CCO 2.0 Public Forum
The Dalles – April 21, 2018
Notes from Round Table Conversation

Social Determinants of Health and Equity

- **How can or should CCOs invest in the social determinants of health**?
- **How can CCOs help provide <u>everybody</u> an opportunity to be as healthy as they can be?**

- Consider prioritizing older adults given the population and its needs
- Consider prioritizing chronic gambling
- SBIRT questions should be include gambling screening
- Consider trauma based care in suds and self-medication
- Consider early child hood trauma care, prevention and ACEs in sdoh/e spending
- Stigma reduction for suds and medical treatment
- Consider housing issues
- Consider broad prevention based approaches
- CCO flexible services funds don't necessarily reach down to sdoh/e interventions
- Consider universal intervention and more robust and modern screening options that consider re-traumatization and duplicative questions
- Consider transportation and food insecurity
- Consider adversity poc face in rural Oregon
- Consider employment challenges
- Consider universal precaution messaging across silos

Behavioral Heath

- **What can CCOs do to help those on OHP/Medicaid access mental health and addiction services more easily?**
- **What could be done to improve the quality of the mental health and addiction services for individuals in your community?**
- **Is there anything missing from the addiction services and mental health services available through CCOs?**

- See above
- County funding silos around billable and non-billable services creates challenges
- Encourage peer supports (thw) utilization and access
- Consider trauma informed training for bh providers as key requirement or enhanced coordination to ensure trauma informed care is accessible
- Consider provider/compassion fatigue of bh providers
- Mandate further trauma informed care bh services

- There are challenges with billable time and trauma based care treatment and coordination
- Issues w/ encounter driven billing system in capitation agreements and admin burden to document non-billable time and services
- Consider paying for outcomes and providing more flexibility with less mandated encounter data
- Consider investing in “upstream” initiatives which address “the why”
- Consider more research and transparency around roi so investments can be demonstrated and justified
- Consider pmpm % that goes directly to prevention in coordination with local partners e.g. dhs, doe, transportation, housing
- Consider systems which improve communication and coordination
- Peer wellness programs should be spread to meet people where they are
- Consider accountability for outcomes
- Integration is good in theory but hard to implement; workforce and training are key
- EHR and billing systems are a challenge to bh integration
- Churn of clients makes training a necessity in integrated settings
- Consider alternative treatments that work; meet people where they are
- Difference between specialty care and primary care for bh is unclear, more clarity on bh specialty care definition may help
- Diagnoses required specialty bh care is a challenge
- Consider preventative bh and physical health primary care integration processes
- Consider how ph can work on bh promotion and overall health from a population health perspective
- Consider “no wrong door” mentality
- Consider qmhp licensure admin burden as an access challenge, compare w/ primary care burden
- Consider mh and addiction services at every door, especially primary
- Consider consumer perspective in bh access
- Stigma reduction is important
- Communication/coordination/co-location between specialty care/county care and primary care works
- Online gambling courtesy of the Oregon lottery is wrong
- The state should not be involved in promoting gambling
- More emphasis on prevention in bh is needed
- Portland Meadows should not be a casino
- Consider dual diagnosis and treatment, level of care access at a lower level/out pt.
- Consider supported living environment that fills needs gaps

Paying for Value

- **In which areas do you think CCOs should most be encouraged to improve services for the members of your community?**

- Alternative treatment should be covered if it brings value

- Investments in parents and healthy parenting skills, e.g. home visiting, improves childhood outcomes
- Parents that must harm themselves or their children to gain services provides a perverse incentive
- Consider childhood prevention strategies
- Consider seniors and rural services, e.g. warmline, reliable transportation
- Consider telemedicine as an augmenting service
- Consider treatment that's person focused not based on billable hours
- Consider treatment that follows the pt seamlessly
- Consider elderly home visitation and who's eligible for in home care
- Consider community health workers
- Consider peer supports
- Consider non-clinical interventions
- Consider CCO driven population health initiatives and actions
- Consider how private and other payers are included in integration and ccm expansion
- Consider children's foster care and its roll/ coordination

Other:

- CCO Governing Boards should be more inclusive and not just clinically driven, get the right people at the table
- Older adults and gambling addiction should be represented in CCO governance
- All cultures should be represented in CCO governance
- There should be more attendance at CCO forums, need more publicity and outreach from OHA
- Community based organizations can help consumers get their voice heard
- Education to general population re: what CCOs are
- CCOs are spending a lot of money on mailings and return mailings. Why can't CCOs use email address?
- CCOs should be able to ask members how they want to be communicated with and meet them where they are, e.g. email, phone, mail