



## **Recommendations for CCO 2.0**

### **Perspectives from Oregon's Community Health Centers**

The Oregon Primary Care Association is the non-profit membership association of Oregon's 32 community health centers, also known as Federally Qualified Health Centers (FQHCs). Community health centers deliver exceptional primary care to over 400,000 Oregonians living in urban, rural and frontier communities who may otherwise not have access to care.

Community health centers are proud to serve on the front lines of Oregon's health transformation, and look forward to playing a central role in the success of CCO 2.0. Across the state, health centers serve 1 in 4 Oregonians on the Oregon Health Plan and make up a critical portion of the provider networks within Coordinated Care Organizations.

It is from this vantage point, as essential providers with long histories in our communities and on the cutting edge of practice transformation, that we offer the following recommendations to further Oregon's ongoing health transformation.

#### **Accelerate Value-Based Care**

OPCA worked with the Oregon Health Authority to develop and implement the nation's first alternative payment model to support practice transformation in community health centers. Now in its 5<sup>th</sup> year, the model has demonstrated improvements in access and quality, and has achieved cost avoidance of over \$17 million in the total cost of care. We support an increased focus on aligning payment with high-value care in CCO 2.0, and recommend the following

- As OHA encourages CCOs to adopt payment change to support care transformation, ensure providers are incentivized, and have the necessary resources and time, to work successfully with patients with complex medical, behavioral and social needs to achieve improved health outcomes.
- Ensure timely data transparency between CCOs and primary care providers, such as information on system-wide utilization, patient complexity, and total cost of care.
- Prioritize initiatives and incentives that support care transformation at the whole clinic level, not only for the patients of one payer or one CCO.

#### **Address the Social Determinants of Health and Equity**

Community health centers arose over 50 years ago as part of the national social justice, equity, and civil right movements. Today community health centers not only provide patient-centered medical, dental and behavioral health care, but also work with patients to identify and address the conditions in their lives that impact their health, such as access to clean water, nutritious

food, safe and affordable housing, or experiences of trauma or social isolation. We strongly support efforts to increase the focus on the social determinants of health and health equity in CCO 2.0.

- Focus on supporting providers and community partners in existing and new efforts to work with patients to identify and address the social determinants of health they face.
- Strengthen the health care provider workforce for rural and urban underserved communities, and support providers in their efforts to make greater use of traditional health workers to address the health and social needs of patients.
- Require savings that result from transformation to be transparently tracked and reinvested in Oregon communities to improve population health and health equity.
- Align and standardize existing metrics while also developing and adopting new metrics that capture efforts to address the social determinants of health and advance equity.
- Add Health Equity to create a “quadruple aim” to ensure everyone benefits from health transformation.

### **Put Patients at the Center**

Patients are at the heart of our work. They are the patients in our clinics, the families who we help sign up for coverage, the neighbors in our communities, and the majority of the seats on any community health center board. In the next phase of Oregon’s health transformation, we recommend the following:

- Align enrollment processes for patients so that signing up for OHP, choosing a CCO, and selecting a provider are patient driven, easily managed and promote continuity of care. Patients should have access to integrated medical, dental and behavioral health care in a single location where available, at the same location as family members if they so choose.
- Ensure each CCO has a clear, consistent, published process outlining how the CCO assigns and re-assigns patients to providers and on what timeline.
- Make sure patients and local communities are at the center of each CCO, with meaningful roles in governance and input into decision-making.