Dear Mr. Simnitt and Mr. Vandehey,

While the Medicaid Advisory Committee (MAC) recognizes the importance of quality and accessible clinical health services, we know that social factors such as housing, food insecurity, and transportation ultimately play a much larger role in determining a person’s health. These social, economic, political, and environmental conditions in which people are born, grow, work, live, and age, are called the social determinants of health (SDOH). Yet, as a nation, we spend significantly more on clinical services than we do on addressing SDOH and thereby improving health equity. Since the inception of CCOs in 2012, the model has offered the potential to move the role of health care upstream to address prevention and social factors, in order to prevent downstream health care costs. As a committee, we offer a set of recommendations to harness this opportunity more directly as the state moves into its second contracting period with Oregon CCOs.

More specifically, the MAC has produced a set of recommendations to respond to a gap in guidance for CCOs, which OHA identified in the spring of 2017. After a year of exploring the issue, researching, and gathering stakeholder feedback, we are pleased to submit our report and recommendations, including:

- An explanation of why it is important to address the SDOH through Oregon CCOs (pgs. 16-19)
- Standard definitions of SDOH and social determinants of health equity that can be used for all Oregon CCOs (pg. 20)
- A set of five general recommendations for CCOs when addressing SDOH (pgs. 23-26)
- A set of roles that CCOs as health care plans can play addressing SDOH (pgs. 30-31)

In order for these recommendations to be most effective, the MAC urges OHA to use the upcoming 2020-2025 contracting cycle to require that CCOs move forward on each of the MAC’s five general recommendations on CCOs and SDOH, in alignment with the committee’s standard definitions of SDOH and social determinants of health equity. More specifically, the MAC recommends OHA:
• Increase tracking of CCO SDOH initiatives and policies, spending, and outcomes data, and share information publicly to identify best practices and areas for improvement. From increased tracking and data, establish clear goals and metrics to assess CCO spending and work on SDOH and equity.
• Increase expectations for CCOs to assess health inequities and establish infrastructure and systems to improve health equity.
• Ensure CCOs are using the unique tools provided by the CCO model to spend on SDOH, including health-related services, as well as investing additional savings and profits back into the community to impact SDOH.
• Strengthen requirements for Community Health Assessments (CHA) and Community Health Improvement Plans (CHP), to ensure CCOs work with appropriate community partners and include SDOH and equity strategies in their CHAs and CHPs.
• Establish clear expectations that CCOs have the connections and relationships in the community necessary to advance community-driven work in SDOH (e.g. community based organizations, social service organizations, public health, etc.).
• Provide SDOH learning and information sharing opportunities for CCOs to promote replication and scaling up of SDOH efforts.

The recommendations above, targeted to OHA, are detailed in the accompanying document: State Actions to Support and Hold CCOs Accountable to Addressing the Social Determinants of Health: Recommendations to the Oregon Health Authority.

Throughout our work, we were struck by the innovative work already happening in Oregon CCOs and their surrounding communities to address SDOH. We hope our recommendations help the OHA and CCOs to leverage and build on this work over the next five years and beyond.

Sincerely,

Jeremiah Rigsby
Co-Chair, Medicaid Advisory Committee

Laura Etherton
Co-Chair, Medicaid Advisory Committee

cc: Patrick Allen, Director, OHA
Zeke Smith, Chair, Oregon Health Policy Board
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Laura Etherton, Co-Chair, Policy Director, Oregon Primary Care Association
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