



The CareOregon Effect



The CareOregon Effect

Improving the health of just one person can improve the lives of many.

That's more than a feel-good sentiment. It's something we've seen in action through hundreds of thousands of people for 25 years. From helping mothers bring healthy babies into the world, to providing end-of-life comfort through palliative care. From coordinating medical, dental and behavioral health, to helping families with housing and food security.

Every day, our goal is to strengthen communities by helping the ripples of good health go on and on.

Table of contents

Letter from the Chief Executive Officer **4**

CareOregon Metro expansion **7**

Primary Care Investment Fund **13**

CareOregon Advantage **17**

Jackson Care Connect **21**

Columbia Pacific CCO **25**

Tribal Care Coordination **29**

Housing is health **33**

HouseCall Providers **37**

CareOregon Dental **41**

Cooking Matters **45**

Board of Directors **48**

Financial summary & community investment **49**



*President & Chief Executive Officer
Eric C. Hunter works collaboratively
with members, providers, staff,
legislators and community partners
to improve health equity and address
the social determinants of health.*

LETTER FROM THE CHIEF EXECUTIVE OFFICER

The CareOregon Effect

At CareOregon, our **mission** is building individual well-being and community health through partnerships, shared learning and innovation. We do this work in partnership with our members, providers and community partners — because we know that health is so much more than health care.

It's the connection that our hospice nurses make with patients and families they support through end of life care. It's the contagious enthusiasm that 4th graders bring to hula hoop contests in our Clatsop Kids Go program on the coast. It's helping a case manager access housing for a tribal member with complex needs. It's meeting people where they are to give them the care they need to live a healthy and happy life.

Like any health care organization, our work is grounded in data. At CareOregon, it's also rooted in the lives of those we serve and the communities that we work to empower.

Every day, we strive to build stronger communities by making health care work for everyone. I'm proud that our work in 2018 brought us closer to this vision for a strong, connected Oregon.

Eric C. Hunter

*President & Chief Executive Officer
CareOregon*

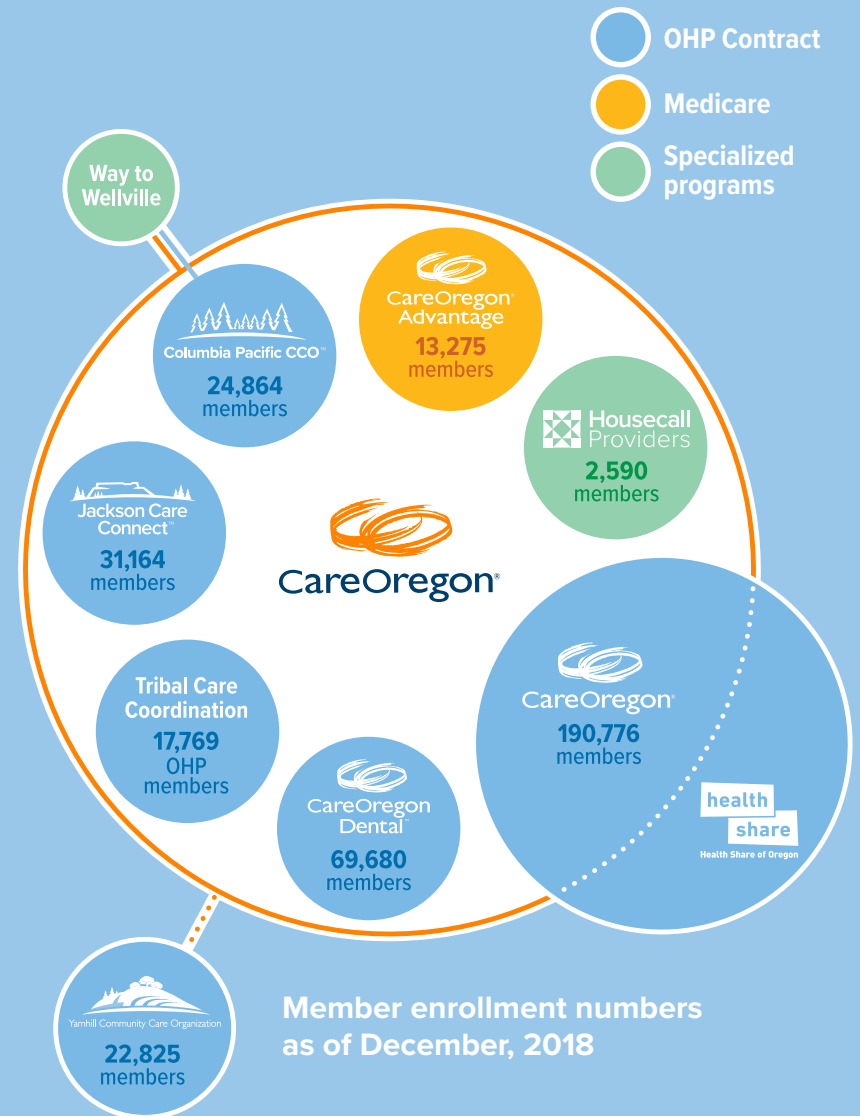
The CareOregon family

Founded in 1994 to administer Oregon’s Medicaid program, the Oregon Health Plan, CareOregon provides coordinated health plan services and community support for low-income Oregonians.

Over the past two decades, our growth has kept pace with the size of our community commitment, and the steadfast goal of making health care work for everyone.

As the state’s largest provider of Medicaid services, we’ve expanded to meet changing needs. In 2006, we added Medicare — CareOregon Advantage — to our portfolio, increasing options for seniors, specifically those who might be eligible for both Medicare and Medicaid. In 2012, we took a larger role in supporting whole person health by helping establish five of Oregon’s 15 Coordinated Care Organizations (CCOs). That same year, we added CareOregon Dental, expanding our commitment to integrated health care services. In 2017, we added Housecall Providers; we also collaborated with the state’s Nine Federally Recognized Tribes and the Oregon Health Authority to form our Tribal Care Coordination program. Throughout, we supported our service areas by partnering with community-based organizations, furthering our commitment to improved population health. In 2018, our work evolved to include behavioral health capacity in-house.

At CareOregon, we are committed to improving and protecting the health of all Oregonians, focusing beyond health care to total health and well-being. We’re proud to work in partnership with our members, their providers and communities.





Eric Hunter, President & CEO of CareOregon, (right)
Mindy Stadlander, Senior Vice President of Medicaid
and Network Services, (center) and **Jim Slater**,
Vice President of Pharmacy (left).

CAREOREGON METRO EXPANSION

CareOregon ingenuity and values contribute to smooth Metro expansion

It was December 20, 2017, and Eric C. Hunter, CareOregon's President and CEO, had gathered senior leaders to discuss a rapidly developing situation. Family Care — one of the two Coordinated Care Organizations in the Portland metro area — would soon be closing its doors. Some 103,000 Family Care members would be transitioning to Health Share of Oregon, CareOregon's umbrella CCO.

There was an urgency in the room. Nearly 80,000 of those new Health Share members would move to CareOregon's hands, and possibly as soon as January 1, 2018.

In the executive meeting, Eric asked his team to voice everything CareOregon would need to consider in this undertaking. Amit Shah, MD, Chief Medical Officer, weighed in. Family Care members hadn't asked for this enormous change, he pointed out. And as we bring those members into CareOregon, he said, "Ensuring the safest transition — patient safety — is our number 1 priority." Amit's message of safety resonated with Jim Slater, Vice President of Pharmacy, CareOregon.

Jim and the Pharmacy team had deep concerns related to the Pharmacy transition.

Earlier that week, he'd touched base with OptumRx, CareOregon's pharmacy benefits manager, and floated an idea. It was an unorthodox solution that would require a big, fast, technical lift from OptumRx.

Just then in the executive meeting, Jim's phone flashed with an out-of-state number. He stepped outside the room to take the call.

A 40% enrollment jump in six weeks

Although the causes for Family Care's closure were a matter of dispute, there was no disputing that the events presented an extraordinary situation for everyone touched by it — starting with more than 100,000 Family Care members. As soon as the Oregon Health Authority announced a negotiated

Family Care closure date of January 31, 2018, CareOregon geared up for a 40% jump in enrollment in six weeks.

Across CareOregon, leadership and staff were determined to make happen whatever was needed, while collaborating closely with Health Share, for a safe, thoughtful and orderly transition. "It was all about the member," says Mindy Stadtlander, Senior Vice President of Medicaid and Network Services.

Perhaps the first need that many new members would face, in real time, was the ability to walk into a drugstore and pick up a prescription. As a pharmacist and leader, Jim Slater knew that for patients, a prescription drug often embodies hope.

'We are on board'

Back in the hallway outside the executive meeting room, Jim Slater answered his vibrating cell phone. A senior executive from OptumRx was returning his call.

Earlier that week, Jim had laid out the reality to the CareOregon pharmacy benefits manager. About one-third of Family Care members used Walgreens to fill prescriptions — and Walgreens was not in CareOregon's pharmacy network. In addition, Family Care operated with a different formulary and prior authorization rules. It would be important to create a pharmacy claims process to allow CareOregon and network pharmacists to facilitate a smooth member transition.

CareOregon was committed to avoiding any potentially harmful or unsettling disruptions as the Family Care members converted to our systems, Jim had explained. CareOregon's Information Services Department stood ready to create code that flagged new Family Care members in the pharmacy system to allow for special handling and coordination during a months-long transition period.

Jim, who'd built a strong relationship with the pharmacy benefits manager, had asked: Could OptumRx swiftly execute a complicated series of temporary changes in their system

to handle all these new members and their pharmacy network and transition needs?

"I want you to know we are on board to help you make this happen," the executive told him. And, if needed, they'd have the process changes in place by January 1. "Thank you!" said Jim in relief. He hung up, raised his phone aloft and let out an emphatic "Yes!"

Spotting Jim through the conference room window, Eric Hunter observed, "I don't know what happened with Slater, but it's gotta be good."

Reaffirming CareOregon's capabilities

It *was* good. And it was one of many good things that CareOregon teams strategized over and accomplished during the intensive six weeks that led up to the February 1st Go Live date. "It was incredibly efficient," says Rio Rossarne, former Vice President, Brand, Marketing and Communications. "The right people were brought in at the right time."

Mindy, as Senior Vice President, Medicaid and Network Services, led the transition effort at CareOregon and served as point of contact with Health Share. (Jim Slater negotiating the OptumRx-Walgreens deal in 48 hours, she said later, "was unbelievable.")

The compressed process, Mindy says, showed her what she already knew to be true about CareOregon. "We're incredibly creative" — she ticks off these attributes on her fingers — "we're committed, and we have the ability to not only think in 'big picture,' but to think in detail. And *nail* it." The only surprise? "How smoothly it all went," Mindy says.

Focus on continuity of care

Meanwhile, anticipating higher call volume from increased membership, Customer Service staffed up for the expansion. Its 10 new hires included four Customer Service representatives, one supervisor and one lead formerly with Family Care. Welcoming them and their experience to CareOregon "was good for us, and good for the members," says Jim Gardner, Vice President, Health Plan Operations.

Customer Service also set in place a short-term contingency plan to automatically send any call backlog to Passport to Language, our interpretive services vendor. The queue was rarely backed up, but the Customer Service reps could be on the line with members while feeling secure that no caller would ever hold longer than two minutes.

To bolster sparse data on the transitioning members, the CareOregon IS team

aggregated all available accurate member data then created universal search criteria. That helped Health Plan Operations prepare properly for the transitioning members' medical management needs, says Nate Corley, Vice President, Information Services & Analytics. In addition, pulling together multiple search identifiers enabled Customer Service reps to respond knowledgeably, from the start, when the new members called with questions.

.....
"I don't know what happened with Slater, but it's gotta be good."
.....

Clinic partners appreciated the calm and supportive changeover, the transition time allowed for Pharmacy changes, the attention to continuity of care and care coordination despite slim patient data, and CareOregon's watchful eye post-transition.

"I really don't know how the organization did it," says Deborah Cockrell, Executive Director, Clackamas County Health Center Division. "But it went very, very well."

Many decisions, tools and actions led to the smoothness of the Metro expansion. They included:

Co-project managers. CareOregon hired an outside consultant to co-project manage the transition with Les Lukacs, former Project Manager II. Les had been with CareOregon for all of five weeks when the imminent Family Care closure arose. While Les didn't know all the ins and outs of CareOregon, and had never encountered a project with such short lead time, he and the project team knew exactly what to do: Mobilize quickly. Implement processes and tools everyone could trust, and define clear lanes for himself and the outside consultants so they'd work together effectively.

Tiger Teams. Clinical and Operations teams — nicknamed Tiger Teams because "we're quick, responsive and powerful!" says Mindy — held morning and afternoon standup meetings to bring together stakeholders and subject experts "to make sure we were responding to the needs of the project in real time," Les explains.

Rounding. Leaders from across the organization regularly visited different departments involved in the transition, checking in and soliciting staff feedback.

Partner meetings. Transition leaders met personally with our largest providers and pharmacies to address their concerns and invite their ideas on how to make the changes go smoothly.

Provider relationships. To get around the sparse patient data, staff from Provider Relations, Contracting, Provider Configuration and Information Systems, and Business Intelligence worked with clinics to match members with the right primary care homes, and to identify new members with complex or time-sensitive needs.

Can-do collaboration. As Jim Gardner put it, "This is what we were designed to do. Let's get in there and do it." Pulling together leaders from around the company into quick daily and weekly meetings, he says, was "an awesome way to do any kind of project management" and has subsequently informed CareOregon's approach to other major projects.

Communications and events. CareOregon's Brand, Marketing and Communications department worked closely with Health Share staff to keep Family Care members, providers, the state and broad community informed. Efforts covered a range of communications outreach, including social media and online ads directing Family Care members to an online welcome center, multiple town hall meetings for Family Care members and providers, and new Member ID cards and handbooks.

A little fun. “We need a Star Baker,” Mindy thought one evening while watching “The Great British Bakeoff.” That led to her creating a colorful button reading, “PWGSD” (“People who get stuff done”), which she awarded each day.

As soon as the need arose, CareOregon was deeply committed to patient safety while smoothly assuming the care of nearly 80,000 residents of the tri-county area, under challenging circumstances. As the February 1 transition came and went without incident, the company ably demonstrated its strength as a stabilizing partner in the region, with leaders and staff who are ready to treat others as they would wish to be treated.

With the Metro expansion well behind her, Mindy is most proud of quickly and safely transitioning 78,824 members to CareOregon. She also feels good that the intense work was handled in a way that no one got burned out, that change management was handled well, and that the process created “an incredible sense of accomplishment and pride in the company. “We did this,” says Mindy. “We did it.”

Views on the Family Care transition/ Metro expansion

“From the very beginning of the transition, CareOregon leadership was out front, leading the charge, saying, ‘We absolutely cannot have vulnerable people fall through the cracks.’ The providers in the clinics were concerned about what would happen. And as leaders, we could honestly say, ‘CareOregon has a plan, and they are there to problem-solve to make sure the patient gets what they need.’ And I will say, you guys upheld that. It was seamless, really.”

– **Deborah Cockrell**, Executive Director, Clackamas County Health Center Division

“Looking back, I feel immense pride. No one really knew if this could be done or not. And it ended up being so smooth, which is a testament to the commitment of everyone involved: subject experts, executives, Mindy Stadlander. Everyone made the commitment: We’re going to make this happen, no matter what.”

– **Les Lukacs**, Project Manager II, CareOregon

“As a new CareOregon employee who recently transitioned from FamilyCare, I extend my sincere appreciation and gratitude for the accessible, proactive, transparent, and effective communication regarding this evolution — including information offered to staff, transitioning members, providers, and community partners. I can’t even begin to fathom how much time and consideration addressing this transition has required; however, the results are a wonderful reflection on the organization and a clear manifestation of CareOregon’s core values and mission.”

– **Kelsey Knight**, RN, Care Coordinator, CareOregon

“FC member very appreciative of the patience we have in dealing with all the questions for this transition. So thankful for all of us.”

– Log of call from former Family Care member to Customer Service, February 14

“There was a point at which it was no longer ‘the Family Care transition.’ It was about taking care of people in Metro who needed a home base for their health care. Everyone came together.”

– **Alyssa Franzen**, DMD, Vice President and Chief Dental Officer, CareOregon

Making a game plan to match the reality

“A critical part of any transition is access to data to get an understanding of exactly how many people would be impacted, which patients had critical needs and so forth.

“However, sharing of [the needed] data in advance of the transition was not an option, meaning project teams needed to create plans based on some guesswork — and fill in the blanks once they had access to data.

“In the absence of critical data and an incomplete picture of the transition population, one of the keys was to accept that CareOregon had to over-prepare as much as possible, so that by go-live, the teams would have thought of everything.”

– Heading Off Disaster: Preparing for a Coordinated Care Organization Closure, by Point B; Accountable Care News, November 2018

BY THE NUMBERS

2018 Metro expansion

85%

Percentage of provider overlap between the Family Care and CareOregon networks

78,824

Members who came to CareOregon through the Family Care transition

100%

Customer Service met and exceeded targets for average wait-times for February calls

3,800

Additions the enrollment team processed manually to ensure new members displayed correctly

13

Average number of seconds that callers waited before Customer Service answered

71,254

Transitioning members loaded into OptumRx on February 1

672

Most daily calls to Provider Customer Service, ever — on February 6

1,546

Transitioning members added to the CareOregon Tribal Care Coordination program

75

Employees hired to handle Metro expansion membership

5,810

Walgreens pharmacy claims paid in February (15% of the Family Care group's total)



VIRGINIA G
Beaverton V



Gil Muñoz
Chief Executive Officer
Virginia Garcia Memorial Health Center

PRIMARY CARE INVESTMENT FUND

Primary Care Investment Fund supports clinics

What's the backbone of CareOregon's provider network? The answer is clear: the nonprofit community health centers that deliver primary care services.

Over the years, CareOregon has collaborated with these clinics' visionary leaders, offering financial and structural support that enabled them to transform into team-based primary care medical homes — a concept that CareOregon piloted in Oregon with five partner clinics.

It also became clear that these primary care medical homes, staffed to deliver day-to-day care to complex populations, needed more support to strengthen and sustain their new practices. So in 2014, the CareOregon Board of Directors launched the Primary Care Investment Fund.

Rather than award grants, the Primary Care Investment Fund makes low- or no-interest loans to primary care clinics.

The program is paying off for members and communities. CareOregon's Primary Care Investment Fund partners are among the top-quality performers in the state. And four years after the board approved the idea, the Portland Business Journal recognized the CareOregon Primary Care Investment Fund with a 2018 award for Innovation in Corporate Philanthropy.

An effective twist on grantmaking

The investment fund program includes a clinic-determined loan draw-down schedule, and loan forgiveness tied to a business plan. The clinic and CareOregon jointly develop improvement targets. Loan terms run from two to five years.

The program goal is loan forgiveness over time, based on the continued achievement of targets, which focus on:

- ◆ CareOregon member growth
- ◆ Social determinants of health, such as housing, food, social inequity and childhood experiences
- ◆ Access to care and outcomes.

CareOregon partners with each clinic, collaborating with leadership to track progress and leverage outside resources and consultation.

Since the first loans made in 2015, CareOregon has committed \$7.6 million in loans to clinics that collectively serve some 130,000 Oregonians. Recipients include La Clinica del Valle in Jackson County, Multnomah County Health Department, Public Health Foundation of Columbia County and Virginia Garcia Memorial Health Center in Washington and Yamhill counties. The agreed-upon goals ranged from dental services to trauma-informed care to clinic capacity.

By December 31, 2018, the clinics had drawn down \$5.2 million, with \$4 million forgiven as they met the performance goals they'd set.

Mutually set milestones

One example is Virginia Garcia, a significant network partner. It applied half of its Primary

Care Investment Grant funds toward building its Beaverton Wellness Center, which opened in August 2018. The Beaverton Wellness Center offers primary care, dental care, behavioral health and pharmacy services, and includes a commercial teaching kitchen and space for group exercise classes.

Forgiving nearly all of Virginia Garcia's Primary Care Investment Fund loans — about \$3 million — was linked to milestones. The milestones were tied to the development of organization-wide infrastructure to help Virginia Garcia clinics achieve quality improvement metrics, long-term sustainability and consistent primary care quality.

Gil Muñoz, CEO of Virginia Garcia, says “there was a real focus on working collaboratively with CareOregon.”

The milestones touched a handful of areas.

Leadership. Strengthening and building leadership at all levels of clinic operations

Access. Expanding access through new and more efficient pathways for care

Optimization. Optimizing care delivery roles, team function and operations

Higher-needs populations. Enhanced management of higher-needs populations, and addressing social determinants of health

Improved performance. Sustaining capacity for change through a culture of learning and data-driven, high-level performance improvement

Quality metrics and access to care

CareOregon and Virginia Garcia agreed upon improved outcomes such as increasing preventive cancer screenings, improving control of chronic diseases and hypertension, screening more children for developmental issues, and getting patients into care more quickly.

Improved access to providers was a main thrust of the Primary Care Investment Fund. The goal specified that members could make an appointment in three days or less. A shortened timeframe would allow Virginia Garcia care teams to address member health issues more promptly.

“We’ve been able to achieve that across all of our sites,” says Gil. “And that’s a huge issue for primary care providers: a gold standard to have that advanced access. It’s a big organizational change that took us several years to roll out.” And Virginia Garcia has

systems in place to assure that clinics can maintain the three-day appointment access.

“Across the board, Virginia Garcia has been one of the top performers in the quality metrics” for Coordinated Care Organizations, Gil reports. “We continue to lead in that area.”

Relationships pave the way

Each clinic organization taking part in the investment fund program worked with CareOregon to develop a path for reaching its goals. The approach benefited from the existing relationships between CareOregon and the clinics. “Relationship-based approaches to change have the highest likelihood of success,” says Sally Retecki, CareOregon Senior Manager, Primary Care Programs, who manages the investment fund project.

This sort of long-term change requires buy-in and support from leadership at both organizations. “We take the time to demonstrate a shared understanding of the work required to implement projects, ask deeper questions, offer guidance and support, and update the business plan together as we learn what works,” says Sally.

Brenda Johnson, CEO of the Rogue Valley's La Clinica, agrees that “the relationship has

been incredibly important. Without it, we would have continued to put well-meaning, dedicated and caring staff into perpetually broken systems,” as they simply wished for improved results, he says.

Investing the time, energy and resources to fundamentally design new workflows — with patients, staff and their health plan partners in mind — is instrumental to achieving the Triple Aim of health care reform, according to Brenda. “The trust and relationship we built with CareOregon along the way,” she says, “was what made the whole program possible.”

.....
For La Clinica’s Brenda Johnson, the process was transformative to her professionally. “In my entire career, I’ve never experienced anything like this before,” she says.
.....

Others are interested in learning about this unique approach to supporting clinics. CareOregon staff and leaders from partner organizations have made presentations around the country about the Primary Care Investment Fund and its results.

“Since we’ve started, it’s helped us to improve access and quality for people in our community experiencing barriers to care,” says Vanetta Abdellatif, CEO of Multnomah County Health Department’s Community Health Centers.

La Clinica’s Brenda Johnson sees the investment fund as an additional layer of accountability that led them “to really transform our system to have an impact on the quality of care for our patients. It took transparency, perseverance, resources, and partnership to revolutionize our systems of care.”

To Brenda, the process was also transformative to her professionally. “In my entire career, I’ve never experienced anything like this before,” she says. “I feel like the insurance company was always the bad guy that wouldn’t let us do what we wanted for our patients. Now it’s more like, ‘How can we figure out how to do what we need to do for our patients together?’ ”

Creative, solution-oriented collaborations underpin CareOregon’s 25 years of making health care work better for everyone. Efficient, effective and innovative health care begets greater health for individuals and communities — and greater trust in publicly funded services.

BY THE NUMBERS

Virginia Garcia’s
2018 metrics

.....

81.3%

Developmental screening for children (Ages and Stages Questionnaire) vs state benchmark of 74%

64.9%

Colorectal cancer screening vs state benchmark of 54%

2 days

Median next appointment availability



***Hahn Nguyen**
Pharmacist, Columbia Pharmacy*

CAREOREGON ADVANTAGE

CareOregon Advantage's OTC card builds community relationships to bridge equity gaps

A couple years ago, one of Hanh Nguyen's pharmacy customers showed her a CareOregon Advantage OTC debit card. "Do you accept this card?" she asked.

Ultimately, that customer question led to a big change in buying power for Columbia Pharmacy's numerous CareOregon Advantage members who are immigrants from Vietnam, Thailand, Laos and Cambodia.

The Over-the-Counter (OTC) card gives CareOregon Advantage members a quarterly allowance preloaded onto a debit card. They can use those funds to buy from a huge range of over-the-counter items, from toothpaste to vitamins, when shopping at retailers that are part of the program.

As soon as Columbia Pharmacy was accepted into the OTC card network, Hanh saw how

the OTC card bridged an economic gap for members who couldn't afford over-the-counter health products they needed and that Medicare or Medicaid didn't cover. "They are thrilled," says Hanh.

Record growth in new members

In 2014, when CareOregon Advantage introduced its OTC card, it was the only Medicare Advantage plan in the Northwest to offer one. For members, the OTC card immediately resonated as a financially meaningful, health-promoting benefit that set CareOregon Advantage apart. "We saw record growth in new members the year we launched," says David Lima, Director of Medicare.

Beyond that, the OTC card became a way to serve CareOregon Advantage's diverse membership in culturally responsive ways.

Pharmacist Jasmine Nguyen (no relation to Hanh), who owns @Pharmacy.com, also heard about the OTC card from Vietnamese-speaking patients.

Many patients asked her about it, "because the majority are elderly, and they don't speak English," says Jasmine, who immigrated to the U.S. as a teenager. The CareOregon Advantage members told Jasmine they couldn't communicate with anyone at large chain retailers about their OTC card purchases.

So Jasmine researched the program, and in 2015 her Southeast Portland pharmacy became the first independent retailer in the OTC card network. She also worked to overcome language barriers by hiring pharmacy techs who speak Vietnamese, Cantonese, Russian and Spanish.

Jasmine carefully aligned an estimated 80% of her store's retail items with products eligible for the OTC card, and keeps building on that. When glucosamine and fish oil were added as accepted products — supplements that many older Vietnamese and Chinese members had requested — her customers greeted the news with great excitement.

Salonpas, Tiger Balm and interpreters

Back at Columbia Pharmacy, owner Hanh Nguyen stocked the shelves of her compact retail section with products that her Southeast Asian customers requested and that they could now buy with the OTC card. Their favorites at the Southeast Portland pharmacy include topical pain relievers like Salonpas patches and Tiger Balm ointment, which Hanh remembers her parents and grandparents using during her childhood in Vietnam.

Farther out in Southeast Portland, the OTC card led CareOregon Advantage to yet another relationship: RiteAid and the immigrant Russian community.

The first Wednesday of the month, RiteAid offers a 20% retail discount to senior customers, attracting Russian members eager to extend the reach of their OTC cards. But when they had questions, the language gap between them and the RiteAid staff was frustrating for all.

Enter Carrie Duffey, CareOregon Advantage Health Plan Consultant. Starting in 2015, Carrie has gone on the monthly discount day to the store at 11930 SE Division St. She spends two hours there with Mariya Leonchik, a Russian interpreter from one of

our language services vendors. “I’ll show up at 9:45 a.m. for the 10 a.m. event,” says Carrie, “and there’s a line.”

She and Mariya jump right in. Mariya may accompany Russian-speaking members to the checkout stand to help prevent snags. Carrie uses the face-to-face time to explain mailings, unravel coverage and network questions, and help members navigate everything from setting up a vision exam to reordering diabetic testing supplies.

.....
Their favorites at the Southeast Portland pharmacy include topical pain relievers like Salonpas patches and Tiger Balm ointment ...
.....

The hectic sessions draw Russian-speaking members from around the metro area, immersing Carrie in the realities and needs of the Russian community. The CareOregon Advantage team does its best to help members navigate them all. “I love this event,” says Carrie.

The metrics bear out the anecdotes. The OTC card, and relationships with stores and members, correlates with higher scores on surveys that the Centers for Medicare & Medicaid Services (CMS) conducts with members. The OTC card and related partnerships, says David Lima, have “improved our member experience.”

The OTC card is a flexible benefit that sets CareOregon Advantage apart and meets the particular needs of the individuals who make up our diverse membership. As we improve the health care experience of our members and partners, their relationships with each other, and us, grow stronger, too.

BY THE NUMBERS

2018 OTC card

\$120

Over-the-counter benefit;
loaded each quarter

20%

OTC card purchases that
fall under “pain relief”

11,500

Number of members
with OTC cards

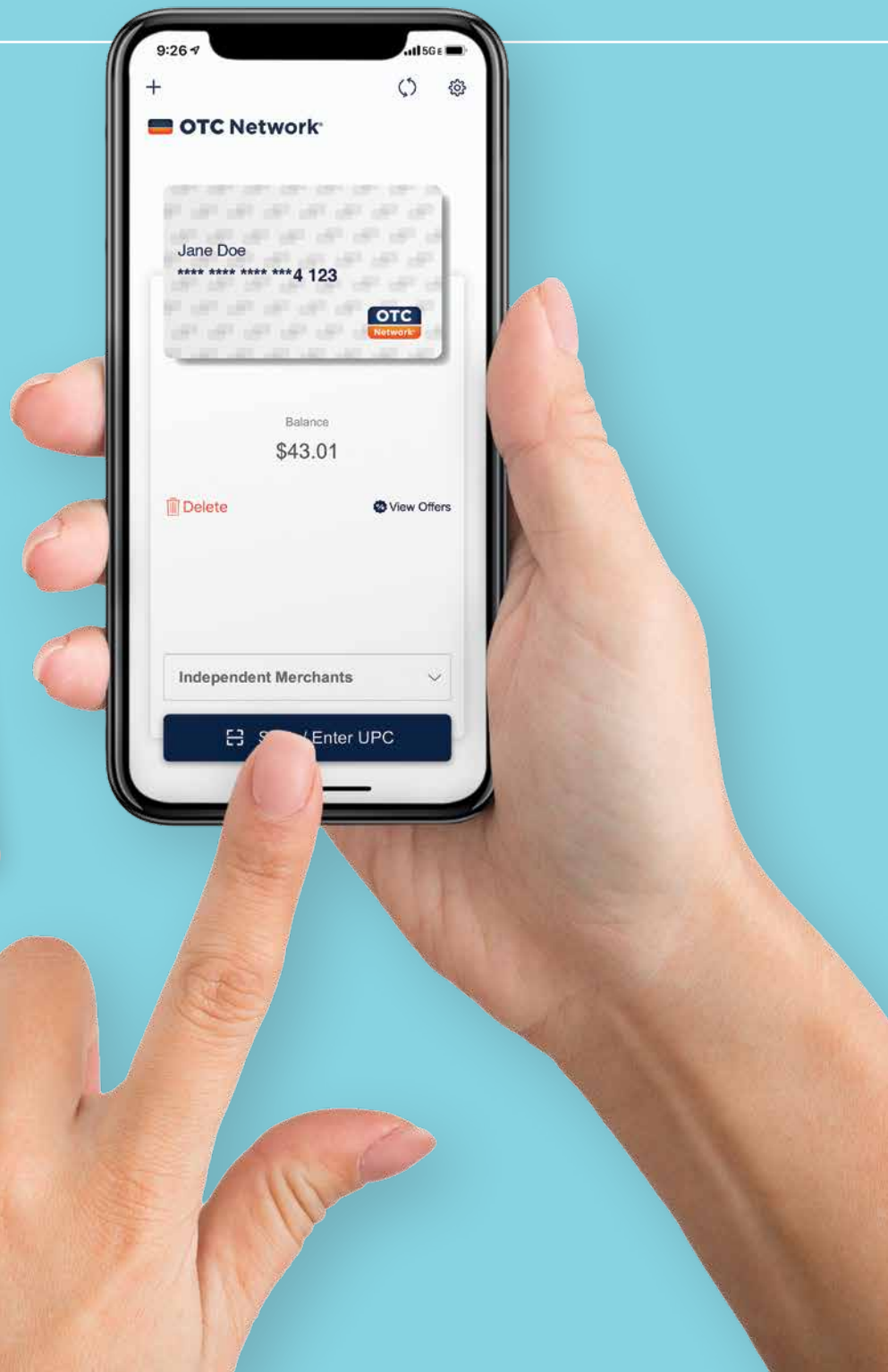
90,000

Number of products
eligible for purchase
with the OTC card

0

Other Oregon Medicare Advantage plans
offering OTC Debit Card Program

Members can choose to use their OTC debit card, the OTC mobile app or to have their purchases delivered to their home through Nations OTC.





(Left to right) Melissa Haney, Sabrina Ballew and Aubree McKeane of Mercy Flights.

JACKSON CARE CONNECT

Specialized paramedics support Jackson Care Connect members after discharge from hospital

Rain pelted the Mercy Flights vehicle as Sabrina Ballew sat parked in downtown Medford. She waited behind the wheel as her colleague Melissa Haney stood outside, talking with a patient about his prescription medicine. The man's life-saving drug was available only at a couple of pharmacies in town. Homeless and without transportation, the man was not able to go himself to pick it up.

That's where Jackson Care Connect, Mercy Flights and the Transitions of Care program stepped in. Paramedics Sabrina and Melissa had driven to the pharmacy for the prescription. Melissa was handing it personally to the patient, getting soaked in the rain as she carefully went over the dosing instructions, line by line.

Jackson Care Connect, part of the CareOregon family, serves more than 30,000 Oregon Health Plan members in southern Oregon's Jackson County. The Transitions of Care program is the result of Jackson Care Connect and Mercy Flights teaming up to offer a novel approach to care.

Specially trained paramedics connect with members who've been hospitalized, making sure they have the tools they need to stay healthy after their hospital discharge. The program serves all ages and all levels of medical need.

The crucial prescription delivery on the streets this rainy day perfectly exemplified the work. These paramedics meet patients, literally, where they are, says Sabrina, Mercy Flights' Mobile Integrated Healthcare Coordinator: "We are down-to-earth, and members feel comfortable with us because we are nonjudgmental and meet them on their terms."

Software enables proactive care

Like so many CareOregon initiatives, the Transitions of Care program is firmly grounded in robust patient data. When Jackson Care Connect members are admitted for an inpatient hospital stay, paramedics from Mercy Flights are notified via PreManage, a software system that links providers across systems to electronic health records.

The paramedics then meet with those members in the hospital, explain the Transitions of Care program and ask if they'd like to participate. "Patients are usually very welcoming," says Sabrina. Member are often pleasantly surprised, she says, that a service like this is available at no cost to them.

"I've had comments from a lot of patients saying, 'I didn't know people cared,'" Sabrina says, describing the program as unique. "And this kind of interaction with patients is often lacking. This is proactive health care."

Intake process benefits from standardization

After the brief inpatient meeting, Mercy Flights paramedics schedule an intake visit with patients at home, wherever “home” is — be it a house or a campsite, or another place where the member feels comfortable. The intake process is thorough and typically takes a little over an hour.

Throughout 2018, the Transitions of Care team refined the program to better serve members and deliver more efficient, effective care. For example, the team created protocols for patients diagnosed with diabetes, asthma, chronic obstructive pulmonary disorder or chronic heart failure.

And it standardized the intake process that participating paramedics use, including a basic health questionnaire, depression screening, and questions about pain, mobility and daily activities.

The standardization “makes it easier to ask the hard questions,” says Cliff Juno, Jackson Care Connect’s High Risk Triage Coordinator. It was also an effort to reduce any implicit bias and ensure the paramedics gather information on matters such as the patient’s living situation and drug or alcohol use.



Paramedic Sabrina Ballew says members are comfortable with the Transitions of Care team because the team is nonjudgmental and meets them on their terms.

Connecting the care team

Cross-systems communication is another element to Transitions of Care’s success.

After the initial intake, Mercy Flights paramedics make sure members are working with a primary care provider who meets their needs, and that their care team is in touch and up-to-date regarding the hospitalization.

Members who don’t yet have a relationship with a primary care provider can especially benefit, even if their health situation isn’t complex.

Because many patients aren’t practiced with navigating the medical system, the paramedics also help with practicalities such as switching to a more-convenient clinic or to a pharmacy that offers a delivery service. “Our goal,” Sabrina says, “is to have members connected to care in 30 days.”

Medical reconciliations are another essential component of the program, Cliff says. For that, the paramedics review prescription drugs and make sure the members are clear about instructions. They may flag duplicate prescriptions or potential drug interactions, then work with a CareOregon pharmacist,

who can help streamline medicines or make recommendations to the prescribing provider.

Every week, staff from Jackson Care Connect and Mercy Flights huddle with a CareOregon medical director and pharmacist, discussing what they can do for members with complex needs.

“I’ve had comments from a lot of patients saying, ‘I didn’t know people cared,’ and this kind of interaction with patients is often lacking. This is proactive health care.”

“Sometimes that means getting information back to primary care providers,” says Cliff, “and sometimes it’s as simple as addressing transportation barriers or medical equipment.”

Promising drop in emergency department use

Cliff, who teaches a Community Health Worker course, loves the crossover between community health workers and Transitions of Care paramedics. The paramedics undergo special training, including Community Health

Worker courses, the Diabetes Empowerment Education Program, Mental Health First Aid and courses in motivational interviewing.

In addition to connecting members to more-appropriate care, Transitions of Care reduces health care costs. Cliff tracked hospital visits for members before and after their involvement in the Transitions program.

The program is showing promising trends in decreasing avoidable emergency department visits and inpatient stays, following interventions by Mercy Flights. With this success, Jackson Care Connect is investing in an additional program with Mercy Flights, to target “rising risk” patients who are not engaged in primary care.

Data and anecdotes show that the Jackson Care Connect-Mercy Flights partnership has produced a practical and compassionate path for reducing costs, improving the patient experience and improving outcomes — the much-heralded Triple Aim of health care reform.

That means that as these members get timely and appropriate medical care, the state health care system that serves them is healthier, too. And that’s better for everyone across Oregon — from a rain-soaked man on a Medford street to a secure family in Multnomah County.

BY THE NUMBERS

2018 Transitions of Care

261

Members served

238

Medication reconciliations completed

30%

Reduction in member costs in the 90 days after hospitalization

3

Full-time specialized paramedics, plus one part time and two subs



Students at Warrenton Grade School fill out mindfulness worksheets, one of many Clatsop Kids Go activities.

COLUMBIA PACIFIC CCO

Kids jump into the goodness of wellness

The day's dismissal bell had already rung at Warrenton Grade School, but about 20 fourth and fifth graders were happily settling into chairs inside another classroom.

Sarah Brown, Wellness Coordinator for Clatsop Kids Go, greets the 9-to-11-year-olds with a smile and a question: "What," she asks, "is mindfulness?"

It's no stumper for the students taking part in Clatsop Kids Go, an initiative of The Way to Wellville Clatsop County. They've already learned about parts of the brain, brain function, and how meditation and mindfulness can help them regulate their behavior.

So the mindfulness answers fly easily back to Sarah.

"Being respectful of others," says one child.

"Being calm," offers another.

"Kindness," says a third.

In 2014, when Clatsop County was chosen as one of five Way to Wellville sites across the country, CareOregon and Columbia Pacific CCO — CareOregon's Coordinated Care Organization serving Columbia, Clatsop and Tillamook counties — stepped up as local sponsors of the real-world experiment.

The Way to Wellville seeks to demonstrate that community health improves as residents tap into increased services, activities and resources.

Two years later, Clatsop Kids Go launched, bringing to life an idea that rose out of the Way to Wellville Strategic Council.

The school-based program provides play and education opportunities for children from low- to moderate-income families. Some 600 students at four public

elementary schools take part, across three Clatsop County school districts.

CareOregon and Columbia Pacific CCO kickstarted Clatsop Kids Go with grants in 2017 and 2018, totaling \$30,000, from Columbia Pacific's Community Wellness Investment Fund.

The effort dovetails beautifully with CareOregon's vision of improving health for everyone by taking health care beyond clinic doors.

Healthier schools build healthier communities

Back in the classroom on this afternoon in 2018, Sarah, the Wellness Coordinator, captures the responses on a chalkboard. "Yes," she says. "Being mindful means to be in the moment and paying attention on purpose."

That "kindness" answer? It's right on point because, Sarah tells the group, kindness is the word of the day.

When The Way to Wellville developed the program, it partnered with school nurses, counselors and administrators, and infused Clatsop Kids Go with trauma-informed principles.

A Providence Seaside Community Wellness Benefit Award boosted the program with a grant to hire a wellness coordinator, and U.S. Bank awarded \$5,000.

Warrenton School Nurse Jackie Welborn says she has seen great behavioral and self-esteem changes in kids who participated in Clatsop Kids Go. And teachers have reported positive changes in student behavior.

Building a practical pathway to health

While taking into account each child’s learning ability, the 12-week program broadly aims to reduce obesity, build resiliency skills and foster confidence. Using nutrition, physical activity, mindfulness and goal-setting, it fosters positive attitudes and emotional well-being, builds healthy habits and increases knowledge.

Steps to achieve that include providing kids a practical pathway for developing healthy:

- ◆ Eating habits
- ◆ Behaviors
- ◆ Body image
- ◆ Emotions
- ◆ Mind-body symmetry

Schools are the program’s home base; they are the heart of neighborhoods and towns, notes Debbie Morrow, Chair of the Columbia Pacific CCO Board of Directors and part of The Way to Wellville’s Strategic Council. Healthy schools can create a culture of health for the entire community, she says, reaching far beyond staff and students.

Seeing is understanding

On another day, Sarah Brown leads a guessing game involving plastic bags of sugar and the amount of sugar in soda, juice and milk. That’s followed by visuals of kid-sized portions, the various vitamins packed in colorful foods, and a “balanced diet” — grains, proteins, fruits, vegetables and fats.

Hands-on activities included sprouting seeds, building a garden plot and transplanting vegetable starts. “The kids are excited to see the progress,” says teacher Meghan Garsjo, “and take ownership of the garden project.”

Indeed, Clatsop Kids Go yields multiple benefits.

Field games like Kick the Can and Capture the Flag improve concentration and physical and emotional health.

A fast-paced team version of Rock Paper Scissors demands engagement and offers a chance to practice handling emotions.

Volunteer-taught jiu-jitsu and yoga bring physical, mental and emotional rewards — and a chance to discover untapped capabilities to focus.

.....
“Being mindful means to be in the moment and paying attention on purpose.”
.....

“Our program aims to provide play opportunities for children to foster confidence as well as resiliency skills,” says Sydney Van Dusen, Coordinator for The Way to Wellville at the time. “Giving the children the materials for play, and the incentives for doing so, will only enhance the overall well-being of the children.”

Ripple effect

At the start of the 12 weeks, Clatsop Kids Go presents the students with a water bottle, jump rope, Frisbee and hula hoop. Participants can earn small rewards along the way, and — when they complete seven of the program’s 12 weekly worksheets — an activity tracker.

After having tasted the Kids Go way of life, lots of participants are ready for more.

“Many kids want to do it again,” says Jackie, the Warrenton school nurse. “Those who had difficulty in the first session are now the leaders who enjoy helping the instructors.”

The results are changing individuals as well as the community. As Clatsop Kids Go’s approach improves classroom culture, builds healthy habits and cultivates resilient young leaders, greater well-being is rippling into every corner of Clatsop County.

“We understand that childhood obesity is a multifaceted issue, that a child’s weight does not solely reflect on his or her habits but on the habits of the family as a whole, including generational socioeconomic factors. Because of this understanding, we aim to change the child’s perception and attitudes towards healthy foods, activity, mental and emotional health, and be a system of support for children who may not have one outside of school.”

– Report, *The Way to Wellville*

BY THE NUMBERS

2018 Tracking progress in Clatsop Kids Go

Clatsop Kids Go, a program of the CareOregon-sponsored Way to Wellville, collects baseline data. Students then track their activities in a journal or a wellness passport, and later take a survey that the program created with the help of a pediatric medical student at Oregon Health & Science University. Most reported an increased sense of positive feelings or accomplishment, and self-empowerment.

89%

Said their definition of “healthy” changed

96%

See an increase in their nutrition and health knowledge

87%

Are giving more thought to what they eat

89%

Are more active, and doing less screen time



Darlene Chapman
*Behavioral Health Case Manager
Cow Creek Health & Wellness Center*

TRIBAL CARE COORDINATION

Supporting Tribal members' overall health

Darlene Chapman, the Behavioral Health Case Manager at the Cow Creek Health & Wellness Center, had a patient grappling with severe mental health and substance use disorders. Because of his complex health, the patient needed treatment at a supportive housing facility. But his dual diagnosis made it particularly difficult to find a facility that was both appropriate and willing to accept him.

Fortunately, Darlene had a resource she could tap: the CareOregon Tribal Care Coordination team in Portland.

From her base in Roseburg and Canyonville, Darlene contacted Tribal Care Coordination's Jessica Glover. Jessica, a Behavioral Health Care Coordinator with CareOregon, had access to facilities beyond ones Darlene knew about. Jessica jumped into researching possibilities. Later, the two women collaborated on locating an out-of-state facility that was the right match for the member.

The process "would have taken forever" if it weren't for Jessica, recalls Darlene gratefully.

Behind-the-scenes support

Katrina Lee, the CareOregon Tribal Liaison, says these behind-the-scenes activities are an important way our Tribal Care Coordination

team helps clinics. Cow Creek Health & Wellness Center covers a broad range of services. In-house counselors refer members to Darlene, who helps with matters such as inpatient treatment, detox treatment and transitional housing.

CareOregon staff can devote the hours required to look up and contact resources, determine which services they offer, then outline options. This teamwork "lets Darlene continue to work and see other members," says Katrina, "while we're doing the back-end piece."

The power of beadwork

Darlene also works with schools and youth to prevent suicide, violence and high-risk activities. "Any kinds of needs that we can fill in the community, we're out there doing it," Darlene says. "It's so important to give schools

and teachers their options for behavioral health, especially for Tribal members."

Each year, Darlene takes at-risk local youth to a five-day suicide prevention camp, where they join peers from the nine Oregon Tribes. It's an opportunity for kids to build relationships and discover their strengths.

Whenever possible, the behavioral health clinicians incorporate Tribal best practices. If patients are struggling, Darlene spends time talking, and quietly beading with them, until she can get them to their treatment. "It's very therapeutic for them," she says.

Equine therapy is another special approach. The Cow Creek Health & Wellness Center paid for a Tribal member to become certified as an equine specialist. Once a month, Darlene takes a group of at-risk youth to the equine center to work with the specialist.



The Tribe's youth have the joy of bonding with horses at Jones Stables in Jefferson.

The young people walk with the horses, paint Tribal markings on them, and ultimately get a chance to ride.

“You see these tough boys,” says Darlene, “and by the end they just end up bonding and snuggling with the animals.” The center is also training providers in trauma-informed care and is working toward their certification. “It’s just better patient care,” she says.

A two-way relationship

In 2017, Cow Creek Health & Wellness Center opened its services beyond Tribal members, extending itself to the general public. That means the entire community in the Roseburg and Canyonville areas can benefit from its holistic and multi-faceted approach.

In addition to primary care for adults and children, the Cow Creek Center provides counseling, podiatry, telepsychiatry and radiology. Registered dietitians on staff teach diabetes support classes, such as a 16-week intensive diabetes prevention program that includes cooking demonstrations, Nike N7 exercise gear — a line in honor of Native Americans — and gift cards for healthy grocery stores.

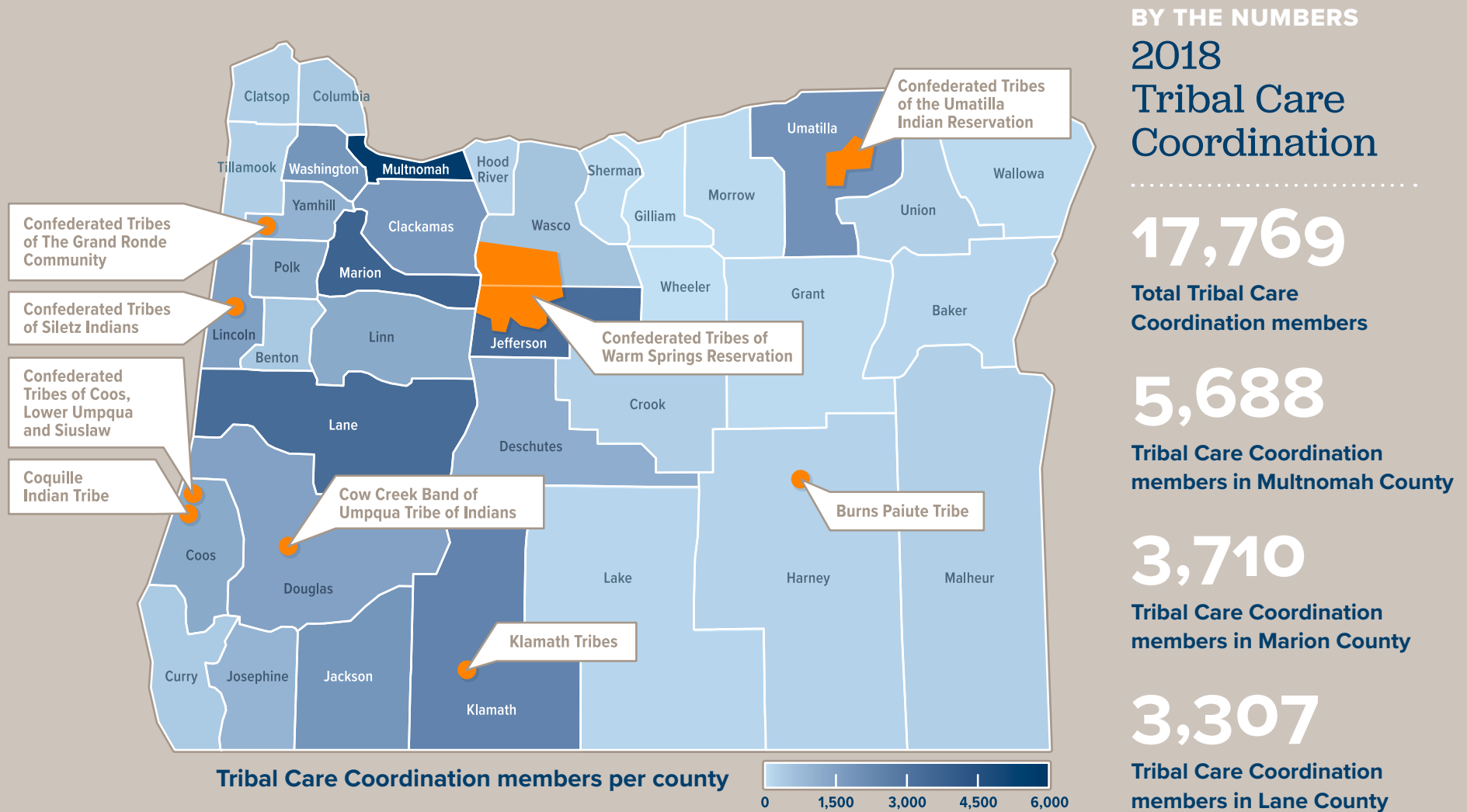
Darby Baker, the center’s Operations Manager, says it invites outside providers to refer patients for behavioral health care or to meet with the dietitians. “You can’t typically find a one-stop shop,” says Darby. “We are very rarely unable to see someone within 24 hours for an acute issue.”

The relationship between CareOregon Tribal Care Coordination and the Cow Creek Center goes both ways, notes Katrina, our Tribal Liaison. When members looking for primary care services in the Roseburg and Canyonville areas call Tribal Care Coordination, the CareOregon team refers them to Tribal clinics such as Cow Creek Health & Wellness Center.

And, as the CareOregon team frees up the Cow Creek staff from hours of phone calls, those staff members and clinicians can touch more and more individuals and families in direct ways that make a difference.

Whether beading with an anxious member, reaching at-risk youth with equine therapy or helping someone with high blood sugar learn a healthier cooking style, the partnership between Cow Creek Health & Wellness Center and CareOregon is helping strengthen and cultivate health in Native and non-Native Oregonians.

CareOregon Tribal Care Coordination





Celeste Horne and her son Michael.

HOUSING IS HEALTH

CareOregon-supported programs help community members find permanent homes

Celeste Horne, a single mom, doesn't need a research study to convince her of the link between stable housing and health. Celeste has lived it.

In 2018, Celeste – a CareOregon member at the time – was early in her recovery efforts. And homelessness was a big obstacle standing between her and the life she envisioned for her son, Michael. Thankfully, Central City Concern's Letty Owings Center, a residential treatment facility for pregnant or parenting women with substance use disorders, provided the temporary housing Celeste needed as she worked on forging a better path for herself and Michael.

Finding *long-term* housing was another hurdle. With the 2018 openings of the Hazel Heights and Rutherford Place facilities, 83 families – including Celeste and her son – eventually were placed in stable, permanent housing.

Hazel Heights, in outer Southeast Portland, and Rutherford Place, in North Portland, are two of the three complexes that make up the "Housing is Health" initiative spearheaded by Central City Concern and fueled by \$21.5 million in financial support from CareOregon and five other health organizations (OHSU, Legacy Health, Kaiser Permanente Northwest, Providence Health & Services Oregon and Adventist Health Portland). Housing is Health is built on the conviction that the chance for a healthy future is intertwined with the critical need for supportive, affordable housing.

"Housing *is* health," says Eric C. Hunter, CareOregon President and CEO. "Because we know that the housing crisis is complex, we need to weave together many strategies based on cooperation among every partner with a stake in the homelessness crisis."

Thus, CareOregon supports and engages in a number of initiatives at the intersection of health and housing. (See sidebar, "Spring 2018 CareOregon Community Giving.")

Sometimes, housing is just the first step

Even with housing options, the homeless and home-insecure populations face assorted challenges, including generational poverty, criminal and substance use disorder backgrounds, past debt, educational gaps and a lack of support networks.

"How hard is it to get someone into housing when they're facing all these layers of challenges?" asks Toc Soneoulay-Gillespie, CareOregon Population Health Social Services Manager. "And once they are in, how do we help them maintain that home?"

In 2018, CareOregon housing case managers – collaborating with CareOregon Regional Care Teams, CareOregon members' primary care providers, and community-based organizations with housing missions – addressed these complexities to help CareOregon members become housing-ready. CareOregon's Regional Care Teams offer multi-disciplinary care coordination

and support for patients with multiple or complex needs. As a result, 31 members with chronic health conditions were stabilized and housed during the calendar year.

The joy of a supportive home

On any given night, about 4,200 people are sleeping on the streets, in shelters and in transitional housing in the Portland metro area, according to Central City Concern. Many are CareOregon members. Housing is Health aligns perfectly with CareOregon's mission to provide whole-person care for every member.

JAMA, The Journal of the American Medical Association, cites studies connecting housing insecurity to a wide variety of health issues, including asthma, depression and the toxic effects of lead exposure. It also finds that about half of health care costs are attributable to 5% of the population, the overwhelming majority of whom are housing insecure or poor.

Housing is a prominent social determinant of health. People who are chronically homeless face higher morbidity for both physical and mental health, and increased mortality. Many people on the street or in shelters experience trauma and its long-term impact on psychological and physical well-being. And rising housing costs deprive even housed people of the finances they need to

make other investments in good health, such as nutrition and active lives.

The Hazel Heights complex welcomes those who are exiting transitional housing programs, are employed and are seeking a permanent residence, according to Central City Concern, CareOregon's partner in managing the complex.

It was a great match for Celeste, who's living in a Hazel Heights apartment. She is a testament to all that secure housing provides.

"We love it," Celeste says. "My income just barely covers my bills. I don't get food stamps, child support or any help like that, so it's hard, but the Hazel Heights resident services coordinator and manager are very understanding. My son and I are very happy here. I also feel so self-sufficient and independent. It's awesome."

Building self-sufficiency, and the resulting positive impact on self-esteem, health and family stability, is another way that CareOregon supports individuals. And as individuals' lives grow stronger and healthier, Oregon's communities grow stronger too.

BY THE NUMBERS

2018 housing initiatives

\$250,000

Grants to housing-focused programs in 2018

131

Children under age 17 among the newly housed families

83

Families placed in CareOregon-supported permanent housing

2

CareOregon-supported permanent housing facilities opened in Portland

Spring 2018 CareOregon Community Giving

CareOregon gave grants totaling \$250,000 to community programs addressing housing aspects of health. Recipients included:

Bridge Meadows (Multnomah County)

New Meadows — Preventing Homelessness for Youth Transitioning Out of Foster Care

\$39,000

Supported key staff positions of new program to serve young adults 17 – 24 years who aged out of the foster care system and are at risk for homelessness.

Bridges to Change (Multnomah County)

Next Step Housing for Women & Children

\$51,000

Supported opening of a new residential treatment house for women with children.

Luke Dorf (Multnomah County)

Bridgeview Enhanced Nursing Program

\$50,000

Supported doubling RNs available at a transitional housing program for individuals who are homeless or marginally housed and diagnosed with severe, persistent mental illness.

Rogue Retreat (Jackson County)

Medication-Assisted Treatment Housing Program

\$60,000

Supported property leasing costs and startup costs for housing for pregnant women and mothers of babies, who are enrolled in a MAT program for opioids.

Transition Projects (Multnomah County)

Transition Projects Wellness Access Specialist

\$50,000

Supported a new wellness access specialist in a program to improve housing stability for individuals who have experienced homelessness and are in permanent supportive housing.

Collaborating on housing solutions

In May, CareOregon hosted and co-sponsored — with Metro, Kaiser Permanente and the Corporation for Supportive Housing — the Metro Supportive Housing Summit. CareOregon invited experts from Los Angeles to speak about the coordinated community approach that greater Los Angeles adopted, particularly related to supportive housing.

Leaders from health care, the public sector, social service and housing agencies, funders, faith communities and elected officials in the Portland tri-county area gathered at CareOregon’s headquarters in downtown Portland. Participants shared ideas around collaboration and updated each other on their efforts.

Eric C. Hunter, President and CEO of CareOregon, noted that, of all the social determinants of health, housing is the foundation. “And because we know that the housing crisis is complex,” he said, “we need to weave together many strategies based on cooperation among every partner with a stake in the homelessness crisis.”



*Steve Sehm, Olivia Bonnar
and Nancy Jean Sill.*

HOUSECALL PROVIDERS

Fulfilling a longtime wish for a young hospice patient

Imagine caring for a young man on hospice. Someone who'd normally be in the prime of life, bursting with plans for the future.

For hospice team members who typically work with older adults at the latter stages of life — patients who, for the most part, have come to terms with their mortality — providing end-of-life care to 22-year-old Jason Dawson presented a different dynamic.

“Sometimes people come into our lives for a short time but make a lasting impact,” says Nancy Jean Sill, a hospice nurse with Housecall Providers, founded in 1995 and a part of the CareOregon family since 2017. For Nancy Jean and many others, Jason was that person. “Jason loved life,” she says, “and was a fighter because he had so much to live for.”

His relationship with Olivia was at the top on that list. Olivia Bonnar met Jason two years ago, and just one month before he

received his diagnosis of sacral cancer. Over the course of his illness, Olivia became Jason's main caregiver as well as his love. Since the day they met, the two had been almost inseparable.

In summer 2018, they held a commitment ceremony at a bed-and-breakfast atop the green Chehalem Mountains that surround Newberg.

End-of-life care for the body and soul

CareOregon focuses on supporting overall well-being for our members and their communities. This holistic approach also holds true for Housecall Providers, which provides home-centered medical care that integrates primary, palliative and hospice services. Every day, Housecall Providers lives its commitment to whole-patient care.

That means that someone like Jason — whose immediate family wasn't part of his care team — found guidance, companionship and loving support in the faces of his hospice

team, particularly nurse Nancy Jean and social worker Steve Sehm.

“Nurse Nancy has been there for us pretty much 24/7,” Jason remarked in November when asked to talk about the impact of his Housecall Providers team. “Steve has been awesome and has been one of the nicest guys ever.”

Piecing together a dream's practicalities

Over the course of visits with Jason, Steve discovered that Jason held a longtime dream of going to Disneyland. The social worker resolved to connect with an organization that grants wishes for patients, and to do his best to get Jason and Olivia to Anaheim, Calif.

Steve researched options then contacted the California-based Dream Foundation. “And in no time, they got back to me with a ‘yes,’” says Steve. He could barely wait to tell Jason and Olivia.

The Dream Foundation covered airfare, accommodations and a pair of three-day passes to Disneyland. Housecall Providers staff also wanted to provide money for food, other travel costs and incidentals like a scooter to get Jason around the park. They put their heads together and secured \$500

in Visa gift cards from Portland-based Gifted Wishes, formerly the NW Hospice Foundation.

Jason was thrilled. But the exciting news was soon balanced by the sober reality that this trip would be his last.

“While it’s unbelievable, it’s also bittersweet, because the trip is signaling how close I am to departing, and it’s scary,” Jason said at the time.

Working through the bumps

With his trip approaching, Jason began battling nausea and vomiting. It was touch-and-go whether the airline would allow him to fly in that condition, but he stayed optimistic.

“We weren’t going to let much get in the way,” Nancy Jean says. So, armed with anti-nausea medication and positive attitudes, in mid-November Jason and Olivia boarded the flight heading to “the happiest place on Earth.”

Although Jason acknowledged he was disappointed that he was unable to go on any rides, he loved eating pizza at Pizza Planet from “Toy Story,” and meeting Darth Vader and characters from favorite movies.

“The first day I met Jason, we talked about wanting to go to Disneyland,” says Olivia.



Olivia Bonnar, Jason Dawson and Mickey at Disneyland in 2018.

“We were just blown away by that gift and generosity.” Mickey Mouse and friends were great, but for Olivia, seeing Jason so happy was the highlight.

.....
“Nurse Nancy has been there for us pretty much 24/7 ... Steve has been awesome and has been one of the nicest guys ever.”
.....

After their California adventure was over, and they returned to their daily routines, Olivia and Jason began what would be their final month together.

Support that goes beyond the patient

But life was no longer routine. “It became increasingly difficult mentally and emotionally to care for him as he required more and more help,” says Olivia. “I tried the best I could, and the help I received from my mom and the amazing nurse Nancy made all the difference.”

About a week before Jason passed, he was admitted to Legacy Hopewell House in Southwest Portland to initiate IV opioids to better control his spiking pain. Jason

promised Olivia that once his pain was under control, he’d return home.

Jason kept that promise. He came back home and died the following day. “There was no struggle, and he had a small smile on his face,” remembers Olivia. “It is as if he knew he was finally at peace.”

Many can only imagine having such an enormous burden placed on them at such a young age. For Olivia, what made it bearable was the support she received from her family and the Housecall Providers Hospice team.

“Jason and I were just so thankful that we were referred to Housecall Providers Hospice,” says Olivia. “I can’t thank them enough ... for the kindness they showed and how they went above and beyond for us.”

And Jason’s lasting impact on his Housecall Providers team? “It was humbling to experience how Jason was so thankful for everything that people were doing to care for him,” reflects Nancy Jean. “Jason really cared about how those around him were being affected.”

The calling for health care professionals to help others live their healthiest life takes a different form for those who work in hospice. As Housecall Providers staff offer

compassionate end-of-life care and support for patients and their families — dedicating themselves to ensuring patients live each day to the fullest — CareOregon is quietly intertwined in the full spectrum of our communities’ health needs.

BY THE NUMBERS 2018 Housecall Providers Hospice

.....

9
Years of service celebrated

379
Patients served

92%
Positive overall rating from family members

When dental and physical health are “integrated,” primary care and oral health needs are handled in the same location.



CAREOREGON DENTAL

CareOregon Dental's members get tooth-to-toe health care

When Health Share of Oregon decided to reduce the number of Dental Care Organizations it contracts with, CareOregon Dental submitted a detailed proposal built on a core principal:

We'll work to offer members a true health home.

The proposal to continue providing dental services detailed the many ways CareOregon fosters opportunities to build connections between dental and primary care — known as “whole person health care” — at the 20 clinics that are among CareOregon's seven partner Federally Qualified Health Centers.

And in June 2018, when Health Share announced its new list of partner dental organizations, CareOregon Dental was among the five chosen.

CareOregon Dental worked closely with Health Share and the other four dental partners to plan for a thoughtful transition on October 1st, when it onboarded more than 22,500 additional Health Share members.

Many of these new members already had a relationship with an FQHC, either for medical care, dental care or both. That helped smooth the process. In addition, to meet the needs of an immediate 50% increase in dental members, we contracted with additional dental providers.

In fall 2018, when CareOregon Dental's new members opened their welcome letters and Member ID cards, almost all of them found a familiar name or place.

- ◆ Of our new members with a regular dentist, 92.8% were assigned to their same dentist; 98.4% were assigned to the same dental system

- ◆ Whenever possible, CareOregon Dental matched members with a dentist located within the same FQHC they already used for their primary care
- ◆ Those who hadn't yet engaged in dental care got a letter encouraging them to start

The re-alignment of dental members gave Virginia Garcia Memorial Health Center, an FQHC, the unique opportunity to enable more patients to turn there for both medical and dental care, says Lisa Bozzetti, DDS, Virginia Garcia's Dental Director, adding to its ability to offer comprehensive, integrated care.

Situating dental and primary care side-by-side is a big step toward reaching the goal of bridging any separation between general medical care and oral health care. “People are more likely to visit the dentist,” notes Cathleen Olesitse, Senior Manager, CareOregon Dental, “when it's in a place they are already familiar with.”

Familiarity with place can go beyond a brick-and-mortar building. It may include knowing that transportation and language interpretation needs will be met, adds Alyssa Franzen, DMD, Vice President and Chief Dental Officer, CareOregon.

Health homes and the whole person

Sometimes integrated care starts in the dental chair. Other times it concludes there. In all cases, the intent is to handle primary care and oral health needs under one roof — whether with planned care or on-the-spot situations. If a dental patient has a dangerously high blood pressure, for instance, the primary care team is right there for a consult. If medical clinicians find an oral health problem, the dentists are available to assist.

Health Share is watching attentively. “As part of CCO 2.0, we continue striving to better integrate care for our members,” says Alyssa Craigie, Health Systems Integration Manager. “We’re excited to learn from CareOregon Dental’s partnership with FQHCs to develop integrated health homes.”

Here are a few examples of common situations for co-located clinicians:

Dental surgery and recovery. A male patient in his 30s, on methadone as part of his recovery from opioid addiction, was turning around his life. Now that he was on the Oregon Health Plan, he wanted to improve his employment prospects by dealing with several teeth that were decayed beyond saving. Before removing the teeth, the dentist consulted with the patient’s primary

care provider. Together, they made a pain management plan that supported the man’s recovery from substance use disorder.

Prenatal care and oral care. CareOregon Dental wants dental care to be provided as early as possible in every pregnancy. Medical teams have a work flow that prompts them to encourage their pregnant patients to go to the dentist. In addition, the medical team works with dental teams to make sure they’re well-prepared to take care of those patients for the full scope of services.

.....
“We’re excited to learn from CareOregon Dental’s partnership with FQHCs to develop integrated health homes.”
.....

Dental care is critical for the health of both the parent and the baby. “We know that a healthy mom leads to a healthy baby and is an upstream strategy in preventing early childhood caries,” or tooth decay, explains CareOregon’s Alyssa Franzen.

Diabetes and oral health. When medical providers are managing patients with diabetes, their checklist includes discussing

oral health along with A1c blood tests, foot exams and eye exams. Patients with diabetes do better when their gums and teeth are healthy. And, when a primary care or other medical provider urges those patients to see a dentist, anecdotal reports indicate it’s a powerful message. And the dentist is just down the hall.

Another huge benefit arises from a combined electronic health record. All our partner FQHCs are transitioning to this system, meaning “that dentists and physicians have a single record for the patient,” says Alyssa Franzen. “This is a big deal.”

Lisa Bozzetti of Virginia Garcia agrees. Virginia Garcia clinics are working to use their shared electronic records in ever-more meaningful ways: “To provide outreach and care-gap opportunities for our patients, truly treating them as a whole.”

And with whole-person care, primary care health homes become a wellspring of well-being along with a place for integrating medical and dental care.

BY THE NUMBERS

2018 CareOregon Dental

46,011

Care Oregon Dental members prior to October 1

68,689

Care Oregon Dental members after adding 22,678 Health Share members on October 1

73,028

Care Oregon Dental enrollment as of December 31



30,981

Members who saw a dentist



4,334

Members 6-14 years old who received dental sealants (that's 12,650 teeth)



10,677

Children ages 12 and under who received a cleaning



As Cooking Matters students measure, stir and compare their family's reaction to a new dish, they're living out CareOregon's commitment to improving our members' self-sufficiency and well-being.

COOKING MATTERS

Cooking class partnership puts the power of good nutrition in members' hands

On the second floor of the Stadium Fred Meyer, the in-house kitchen and classroom are humming with the whirl of blenders mixing smoothies, the nutty aroma of brown rice, and a roomful of adults laughing together as they chop, stir and sample.

It's Graduation Day for the 14 CareOregon members completing Cooking Matters, a six-week cooking class that dishes up delicious recipes that are high in nutrition and low in cost. Along with food prep lessons, the teachers offer pointers on stretching Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC) dollars.

CareOregon launched its version of Cooking Matters in 2016 as a joint effort among our Food Rx program, the Oregon Food Bank and Fred Meyer. Cooking Matters, a national evidence-based cooking and nutrition education program, is targeted at low-income, historically underserved communities.

The two-hour weekly classes mix the social spirit of mealtime with our members who are ready to broaden their tastes, up their kitchen game and eat to improve well-being.

Many cooks in the kitchen

As students practice reading through recipes, measuring accurately and trying their first taste of quinoa, camaraderie bubbles in the room. Having many cooks in the kitchen, it turns out, provides social support. Each session is a bonding experience.

Participants are surprised to find healthy ingredients that are budget-friendly — and that these unexpected combinations taste *good*. The colorful dishes boost flavor without the crutches of salt, sugar and butter.

“I love these classes and learning new ways to cook foods I thought I would never like,” said one CareOregon member. The “connections that we make every week are all heartfelt. I love and look forward to coming to class weekly.”

Health impacts of dietary changes can be quick and meaningful. One member with diabetes reported that, since starting Cooking Matters classes, her hemoglobin A1c level (a measure of diabetes) and other bloodwork have improved, and her diabetes is reversing to pre-diabetes.

Many class participants grapple with a serious condition, including late-stage kidney disease, congestive heart disease and high blood pressure. They report improved blood pressure, sodium levels, mood, weight, cholesterol, joint pain and water retention.

Eating better proves to be its own reward — from dropping 10 pounds to feeling happier.

'A new type of healthy'

Classes are a group effort. The Oregon Food Bank brings many ingredients, a nutritionist to facilitate and classroom volunteers to help out. Along with demonstrating practicalities like knife skills and recipe-reading, the team fields questions about nutrition, calories and health benefits.

Fed and inspired, participants head home with free groceries to recreate the new dish. At the final class, the graduates step to the front of the room for certificates and a goodie bag with a cookbook, kitchen tools and Cooking Matters recipe and resources book.

Fred Meyer enjoys making its community kitchen available to “the participants who are in need of learning new ways of being — and maintaining — a new type of healthy,” says Fred Meyer’s Assistant Program Specialist. The collaboration among the sponsoring partners “has been amazing to watch.”

As the Cooking Matters students read food labels, stir cranberries and walnuts into coleslaw, and compare notes on how their family reacted to a new dish, they’re happily living out CareOregon’s commitment to improving our members’ self-sufficiency and well-being. And, working with other community partners, they’re building a healthier community with each shared, low-salt bite.



BY THE NUMBERS

2018 Cooking Matters

19 Average number of members in Cooking Matters session

90% Students who report reduced symptoms of health conditions

14 Students who typically attend enough sessions to earn a certificate

70% Graduation rate

COOKING MATTERS RECIPE

Brown Rice & Orange Salad

Try your hand at a Cooking Matters favorite. This salad is just one of the budget-friendly, healthy and delicious recipes that the students learn to prepare.

Serves 8, 3/4 cup per serving



Image courtesy of Cooking Matters

Ingredients

- 1 cup brown rice
- 4 clementines, or 1 cup mandarin oranges, canned in juice
- 3 green onions
- 1 large lemon
- 1 cup almonds
- 1 cup frozen shelled edamame beans
- 1 cup dried cranberries
- 1 Tablespoon honey
- 1/8 teaspoon ground black pepper
- 1/4 cup canola oil

Optional Ingredients:

- 1/2 cup feta or farmer's cheese

Materials

- 2 small bowls
- Baking sheet
- Colander
- Cutting board
- Fork
- Large bowl
- Measuring cups
- Measuring spoons
- Medium pot with lid
- Sharp knife
- Small pot

Instructions

- 1.** Cook rice following package instructions. Remove from heat. Let stand covered for 10 minutes. Scoop out into a large bowl to cool. While rice is cooking, prepare rest of salad.
- 2.** Preheat oven to 350°F.
- 3.** Peel clementines and tear into segments. Or, if using canned oranges, rinse and drain.
- 4.** Rinse and chop green onions.
- 5.** Rinse lemon and cut in half. In a small bowl, squeeze juice from both halves. Discard seeds.
- 6.** Slice almonds. On a baking sheet, spread slivered almonds. Bake until golden brown, about 8–10 minutes. Watch closely so they do not burn.
- 7.** Fill a small pot with about 2 inches of water. Bring to a boil. Add edamame. Cook for 3 minutes, or until tender. Drain and set aside.
- 8.** Add clementines or mandarin oranges, edamame, green onions, almonds, and dried cranberries to bowl with rice. Mix together.
- 9.** In a second small bowl, use a fork to whisk together lemon juice, honey, and ground black pepper. While still whisking, slowly drizzle in the oil until a dressing forms.
- 10.** Pour the dressing over the salad. Mix well. Let salad rest at room temperature for 10 minutes so flavors can combine.
- 11.** If using, top with crumbled feta or farmer's cheese.

Chef's notes

Edamame are sold in both pod and shelled form. Look for them in the frozen food aisle. If you can only find them in pod form, remove beans from the shells after cooking. You will need about 1 (10-ounce) bag frozen pods to yield 1 cup shelled beans.

If edamame are not found in your store, use any seasonal or frozen veggies like green peas, lima beans, or asparagus.

Try different types of toasted nuts, like peanuts or walnuts. Or, try different dried fruit.

Use leftover green onions in Mango Salsa, Tabbouleh, Hearty Egg Burritos, or Tuna Boats.

Serve over a bed of lettuce or raw spinach for a light entree or serve a smaller portion as a side dish.

CareOregon Board of Directors

Woody English, MD, MMM

Providence Health and Services, retired

Joanne Fuller, MSW

Multnomah County Health Department, retired

Damien R. Hall

Partner, Ball Janik LLP

Tec Han

*Chief Investment Officer, Vibrato Capital
(Joined Board in March 2018)*

Susan Hennessy

Kaiser Permanente NW, retired

Eric C. Hunter

President & Chief Executive Officer, CareOregon

Kathy Jones

San Diego Hospice and Institute for Palliative Medicine, retired

Brenda Johnson

Chief Executive Officer, La Clinica

Nathalie Johnson, MD

Medical Director, Legacy Cancer Institute

Gina Nikkel, PhD

*President & Chief Executive Officer,
Foundation for Excellence in Mental Health Care*

Suk Rhee

Director, Office of Community & Civic Life, City of Portland

Glenn Rodriguez, MD

*Board Chair, CareOregon
Providence Milwaukie, Family Medicine Residency Program, retired*

Bob Stewart

Superintendent, Gladstone School District

Financial Summary 2018

CareOregon's membership increased by 80,000 members in early 2018, immediately after the closure of the Portland area's other Coordinated Care Organization. This change, which occurred with little advance notice, brought tremendous uncertainty to members, providers and CareOregon. The transition was executed carefully and successfully, and our financial position is stronger as a result. We continue to provide financial stability in an ever-changing and volatile health care landscape. CareOregon remains deeply committed to improving the cost effectiveness and quality of care for our members, making our communities healthier in 2018 and beyond.

261,433
MEMBERS

\$1.337 billion
TOTAL REVENUE

\$496 million
TOTAL ASSETS

Community Investment 2018

Over the past two years, CareOregon has invested nearly \$15 million in Oregon communities through grants, sponsorships, improvements in provider capacity and social services. Through investments in programming such as preventive care, access to safe and stable housing, interventions to address traumatic childhood events, and more, we are helping to improve health outcomes for our members and create healthy communities for all Oregonians. And by empowering people to get healthy and stay healthy, our Community Investments are reducing health care costs now and in the years to come.

	COMMUNITY-DIRECTED GIVING	PROVIDER CAPACITY & OUTCOME-BASED PAYMENTS
CareOregon	\$2.7 million	\$946 thousand
Columbia Pacific CCO	\$454 thousand	\$845 thousand
Jackson Care Connect	\$292 thousand	\$765 thousand



315 SW 5th Avenue
Portland, OR 97204

careoregon.org

COR-1934646-1105