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| Recommendation  | Gov Brown - Area of Focus | Health Impact | Messages |
| Require CCOs to develop, financially invest in and implement shared CHA/CHIPs with LPHAs and hospitals. Require the use of CHA and CHIP Planning tools that meet requirements for LPHAs accreditation requirements and hospital assessments | SDoH | -Population level Provides consistent, objective health data across sectors- Aligns activities with public health accreditation and aimed at overall public health system improvement  | -Partnership/ alignment-reduces redundancy- cross-sector approach-Advances leveraged and blended resources across sectors focused on health outcomes |
| Require 1% of the CCO global budget to be invested in community -based cost-containment strategies conducted by LPHAs through evidenced-based strategies targeting at;1. Reducing rising obesity rates; 2. Reducing tobacco use and stopping youth from getting addicted; 3. Reducing low-birth weight babies and supporting infants and children for growth and development (toward kindergarten readiness) 4. Reducing opioid and other substance mis-use disorders | Cost | -Improve health-Reduce Costs - CCO 2.0 are going to have cost containment strategies these four strategies can reduce short-term and long-term costs for CCO/ PEBB/ OEBB and private carriers | Annual Medicaid expenditures in tobacco related illness ($350million), obesity related illness ($339million)Substance abuse costs?NICU costs?  |
| Require a % of quality pool to be shared with LPHA for shared work on meeting metrics.  | P4P/ Cost  | Policy, systems and environmental changes at the local level support improving member health outcomes and meeting metrics | - partnership / acknowledge role of public health- Strategies and tactics outside of health care system support greater community behavior changes |
| Require a Local Public Health Administrator voting position on the on CCOs governing board | SDoH - gov | -build systems to increase understanding of the value and impact of population and public health  | - improve overall coordination between CCOs and Public Health in a meaningful way- takes advantage of the community expertise of public health- governance / partnership alignment |
| Require the creation of Alternative Payment Methodology for LPHA providing quality and culturally appropriate 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 model.  | P4P / Cost  | - prevent the spread of disease thru STI contact tracing & partner treatment- TB/ LTBI- Use of a variety of practitioners able to best engage/treat members  | - build payment systems for quality and innovative treatment and disease prevention strategies- strengthens focus and commitment to health equity |