Aligning in Action: Yamhill Community Care Organization

Georgia Health Policy Center

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Health is impacted by factors outside of the health care delivery system, including housing, education, poverty, employment, food availability, transportation, and safety. Recognizing that addressing these socioeconomic determinants of health is needed to meaningfully impact health inequities, a national policy shift is taking place. Government agencies, payers, and providers are all adopting a social determinants perspective. To effectively address these nonclinical needs, partners must work across sectors. Now, the question is how — what are the best practices for effectively aligning systems?

Aligning Systems for Health: Health Care + Public Health + Social Services, sponsored by the Robert Wood Johnson Foundation (RWJF) and managed by the Georgia Health Policy Center (GHPC), is focused on learning from stakeholders across the nation about effective ways to align these three sectors to better meet people’s goals and needs. Given variance in the local context, there is no single model or formula to align systems. However, Aligning Systems for Health seeks to understand commonalities that drive successful efforts to align sectors. This series examines how communities that describe their work as aligning systems are doing it around four core components of a theory of change that RWJF and GHPC are testing: purpose, governance, data, and sustainable financing mechanisms.

The Yamhill Community Care Organization (YCCO) aligns its organizational goals with multisector, community, and government partners using a collective impact framework to address social problems.

**Local Context**

YCCO coordinates care for enrollees in the Oregon Health Plan (Medicaid) in Yamhill County and parts of surrounding counties. YCCO is a 501(c)(3) grassroots nonprofit that is locally owned and governed by persons in the community, social service providers, and local health care providers.

It is a coordinated health care delivery model that integrates behavioral, physical, and oral health care in order to achieve the Triple Aim of improving the patient care experience, improving population health, and reducing costs. Community care organizations (CCOs) emerged from Oregon’s health system transformation, which used a Medicaid 1115 waiver to fund CCO development in 2012.

While one in four county residents are members of YCCO’s Medicaid managed care, much of its work is population-based and benefits schools or the broader community. YCCO is the only coordinated care organization in the state awarded an Early Learning Hub by the Oregon Department of Education’s Early Learning Division. YCCO oversees Yamhill County’s Early Learning Hub, coordinating early childhood services and family supports with local agencies.

**Purpose**

In Yamhill community, goals are focused by the results of a shared community health assessment and resulting community health improvement plans. YCCO, the local nonprofit hospital, and the accredited county health department all have independent requirements to conduct community health assessments.
Seamus McCarthy, Ph.D., president and CEO of Yamhill Community Care, and Silas Halloran-Steiner, director of Yamhill County Health and Human Services, say there is a lot of commonality between the resulting priority areas identified by each organization. These shared community health assessments are used as a tool to bring partners and sectors together around community-identified needs.

The 2019 Community Health Improvement Plan, developed by YCCO’s Community Advisory Council, identified oral health, behavioral health, children and families, access to care, trauma reduction and resilience, and social determinants of health as focus areas. Elements of these focus areas address structural factors like housing, equity, and social supports.

**GOVERNANCE**

Decision-making power lies with YCCO's multisector board of directors, which its bylaws state must include representatives from plan health care providers, social service agencies, and early childhood services (e.g., Head Start, Yamhill County Health and Human Services, and early learning providers). The board has four subcommittees: the Early Learning Council, the Community Advisory Council (half of whom are plan members/families), the Quality and Clinical Advisory Panel, and the Community Prevention and Wellness Committee.

There are state requirements for Oregon’s CCOs to work closely and have memoranda of understanding with public health. In the 2020 CCO contracts, there is a growing emphasis on social determinants of health along with requirements that CCOs put a certain amount of their margin or reserves into social determinant investing every year, necessitating cross-sector partnerships.

While partners participate voluntarily, there are structured arrangements in which social service providers may voluntarily participate in YCCO activities and may also formally receive funds directed through CCO's Medicaid payments through the delivery system. Local leaders acknowledge that the combination of contractual obligations and financial incentives, by design, brings sectors together as partners.

**DATA**

The state sets annual quality metrics that CCOs must meet. These range from prevention and cancer screening goals to pediatric developmental screening measures and opioid prescribing targets. YCCO works with providers and partner organizations to meet the 17 metrics, as some funding is contingent upon meeting these quality goals. YCCO purchased a platform for contracted primary care providers in order to enable sharing data on the outcomes of these metrics. Each provider can access the platform and see where they are on a particular metric and identify the individual members who need to receive the medical services in order to meet the metric. Additionally, they can see how other providers in the network are performing on the metrics.

**FINANCING**

Health care transformation in Oregon is based around the Triple Aim. One of Oregon's strategies to address these aims is an alternative payment methodology. It is a multitier payment system for primary care clinics, designed to incentivize the provision of quality, patient-centered, primary care delivery. The quality pool distribution of incentive payments is funded through Oregon Health Authority and federal Medicaid funds.

For the fifth consecutive year, YCCO has received 100% of the funding for meeting these required metrics. The YCCO board of directors makes the final payout determination, but generally, funds are redistributed back to contracted partners to support further innovations in workflow and coordinated care delivery. Between CCO incentive metric dollars and meeting additional conditional measures, YCCO received $5.5 million in additional payouts in 2019.

YCCO reinvests these funds back into the community through programs like its Service Integration Teams, which address local barriers like helping individuals pay rent or repair a vehicle. The funds also support YCCO’s Community Prevention and Wellness Fund, which invests in social determinants of health, like food insecurity, and supports prevention programs in schools, like the PAX Good Behavior Game.
INSIGHTS FROM THE COLLABORATIVE

Like with building most relationships, in Yamhill, time together and face-to-face time is critical to aligning the sectors.

“There are some common things that these three sectors face around workforce development and challenges within the larger economic forces that Oregon is facing, like housing shortages,” says Halloran-Steiner. “But we also have a lot of different issues that are specific to each sector that we must manage. So you start from a place of common interest in community health outcomes, and then after that it takes relationships and trust to develop partnerships.”

The structure of YCCO, with the integration of the Early Learning Hub, also brings sectors together.

“Having cross-sector engagement created synergy between education and health care that is rare to find,” says McCarthy.

From behavioral health issues to impaired hearing or vision problems, teachers can make direct referrals to community health workers employed by YCCO. This is one way YCCO supports investments in early learning and social determinants of health. This closed-loop referral system benefits from the synergy between YCCO and the Early Learning Hub, meaning that the resulting family assessment can identify other barriers the family is having and the resources of the YCCO and the Early Learning Hub can assist with eye examinations and developmental screenings.

“This, then, makes the classroom more teachable, the teacher less frustrated, the child more successful, and cuts disruptions in the classroom,” says McCarthy.

INSIGHTS FOR ALIGNING

- The state’s decision to create CCOs as a means to deliver Medicaid benefits through local, community-driven organizations provided the urgency for Yamhill stakeholders to imagine what local health improvement was possible.
- Health care, public health, and social service organizations are all at the table through board governance that mandates inclusivity.
- YCCO has developed a way to drive revenues from incentive payments tied to reaching quality metrics back into the community to upstream population health interventions.
- Trust among the sectors has strengthened over time as they have worked together at the same table to drive the success of the CCO.

ALIGNING IN ACTION

The Yamhill Early Learning Hub, within YCCO, brings together the early childhood, K–12 education, health, human and social service, community, business, government, and philanthropic sectors to improve outcomes for young children and align services into one efficient and effective countywide early learning system.

The YCCO board of directors serves as the governing body for the Early Learning Hub, which is advised by the 24-member Yamhill Early Learning Council. The council also includes cross-sector representation from local school districts, the business community, nonprofits, parents, health care providers, health and social services, early learning programs, county government, tribal leadership, and higher education. The council coordinates efforts and resources among the represented sectors, provides feedback in evaluating family support and early childhood services to ensure positive outcomes and eliminate duplication of services, engages families in hub design and parenting strategies, provides advice regarding culturally and linguistically appropriate family engagement, strategizes ways to increase the number and quality of early learning environments, monitors target outcomes, and develops efforts to engage collaborative funding across the philanthropic and public sectors.

A tangible example of alignment within the Early Learning Hub is Family CORE, a multidisciplinary group of agencies that uses a single referral form, which any provider or community member can use to refer to the entire group. The group meets to review referrals and assigns referrals to the most appropriate resources. Some of the services provided include respite for parents, parent education, diaper and resource banks, addiction and social support, free meals, mental health services, transportation, and home visiting.