COALITION OF LOCAL HEALTH OFFICIALS

April 19, 2018
Oregon Public Health Advisory Board
CLHO CCO 2.0 Recommendations

Chair Tiel and Members of the Public Health Advisory Board:

The Oregon Coalition of Local Health Officials (CLHO) works with and on behalf of the 34 local public health departments who work to prevent the spread of disease and promote health throughout Oregon. The CLHO recommends the following five requests for changes in the CCO Contracts that support the Governor's focus areas for CCOs 2.0 and continue the innovation that Coordinated Care Organizations were created to meet.

Community prevention works, saves health care costs and improves health. These five recommendations further align and coordinate the partners within Oregon's health system to better meet the triple aim and meet Govenror Brown's vision for CCOs 2.0. These strategies also align with Oregon's focus on Public Health Modernization and strategies identified and outlined in the State's Health Improvement Plan.

We believe these specific changes to CCO requirements could have the greatest impact on a shared focus between public health and health care to achieve improved health outcomes for Oregon residents.

1. **Add a Local Public Health Administrator to the governing boards of CCOs.**

To improve Social Determinants of Health a multi-sector approach is needed. Local Public Health Administrators have skills and knowledge in partnership development, health equity, policy and epidemiology that are critical to meeting the population health goals of CCOs. *Social Determinants of Health/ Health Equity*

2. **Require CCOs to develop, financially invest, and implement shared Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP) with Local Public Health Authorities and local Hospitals. Require the use of CHA/CHIP planning tools that meet the needs of LPHA and Hospitals.**

Collaborative Community Health Assessments and Improvement Plans not only save money but ensure a system wide plan for community health improvements. This recommendation builds off of current work in a meaningful way to further align strategies, and funding for a community health collective impact approach. This also ensures that a population-based health equity approach is used and that we are meeting the needs of all communities in Oregon. *Social Determinants of Health/ Health Equity*

3. **Require a percentage of the quality pool to be shared with LPHA acknowledging the collective impact on meeting metrics.**

Leveraging strategies and tactics led by LPHAs that compliment the medical approach and share in the quality pool will establish and maintain strong partnership and align clinical and community-based work to achieve the greatest health impact for Oregonians. *Cost Containment*

4. **Require one percent of the CCO global budget to be invested in the LPHA for community-based prevention and evidenced based strategies targeting:**
    a. **reducing rising obesity rates**
    b. **reducing adult tobacco use and preventing youth from getting addicted**
    c. **reducing the number of low-birth weight babies and supporting infants and children for growth and development**
    d. **reducing opioid and other substance abuse mis-use disorders**

Annual Oregon Medicaid expenditures in tobacco and obesity related illnesses are almost $700 million annually. Reducing obesity rates and improving physical activity and nutrition can reduce health care costs through fewer doctor's office visits, fewer prescriptions, lower emergency room costs and reduced admissions to the hospital. According to a study, *Prevention for a Healthier America*, community-based programs to increase physical activity, improve nutrition and prevent smoking could yield a savings of $5.40 for every $1 invested.[1]

Investing in prevention efforts conducted by the Local Public Health Authority will align systems, and leverage existing knowledge and expertise without adding additional duplication within health care systems. *Cost Containment*

5. **Require the creation of an Alternative Payment Method to the LPHA for providing <u>quality and culturally appropriate</u> clinical services to high-risk, Medicaid members through specialty clinics and other public health models including services in non-clinical settings and the use of nursing services and traditional health workers that are not easily reimbursable through a fee for service/ clinic model.**

Local public health uses a variety of practitioners (nurses and traditional health workers) serving Medicaid members in non-traditional settings such as the community and the home. Quality and culturally appropriate services utilized at the right time and place ensure people receive the care they need. *Social Determinants of Health/ Health Equity & Pay for Performance*

Thank you for considering these recommendations.

[1] http://healthyamericans.org/reports/prevention08/

For more information please contact Morgan Cowling, Executive Director
morgan@oregonclho.org | 503-329-6923 | oregonclho.org