

CCO 2.0 Public Forum
Portland – April 20, 2018
Notes and Themes from Gallery Walk

Social Determinants of Health and Equity

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

- Transportation, housing
- Primary care and prevention
- Investment in workforce and diversity
- Use global budget for keeping people healthy
- Improve incentive metrics
- Use CCOs funds to invest in SDOH through CBOs
- Value of investing in SDOH
- Direct investment towards children and families, ACEs and trauma
- Support work between state agencies around SDOH
- Improve and increase language access

Behavioral Health

- **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?**

- Integration with primary care
- Access to residential care and higher levels of care
- Access to individual practitioners – increase choice for individuals (MH and addictions)
- Increase peer support
- Increase access for diverse populations, making sure there is language access
- Access in rural areas, including choice
- Trauma-informed care
- Increased reimbursement for providers
- Increased standardization and quality improvement for BH services

Paying for Value

- **In which areas do you think CCOs should most be encouraged to improve services for the members of your community?**
- Improving quality
 - BH, MH, Addictions
 - Community health, SDOH
 - Maternity/childrens
 - Population health
 - Language

Cost Containment

- **How can Oregon encourage CCOs to provide services that have the highest value for OHP members? What strategies do you think would best address the cost of health care for Oregonians?**
- **With limited resources it is often important to prioritize. What services would you like to see more of? What would you like to see less of?**
- **Is it more important to be able to choose between CCOs or between health care providers?**
- Preventive care – how to look at longer term investments
- Evidence-based care and language access, trust results in a better outcomes
- Interpretive services
- Longer view in terms of value and how cost can be contained over time
- Universal health care
- Simplify system for members and providers
- Visibility on CCO spending
- Less FFS
- Expand defition of value
- Stability in enrollment (churn) – giving people tools to keep enrollment stable
- State hospital stability and enrollment
- More of
 - Preventive care
 - Housing and health
 - Telemedicine
 - Language access
- CCOs choice
 - In favor of greater choice of providers
 - Trade offs with choice of CCOs

Other

- CBOs – how to engage with members and OHP as a whole
- How to improve access to OHP (SSI, presumptive eligibility)
- Language access
- Make sure this process includes meaningful opportunities for everyone in the community

Open floor

- Choice of CCOs and impact on cost
 - OHA leadership is looking for feedback on this point to see if it should be more of a priority
- Really valuable to have multiple CCOs – competition improves quality
 - Health Share not extending contracts for some mental health providers
 - Concern over bias of CCOs – how does OHA have a role?
 - Responsibility of Medicaid patients is with OHA – how does OHA ensure that patients get the mental health care needed?
 - (FOLLOW-UP AFTERWARDS)
- Patients have challenging with access
- Better define choice of CCO
- Would be a good idea to dedicate state resources for helping private organizations create CCOs
- Any area agencies that have expressed interest in becoming a CCO?
- Focus on CCO 2.0 – they should be nonprofit
- On the table – opportunities for input on Transformation Center and Community Advisory Councils
- To what degree should CCOs be encouraged to pursue commercial/market-based business?
- Embed SDOH in all categories, has an impact on all areas
- OHA should address payments for psychiatric emergency care
- Make sure that CCOs have cultural competency training, plan accordingly for a diverse population
- Attention to balancing CCOs having flexibility with standardization of payment structure for providers
- Focus on original intent of CCOs - transformation and innovation
- Encourage CCO 2.0 to focus on a patient-centered approach, also looking at social services organizations and the role they play (SDOH, ACEs, etc. and partnership with other state agencies)
- Need tribal representation to support providers
- CCO governance and decision makers should be diverse and representative of the community