Transforming health care

We focus on the total health of our members, over and above traditional health care. We team up with our members, their families, providers and communities to help Oregonians prevent illness, respond effectively to health issues and live better lives.

Founded in 1993, CareOregon is a nonprofit, community benefit company serving approximately 200,000 Oregon Health Plan (Medicaid) and Medicare members and their communities.

Coordinated Care Organizations (CCOs) are an Oregon innovation that integrates physical, behavioral and oral health care, and treats the whole person.

The 16 CCOs have contracts with the Oregon Health Authority to administer Medicaid. We are transforming health care and focusing on:

- Providing patient-centered primary care medical homes, using alternative payment methods to align provider pay with outcomes.
- Encouraging meaningful use of electronic health records and health information exchange.
- Developing and implementing improvements to eliminate racial, ethnic and language disparities in health care.
- Engaging with our communities through health assessments, community health improvement plans and advisory councils.
- Measuring success by improved outcomes and member satisfaction, and curbing cost growth.

“"At CareOregon, we foster healthy communities for all Oregonians.""
Innovation

Oregon CCOs are leading the country in transforming health care. With freedom to innovate, CareOregon creates programs like these.

- **LiveWell™** brings Lean principles to long-term care facilities to combine quality assurance with performance improvement. Uniting leadership and an empowered staff to focus on quality results in lower turnover, fewer worker injuries and empty bed days to reduce overall costs. CareOregon received a state grant to expand on its previous work in this area. Long-term services and support account for about 25 percent of the Medicaid budget nationally.

- **Starting Strong and First Steps** pre- and post-natal support programs reward members for following best practices in ways that foster life-long health.

- **Housing with Services** collaborates with community nonprofits to bring care and support to members in low-income housing locations in ways that keep them healthy and in their homes.

Collaboration

We partner with health care providers and incentivize them to improve member health. We work closely with them to learn what support and funding they need and assist them on strategic projects that:

- Strengthen clinic leadership, team functions and operations.
- Expand access through new and more efficient pathways for care.
- Enhance support for higher needs populations.
- Use data to drive high-level performance improvement.

As a result of this partnership with providers, some 65 percent of our Medicaid payments are already in alternative payment models/population-based payments, surpassing the 2018 federal target.

Personalization

We offer care that fits our members’ circumstances.

- **Spotlight**: An outreach and support program that targets the 10 percent of Medicare members with the greatest needs.

- **Transitions**: Works with clinical staff to support hospitalized dual-eligible members at hospital discharge. Coordination ensures successful recovery and reduces the risk of readmission.

- **Health resilience**: Social workers help members with high-risk conditions, including mental health and substance abuse disorders, overcome the barriers to their health.

- **Trauma-informed care**: Training providers and others about how Adverse Childhood Experiences (ACEs) lead to chronic health issues. Together, we can overcome the resulting barriers to members’ self-care.

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**CareOregon member population**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under 18</td>
<td>44%</td>
</tr>
<tr>
<td>Adults over 18</td>
<td>56%</td>
</tr>
<tr>
<td>Male</td>
<td>47%</td>
</tr>
<tr>
<td>Female</td>
<td>53%</td>
</tr>
<tr>
<td>Medical and dental coverage</td>
<td>82%</td>
</tr>
<tr>
<td>Dental coverage only</td>
<td>18%</td>
</tr>
<tr>
<td>White/Caucasian Non-Hispanic</td>
<td>54%</td>
</tr>
<tr>
<td>Black</td>
<td>7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>20%</td>
</tr>
<tr>
<td>American Indian, Alaska Native, Asian, Pacific Islander, Hawaiian</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
</tr>
</tbody>
</table>
**Efficiency**

CCOs operate on a global budget to meet the Triple Aim of improving health and member satisfaction while restraining cost growth.

- CCOs report on a variety of performance metrics each year. These metrics are carefully chosen as key health indicators. Meeting these metrics earns CCOs additional payment for performance.
- All CareOregon CCOs earned 100 percent of the Oregon Health Authority’s metrics payout in 2015.

**Effectiveness**

Oregon’s coordinated, integrated approach results in measurable changes and improvement in care. Since 2013, Oregon has documented:

- 50 percent increase in members with primary care medical homes.
- 50 percent drop in avoidable emergency room visits.
- Savings of $240 million in one two-year period for ER visits alone, by patients with primary care medical homes.
- One-third fewer hospital readmissions.

The annual budget growth for all sixteen Oregon CCOs is kept to 3.4 percent annually, compared to the national medical trend of 6.5 percent.