

PRIDE PLAN PROFILE

CareOregon

Improving care management for members with serious mental illness.

CareOregon was founded in 1993 by a consortium of safety-net providers, including the Multnomah County Health Department, the Oregon Primary Care Association, and the Oregon Health & Science University, to serve the populations they shared. CareOregon draws its members primarily from the metropolitan Portland area, and enrolls over one-third of the Medicaid beneficiaries in the state. It also has the largest Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) in Oregon – CareOregon Advantage Plus – with an enrollment of approximately 11,000.

Quick Facts: CareOregon

- **Tax status:** Not-for-profit
- **Integration model:**¹ D-SNP
- **D-SNP enrollment:** 11,046
- **Service area:** 9 of 36 counties in Oregon

Delivery System Partner: Legacy Health, Unity Center for Behavioral Health

CareOregon is working with Legacy Health, a not-for-profit health system serving Oregon and Washington State through a network of hospitals, primary and specialty care clinics, outpatient laboratories, and therapy providers. In 2017, Legacy opened the Unity Center for Behavioral Health, which provides a 24-hour psychiatric emergency service (PES) and inpatient mental health care.

Partnership Focus

Through its partnership with Legacy Health, CareOregon seeks to improve care management for its members with mental illness. Approximately 40 percent of CareOregon's D-SNP members have been diagnosed with a serious mental illness and also have comorbid physical health conditions (e.g., diabetes, congestive heart failure, COPD, end-stage renal disease). The ultimate goals of the project are to reduce PES visits, psychiatric inpatient lengths of stay, and inpatient psychiatric readmissions.

Description of the Planned Project

CareOregon embedded several staff in Unity's PES to assist its D-SNP members and develop PES discharge plans, which involve accessing community supports, identifying outpatient or other less intensive mental health treatment options, or if appropriate, facilitating admission to a detoxification unit. The project includes:

PRIDE Promoting Integrated Care for Dual Eligibles

The *Promoting Integrated Care for Dual Eligible (PRIDE)* initiative, supported by The Commonwealth Fund and led by the Center for Health Care Strategies, is a learning collaborative of nine leading health plans to advance promising approaches to integrating Medicare and Medicaid services for dually eligible individuals.

This profile series highlights the leading-edge plans participating in *PRIDE* and how they are working with delivery system partners on specific initiatives to advance innovative care management practices for dually eligible populations.

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- Embedding two health resilience specialists (HRS) in Unity's PES and inpatient units to work within interdisciplinary treatment teams to support care coordination activities and identify options for community-based services to support members' discharge.
- Staffing two utilization management (UM) specialists and two HRSs, all masters-prepared clinicians, to work closely with Unity's nurses and psychiatrists. The UM specialists and HRSs work together to identify members' needs and put community-based services in place to support successful discharge and prevent readmissions.
- Assigning the HRS embedded on the Inpatient Acute Psychiatric Unit to work with the treating team and UM specialist to decrease lengths of stay for inpatient admissions by identifying barriers early and working with community partners to decrease or remove barriers to discharge. The HRS also works with members on transitions of care for 30 days after their in-patient stay, helping them navigate community systems to access recommended care and improve their stability in the community.
- Embedding another CareOregon staff person in the Hooper Detoxification Stabilization Center to facilitate transfer of individuals from the PES into Hooper. About 30 percent of the people coming to Unity's PES have an underlying substance use disorder and need treatment in a detoxification unit rather than the PES or inpatient psychiatric care.

One key to an effective partnership is frequent, ongoing communication. The UM specialists and HRSs participate in weekly and monthly meetings with Unity's director, medical director, and social worker as well as CareOregon's behavioral health high-risk population manager and county representatives to review individual PES admissions. There are weekly psychiatric rounds to review PES admissions, inpatient utilization, and transitions of care. A Unity psychiatrist also participates in interdisciplinary care teams with the community providers for some of CareOregon's highest risk members.

The primary measures of the project's success will be reductions in:

1. PES visits;
2. Length of stay for Unity inpatient acute psychiatric unit admissions; and
3. Readmissions to Unity's inpatient acute psychiatric unit.

CareOregon is working through challenges related to information sharing that stem from the organization of Oregon's health care delivery system. Oregon coordinates the physical and behavioral health care of Medicaid beneficiaries through Coordinated Care Organizations (CCOs), which are comprised of managed care organizations, county-based behavioral health organizations, and networks of providers (e.g., physical, mental, and dental care providers and substance use treatment providers). Somewhat like accountable care organizations, CCOs work in their local communities to provide care coordination and management as well as disease prevention services.

Although CareOregon is responsible for the provision of both physical and behavioral health services for its D-SNP members, as noted above it must coordinate with local counties for members' behavioral health care and substance use treatment services. The lack of a shared electronic health record and limited access to information across organizations is a barrier to coordination of care.

CareOregon is working with Legacy and other partners to develop new data sharing pathways and agreements to better follow a member through his or her care continuum. For example, CareOregon HRSs work onsite at Unity and have been granted access to the Unity electronic health record system.

This project demonstrates the commitment that CareOregon and Legacy Health have for their shared vision of more seamlessly integrating care for individuals with mental illness and improving outcomes for the members they serve.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and community-based organizations to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit www.chcs.org.

¹ Managed care plans can be used to promote the integration of care for dually eligible beneficiaries. The Medicaid-Medicare Plans (MMPs) operating under the Financial Alignment Initiative demonstrations are highly integrated models that combine Medicare and Medicaid services, administrative functions, and financing. Dual Eligible Special Needs Plans (D-SNPs) are specialized Medicare Advantage plans that must contract with the Medicaid agency in the states in which they operate, and seek to provide enrollees with a coordinated Medicare and Medicaid benefit package. When D-SNPs are aligned with Medicaid managed long-term services and support (MLTSS) plans, they can attain a higher degree of integration than D-SNPs operating alone. Fully Integrated D-SNPs (FIDE SNPs) are a type of D-SNP created to promote the full integration and coordination of Medicare and Medicaid benefits — primary and acute care and LTSS — and financing of services, for dually eligible beneficiaries.