The Coalition of Local Health Officials put forward the following recommendations to ensure there are meaningful and consistent connections between Coordinated Care Organizations (CCO) and Local Public Health Authorities (LPHA) across the state.

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| CLHO Recommendations | Policy Area of Focus | Community Health Improvement | OHPB discussion 6/5/18 |
| Require CCOs to develop, financially invest in and implement shared Community Health Assessments (CHA)/Community Health Improvement Plans (CHP) with LPHAs and hospitals. Require the use of CHA and CHP planning tools that meet requirements for LPHAs accreditation requirements and hospital assessments | Social Determinants of Health - CHP implementation requirements/ expectations | This recommendation: * Reduces duplication of each sector doing separate CHAs and CHPs
* Aligns activities and direct resources between sectors
* Builds capacity for collaboration between CCOs, hospitals, and LPHAs
 | OHA Staff Strategy Recs: * Require CCOs to develop shared CHAs with LPHAs and non-profit hospitals
* Require CCOs to collaborate with LPHAs and non-profit hospitals to develop shard CHPS to the extent feasible
* Require that CHPs address at least two State Health Improvement Plan (SHIP) priorities, based on local need

OHPB Discussion: There was discussion about requiring alignment of CHA AND CHPs in communities to best align resources and locally determine what are the largest SDOH issues that need to be worked on locally and align partners and resources |
| Require 1% of the CCO global budget to be invested in community -based cost-containment strategies conducted by LPHAs through evidenced-based strategies targeting:1. Reducing rising obesity rates2. Reducing tobacco use and stopping youth from getting addicted3. 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 Containment & Social Determinants of Health - Additional ways to promote CCO use and reporting of HRS | This recommendation:* Aligns with Public Health Modernization in the Foundational *Health Promotion & Prevention* Program
* Easily tracks Health Related Services expenditures
* Ensures that progress is being made in several of the largest cost-drivers to the health care system
* Expands access to important maternal and child health strategies
* Moves the health care system upstream in a meaningful way to reduce costs across the whole state to better meet the Triple Aim

  | OHA Staff Strategy Recs: * Implement HB 4018: Require CCOs to spend portion of savings on SDOH, population health policy and systems change & health equity/ health disparities, consistent with the CCO community health improvement plan (CHP)
	+ Require CCOs to hold contracts with and direct portion of required SDOH& HE spending to SDOH partners through transparent process
	+ Require CCOs to designate role for CAC
* Encourage Health –Related Services community benefit initiative to align with community priorities, such as those from the CHA and CHP
* Require CCOs HRS policies to include a role for the CAC in making decisions about how community benefit HRS investments are made

OHPB Discussion: -How do we get to investments in community are based on how Health Related Services are defined. Currently HRS are included in the medical loss ratio but NOT included into the rate setting process which creates a dis-incentive for CCOs to make investments in community based services. There was some discussion about additional guidance for communities about HRS to get clarity.  |
| Require a % of quality pool to be shared with LPHA for shared work on meeting metrics.  | Social Determinants of Health - CCO community partnership requirements  | This recommendation:* Leverages strategies and tactics led by LPHAs that complement the medical approach
* Establishes and maintains strong partnerships
* Aligns clinical and community-based work to achieve the greatest health impact for Oregonians
 | OHA Staff Rec: * “Encourage adoption of SDOH, health equity and population health incentive measures to the Health Plan Quality Metrics Committee and Metrics and Scoring Committee for inclusion in the CCO quality pool.”
* “Encourage CCOs to share financial resources with non-clinical and public health providers for their contributions to incentive measures, through clarifying the intent that CCOs offer aligned incentives to both clinical AND non-clinical providers with quality pool measure areas.”

OHPB Discussion: No discussion on this specific recommendation |
| Require a Local Public Health Administrator voting position on the on CCOs governing board | Social Determinants of Health - CAC & Governance connections | This recommendation:* Leverages governing board flexibility offered in HB 4018 (2018)
* Adds value and expertise to the CCO governing board by including Local Public Health Administrator expertise in population and community health approaches
 | OHA Staff Rec: CAC includes representation and SDOH organization participation in line with CHP priorities. Two CAC members, including an OHP member, sit on the CCO’s board to help drive CCO decisions. OHPB Discussion: No discussion on this specific recommendation.  |
| 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.  | Paying for Value | This recommendation:* Supports quality and culturally appropriate services to Medicaid clients provided by local public health that don’t always fit within a Fee for Service Model
* Supports the innovative models of reaching community members in the home and community
* Increases the identification of new payment methodologies for reimbursing direct care to clients
 | OHA Staff Rec: * Require CCOs to develop Patient-centered Primary Care Home VBP
* Require CCO-specific VBP targets in support of achieving a statewide VBP goal

OHPB Discussion: Primarily focused on seven areas: primary care, behavioral health, oral health, specialty care, hospitals, children’s health care and maternity care. No discussion of population health.  |