STATE ACTIONS TO SUPPORT AND HOLD CCOS ACCOUNTABLE TO ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH: RECOMMENDATIONS TO THE OREGON HEALTH AUTHORITY

Background

On April 25, 2018, the Medicaid Advisory Committee approved a set of recommendations on addressing the Social Determinants of Health (SDOH) through Oregon’s Medicaid model. The recommendations included:

- An explanation of why it is important to address the SDOH through Oregon CCOs
- Standard definitions of SDOH and social determinants of health equity that can be used for all Oregon CCOs
- A set of general recommendations for CCOs when addressing SDOH
- A set of roles that CCOs as health care plans can play addressing SDOH

These recommendations defined actions that could be taken by Oregon CCOs to increase their impact and engagement in improving SDOH factors, such as housing and food insecurity, in their communities, including:

- CCOs address SDOH with the primary purpose of improving health equity
- CCOs support, leverage, and augment existing internal (CCO), community, and provider efforts and capacities to address SDOH, in order to increase the effectiveness of these efforts
- CCOs build from their roles as the main Medicaid payer in a community, and use the unique tools (health-related services, value-based payment) provided by the CCO model to spend funds on SDOH
- CCOs support health care teams and community partners in working together and with patients to identify and address the SDOH challenges patients face and would like help to resolve
• CCOs address SDOH in a way that promotes person and family-centered care, including tailoring SDOH efforts around member needs and desires

The full recommendations can be found on the committee’s website: http://www.oregon.gov/oha/hpa/hp-mac/pages/index.aspx

Medicaid Advisory Committee Recommendations to OHA

For its CCO-targeted recommendations to be most effective, the MAC urges OHA to use the upcoming 2020-2025 contracting cycle with CCOs to support and hold CCOs accountable to addressing SDOH, in line with each of the MAC’s five general recommendations (above). 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.

To inform its recommendations, the MAC gathered anecdotal evidence of CCO efforts related to the SDOH through CCO presentations, a survey, and examples from CCO Transformation Plan reports. However, comprehensive, state-level data on initiatives, policies, spending, and outcomes, was not available. This lack of data leads to challenges understanding and assessing best practices and identifying areas for improvement. The MAC recommends OHA establish a reporting and tracking system for CCO work to address SDOH factors, and to make this information publicly available. Further, the MAC recommends using this system to understand the impacts of efforts and to establish clear goals and metrics for success.

Increase expectations for CCOs to assess health inequities and establish infrastructure and systems to improve health equity.

The MAC recommends that CCOs address SDOH with the primary purpose of improving health equity. To support this work, OHA should establish clear
expectations that CCOs assess health inequities in their communities through the existing community health assessment process. Additionally, OHA should require CCOs to establish the critical infrastructure necessary to improve health equity and address SDOH. This includes increased cultural competency among leadership, staff, and provider networks, and communication via a plan, staff, or other process regarding the CCO’s approach to considering equity in its SDOH work.

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.

One of the primary goals of the CCO model is to improve community health. Addressing SDOH is essential to this work. The MAC urges OHA to expand the use of health-related services among CCOs, and encourage the use of these services to tackle SDOH factors such as housing and food insecurity. Additionally, in line with recently passed legislation (HB 4018), the MAC encourages OHA to implement strong requirements to ensure that savings and profits gained by CCOs are used to further improve the health of communities in which they are based. Reinvesting savings into addressing SDOH can create even more cost savings for the health care system and other state systems, and will support Oregon’s ongoing efforts to bend the health care cost curve and improve population health.

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.

The MAC recommended that CCOs collaborate with community partners and leverage CHAs and CHPs to ensure SDOH activities align with community needs and priorities. To support this recommendation, OHA could strengthen requirements for community collaboration in the development of CHAs and CHPs. OHA could also encourage CCOs to assess and address SDOH factors
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.).

Much of the work to address the social determinants of health is led by organizations and sectors outside of the health care system, including social service entities, community based organizations, public health departments, and others. Additionally, a CCOs provider network can play a key role in identifying social needs and connecting members with social service resources. The MAC recommended that CCOs support, leverage, and augment these existing efforts to address SDOH, rather than establish separate efforts. OHA can support this recommendation by establishing clear expectations that current and future CCOs form and maintain meaningful community partnerships to advance this work.

Provide SDOH learning and information sharing opportunities for CCOs to promote replication and scaling up of SDOH efforts. CCOs have already begun addressing SDOH through various initiatives, investments, and partnerships. While SDOH needs and resources will vary community by community, providing opportunities to share lessons learned and challenges can improve statewide impact of this work.