



**OPCA**

**Oregon Primary  
Care Association**

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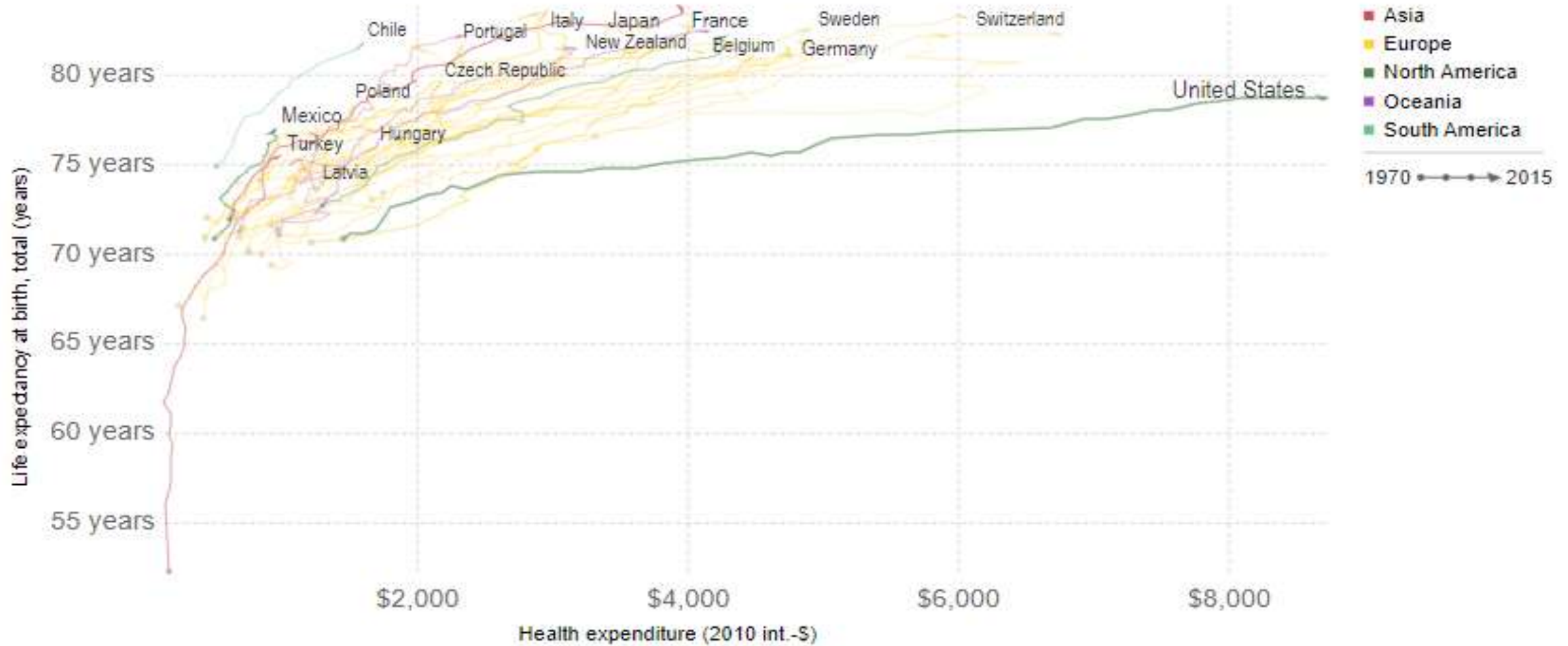
# Welcome

*Preparing for CCO 2.0: Developing opportunities to increase stability and funding for health center social determinant of health initiatives.*

**27 of 32 health centers represented!**



# Why we're all here...



Source: World Bank – WDI, Health Expenditure and Financing - OECDstat (2017)

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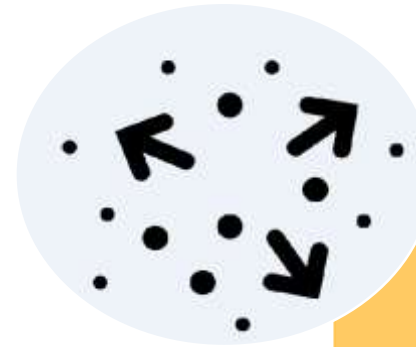


# New World Operational Opportunity



## Current State

Assembly-line model that follows Provider and Team constraints



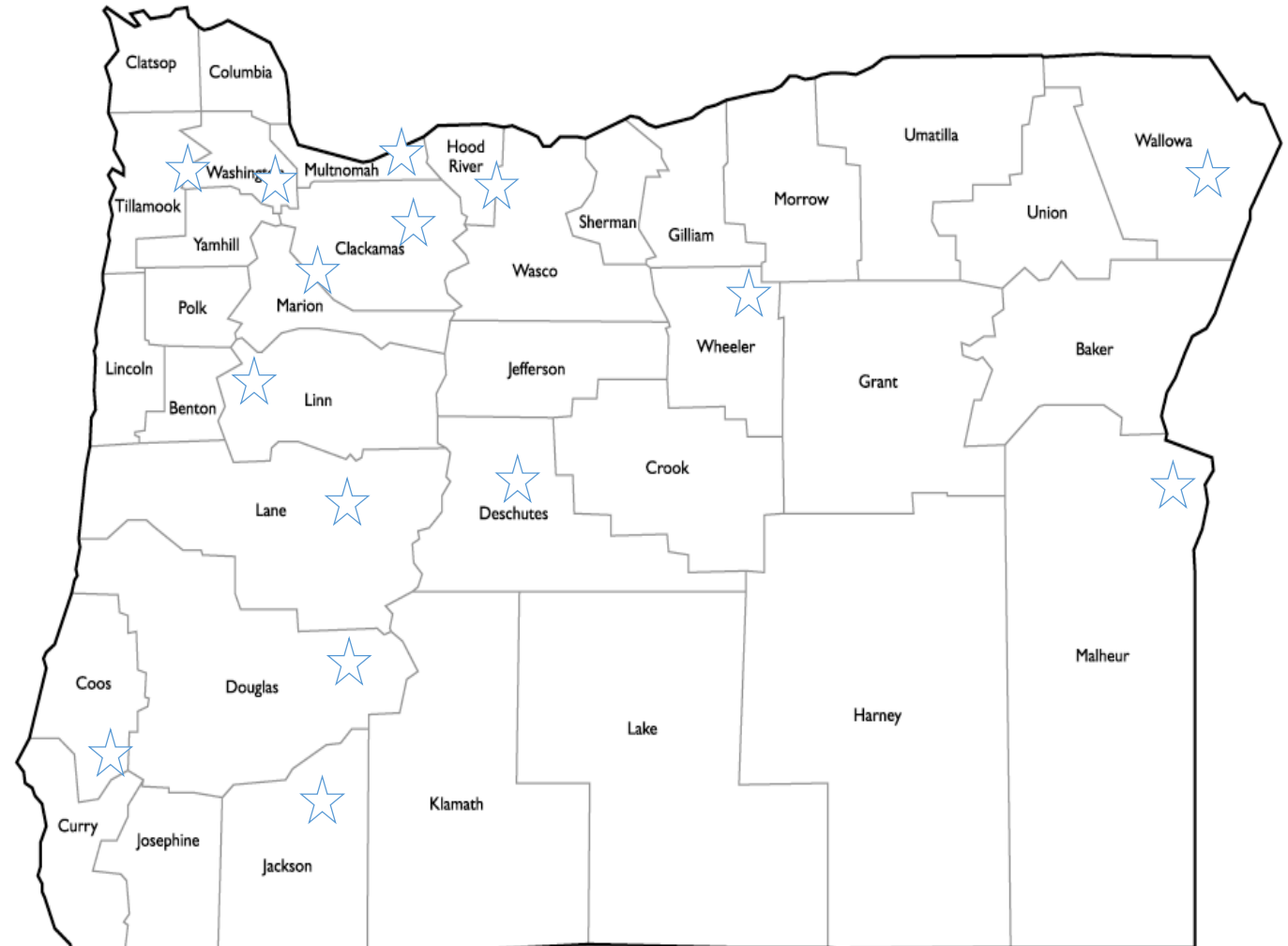
## Ideal State

Adaptive system that responds to consumer preferences

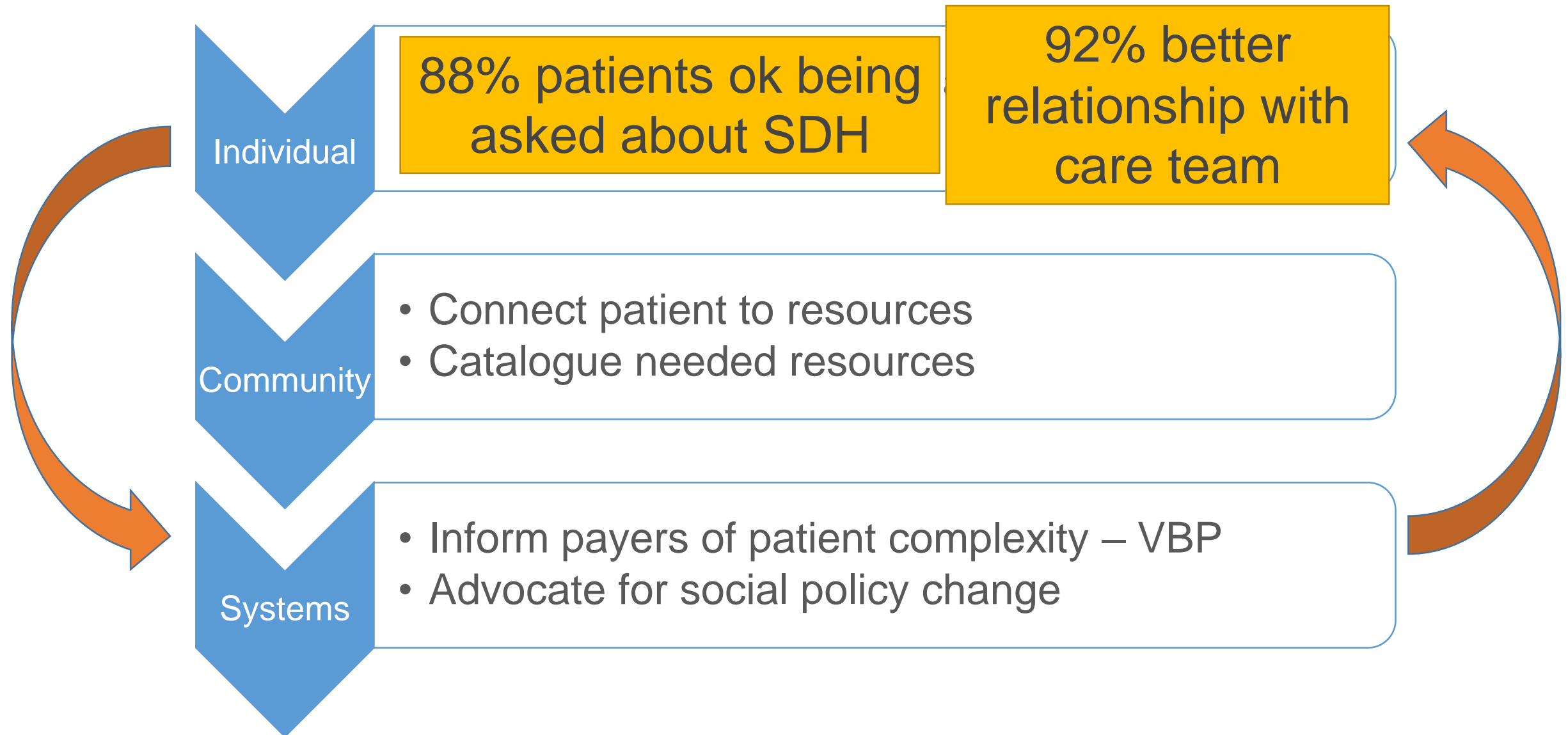
## Key take-a-way:

Majority of respondents find it very important to understand and respond to patients' ***social issues***.

On a scale of 1-10 (10 being the most, important), **9** was the average rating selected.

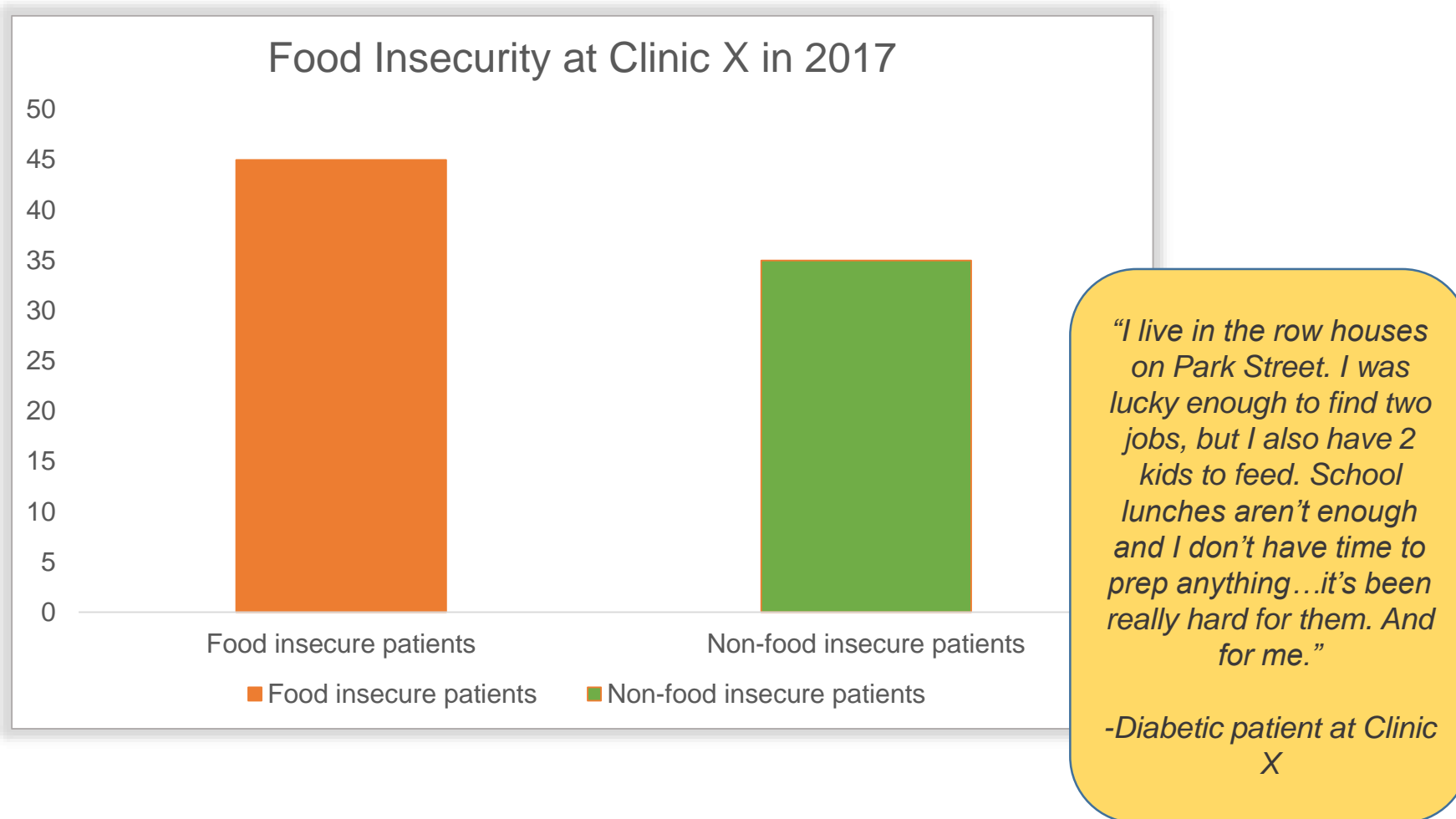


# What Happens When We Ask?

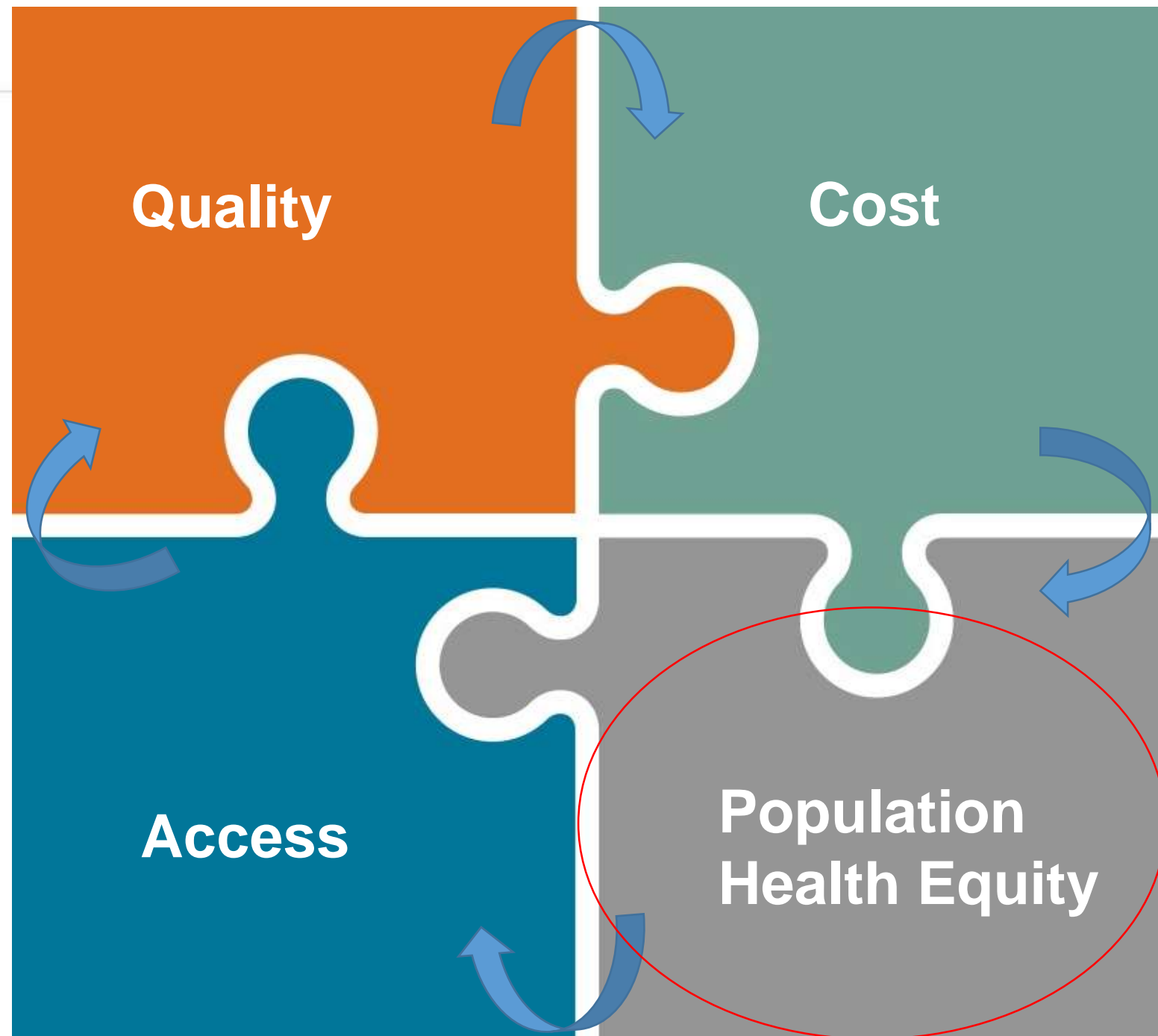




“Advocacy goes beyond helping patients get the services they need by working to address the source of the problems they face.”



What is the connection to the APCM accountability requirements?



# PHE Quadrant: Spectrum of Success

<b>Population Health Equity Quadrant</b>	<i>Accountability Requirement:</i>	Health centers will use a screening tool to learn more about the bio-psychosocial needs of a target population and use that data to inform creation of clinical responses.		
		<b>Foundational</b>	<b>Intermediate</b>	<b>Advanced</b>
		Identify target population to screen for SDH.	Build workflow, scale up, and pull SDH data for analysis.	Actively use SDH data to inform panel management and risk adjustment.

## Some common lessons...

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- New care team members
- Increased partnership with CBOs
- Alternate modes of patient care
- Pilot opportunities





“Few payment reform options can rival the cost-saving potential of squarely addressing the deficits in social determinants of health that constrain health and drive spending trajectories for many low-income Americans.”

# Today's opportunity



# Goals for the Day

- Hear from national and state leaders about practice transformation and population health equity work.
- Learn about clinics in Oregon working effectively with CCOs to address the upstream factors that impact health.
- Explore opportunity to make the business case (or ROI) for your social determinants of health work.
- Hear about tools, partnerships, and systems to build capacity to use and analyze your SDH data.
- Discuss sustainable funding and staffing models for equity work.

- Welcome
- Key note
- Break
- Mini learning session #1
- Lunch
- Mini learning session #2
- Closing plenary
- Reflect forward/wrap up

New this session:  
Breakout tracks!

→ Data

→ Partnerships

→ Leadership



# Policy Update: CCO 2.0 & Social Determinants of Health

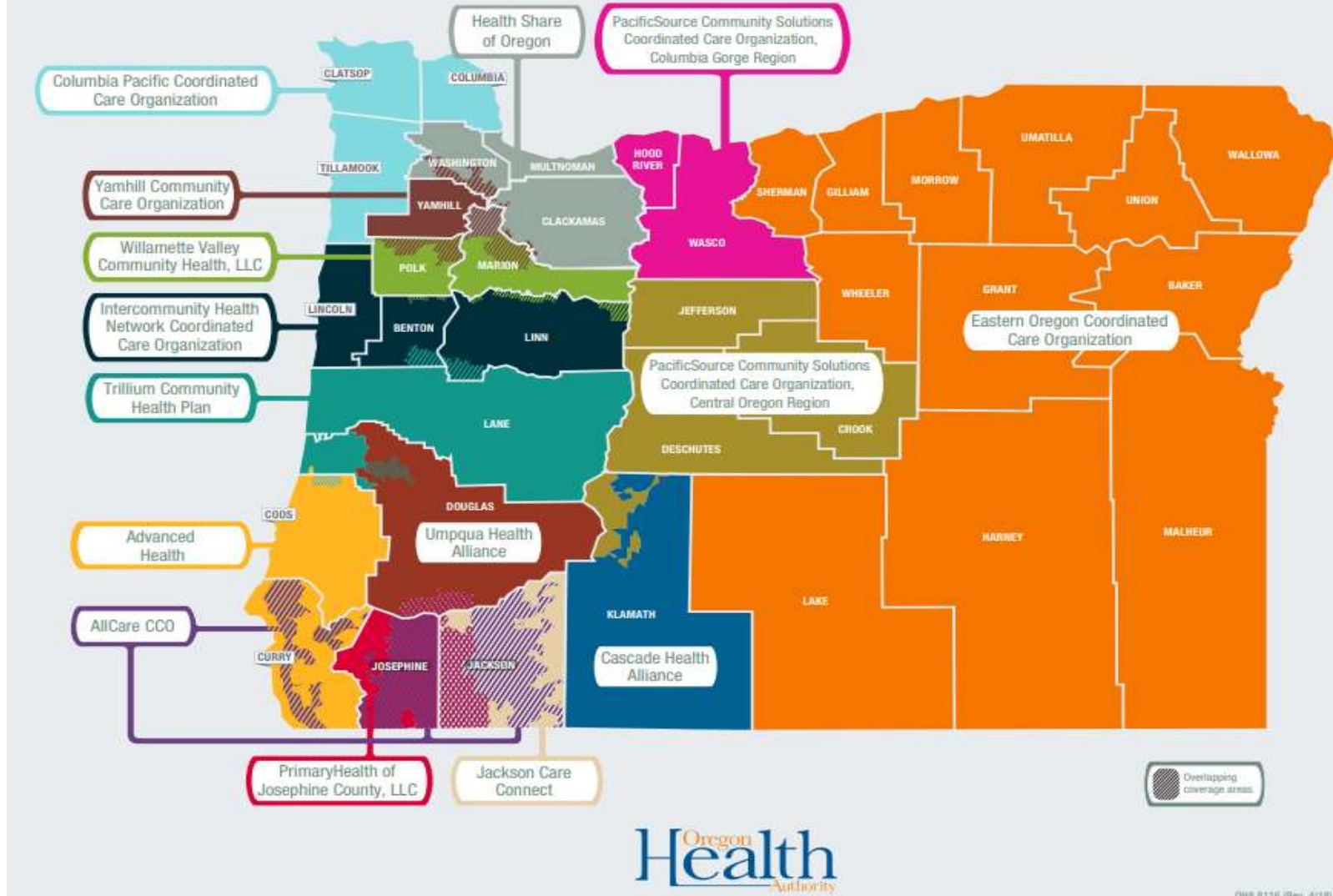
Danielle Sobel, OPCA Policy Manager

# Oregon's CCOs

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- Oregon legislature launched health care transformation in 2012 (SB 1580)
  - » Received \$1.9 B. in federal funding in exchange for “improved[d] health care access and quality – and reduce[d] health care spending – by focusing on prevention and primary care”. ([Health system transformation in Oregon: lessons from the first five years](#), OHA 2018)
  - » Legislature creates “coordinated care organizations” to integrate physical, behavioral and oral health care needs of OHP patients.
  - » Global budget (fixed monthly payments) to coordinate care and financial incentives that rewarded outcomes and quality.
  - » “Flexible spending” → flexibility to be innovative and spend money on health-related services (HRS) like transportation, housing and education.

## Coordinated Care Organization Service Areas

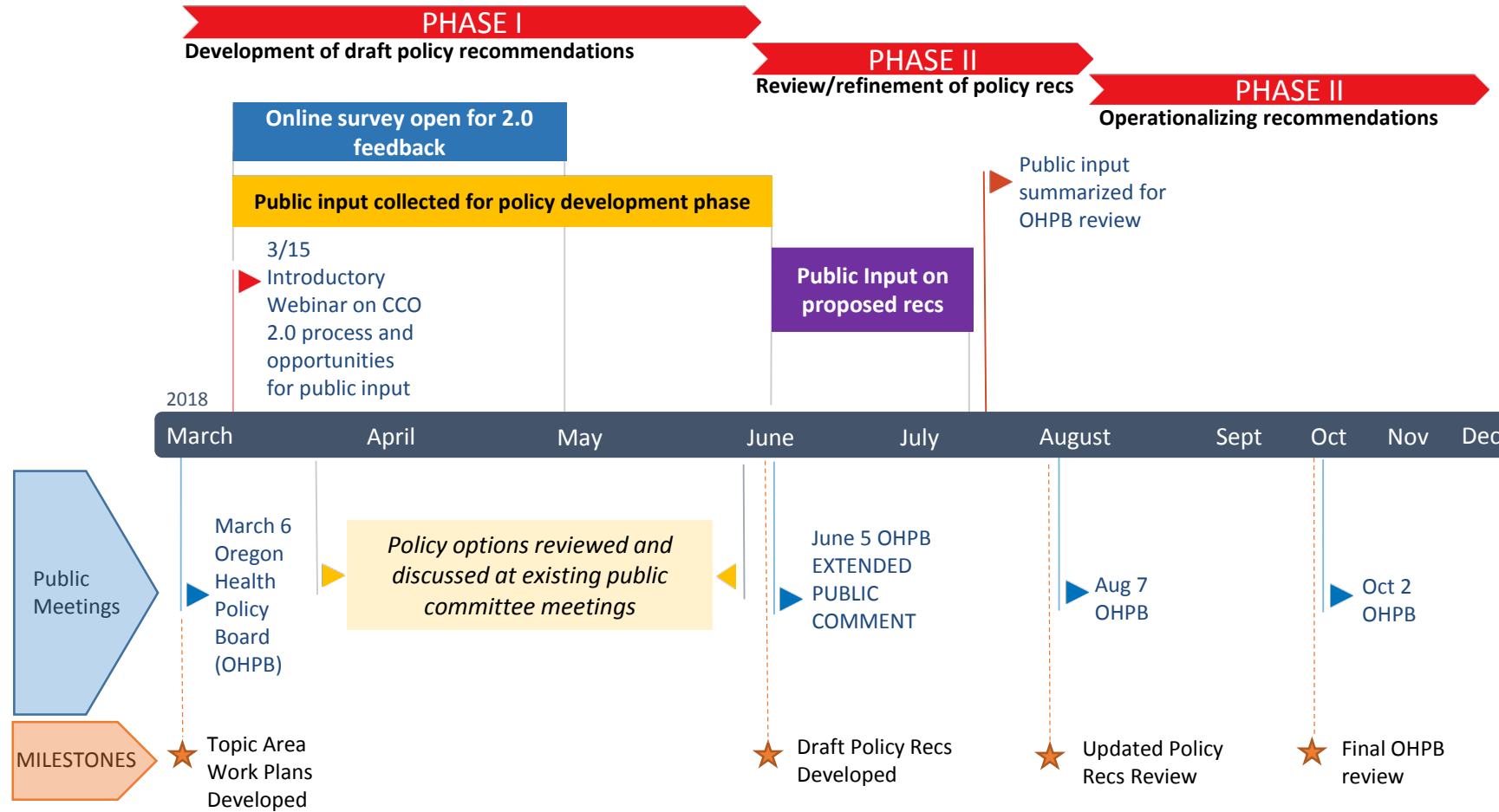


# CCO 2.0

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- Next 5-year contract starts January 2020; OHA leading effort to solicit input on policies for CCO 2.0
- Governor Brown directed the Oregon Health Policy Board to provide recommendations for improving CCOs in 4 areas:
  - » Increase value-based payments that pay for performance
  - » Focus on social determinants of health and equity
  - » Improve the behavioral health system
  - » Maintain a sustainable cost growth

# CCO 2.0 Policy Development Timeline



# OPCA Engagement

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- OPCA submitted written comments on OHA proposed recommendations and HITOC policy options
  - » Straw proposal released August 6: 52 recommendations across the Governor's 4 areas; will be finalized October 2
- Raised awareness among members
- Attended public forums
- Met with OHA leadership (ongoing)

## New Policy Ideas: Year 1

#	Policy	Dashboard	Intended impact	Implementation	Considerations																				
<b>1</b>	<p><b>Implement HB 4018: Require CCOs to spend portion of savings on SDOH, population health policy and systems change, and health equity/health disparities, consistent with the CCO community health improvement plan (CHP)</b></p> <p>a) Require CCOs to hold contracts with and direct portion of required SDOH&amp;HE spending to SDOH partners through transparent process</p> <p>b) Require CCOs to designate role for CAC in directing and tracking/reviewing spending.</p> <p>Years 1 and 2 infrastructure grants: State provide two years of “seed money” to help CCOs meet spending requirement on SDOH&amp;HE in partnership with community SDOH and CHP providers</p> <p>Require one statewide priority – housing-related supports and services – in addition to community priority(ies)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">★</td> <td>Fulfills state or federal mandate</td> </tr> <tr> <td>Priority area:</td> <td>SDOH / Health Equity</td> </tr> <tr> <td>How heavy is lift?</td> <td style="text-align: center;">● ● ○</td> </tr> <tr> <td>How large is impact?</td> <td style="text-align: center;">● ● ●</td> </tr> <tr> <td>Equity</td> <td>TBD – OEI/HEC</td> </tr> <tr> <td>✓</td> <td>2019 POP planned (see note) Requires legislation</td> </tr> <tr> <td>✓</td> <td>Potential to impact children</td> </tr> <tr> <td>✓</td> <td>May require OHA TA support</td> </tr> <tr> <td></td> <td>Could have flexible timeline</td> </tr> <tr> <td>✓</td> <td>Increases transparency</td> </tr> </table>	★	Fulfills state or federal mandate	Priority area:	SDOH / Health Equity	How heavy is lift?	● ● ○	How large is impact?	● ● ●	Equity	TBD – OEI/HEC	✓	2019 POP planned (see note) Requires legislation	✓	Potential to impact children	✓	May require OHA TA support		Could have flexible timeline	✓	Increases transparency	<p>Increased strategic spending by CCOs on social determinants of health and health equity/disparities. Decision-making is inclusive and consumer-informed.</p>	<ul style="list-style-type: none"> <li>Mandated by HB 4018; seed money is not required but strongly recommended by OHA staff.</li> <li>HPA and actuarial staff to develop investing guidelines and reporting and monitoring strategy</li> <li>Compliance needed</li> </ul> <p>NOTE: POP is for a SDOH Transformation Analyst that would support a variety of SDOH work; could be applied to this policy option.</p>	<ul style="list-style-type: none"> <li>Seed money proposed to be 0.5-1% of total global budget (prioritize seed money along with quality pool funds; amounts dependent on 2020 budget and operating under 3.4% growth cap)</li> <li>Spending must align with CCO CHP priorities, TQS, waiver</li> <li><b>Pros:</b> May encourage spending on health related services as key mechanism to track investments in SDOH; May encourage additional spending on SDOH within the global budget</li> <li><b>Cons:</b> Could reduce funds flowing to clinical providers</li> <li><b>Feedback:</b> <ul style="list-style-type: none"> <li>OHPB 7/10/18: Support for statewide priority of housing-related supports and services</li> <li>CCO 2.0 Survey and MAC survey ranked housing as a top priority for SDOH work</li> </ul> </li> <li><b>Agency partnerships:</b> OHA is partnering with Oregon Housing and Community Services to expand supportive housing in the state, and there are particular opportunities to leverage this partnership to increase housing infrastructure in communities while expanding the housing-related services and supports that CCOs provide to complement this infrastructure.</li> </ul>
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<b>2</b>	<p><b>Increase strategic spending by CCOs on health-related services by:</b></p> <p>a) Encouraging HRS community benefit initiatives to align with community priorities, such as those from the Community Health Assessment and Community Health Improvement Plans; and</p> <p>b) Requiring CCOs' HRS policies to include a role for the CAC in making decisions about how</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Fulfills state or federal mandate</td> </tr> <tr> <td>Priority area:</td> <td>SDOH / Health Equity</td> </tr> <tr> <td>How heavy is lift?</td> <td style="text-align: center;">● ● ○</td> </tr> <tr> <td>How large is impact?</td> <td style="text-align: center;">● ● ○</td> </tr> <tr> <td>Equity</td> <td>TBD – OEI/HEC</td> </tr> <tr> <td></td> <td>2019 POP planned</td> </tr> </table>	Fulfills state or federal mandate	Priority area:	SDOH / Health Equity	How heavy is lift?	● ● ○	How large is impact?	● ● ○	Equity	TBD – OEI/HEC		2019 POP planned	<p>SDOH spending is aligned in communities and across various SDOH spending strategies. Community resources are used more efficiently. Decision-making</p>	<ul style="list-style-type: none"> <li>No contract changes (“encourage”)</li> <li>Contract language change</li> <li>OHA to develop guidance, FAQs to ensure clarity on HRS requirements</li> </ul>	<ul style="list-style-type: none"> <li><b>Pros:</b> Leverages existing work and other SDOH spending requirements</li> <li><b>Cons:</b> Competing priorities for investment</li> </ul>									
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# OPCA Comments (OHA)

## Accelerate Value-Based Care

OPCA worked with the Oregon Health Authority to develop and implement the nation's first alternative payment model to support practice transformation in community health centers. Now in its 5<sup>th</sup> year, the model has demonstrated improvements in access and quality, and has achieved cost avoidance of over \$17 million in the total cost of care. We support an increased focus on aligning payment with high-value care in CCO 2.0, and recommend the following:

- As OHA encourages CCOs to adopt payment change to support care transformation, ensure providers are incentivized, and have the necessary resources and time, to work successfully with patients with complex medical, behavioral and social needs to achieve improved health outcomes.
- Ensure timely data transparency between CCOs and primary care providers, such as information on system-wide utilization, patient complexity, and total cost of care.
- Prioritize initiatives and incentives that support care transformation at the whole clinic level, not only for the patients of one payer or one CCO.

## Address the Social Determinants of Health and Equity

Community health centers arose over 50 years ago as part of the national social justice, equity, and civil right movements. Today community health centers not only provide patient-centered medical, dental and behavioral health care, but also work with patients to identify and address the conditions in their lives that impact their health, such as access to clean water, nutritious food, safe and affordable housing, or experiences of trauma or social isolation. We strongly support efforts to increase the focus on the social determinants of health and health equity in CCO 2.0.

- Focus on supporting providers and community partners in existing and new efforts to work with patients to identify and address the social determinants of health they face.
- Strengthen the health care provider workforce for rural and urban underserved communities, and support providers in their efforts to make greater use of traditional health workers to address the health and social needs of patients.
- Require savings that result from transformation to be transparently tracked and reinvested in Oregon communities to improve population health and health equity.
- Align and standardize existing metrics while also developing and adopting new metrics that capture efforts to address the social determinants of health and advance equity.
- Add Health Equity to create a “quadruple aim” to ensure everyone benefits from health transformation.



# Future CCO Policy Opportunities

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- CCO Incentive Metrics
  - » Food Security/Social Determinants of Health Metric (initial discussions)
- 2019 Legislative Session
  - » Health care budget shortfall: \$830 M.
  - » CCO 2.0 legislation ??
- Collective expertise
  - » State's focus on value-based pay and SDH is an opportunity for your health center to work with your local CCO to help them meet the goal of spending on health-related services; this isn't new work to your health center!



# National Health Center Week

- Over 45 events across the state, with over 60% of health centers participating!
- Governor proclaimed August 12-18 in Oregon as “health center week”
- Come do your best superhero pose at our photo booth!



# Save the Date!

All Executive September Peer Network Gathering | Sept. 17, 2018 | Eugene, OR

Delta Center Meeting | Sept. 28, 2018 | Portland, OR

January APCM Learning Session | Jan. 14, 2019 | Portland, OR

SDH & Data Collaborative Kick-Off | Jan. 15, 2019 | Portland, OR

Delta Center Meeting | Jan. 15, 2019 | Portland, OR

# Thank you!