

December 7, 2011

**Subject:** Joint Request for Key Elements to be Included in the CCO Business Plan

Dear Bruce and Mike,

As the Oregon Health Authority creates the full draft of the CCO Business Plan to present to the OHPB on December 13, we want to recognize the OHA and the Governor's office for the impressive work you have done to date on Oregon's health transformation initiative. It is truly extraordinary, and we are generally pleased with the direction of the latest business plan concept. We do, however, **ask that you incorporate into the final plan several issues that we, collectively, believe to be critical** to truly achieve the Triple Aim.

### Key Issues:

1. **Communitywide Governance of Coordinated Care Organizations** – We are very pleased with the movement we have seen on this front over the past several months, and yet believe that the final plan needs still stronger language regarding membership to the board to ensure that real transformation occurs. Regarding this issue, the OHA has drafted language that reads, “A majority interest consisting of the persons that share in the financial risk of the organization—**both** directly through ownership **or** indirectly...” We ask that this sentence be changed to read “... **(remove “both”)** directly through ownership **and** indirectly...” to clarify that CCOs are a community-owned entity.
2. **Transparency of CCO Decision-Making and Other Processes** – We believe that communities should have easy access to decisions regarding where their public dollars are spent and, particularly, how shared savings are distributed. We, therefore, ask that the business plan require CCOs to establish a process that ensures transparency of such decisions.
3. **Accounting for Behavioral and Social Barriers to Health** – Some of the most resource-intensive patients to care for are those who face behavioral and social barriers to health. For example, it requires more resources to produce health outcomes in a homeless, PTSD, diabetic individual than a fully employed, well-educated, diabetic person. Therefore, we ask that CCO's be required to measure outcomes and risk adjust payment for these patients.
4. **Consumer and Client Protection** – The CCO concept promotes health equity across all populations and a person-centered approach to care. To further personal independence, dignity and choice, CCOs should develop grievance procedures and hearing rights for both patients and providers. We ask that the business plan include guidelines for CCOs to use as they develop training programs and written policies to support these procedures. In addition, we ask OHA to measure CCOs on their ability to look beyond the federal consumer rights guidelines provided by Medicare and Medicaid to establish truly transformational policies.
5. **Workforce Development and Capacity** –As noted in the business plan outline, in order to achieve the goals of providing community-based, culturally competent, integrated health homes that improve health equity, CCOs will need to develop a newly skilled workforce. We ask OHA to measure and hold CCOs accountable for sufficient investment in this workforce to assure appropriate recruitment, training, and retention of this critical cadre of professionals.
6. **Accountability** - The CCO concept is an exciting experiment for many reasons, but it is—at this initial stage— still an experiment. Much of the onus for its success will rest with the Oregon Health Authority, and we are concerned that the Authority has insufficient manpower and other resources to fulfill its obligations. We stand ready to take this case to the legislature, if such an approach would be supportive.

Thank you for considering our request. And, thank you for your vision and commitment to improving the health of all Oregonians.

Sincerely,

Oregon Alliance of Children's Programs

Oregon Law Center

Oregon Primary Care Association

Service Employees International Union, Local 49

Service Employees International Union, Local 503

We Can Do Better/The Archimedes Movement

cc: Tina Edlund, Oregon Health Policy Board members