CCO 2.0 Opportunities for Engagement Worksheet

CLHO Retreat Notes

September 12th, 2018

1. **Opportunities for Public Health Collaborations w/ CCOs moving forward.**

* CCO SDOH-funded project ideas – 1. Supporting primary care/ OB and public health integration; 2. Marking campaign for public health (travel Oregon); 3. Housing retention
* Workforce development strategies – shared job positions
* Communicable disease / TB is an area (especially STI) –
  + share resources
  + train providers
  + share data to identify potential savings
  + partner in prevention strategies (HEP C syringe exchange)
* Best-practices across the state need to be developed
* Framing messages around system alignment – acknowledge each other’s good work – annual updates, local stories, staff at program level
* HRS policies
* CHA – using PHAB requirements (shared CHIP, SMART goals)
* Equity – connect to CHA/ CHIP
* Data sharing
* Pursue alternative payment methods to support system and public health identified needs
* Shared funding for incentive measures touching on Public Health
* Public Health can find ways to work with the Medical Providers to influence population health (CCOs for improved)
* Health CCOs define Social Determinants of Health and choose the focus areas within that group
* Public Health participation in the CAC

1. **Identify potential roadblocks and solutions to those roadblocks.**

Challenges:

* Primary care focus may decrease community investment opportunities
* QIMs don’t align with population health
* Cultural challenges (medical vs. population)
* Engagement with public health not required to make a robust CCO system (make sure requirements are consistent)
* CCOs continue to re-invent the wheel (lack of consistency)
* CD and STI is not a metric
* CCOs don’t fund projects unrelated to the metrics

Opportunities:

* Innovator agents – specific place to hare successes and community –based programs
* Improved communications
* Transparence of financing initiatives and projects – becoming more well versed and insert yourself at the right time
* Engage in the CCO 2.0
* Partnerships for CCO billing (pursue alternative payments)
* Work to eliminate the myth that public health is ONLY a provider and not a health strategist/ partner
* Create a metric on STI (include stock presentation to CCOs by LPHAs with ROI)
* Education to CCOs about the role of public health (make a STI presentation that can be presented at the local level including TB example from Jackson County)
* P vs P – CCO concern that funds are being used for non-members. How to get more information on Health Related Services