COE4CCN)**

- For children 0 to 18 insured
- Developed as a way to identify a population, stratify quality metrics, and to target patients who may benefit from complex care management
- Intentionally meant to address issue with CDPS

## **Based on claims and diagnosis**

### **Categorizes complexity into three categories:**

1. Complex Chronic Disease,
2. Non-Complex Chronic Disease, and
3. Healthy

**The three categories are co-linear with COST (i.e. as complexity increases, so does cost)**

# 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 SC 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

# PacificSource CCO: Social Complexity

INDICATOR	PCS Central Oregon (n=26,183)		PCS Marion/Polk (n=60,227)	
	CHILD FACTOR	FAMILY FACTOR	CHILD FACTOR	FAMILY FACTOR
Poverty – TANF (for Child and by Parent)	<b>30.5%</b> (n=7,995)	<b>29.0%</b> (n=7,592)	<b>39.3%</b> (n=23,658)	<b>34.4%</b> (n=20,702)
Foster Care – Child receiving foster care services DHS ORKids	<b>8.7%</b> (n=2,283)		<b>9.6%</b> (n=5,803)	
Parent Death – Death of parent/primary caregiver in OR		<b>1.8%</b> (n=466)		<b>1.9%</b> (n=1,115)
Parental Incarceration – Parent incarcerated or supervised by the Dept. of Corrections in Oregon		<b>21.7%</b> (n=5,679)		<b>22.7%</b> (n=13,681)
Mental Health: Child – Received mental health services through DHS/OHA	<b>38.3%</b> (n=10,041)		<b>35.2%</b> (n=21,182)	
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Substance Abuse: Child – Substance abuse treatment through DHS/OHA	<b>2.7%</b> (n=712)		<b>3.2%</b> (n=1,934)	
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Child Abuse/Neglect: ICD-9, ICD-10 dx codes related used by provider	<b>9.3%</b> (n=2,425)		<b>8.5%</b> (n=5,113)	
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Parent Disability: Parent is eligible for Medicaid due to a recognized disability		<b>3.6%</b> (n=937)		<b>4.0%</b> (n=2,387)



# PacificSource CCO in Central Oregon and Marion/Polk: **Social Complexity**

INDICATOR	PCS Central Oregon (n=26,183)	PCS Marion/Polk (n=60,227)
<b>Children with 3 More of the Social Complexity Indicators</b>	<b>35.9%</b> <b>(n=9,404 )</b>	<b>40.6%</b> <b>(n=24,424 )</b>
<b>Children with 1-2 Social Complexity Indicators</b>	<b>39.5%</b> <b>(10, 336)</b>	<b>40.8%</b> <b>(24,610)</b>
<b>Children with No Social Indicators</b>	<b>24.6%</b> <b>(6,443)</b>	<b>18.6%</b> <b>(11,193)</b>



# Health Complexity Categorical Variable: Purpose and Goal

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Given that **medical complexity** and **social complexity** will be independently examined and shared, create a health categorical variable that combines both factors

- Categories anchored to level of medical complexity AND level of social complexity
- Understand the population with both levels of complexity

Build off the learnings from the COE4CCN

- **1 or more** social complexity indicators associated with higher costs
- The more factors present, the higher costs – **Gradient effect**

Create a **manageable level of categories** for population-level aggregate reports

Ensure **categories have sufficient denominators** to allow for state and county-level reporting, maintain data sharing agreements when shared at a child-level



# PacificSource CCO - Central Oregon

## Health Complexity: Categorical Variables Related to Medical and Social Complexity

Page 8 of the CCO-Level Report: <https://www.oregon.gov/oha/HPA/dsi-tc/ChildHealthComplexityData/PacificSource-Central-Oregon-2021-October.pdf>

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)	5.0% (1,316)	4.1% (1,066)	0.7% (195)
MODERATE Medical Complexity (Non-Complex, Chronic PMCA=2)	8.7% (2,277)	8.0% (2,089)	2.2% (584)
NO MEDICAL COMPLEXITY (PMCA=3)	22.2% (5,811)	27.4% (7,181)	21.6% (5,664) Neither Medically or Socially Complex

Data Source: ICS Data Warehouse and Medicaid/CHIP data sourced from All Payer All Claims (APAC). Children publically insured as of August 2021. Lookback period is lifetime of the child plus one year prior to birth (prenatal period).



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	3 or More Indicators	1-2 Indicators	None in System-Level Data
HIGH Medical Complexity (Chronic, Complex PMCA=1)	5.5% (3,285)	3.5% (2,085)	0.6% (383)
MODERATE Medical Complexity (Non-Complex, Chronic PMCA=2)	9.4% (5,683)	7.1% (4,263)	1.7% (1,030)
NO MEDICAL COMPLEXITY (PMCA=3)	25.7% (15,456)	30.3% (18,262)	16.2% (9,780) Neither Medically or Socially Complex

Data Source: ICS Data Warehouse and Medicaid/CHIP data sourced from All Payer All Claims (APAC). Children publically insured as of August 2021. Lookback period is lifetime of the child plus one year prior to birth (prenatal period).



# Key Opportunities Informed or Reinforced in InCK Pre-Implementation

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1. Rate Setting at OHA Level
2. Community Engagement – Across Sectors
3. Understanding Service Need
4. Within a Global Budget: Addressing Children (and Family and Parents)  
With Costs that Could be Modified Through Support Efforts
5. Stratification of Metrics
6. Behavioral Health
7. Health Related Social Needs
8. THW Investments
9. PCPCH Plus Model and Other Opportunities
10. Other Investments
- \*\* Didn't get to this
11. Addressing the Needs of the Tribal Population

# Rate Setting in a Global Budget Environment

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- **Medical Complexity:**
  - Strong literature that CYSHCN account for 80% of the costs
  - PMCA was developed to be a reliable, standardized way to use information for full Medicaid population (enhanced by APAC)
    - ✓ Intended to address the blind spots of the commonly used CDPS methodology
  - Enhancing, improving how rates are set using strategies that are meaningful, valid and relevant for children
- **Social Complexity**
  - Each factor associated with costs individually
  - Also a cumulative effect – more factors, more costs over time.
  - Understand that for many of these families, it may not be reflected in past costs
  - With a focus on equity and upstream, providing rates that would incentivize and support the engagement, integration and provision of THW, behavioral and other social services seems critical
- **Health Complexity**
  - Best indicator to use if possible, given combined and cumulative impact
- Rates for the Family, if Multiple Children
- Rates for the Family & Parent, if Parent also Enrolled

# SIL 2 Flags – Overall and by InCK Region

SIL	Overall		Marion/Polk		Central OR	
	Count*	% (out of 14887)	Count*	% (out of 10008)	Count*	% (out of 4879)
<b>SIL 2A Flag:</b> Previous Foster Care Placement and/or Child Welfare-Involved + Child Medical Complexity**	2899	19.5%	2128	21.3%	761	15.6%
<b>SIL 2B Flag:</b> Parent History of SUD, MH and/or Incarceration + Child Medical Complexity***	13256	89.0%	8919	89.1%	4337	88.9%
<b>SIL 2C Flag:</b> 3+ Social Complexity Factors + Child Medical Complexity	5664	38.0%	3821	38.2%	1843	37.8%
<b>Total SIL 2 (Total Unique Members in SIL 2)</b>	<b>14887</b>		<b>10008</b>		<b>4879</b>	

**Notes:**

\* Count of Children/Youth with SIL Flag and by SIL: children/youth can have more than one SIL flag, but total SIL count represents unique members in that SIL level.

\*\*no longer contains “currently” in foster care or child welfare caseload

\*\*\**Not currently limited to just parents that are also PCS Members, but ff we limit 2B to cases where parent is PCS member, overall count reduces to **9136 (almost 70% of full 2B population)** - see power point note on this data point.*

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# Community Engagement – Across Sectors

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- A focus on children with health complexity requires a population based approach and across sectors
- Found data is a helpful unifying metric and voice (noted by most of the Partnership Council during close out interviews)
  - Learn from community about what is right in the data, what is missing from the data
  - Learn from community about the stories behind the data
    - Example from Gorge
  - Importance of using the community engagement to document and highlight what is missing from the data (the STRENGTHS! And the resiliency factors)
    - Reason we always had parent presenters in the meetings
    - Sharing of strengths and resilience

# Community Engagement – Across Sectors

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Sectors and Ways of Presenting the Data that were Consistently Found of Value (OPIP has used county-level data, given it includes Fee-For-Service)

- For the Early Learning Hub – by Regions they serve and for Birth to Five
- For Public Health

Stratifiers Commonly Requested:

- By REAL-D categories
- By Geographic Region
  - By Zipcode
- By School District (Power to partner)



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# Understanding Service Need

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- Data used to understand how many kids likely have need for a service and then used to compare against actual services
  - Services available
    - By factors that impact access (e.g. region, race, type of social complexity)
  - Types of services
    - Specialty
    - Behavioral health – starting with even just an assessment
    - Care coordination supports
    - Transportation needs
    - Housing

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# Within a Global Budget: Addressing Children (and Family and Parents) With Costs that Could be Modified Through Support Efforts

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- Principle of InCK was to focus on how we could implement strength based assessment, services, coordination and integration of services that would impact children in SIL 2/3 that were at high risk for high costs
  - Strength based assessments
  - Receipt of
    - ✓ Physical
    - ✓ Behavioral health assessment – and if need - services (majority hadn't had)
    - ✓ Services addressing social determinants (housing, food, home visiting, welfare involvement)
    - ✓ Parent priority: School

**OR InCK Service Integration Levels:  
Relationship of Factors With Each Other and **Avoidable High Costs Events:**  
**Preliminary Findings Based on Marion & Polk Data****

**Ambulatory Care: Avoidable ED Visits**

Complexity Factor	Rate per 1,000
<i>Overall CCO Member Level File</i>	6.1
<i>Overall Child Health Complexity Population</i>	4.8
<b>Social</b>	
3 or more indicators	5.5
1-2 indicators	4.5
None in System-Level Data	3.5
<b>Medical</b>	
Complex Chronic	7.2
Non-complex Chronic	5.6
No Medical Complexity	4.1
<b>Health</b>	
Complex Chronic, 3+ Social Factors	7.6
Complex Chronic, 1-2 Social Factors	6.8
Complex Chronic, 0 Social Factors	6.5
Non-Complex Chronic, 3+ Social Factors	6.1
Non-Complex Chronic, 1-2 Social Factors	5.3
Non-Complex Chronic, 0 Social Factors	4.6
Healthy, 3 + Social Factors	4.7
Healthy, 1-2 Social Factors	4.0
Healthy, 0 Social Factors	3.2

## Key Takeaway:

- **Social complexity** as predictive of avoidable ED as medical complexity
- Children with both **medical** and **social complexity** have the highest rates

*Source:* Oregon Health Authority. (January 2021). 2019 CCO member-level file and 2020 Child Health Complexity data: Medical complexity based on APAC claims from January 2017-December 2019. Social complexity based on social indicators for life of the child + 1 year as of May 2020. Population includes children and youth residing in Marion and Polk counties as of May 2020. Total population in Marion & Polk as of May 2020 was 58,478. See <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/DataDictionary-Social-Indicators.pdf>

**OR InCK Service Integration Levels:  
Relationship of Factors With Each Other and Avoidable High Costs Events:  
Preliminary Findings Based on Central Oregon Data**

**Ambulatory Care: Avoidable ED Visits**

Complexity Factor	Rate per 1,000
<i>Overall CCO Member Level File</i>	6.1
<i>Overall Child Health Complexity Population</i>	5.3
<b>Social</b>	
3 or more indicators	7.5
1-2 indicators	4.6
None in System-Level Data	2.8
<b>Medical</b>	
Complex Chronic	8.9
Non-complex Chronic	6.1
No Medical Complexity	4.4
<b>Health</b>	
Complex Chronic, 3+ Social Factors	12.2
Complex Chronic, 1-2 Social Factors	6.0
Complex Chronic, 0 Social Factors	4.4
Non-Complex Chronic, 3+ Social Factors	7.4
Non-Complex Chronic, 1-2 Social Factors	5.4
Non-Complex Chronic, 0 Social Factors	3.6
Healthy, 3 + Social Factors	6.5
Healthy, 1-2 Social Factors	4.1
Healthy, 0 Social Factors	2.6

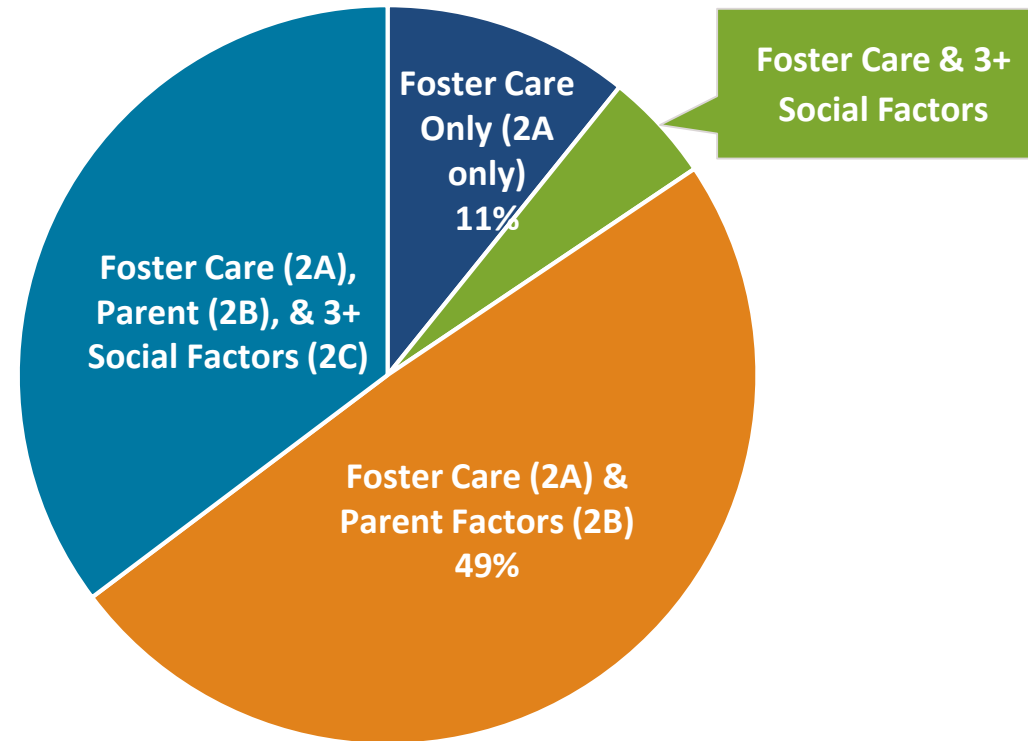
**Key Takeaway:**

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**OR InCK Service Integration Levels:  
Relationship of Factors With Each Other and Out of Home Placement (SIL 2A):  
Preliminary Findings for Marion and Polk**

Within Foster Care + Medical Complexity (SIL 2A)  
Population  
(% of population with overlapping factors)  
N= 2,933



**OR InCK Service Integration Levels:  
Relationship of Factors With Each Other and **Out of Home Placement (SIL 2A):**  
Preliminary Findings for Central Oregon**

<b>SIL Overlapping Flags</b> (Associations Between and Across Social Complexity Factors)	<b>Percent of Assigned SIL LEVEL</b> (Count of Individuals in SIL Flag Combination Group/Count of Individuals Assigned to SIL)
SIL 2A: Child in foster care or has ever been in foster care	SIL 2A
<b>Child flagged for 2A, 2B <u>and</u> 2C:</b> Medically Complex + Foster Care Population, Parent Health Complexity <i>and</i> Child Social Complexity	<b>39.6% (420/1061)</b>
<b>Child flagged for 2A <u>and</u> 2B:</b> Medically Complex + Foster Care Population <i>and</i> Parent Health Complexity	<b>44.5% (472/1061)</b>
<b>Child flagged for 2A <u>and</u> 2C:</b> Medically Complex + Foster Care Population <i>and</i> Parent Health Complexity	<b>3.8% (40/1061)</b>
<b>Child flagged for 2A ONLY:</b> Medically Complex + Foster Care Population (single flag)	<b>12.2% (129/1061)</b>
SIL 2B: Social Complexity that includes:1) Parent substance abuse, &/or; 2) Parent mental health, &/or Parental incarceration	SIL 2B
<b>Child flagged for 2B <u>and</u> 2C:</b> Medically Complex + Parent Health Complexity <i>and</i> Child Social Complexity	<b>30.0% (1018/3399)</b>
<b>Child flagged for 2B ONLY:</b> Medically Complex + Parent Health Complexity (single flag)	<b>70.1% (2381/3399)</b>
SIL 2C: Social Complexity that 3 or more indicators of 8 remaining factors not identified in 2A and 2B.	SIL 2C
<b>Child flagged for 2C ONLY:</b> Medically Complex + Child Social Complexity (single flag)	<b>100.0% (118/118)</b>

Note: **Count of Individual Assigned to SIL** is our current SIL approach with hierarchy and mutual exclusivity applied. Given these insights from the data, Oregon InCK team is proposing that all applicable risk indicators be shared to inform best match outreach, engagement, and care coordination strategies.  
Source: Oregon Health Authority. (January 2021). 2020 Child Health Complexity data: Medical complexity based on APAC claims from January 2017-December 2019. Social complexity based on social indicators for life of the child + 1 year as of May 2020. Population includes children and youth residing in Crook, Jefferson, and Deschutes counties as of May 2020. Total population in Central Oregon as of May 2020 was 25,033 (~82% of children were not flagged using currently available indicator data). See <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/DataDictionary-Social-Indicators.pdf>



# Leverage Data to Identify Which and How to Get Children, Families Supports and Connection to Root Solutions for Costs

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- ICC that is match for health complex children
- Wraparound
- THW Supports
- Models like NICH
- [Models like Pediatric Together](#)
- Cocoon and home visiting supports
- Behavioral health assessment
  - For child
  - For parent
- Behavioral health services
  - For child
  - Likely for parent
- Highly functioning PCPCH that has internal supports focused on health complex children

# Leverage the Data to Ensure Focus on Equity

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- Review factors above by **region** to ensure equity and fidelity of services
  - ✓ Geomapping with attributed population
  - ✓ Concern about children in Jefferson County and Polk County specifically
- Review factors by **REAL-D factors** noted
  - ✓ Note: Later on will talk about HNA (Heritage Native American) designation
  - ✓ Value of potential and future data sharing from OHA on these variables given barriers to REAL-D collection in clinical settings
- If you have received them as a child newly enrolled in foster care, ongoing supports
- Birth to five focus

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# Stratification of Metrics

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## Examples:

- Value of stratifying metrics by
  - Medical Complexity
  - Social Complexity
  - Health Complexity
- Reach metrics
  - Behavioral Health PIP – With Child Angle
  - Social emotional reach metric provided by social complexity for this reason
- For Attributed and Non-Engaged Children

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- Covered in detail on 11-17
- Children with a number of the social complexity factors, based on the literature, would clearly benefit from at least an assessment
- Need for expansion of, capacity of, and child centered services that are trauma-informed

# PacificSource CCO: Social Complexity: Potential Data Request- BLINDED Count of Indicators for Which At Least a Behavioral Health Assessment would be Valuable

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- ACEs is a determinant of health, correlation of health complexity
- Medical complexity and association with bankruptcy
- Correlation of factors with:
  - Welfare involvement – with health
  - Housing insecurity (see MP Housing SubGroup Slides)
- Potential value as you explore the SDOH screening and connection metric
  - Focus on most vulnerable families
  - Consider the factors represented in that data that will impact validity of reporting and ability to connect with and receive services
  - Impacts is amplified for health complex children and families of color in rural regions

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- Reference 12/7/21 Meeting with OHA and PCS Slides for Detail
- Use of data to inform investment and funding supports of THW specifically for health complex children and the settings and places they park their cars and have established trust

Priorities to Consider, each with a Lens of Culturally and Linguistically Matched or Prioritized THW Services:

- Children with **medical complexity**
  - Hospital and specialty based supports (No one is on first)
- Children with **social complexity**
  - **Housing Navigators** given the SDOH Metric (not necessarily within PCPCH)
  - Youth centered models – adolescent IL transition and adolescent SUD treatment
  - Family-centered CHW programs
  - Ensuring parent SUD/MH that is paired with child attachment focused services
- Children with **health complexity** and risk for high costs
  - **Peer-to-peer family supports** anchored to medical and social complexity factors
- Children with **child welfare involvement**
  - **Peer-to-peer** supports to engage and connect parents with the foundational supports around substance abuse, mental health, past incarceration, etc.

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PCP Group	Location		PCPCH status	Practice Type (FM or Peds)	Total Attribution	Estimated Total # SIL 2 & 3 Members	% of Total Attribution Identified in SIL 2 & 3	% that had a WCC	Serves Large Population with Inequitable Opportunities	Status of Baseline Engagement	
	City	County									
CHAOS	Salem	Marion	5 STAR	Peds	10,147	2,215 – 2,450	22%	6,268 (62%)	Highest Complexity attributed here	Completed	
YVFWC <i>Soft start – 1 site</i>	Lancaster	Salem	Marion	5 STAR	FM	10,079	700 – 1,100	7%	5,945 (59%)		Not Started
	Pacific Peds	Woodburn	Marion	5 STAR	Peds						
	Salud	Woodburn	Marion	5 STAR	FM						
	Beverly	Salem	Marion	Tier 4	FM						
Salem Pediatric Clinic	Salem	Marion	5 STAR	Peds	8,642	1,500 - 1,700	17%	5,976 (69%)		Not Started	
Woodburn Pediatric	Woodburn	Marion	Tier 4	Peds	4,397	700 – 800	16%	2,987 (68%)	High Hispanic and Russian populations	Need to Complete SDOH Module	
NWHS <i>Soft start</i>	West Salem	Salem	Marion	5 STAR	FM	2,469	TBD	TBD	646 (26%)		Not Started
	Total Health	Monmouth	Polk	5 STAR	FM						

PCP Group		Location		PCPCH Status	Practice Type (FM or Peds)	Total Attribution	Estimated Total # SIL 2 & 3 Members	% of Total Attribution Identified in SIL 2 & 3	% that had a WCC	Serves Large Population with Inequitable Opportunities	Status of Baseline Engagement
		City	County								
COPA	Bend – East	Bend	Deschutes	5 STAR	Peds	10,834	2,100 - 2,250	19%	7,423 (69%)	COPA Redmond - higher Medicaid	Complete
	Bend - West (NW Crossing)	Bend	Deschutes	5 STAR	Peds						
	Bend - South	Bend	Deschutes	5 STAR	Peds						
	Redmond	Redmond	Deschutes	5 STAR	Peds						
Mosaic Medical <i>Start with Magenta Team (Peds Team)</i>	Courtney Clinic	Bend	Deschutes	Tier 4	FM	5,233	1,100 - 1,250	21%	1,940 (37%)	FQHC	Not Started
	East Bend Family Med.	Bend	Deschutes	Tier 5	FM						
	East Bend Peds	Bend	Deschutes	Tier 5	Peds						
	Madras Clinic	Madras	Jefferson	Tier 5	FM						
	Prineville Clinic	Prineville	Crook	Tier 5	FM						
	Crook Kids Clinic	Prineville	Crook	Tier 4	Peds						
	Redmond Clinic	Redmond	Deschutes	Tier 5	FM						
Madras Medical Group (SOFT START)		Madras	Jefferson	Tier 4	FM	816	135 - 165	17%	398 (49%)	Jefferson County	Not Started
La Pine CHC		La Pine	Deschutes	Tier 4	FM	917	125 - 165	14%	333 (36%)	Noted by partner	Complete

**Marion County / Polk County CCO**  
**Top PCPs by # Members Assigned**  
Members Assigned 02/2021

CCO	PCP Group	Estimated Total # SIL 2 & 3 members	% of SIL 2 & 3 members Attribution in Region	Estimated Total # SIL 3 members
M&P	CHAOS	2,215 – 2,450	28%	40 – 75
M&P	YVFWC (4 sites)	700 – 1,100	13%	15 – 30
M&P	Salem Pediatric Clinic	1,500 - 1,700	20%	30 – 55
M&P	Willamette Family Med	780 - 900	10%	10 – 20
M&P	Woodburn Pediatric	700 – 800	9%	8 – 25
M&P	Salem Clinic (4 sites)	880 – 940	11%	20 – 30
M&P	Salem Health (8 sites)	660 – 750	9%	15 – 30
	<b>TOTAL (assumed highest attribution)</b>	<b>8,640</b>		

**Central Oregon CCO**  
**Top PCPs by # Members Assigned**  
Members Assigned 02/2021

CCO	PCP Group	Estimated Total # SIL 2 & 3 members	% of SIL 2 & 3 members Attribution in Region	Estimated Total # SIL 3 members
CO	COPA (4 sites)	2,100 – 2,250	43%	45 – 125
CO	Mosaic (X sites)	1,100 – 1,250	24%	30 – 65
CO	St Charles (X sites)	800 – 1,000	19%	15 – 30
CO	Summit Health (Formerly BMC) (X sites)	200 – 240	5%	3 – 15
CO	La Pine Community Health Center	125 – 165	3%	1 – 8
CO	Weeks	140 – 175	3%	1 – 5
CO	Madras Medical	135 – 165	3%	5 – 15
	<b>TOTAL (assumed highest attribution)</b>	<b>5,245</b>		

# PCPCH Plus Model and Other Opportunities

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Some considerations:

- Examine data by PCPCH to understand the breadth and depth of needs in that practice for attributed population
  - Factors that drive barriers to access
  - Integrated behavioral health
  - RN-based care coordination
  - THW
  - Translator supports
  - Transportation supports
- Importance in family medicine practices of exploring these factors specifically for children



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# Investment Opportunities

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Data can be used to identify where community funding opportunities may support proof pilots:

- Regions
- School
- Clinical partners

Data can be used to identify where community funding opportunities may support addressing root causes:

- Behavioral health access
- Housing
- Treatments service and supports for parents
- Community-based THW supports

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# Addressing the Needs of the Tribal Population

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- Examine health complexity data for children and families with HNA(Heritage Native American) designation
- Consideration of coordination and collaboration with FFS HNA enrolled
- Pilot of models for health complex, CCO enrolled, tribal affiliated members



## Questions and Reflections from Partners?

- PacificSource
- OHA