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# Health-Related Services: Community Benefit Initiatives

November 18, 2020



# Agenda

- Welcome & Introductions
- Overview of Community Benefit Initiatives (CBIs)
- What counts as a CBI?
- CCO Spending on CBIs
- Using CBIs to Address the Root Causes of Health
- Creating Comprehensive CBI Plans
- CBIs in Action
  - Eastern Oregon Coordinated Care Organization
  - Columbia Gorge Health Council: PacificSource Community Solutions
- Next Steps and Technical Assistance
- Questions

**Poll:** Which areas of HRS  
do you work on?

Health-Related Services is a  
team effort!

# Overview of Community Benefit Initiatives

# Governor Brown's Priorities for CCO 2.0

1. Improve the behavioral health system
2. Increase value and pay for performance
- 3. Focus on social determinants of health and health equity**

**OHA has prioritized Health-Related Services as the primary way for CCOs to address their members' SDOH.**

4. Maintain sustainable cost growth

# Oregon's 1115 Medicaid Waiver & Rule

## HEALTH-RELATED SERVICES:

Services beyond members' covered benefits to improve care delivery, and support overall member and community health and well-being.

## COMMUNITY BENEFIT INITIATIVES:

Community-level interventions that include — but are not limited to — OHP members and are focused on improving population health and health care quality.

## FLEXIBLE SERVICES:

Cost-effective services delivered to an individual OHP member to supplement covered benefits and improve their health and well-being.

*More details in CMS definitions and Oregon Administrative Rules:  
45 CFR 158.150 and 45 CFR 158.151 / OAR 410-141-3845*

# Types of Health-Related Services

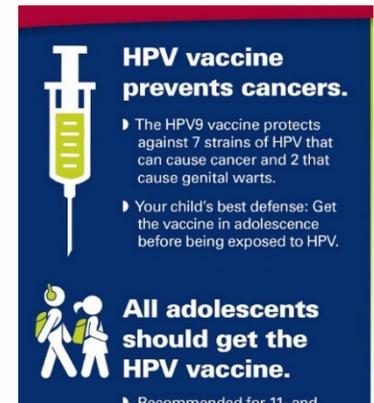
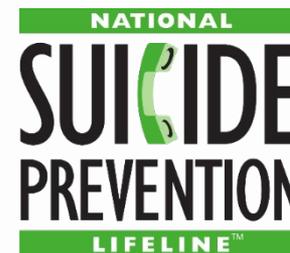
## Flexible Services

- Member-level interventions
- Focused on improving member health
- Cost effective
- Supplements covered benefits



## Community Benefit Initiatives

- Community-level interventions
- Focused on improving population and member health
- Includes health information technology (HIT)



# What Counts as a Community Benefit Initiative?

# Requirements of Health-Related Services

**Must meet these four criteria (45 CFR 158.150):**

1. Designed to improve health quality;
2. Increase the likelihood of desired health outcomes in ways that can be objectively measured and produce verifiable results and achievements;
3. Directed toward either individuals or segments of enrollees, or provide health improvements to the population beyond those enrolled without additional costs for the non-members; **AND**
4. Grounded in evidence-based medicine, widely accepted best clinical practice OR criteria issued by accreditation bodies, recognized professional medical associations, government agencies, or other national health care quality organizations.

# Requirements of Health-Related Services

To improve health quality, must be designed to:

1. Improve health outcomes & reduce health disparities;
2. Prevent hospital readmissions;
3. Improve patient safety, reduce medical errors, lower infection and mortality rates;
4. Increase focus on wellness and health promotion activities; **OR**
5. Support Health information technology (HIT) improvements

# Community Benefit Initiatives Must Also:

- Serve the community
- Improve population health
- Include OHP members, but are not limited to OHP members
- Promote alignment with priorities identified in CCO Community Health Improvement Plans
  - For plans submitted 2020 or later, these will include nonprofit hospital and local public health priorities, per CCO 2.0 requirements
- Designate a role for Community Advisory Councils and Tribes in CBI spending decisions

# The following do NOT count as Health-Related Services:

- ✗ Covered benefits under OHP
- ✗ Initiatives that are designed primarily to control or contain costs
- ✗ Provider credentialing costs
- ✗ Services paid for with grants or other non-Medicaid funds
- ✗ Administrative expenses, such as continuing education for providers and staff
- ✗ Capital investments in “brick and mortar” facilities
- ✗ Advertising or corporate sponsorships

# CCO Spending on Community Benefit Initiatives

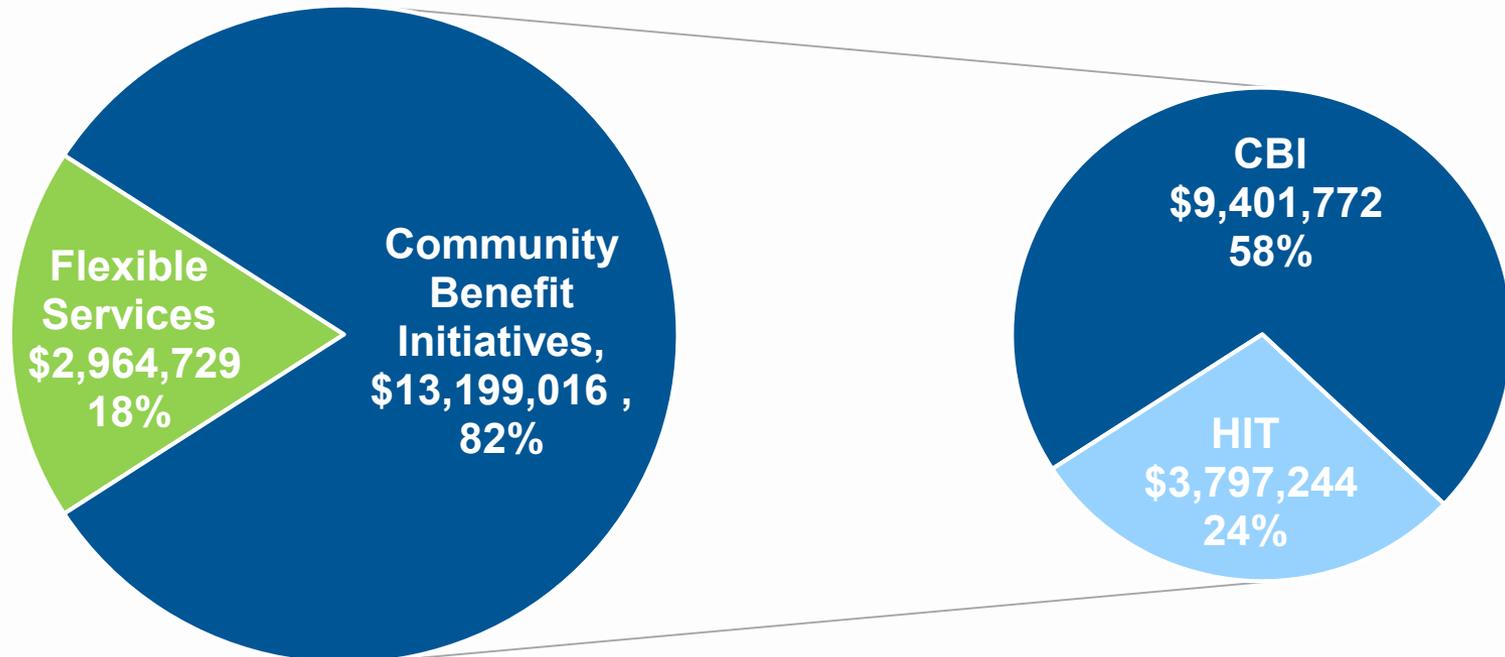
# How Much Have CCOs Spent on HRS?

OHA first began reviewing and providing feedback to CCOs with their 2018 HRS spending reports:

- 2018 HRS Spending (reported and accepted)
  - \$20,446,142 reported as HRS
  - \$9,836,916 accepted (48%) as meeting HRS criteria
- 2019 HRS Spending (reported and accepted)
  - \$26,082,997 reported as HRS
  - \$16,163,748 accepted (62%) as meeting HRS criteria

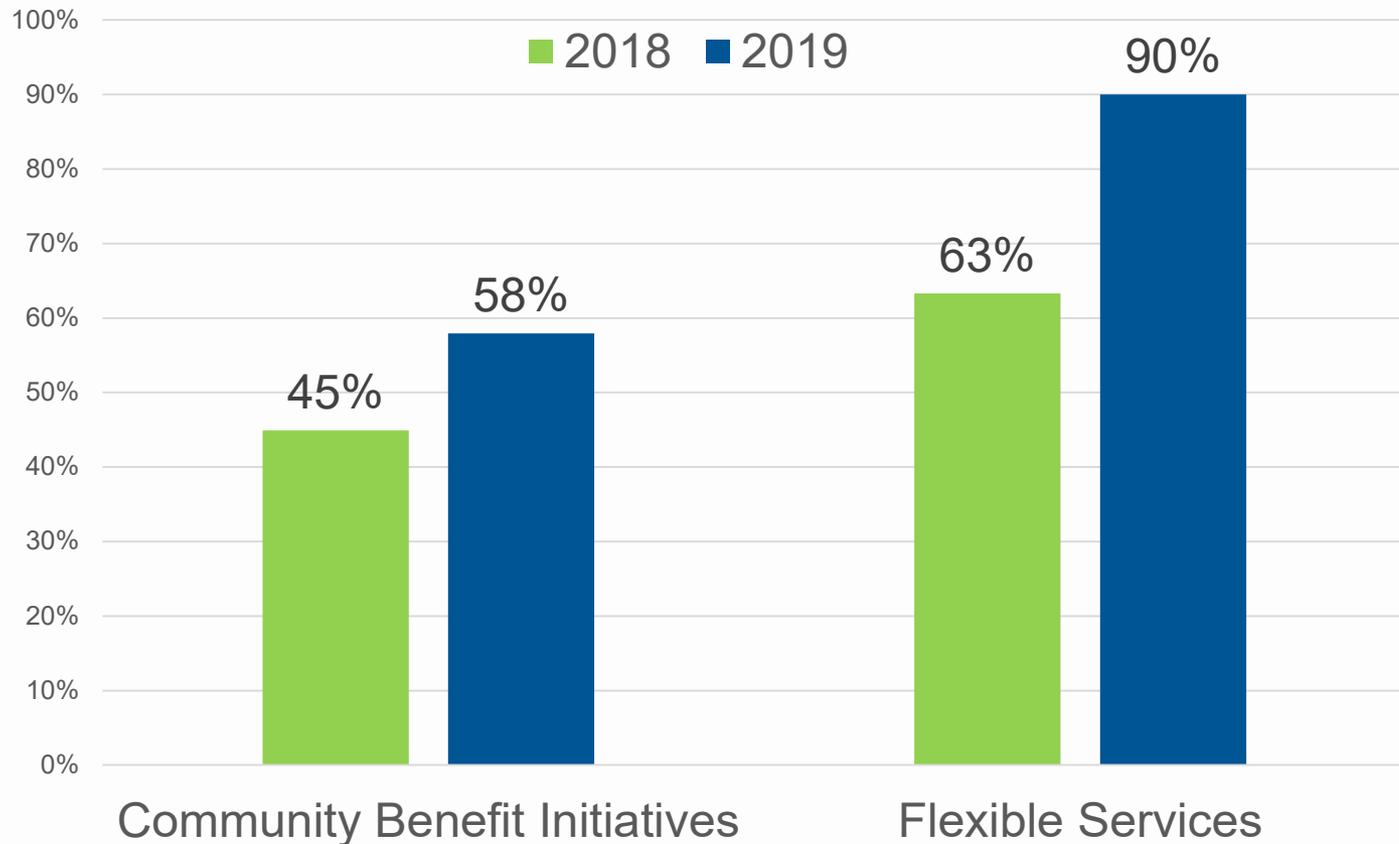
# 2019 CCO CBI Expenditures (amounts accepted from CCO reports)

2019 HRS Total Expenditures (\$16,163,748)



# 2019 CCO CBI Expenditures

## Percent of Submitted Expenditures Accepted



# Using Community Benefit Initiatives to Address Social Determinants of Health

# Community Benefit Initiatives Can Address Social Determinants of Health (Example)

Our API communities health are affected by...

## Our Physical Environment

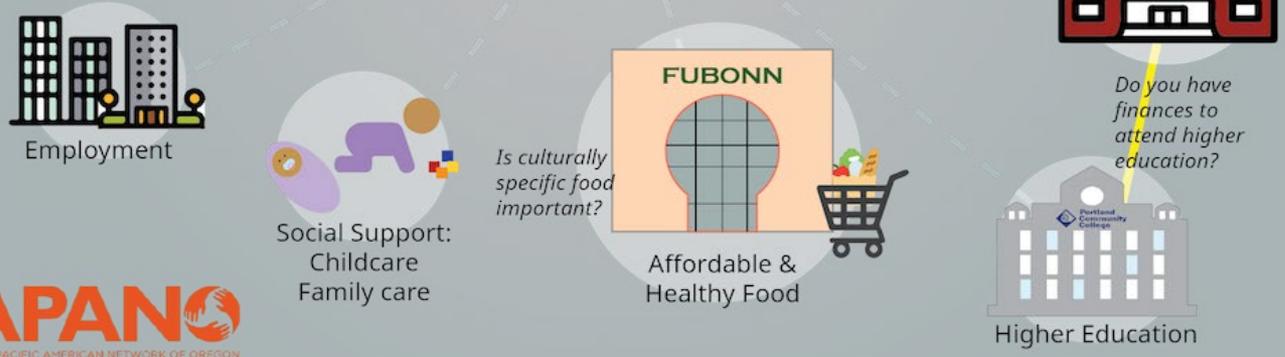


Environmental Quality: Air & Water  
*Asthma rates in the Jade District are **double** those in the Portland-Metro area*



*Do you have a safe way to get to school?*

## Social & Environmental Factors



Employment

Social Support:  
Childcare  
Family care

*Is culturally specific food important?*

FUBONN  
Affordable & Healthy Food

MADISON HIGH SCHOOL

*Do you have finances to attend higher education?*

Portland Community College  
Higher Education



**Chat:** What are the two greatest needs in your community that Community Benefit Initiatives could help to address? Add your thoughts to the chat.

# Using HRS to Address SDOH-E: Background

In 2019 OHA adopted a definition of social determinants of health and health equity (SDOH-E), which encompass the following:

## **Social determinants of health:**

- The social, economic and environmental conditions in which people are born, grow, work, live and age, and are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities.

## **Social determinants of equity:**

- Systemic or structural factors that shape the distribution of the social determinants of health in communities. Examples include the distribution of money, power and resources at local, national and global levels, institutional bias, discrimination, racism and other factors.

## **Health-related social needs:**

- An individual's social and economic barriers to health, such as housing instability or food insecurity.

**While HRS can be used to address SDOH-E, not all HRS address SDOH-E.**

# Using HRS to Address SDOH-E: Background

In 2019 OHA adopted a definition of social determinants of health and health equity (SDOH-E), which encompass the following:

**Social determinants of health: COMMUNITY BENEFIT INITIATIVES + FLEX**

- The social, economic and environmental conditions in which people are born, grow, work, live and age, and are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities.

**Social determinants of equity: COMMUNITY BENEFIT INITIATIVES**

- Systemic or structural factors that shape the distribution of the social determinants of health in communities. Examples include the distribution of money, power and resources at local, national and global levels, institutional bias, discrimination, racism and other factors.

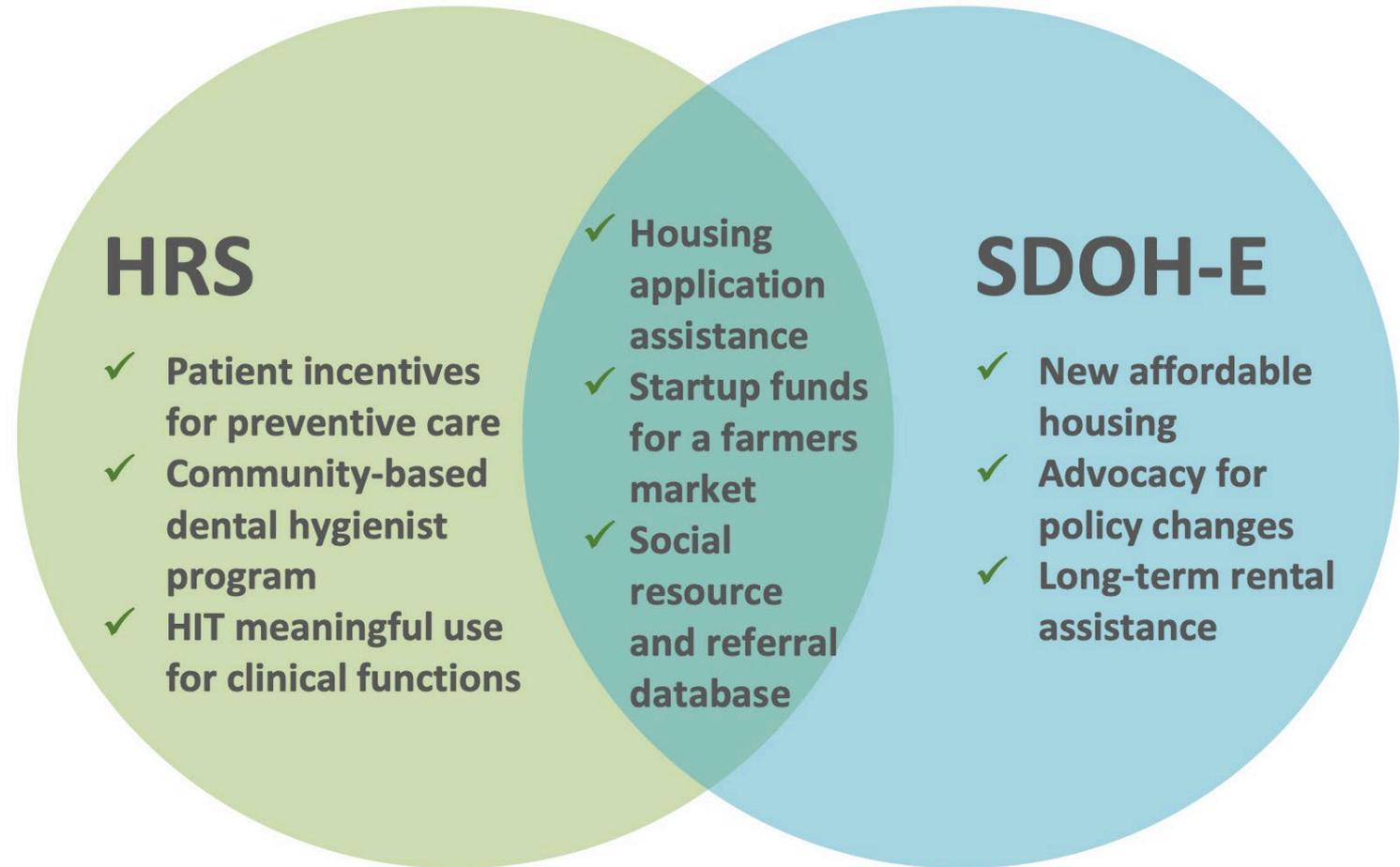
**Health-related social needs: COMMUNITY BENEFIT INITIATIVES + FLEX**

- An individual's social and economic barriers to health, such as housing instability or food insecurity. Examples include providing food to members with food insecurity (FS) or funding a food bank to provide food to the individuals across the community experiencing food insecurity (CBI).

**While HRS can be used to address SDOH-E, not all HRS address SDOH-E.**

# HRS & SDOH-E Investments

*While HRS can be used to address SDOH-E, not all HRS address SDOH-E.*



# Examples of Community Benefit Initiatives

## ***Access to healthy food***

- ✓ Healthy food boxes for pick-up or delivery
- ✓ Farmers market support



## ***Access to outdoors, parks***

- ✓ Walking trails improvement
- ✓ Parks and playground installations or improvements

## ***Access to transportation (non-medical)***

- ✓ Bicycles for a bicycle share program
- ✓ Active transportation improvements (for example, safe bicycle lanes and sidewalks)

**SafeRoutes**  
National Center for Safe Routes to School



## ***Citizenship/immigration status***

- ✓ Legal assistance to address citizenship issues



Oregon  
**Health**  
Authority

# Examples of Community Benefit Initiatives

## *Addressing crime and violence (including interpersonal violence)*

- ✓ Funding support for community organizations that serve people affected by domestic violence

## *Addressing discrimination (for example, race, ethnicity, culture, sexual orientation, gender, disability)*

- ✓ Culturally specific traditional health worker program

## *Early childhood education and development*

- ✓ Parenting programs

## *Employment*

- ✓ GED & job training programs



# Examples of Community Benefit Initiatives

***Environmental conditions (for example, air and water quality, resiliency from wildfires and natural disasters)***

- ✓ Community education about lead in drinking water and lead water testing

***High school graduation and higher education enrollment***

- ✓ School-based restorative justice program *Income*
- ✓ Short-term utility bill assistance

***Housing stability (including homelessness)***

- ✓ Legal assistance to maintain housing
- ✓ Supportive services within homeless shelters

***Housing quality, availability and affordability***

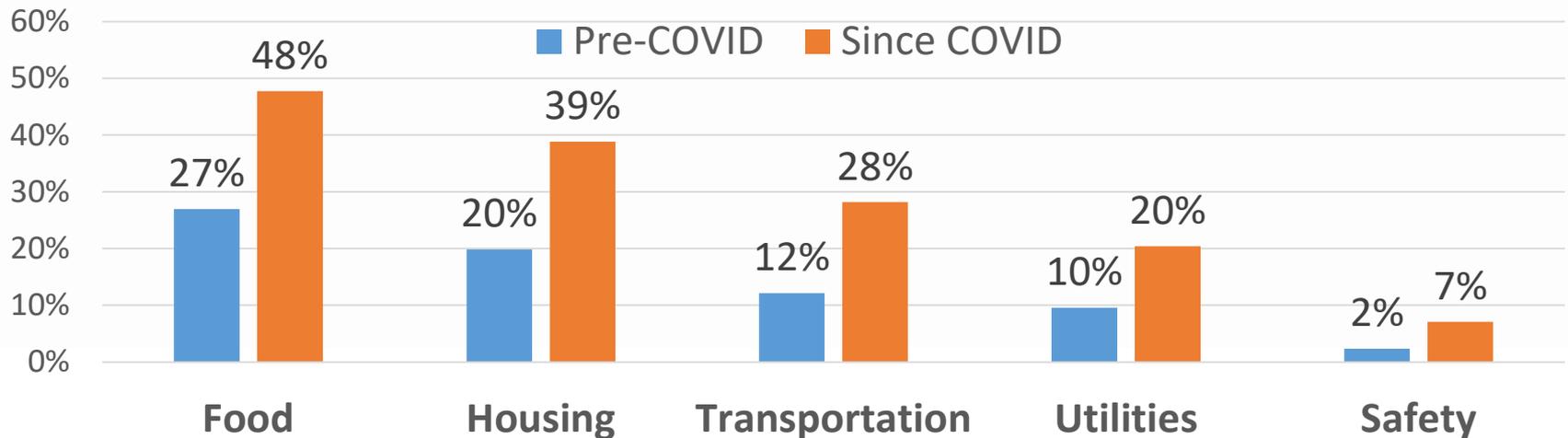
- ✓ Housing safety and quality inspections
- ✓ Legal assistance for home environment remediation (for example, mold remediation by landlord)



# Emerging Needs During COVID-19

- **Increased health-related social needs, housing and food**
  - Community food programs
  - Legal assistance to maintain housing
- **Public health social marketing campaigns**
  - Importance of immunizations & tobacco cessation
  - Reducing behavioral health stigma

**Health-Related Social Needs of Medicaid and Medicare Beneficiaries  
Pre- and Since COVID-19\* (N=11,783)**



\*Accountable Health Communities Study. Time periods: 12/10/18 – 3/22/20 vs. 3/23/20 – 8/20/20

# Opportunities for Spending Alignment

- CCO's HRS spending on CBI must promote alignment with the health priorities identified in the CCO's Community Health Improvement Plan.
- Nonprofit hospitals are required by state and federal law to provide a community benefit, which includes spending on categories like charity care, community-building activities and, as of recently, social determinants of health.\*

**There is a clear opportunity for CCOs and nonprofit hospitals to collaborate on shared community health priorities.**

*\*ORS 442.624 establishes a community benefit spending floor based on data that includes the hospital's community health needs assessment and the CCO's community health improvement plan. The IRS requires nonprofit hospitals to provide a community benefit.*

# Opportunities for Alignment

## State Health Improvement Plan: Healthier Together Oregon



# State Health Improvement Plan Strategies

**HRS CBI spending could also be aligned with the following state health improvement plan strategies (this is not a comprehensive list):**

- Reduce legal and system barriers for immigrant and refugee communities, including people without documentation.
- Provide safe, accessible and high-quality community gathering places, such as parks and community buildings.
- Expand programs that address loneliness and increase social connection in older adults.
- Strengthen economic development, employment and small business growth in underserved communities.
- Increase access to affordable, healthy and culturally appropriate foods for BIPOC-AI/AN and low-income communities.

# Creating Comprehensive Community Benefit Initiative Plans

# HRS Policy and Implementation

- **CCOs are required to establish policies & procedures (P&P) for HRS that:**
  - Encourage transparency
  - Engage providers and members
  - Promote alignment with community health improvement plan priorities
  - Engage the Community Advisory Council and Tribes in spending decisions
- Each CCO is required to submit its HRS P&P annually to OHA for approval by October 1\*.
- CCOs can use their global budget to pay for HRS; there is no other specific funding source for HRS.
- Decisions about whether to provide HRS support, to fund individual requests, or to fund programs using HRS remain entirely at the discretion of each CCO.

*\*Due to COVID-19, the 2020 HRS P&P deliverable was delayed until 12/31/2020*

# Developing a CCO-wide Community Based Initiatives Funding Strategy

- ❑ Develop or update CCO's CBI strategies
- ❑ Identify existing CCO activities that overlap with CBI
- ❑ Educate staff and external partners about CBI, including what is it and what it could be used to fund
- ❑ Work with the CCO Community Advisory Council (CAC) and tribes to align the CBI strategy with the community health improvement plan priorities (consider nonprofit hospital and local public health plans as well)

# Developing a CCO-wide Community Based Initiatives Funding Strategy

- ❑ Consult state and national guidelines for evidence-based best practices that align with the CCO's community health priorities, improve quality and outcomes.
- ❑ Implement strategies in collaboration with multisector partners outside the CCO (e.g. community-based organizations, local public health and clinics)
- ❑ Implement policies and procedures for CBI planning, implementation, reporting and evaluation

# Breadth of Impact: Housing Strategies

**Policy**



**Community Benefit Initiatives:** H4A: Multisector housing consortium formed to address the housing crisis in Central Oregon.

**Community**



**Community Benefit Initiatives:** Bud Clark Commons: Supportive housing plus case management, community building, etc.

**Organizational**



**Flexible Services:** Primary care patients screened for unmet basic needs, such as food, housing, and transportation.

**Interpersonal**



**Flexible Services:** Families provided assistance with costs related to home heating and weather emergencies.

**Individual**



**Flexible Services:** Assisting with short term rent subsidy and housing application processes.

# Selecting Evidence-based CBI Strategies

CCOs may use existing evidence-based best practices, research or guidelines issued by government agencies, medical associations or national health care quality organizations to identify HRS that improve health outcomes, alleviate health disparities, and improve overall community well-being (all links on the HRS website):

## Possible sources:

- Centers for Disease Control and Prevention (CDC) Community Guide
- CDC Health Impact in 5 Years (HI-5)
- Healthy People 2020
- OHA Health Evidence Review Commission Multisector Intervention Reviews
- Results from peer-reviewed studies and literature reviews
- Guidelines from medical associations

# Example: Strategies for Reducing Obesity

## CDC, The Community Guide:

- Recommends meal interventions and fruit and vegetable snack interventions to increase the availability of healthier foods and beverages provided by schools.
- Interventions based on evidence that they increase fruit and vegetable consumption and reduce or maintain the rate of obesity or overweight.
- Economic evidence shows that meal interventions and fruit and vegetable snack interventions are cost-effective.



The  
Community  
Guide

**Obesity: Interventions to Increase Availability of Healthier Foods and Beverages in Schools**

**Summary of Community Preventive Services Task Force Recommendation**

The Community Preventive Services Task Force (CPSTF) issued four findings for intervention approaches to increase the availability of healthier meals, snacks, and beverages in schools.



**The CPSTF recommends:**

- Meal interventions and fruit and vegetable snack interventions to increase the availability of healthier foods and beverages provided by schools.
- Multicomponent interventions to increase availability of healthier foods and beverages in schools (i.e., meal interventions and fruit and vegetable snack interventions in combination with healthier snack foods and beverages).

# Example: Strategies for Reducing Obesity

## CDC Health Impact in 5 Years (HI-5):

- Worksite obesity prevention: Strategies at the workplace include information and education, behavioral and social strategies, environmental components, and financial incentives. According to the results of a systematic review of a large number of studies, worksite obesity prevention programs are associated with reductions in body mass index (BMI), and support weight loss among employees.

## Health Impact in 5 Years



# Example: Strategies for Reducing Obesity

## OHA Health Evidence Review Commission Multisector Interventions:\*

- Sugar-sweetened beverage taxes
- Elimination of tax subsidy for advertising unhealthy food to children



*\*These were approved by HERC 11/2016 and added to the prioritized list in January 2018*

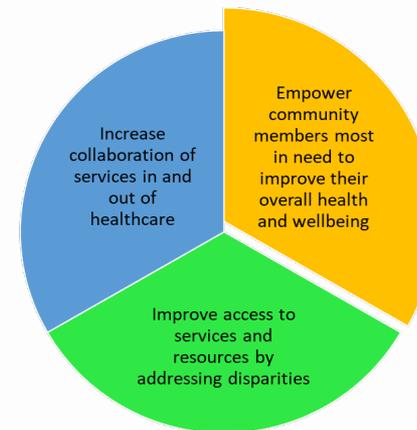
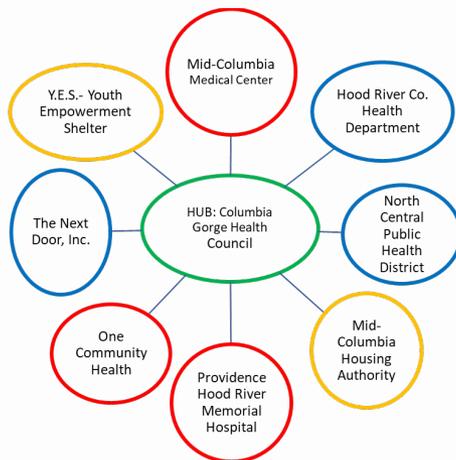
# Community Benefit Initiatives in Action

# Columbia Gorge Health Council: PacificSource Community Solutions

## Bridges to Health Pathways Program (B2H):



A cross-sector, collaborative approach to providing community care coordination.



- Addresses SDOH challenges: Food, housing, transportation, health care access.
- CAC reviews the program and decides CBI funding.
- B2H is supported by Columbia Gorge Health Council, PacificSource Community Solutions and the CAC.

# Eastern Oregon CCO

- Community Benefit Initiative Reinvestment Program established in 2016
- Almost \$9 million invested to date in transformational projects designed and run by the community
- Multiple designated funds: Local CAC, Transformation Projects, Public Health Initiative, and New Ideas Fund



# 2020 EOCCO Priorities

- **Transformation Grants:** Projects to improve incentive measures around kindergarten readiness, immunizations, diabetes, drug and alcohol use, ED utilization for members experiencing mental illness
- **Local CAC projects:** Community priorities, Community Health Plan (CHP) alignment
- **Public Health Fund:** Childhood trauma, pre- and post-partum care for vulnerable populations, new technology, projects that align CHA, SHIP and CHP plans, cross-sector partnerships
- **New Ideas Fund:** New models to improve access to care, engage members in their care, new ideas to integrate or improve clinical services to members, novel workforce initiatives

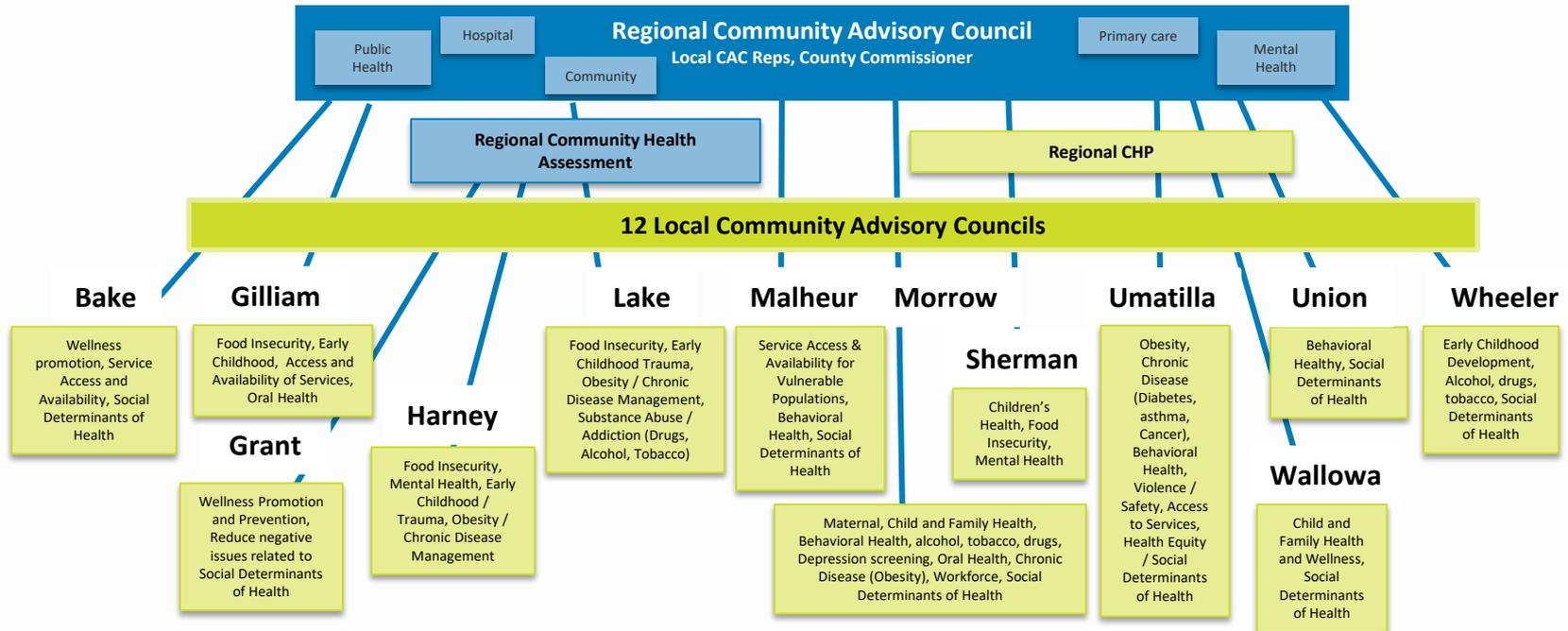
# EOCCO Process

- 
- Annual or quarterly RFA, depending on fund
  - Local CAC project development process
  - Technical assistance to applicants
  - Independent review and approval by CCO Board
  - Technical assistance to funded grantees
  - Evaluation of projects and program overall

# Regional CAC and Local CACs

Local CACs (LCACs) have designated CBI funds for community projects:

- Projects must reflect CHP priorities
- LCAC must reach consensus on recommendations
- Final projects approved by CCO Board



# EOCCO Highlights

- Key program elements:
  - Community-driven projects that impact incentive measures, social determinants of health, and innovation
  - Partnership with ORPRN to administer program
  - Buy-in from EOCCO Board
- 2017-2019 CBIR program successes/outcomes:
  - Veggie RX program
    - Now in Gilliam, Harney, Sherman & Wheeler Counties
    - Increased access to food and quality of food options
  - Adolescent well care events
  - Colorectal cancer screening mailed FIT program

Incentive Measure	2017	2018	2019
Adolescent Well Care	38.6%	41.5%	44.7%
Colorectal Cancer Screening	44.8%	48.3%	51.1%

# CCO Technical Assistance and Guidance

- Technical Assistance to CCOs on HRS by Anne King and Nancy Goff
- Office hours for annual Exhibit L HRS reporting (Jan. – Apr. 2021)
- Updated and new guidance (Mar. 2020)
  - HRS Brief
  - HRS FAQ
  - Exhibit L reporting guidance
  - Addressing SDOH through HRS (new)
  - HRS Community Benefit Initiatives (new)
- Upcoming guidance documents (dates TBD):
  - Housing (update)
  - Traditional Health Workers (new)
  - Care Coordination & Case Management (new)
  - Health Information Technology (new)
- HRS webinars
- 2021 HRS Convening (spring 2021)

# Resources and Contact Information

- **OHA Health-Related Services website:**  
[www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx](http://www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx)
- **Health-Related Services email address:**  
[Health.RelatedServices@dhsoha.state.or.us](mailto:Health.RelatedServices@dhsoha.state.or.us)
- **Find your CCO's Innovator Agent:**  
[www.oregon.gov/oha/HSD/OHP/Pages/CCO-OHA-Team-Contact.aspx](http://www.oregon.gov/oha/HSD/OHP/Pages/CCO-OHA-Team-Contact.aspx)

# Feedback

Please fill out this brief survey now to provide feedback on this webinar.

Thank you!

Look for this link in the chat box:

[https://ohsu.ca1.qualtrics.com/jfe/form/SV\\_eUKjgKEuDHLtaPb](https://ohsu.ca1.qualtrics.com/jfe/form/SV_eUKjgKEuDHLtaPb)