

## Social Determinants of Health and Equity (SDOH&E) CCO 2.0 Policy Development Proposed Work Plan

### Definition

#### Health Equity, Social Determinants of Health, and Social Determinants of Equity:

#### Tying it Together

**Health Equity:** Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing economic and social obstacles to health such as poverty and discrimination. (Robert Wood Johnson Foundation, What is Health Equity?

<https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>)

- Disparities in health and its determinants are the metric for assessing health equity (Braveman et al., Health Disparities and Health Equity: The Issue is Justice; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222512/>)

**Social Determinants of Health (SDOH):** The social, economic, political, and environmental conditions in which people are born, grow, work, live, and age. *(Draft MAC definition of social determinants of health & equity for Oregon CCOs)*

**The Social Determinants of Equity:** Structural factors, such as racism, sexism, able-ism, and others, that determine how different groups of people experience SDOH. *(Draft MAC definition)*

#### **Tying it together: SDOH&E and CCO 2.0**

Differences in health outcomes are linked to the social determinants of health and social determinants of equity, including inequities in multiple systems such as employment, education, housing, criminal justice, and others. This also includes whether there is equitable access to all systems and opportunity, or disproportionate impact relating to those systems. The US legacy and current circumstances of population-based exclusion from, or discrimination and bias within said systems, impact health and health outcomes. The concepts above are intertwined and difficult to separate.

In approaching CCO 2.0 policy recommendations, OHA is considering policy questions and policy options to address the social determinants of health and the social determinants of equity (the structural factors that influence SDOH and health inequities). Health Equity is the umbrella and connecting thread guiding the investigations in these areas.

### Background

In September 2017, Governor Brown asked the Oregon Health Policy Board (OHPB) to focus on social determinants of health (SDOH) and equity when considering the future of CCOs. Both health equity and prevention were prioritized in the initial vision of health system transformation. As health system transformation has progressed, there has been growing awareness that social determinants of health,

such as housing and education, have a greater impact on health than health care services. Moreover, the health system has a critical role to play in addressing the social determinants of equity, the underlying structural factors, like racism, sexism, and other “-isms,” that determine how communities experience both the health care system and the social determinants of health. For example, increasing cultural competency in the provider workforce can help address racism in the clinical setting that may contribute to health disparities in quality outcomes. Prevention has subsequently expanded to encompass far “upstream” actions that address SDOH and equity – and there is potential to grow this work even further.

The OHPB, other state committees, and the Oregon Health Authority (OHA) have recently focused attention and initiatives to address the social determinants of health and equity:

- OHPB established its Health Equity Subcommittee in fall 2017.
- Social Determinants of Health are a priority in Oregon’s recently renewed 2017-2022 Medicaid 1115 Waiver, including increased incentives for CCOs to spend on health-related services.
- Oregon’s Medicaid Advisory Committee (MAC) is developing recommendations on addressing SDOH through Oregon CCOs, including a standard definition of SDOH (see above).
- OHA has established an internal SDOH workgroup to coordinate and expand SDOH work connected with health system transformation.
- The Traditional Health Worker (THW) Commission has developed a set of recommendations on how to increase utilization of THWs by CCOs.
- The Metrics & Scoring Committee and Health Plan Quality Metrics Committee are considering two metrics related to SDOH as incentive metrics: food insecurity screening and health-related factors of kindergarten readiness.
- The Oregon State Legislature is considering a bill that would require CCOs to spend a portion of excess income/reserves on social determinants of health or health disparities (HB 4018A).

**SDOH&E Topic Area Team**

OHA has convened an internal SDOHE&E CCO 2.0 team with members from Health Policy and Analytics (HPA), the Public Health Division (PHD), and Health Systems Division (HSD). Members were invited to participate based on their particular subject matter expertise to develop a comprehensive and integrated SDOH&E plan.

<b>Leads and Subject Matter Experts</b>	Leann Johnson, Office of Equity and Inclusion; Chris DeMars, Transformation Center
<b>Project management and policy lead staff</b>	Amanda Peden, Office of Health Policy Shelley Das and Maria Castro, Office of Equity and Inclusion Cara Biddlecom, Public Health Division
<b>OHPB Policy Liaison</b>	Steph Jarem, Office of Health Policy
<b>Additional subject area SMEs</b>	Jon Collins, Office of Health Analytics Nathan Roberts, Health Systems Division
<b>Additional supporting offices</b>	Office of Health Information Technology

**CCO 2.0 questions for 2018 investigation and policy options associated with each question:**

Questions	Policy Options
How can OHA encourage CCOs to invest more in social determinants of health & equity work, and hold CCOs accountable for these investments?	#1 Additional ways to promote CCO use and reporting of Health-related Services (HRS)
	#2 Requirements or other ways to promote or increase spending related to social determinants of health and equity (SDOH&E)
	#3 Community Health Improvement Plan (CHP) implementation requirements/expectations
	#4 CCO incentive metrics that address SDOH & Equity
	#5 Defining SDOH & Equity for CCOs
How do we strengthen CCO partnerships and ensure meaningful engagement to support social determinants of health & equity work?	#6 Community Advisory Council (CAC) and Governance connections and representation
How do we better ensure provider cultural competency, language accessibility, a diversified workforce, and access to critical services across the state within a CCO and its provider network that reflects the population served by the CCO?	#7 CCO Internal workforce/infrastructure requirements (e.g. health equity position, health equity plan, cultural competency criteria) to coordinate and support health equity activities
	#8 Strengthening requirements for Traditional Health Worker contracting and utilization
	#9 Explore strengthening telehealth reimbursement requirements
What changes can we make to improve our understanding of social determinants of health & equity initiatives and disparities?	#10 SDOH & Equity Data and Accountability

**Opportunities for public input on SDOH&E policy options**

Date and Stakeholder Engagement Opportunity		Policy Options Considered								
		#1	#2	#3	#4	#5	#6	#7	#8	#9
3/15-4/15	Online survey on overall CCO 2.0 process and policy areas, available on OHPB webpage	x	x	x	x	x	x	x	x	x
4/5	Allies for a Healthier Oregon (AHO) SDOH&E Forum	x	x	x	x	x	x	x	x	x
4/16	Health Equity Committee (HEC)	x	x	x	x	x	x	x	x	x
4/17	CAC Learning Collaborative Special Event						x			
4/19	Public Health Advisory Board (PHAB)	x	x	x	x	x	x	x	x	x
4/23	Traditional Health Workers (THW) Commission	x							x	
4/25	Medicaid Advisory Committee (MAC)	x	x	x	x	x	x	x	x	x
5/2	Health Care Workforce Committee									x
6/5	OHPB June Board Meeting	x	x	x	x	x	x	x	x	x
6/7	Health Information Technology Oversight Council (HITOC)									x
6/6-7/4	Public input opportunities	x	x	x	x	x	x	x	x	x

**2018 CCO 2.0 work plan development process**

At the January 2018 Oregon Health Policy Board retreat, OHPB members provided feedback on the overarching questions for investigation in 2018. These questions provide the overarching foundation for what to explore in order to improve CCOs in the future. Using these questions as a guide, OHA staff gathered existing recommendations from reports, evaluations and committees and researched best practices and innovative ideas within these topic areas in order to identify policy options that should be examined and discussed further. The work plans below list the steps that will be taken to build towards potential policy recommendations for review by the OHPB, including additional research needed, timelines and opportunities for expert and public input.

The SDOH&E work plan begins on the next page.

DRAFT

1) How can OHA encourage CCOs to invest more in social determinants of health & equity work, and hold CCOs accountable for these investments?			
Policy Option 1: Additional ways to promote CCO use and reporting of Health-related Services (HRS)			
Key next steps	Completion date (2018)	Link with other topic areas	Comments
Assess percent of spending allocated to flexible services* and summarize the categories of HRS for each CCO, and the weighted averages for all CCOs combined. Findings will be incorporated into the development of incentive options.	March 16 <sup>th</sup>	n/a	*CCOs submit Exhibit L reports with HRS data for the first time by May 31, 2018, so we must rely on flexible services data, which CCOs currently report. Exhibit Ls from Q12018 will be submitted on April 30 <sup>th</sup> , but we can use the 2017 reports for the analysis.
Determine if financial incentives for HRS spending will be available to CCOs in 2.0. Achieve this by collaborating with Spending and Cost TAT.	March 16 <sup>th</sup>	Spending and Cost TAT	There may be dependency on quality incentive pool – whether that becomes a withhold.
Internal OHA SDOH Workgroup review and feedback	March 23 <sup>rd</sup>		
Assess the potential impacts HRS spending could have on CCO rates.	March 31 <sup>st</sup>	Spending and Cost TAT	By March, CCOs will receive a financial brief document, which will outline how HRS spending relates to rates. Conveying this information is critically important for CCOs to feel comfortable investing in HRS.
Using assessment of the level CCOs are currently spending on flexible services, develop incentive options for HRS.	March 31 <sup>st</sup>	Spending and Cost TAT	
Committee engagement and input	April 30 <sup>th</sup>	Spending and Cost TAT	Because CCO HRS spending could be a variety of services/projects, diverse stakeholder input is encouraged.
Modify incentive options and recommendations based off of input, and prepare for OHA leadership consideration	May 4 <sup>th</sup>		

Finalize draft recommendations for OHPB	May 25th	Spending and Cost TAT	
<b>Policy Option 2: Requirements or other ways to promote or increase spending related to social determinants of health and equity (SDOH&amp;E)</b>			
<b>Key Next Steps</b>	<b>Completion Date</b>	<b>Link with other topic areas</b>	<b>Comments</b>
Monitor/incorporate any new statute from 2018 session	March 11 <sup>th</sup>	Spending and Cost TAT	HB 4018
Policy research: national recommendations, state models, local examples, rate implications	March 12 <sup>th</sup>	Spending and Cost TAT	Research to include CCO models of designated funding for SDOH/preventive investment
SDOH&E, Cost & VBP Collaboration: TAT collaboration to align incentives/requirements for SDOH&E	March 16 <sup>th</sup>	Spending and Cost, VBP TAT	Cost TAT investigating parallel policy option to offer incentives for SDOH&E investment
Internal OHA SDOH Workgroup review and feedback	March 23 <sup>rd</sup>		
Develop policy briefing and presentation materials for committee and public input	April 2 <sup>nd</sup>	Spending and Cost, VBP TAT	
Committee engagement and input	April 30 <sup>th</sup>		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4 <sup>th</sup>	Spending and Cost, VBP TAT	
Finalize draft recommendations for OHPB	May 25 <sup>th</sup>	Spending and Cost, VBP TAT	
<b>Policy Option 3: Community Health Improvement Plan (CHP) implementation requirements/expectations</b>			
<b>Key Next Steps</b>	<b>Completion Date</b>	<b>Link with other topic areas</b>	<b>Comments</b>
Monitor/incorporate any new statute from 2018 session	March 11 <sup>th</sup>	Spending and Cost TAT	HB 4018
Policy research: national recommendations, state models, local Oregon examples	March 12 <sup>th</sup>	Spending and Cost TAT	Research existing state and local strategies for investment in community health improvement plans
Internal OHA SDOH Workgroup review and feedback	March 23 <sup>rd</sup>		
Develop policy briefing and presentation materials for committee and public input	April 2 <sup>nd</sup>	Spending and Cost TAT	
Committee engagement and input	April 30 <sup>th</sup>		

Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4 <sup>th</sup>	Spending and Cost TAT	
Finalize draft recommendations for OHPB	May 25 <sup>th</sup>	Spending and Cost TAT	
<b>Policy Option 4: CCO incentive metrics that address SDOH &amp; Equity</b>			
Key Next Steps	Completion Date	Link with other topic areas	Comments
Monitor ongoing discussions of SDOH metrics among Metrics and Scoring Committee, Health Plan Quality Metrics Committee, and additional relevant committees	March 23	VBP TAT	Metrics & Scoring Committee (MSC) has food insecurity screening (% of members who were 1. screened and 2. is positive, received intervention or referral) on their "on-deck" list and have proposed the Health Plan Quality Metrics Committee (HPQMC) adopt it for their own list. HPQMC will consider March 2018.
Assess historical exploration of equity metrics among relevant committees and stakeholders and identify opportunities to move forward	March 23	VBP TAT	
Internal OHA SDOH Workgroup review and feedback	March 23 <sup>rd</sup>		
Develop policy briefing and presentation materials for committee and public input	April 2 <sup>nd</sup>		
Committee engagement and input	April 30 <sup>th</sup>		
Monitor incentive metrics under consideration and develop update for June OHPB	May 31 <sup>st</sup>	VBP TAT	
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4 <sup>th</sup>		
Finalize draft recommendations for OHPB	May 25 <sup>th</sup>		
<b>Policy Option 5: Defining SDOH &amp; Equity for CCOs</b>			
Key Next Steps	Completion Date	Link with other topic areas	Comments
Gather feedback on Medicaid Advisory Committee's (MAC) SDOH & Equity Definition from OHA Internal SDOH Workgroup	Complete		Feedback gathered in fall 2017

Compile state examples of operationalized definitions of SDOH and Equity in health care contracts and RFA/certification processes	March 21 <sup>st</sup>	VBP TAT	Coordinate with VBP related to VBP in SDOH
Coordinate with Medicaid Advisory Committee (MAC) to incorporate SDOH & Equity definition for Oregon CCOs into CCO 2.0 public engagement	March 28 <sup>th</sup>		MAC has developed a draft definition of social determinants of health & equity which will be final by May
Committee engagement and input	April 30 <sup>th</sup>		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4 <sup>th</sup>	VBP TAT	
Finalize draft recommendations for OHPB	May 25 <sup>th</sup>	VBP TAT	
<b>2) How do we strengthen CCO partnerships and ensure meaningful engagement to support social determinants of health &amp; equity work?</b>			
<b>Policy Option 6: Community Advisory Council (CAC) and Governance connections and representation</b>			
<b>Key Next Steps</b>	<b>Completion Date</b>	<b>Link with other topic areas</b>	<b>Comments</b>
Analyze best practices document that includes recommendations gathered from prior public input processes from a range of sources, including but not limited to: Transformation Center CAC learning collaborative calls and in-person gatherings held since 2013, surveys of CAC members over the past 5 years, key informant interviews with Innovator Agents that took place in February 2014, an OHSU evaluation report published in February of 2015 and Oregon Health Policy Board town halls held fall 2016.	March 25 <sup>th</sup>		
Draft policy recommendations to require CCOs share a clear organizational structure that shows how the CAC connects to the CCO and for ensuring equity and inclusivity of CAC members	April 2 <sup>nd</sup>		
Committee engagement and input	April 30 <sup>th</sup>		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4 <sup>th</sup>		
Finalize draft recommendations for OHPB	May 25 <sup>th</sup>		
<b>3) How do we better ensure provider cultural competency, language accessibility, a diversified workforce, and access to critical services across the state within a CCO and its provider network that reflects the population served by the CCO?</b>			
<b>Policy Option 7: CCO Internal workforce/infrastructure requirements (e.g. health equity position, health equity plan, cultural competency criteria) to coordinate and support health equity activities</b>			

Key Next Steps	Completion Date	Link with other topic areas	Comments
<p>Health Equity Position: Explore any potential changes needed to be applied to CCO contract or other issues that could prevent this policy option from moving forward.</p>	<p>March 20<sup>th</sup></p>	<p>BH</p>	
<p>Health Equity Plan Research and compilation of tools for CCOs to use in developing a CCO-wide Health Equity Plan such as Health Equity Impact Assessments and Equity Lens tool.; the collaboration continuum; CLAS standards, ADA, ACA 1557, REAL-D and non-discrimination compliance, patient engagement. Compilation will be in consultation with Health Equity Committee Co-Chairs and potentially a consultant that has done previous work with CCOs</p>	<p>April 2<sup>nd</sup></p>	<p>Spending and Cost TAT</p>	
<p>Develop framework for basic elements that CCOs would need to incorporate into their Health Equity plans such as: Resources dedicated to Health Equity (from \$ to FTE); Data; Staff competency; strategic planning; workforce demographics. Local elements to consider: Role of CAC; community engagement process, deployment of CLAS Standards; use of REAL-D data; use of proven tools such as THW and HCIs; workforce development (such as DELTA), cultural competency; training to prevent implicit bias and discrimination; health literacy; etc.</p>	<p>April 2<sup>nd</sup></p>		<p>There are certain elements the plan MUST include and those are reflection of other requirements that CCOs must fulfill, for instance TQS and 1557.</p>
<p>Cultural Competency Criteria</p> <p>Review Cultural Competence Continuing Education (CCCE) work and standards to inform criteria</p> <p>Literature review on interventions to improve cultural competence in health plan and in the healthcare delivery system. Types of interventions to improve cultural competency to include in the review: training/workshops/programs for health practitioners (e.g. doctors, nurses and community health workers), culturally specific/tailored education or programs for patient/clients, interpreter services, peer</p>	<p>April 2<sup>nd</sup></p>		<p>In this section the following items would need to be included: Language access plan, use of interpreters; use of Traditional Health Workers; staff development; development of partnerships with community based organizations.</p>

education, patient navigators and exchange programs.			
OEI workgroup meet to compile resources and develop guidance document or policy brief that includes framework and result of lit review on Cultural Competency to be presented to the Health Equity Committee (HEC) for feedback on April 16 <sup>th</sup> meeting.	April 16 <sup>th</sup>		
Committee engagement and input	April 30 <sup>th</sup>	BH	
Incorporate feedback and develop draft for HEC Co-chairs/EC and OEI Leadership for approval.	May 1 <sup>st</sup>		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4 <sup>th</sup>	BH	
Finalize draft recommendations for OHPB	May 25 <sup>th</sup>	BH	
<b>Policy Option 8: Strengthening requirements for Traditional Health Worker contracting and utilization</b>			
<b>Key Next Steps</b>	<b>Completion Date</b>	<b>Link with other topic areas</b>	<b>Comments</b>
<p>Work with the THW Commission to get feedback on the sets of recommendations proposed and presented to OHA director to reform the CCOs Contract for 2020 through THW Commission engagement and input.</p> <p>Recommendations are:</p> <ul style="list-style-type: none"> <li>• Mandate CCOs to consult with the THW Commission to develop a process to integrate best practices for THW member services</li> <li>• Mandate the utilization of THWs, with fidelity to the definitions and scope of practice.</li> <li>• Work with the THW Commission to build a THW workforce that can sufficiently serve its' members by utilizing existing THW service providers and increasing capacity to fill service gaps.</li> <li>• CCOs incorporate alternative payment methods to establish sustainable service payment rates for THW Services.</li> <li>• CCOs include THWs in the development of Community Health Needs Assessments and Community Health Improvement Plans.</li> </ul>	March 26 <sup>th</sup>	BH	Engage CCOs to provide feedback on the proposed language

<ul style="list-style-type: none"> <li>Designate a liaison from each CCO as a central contact to ensure ongoing fidelity.</li> </ul>			
Committee engagement and input	April 30 <sup>th</sup>	BH	
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4 <sup>th</sup>	BH	
Incorporate the THW Commission sets of recommendations that were already shared with OHA Director into the OHPB final recommendations.	May 25 <sup>th</sup>	BH	
<b>Policy Option 9: Explore strengthening telehealth requirements</b>			
Review reimbursement requirements for commercial and public health plans with regard to telehealth and analyze policy options to strengthen requirements for CCOs	March 26 <sup>th</sup>		
Committee engagement and input	May 2 <sup>nd</sup>		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4 <sup>th</sup>		
Finalize draft recommendations for OHPB	May 25 <sup>th</sup>		
<b>4) What changes can we make to improve our understanding of social determinants of health &amp; equity initiatives and disparities?</b>			
<b>Policy Option 10: SDOH &amp; Equity Data and Accountability</b>			
<b>Key Next Steps</b>	<b>Completion Date</b>	<b>Link with other topic areas</b>	<b>Comments</b>
Incorporate OHPB feedback into revised policy recommendations	June 15 <sup>th</sup>		
Assess available data and reporting to hold CCOs accountable to new policy recommendations and identify gaps	June 29 <sup>th</sup>	All	
Develop strategies to collect additional data and revise reporting in order to hold CCOs accountable to new SDOH&E policies	September 14 <sup>th</sup>	All	