

Title: A Survey of Oregon's Coordinated Care Organizations

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Background/Introduction: The Medicaid system in Oregon is being redesigned to reduce the rate of spending growth without reducing the quality of care by creating regionally based networks of health care providers (physical, mental and dental providers) with a focus on prevention and management of chronic conditions. CCO's function like managed care organizations, contracting with providers who perform direct services, but are also responsible for developing community health assessment and improvement plans, reducing health disparities and inequities and assuring that care meets quality metrics. It is unclear how Nutrition Services fit in this new model of coordinated care.

Project Goals: Assess the 16 CCOs regarding their understanding of nutrition services, type of nutrition services they expect to incorporate, what health professionals they plan to use, population priorities for nutrition care and potential barriers to incorporation of nutrition services.

Methods: 32 question survey distributed as a "Survey Monkey" via e-mail to the Medical Directors of the 16 Oregon CCO's .

Results: Response rate: 11 of the 16 CCOs responded.

"Nutrition Services" can be many things (MNT, food insecurity screening, nutrition classes, disease management classes, referrals to community based programs.)

Most respondents identified that they were contracted with "some" outpatient care settings that offer nutrition services.

Nutrition Services are believed to improve patient engagement and long-term health.

No one population group was targeted for receiving nutrition services.

Health conditions or risk factors considered priorities for nutrition services diabetes, obesity, heart disease **and pregnancy/infancy.**

State Health Metrics and "new clinical guidelines" motivate changes in member benefits.

CCO's are considering or utilizing community health workers to facilitate or support nutrition care.

The RDN wasn't identified as the key provider/informant for Nutrition Services.

Summary/Discussion: Most of the respondents did see some role for Nutrition Services for their enrolled members. The current focus is on the adult with chronic conditions and less on the MCH population. A broad range of activities, including gardens, cooking classes, and MNT are included as nutrition services. CCOs are focused on reducing costs while meeting the Quality Metrics; the challenge for Nutrition Service providers is to demonstrate how they help to do that.