Conference Call Number: 1-888-808-6929
Public Participant Code: 915042#

Oregon Health Policy Board
AGENDA
March 6, 2018
OHSU Center for Health & Healing
3303 SW Bond Ave, 3rd floor Rm. #4
8:30 a.m. to 12:15 p.m.

	#	Time	Item	Presenter	Purpose
Old Business	1	8:30	Welcome, Minutes Approval, Calendar Review	Zeke Smith, Chair	Action
	2	8:45	OHA Report	Pat Allen Executive Director, OHA	Update & Informational
	3	8:55	Committee Liaison & Consult Updates	Board Members	Update & Informational
	4	9:10	Healthcare Workforce Committee Membership	Dr. Carla McKelvey, Vice-Chair	Potential Vote
	5	9:20	Legislative Briefing	Dawn Jagger, OHA, External Relations Director	Update & Informational
	6	9:40	Public Testimony	Chair Smith	Public Testimony
	7	9:50	Break		
New Business	8	10:00	Supporting Health System Transformation: OHA Transformation Center	Chris DeMars, Director OHA Transformation Center	Discussion & Informational
	9	10:45	CCO 2.0 Workplan Presentation	Stephanie Jarem, OHA, Health Policy	Update & Discussion
	10	12:15	Adjourn	Chair Smith	

Next meeting:
April 2, 2018
OHSU Center for Health & Healing
3303 SW Bond Ave, 3rd floor Rm. #4
8:30 a.m. to 12:00 p.m.

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2018 OHPB CALENDAR

DRAFT

Updated 2/27/18

Month	Agenda Items (Chair's welcome, Director's report, public testimony and breaks are standing items; the Board may take action regarding committee membership and formation as needed)	Action Plan Foundational Strategies	Reports	Legislative Mandates
January 2, 2018	• OHPB Retreat • CCO 2.0 Development & Planning • Action Plan for Health Update	• Pay for outcomes and value • Shift focus upstream • Improve health equity • Increase access to health care • Enhance care coordination • Engage stakeholders and community partners • Measure progress	-Oregon Health Insurance Survey Fact Sheets -CCO Metrics Report	Health Care Workforce Assessment due to Leg. Assembly. Behavioral Health Collaborative progress report due to JCW&M
Feb 6, 2018	• 2018 Legislative Briefing	• Improve health equity • Increase access to health care • Enhance care coordination	-Primary Care Spending Report	Legislature in Session
Mar 6, 2018	• Supporting Health System Transformation: The Transformation Center • CCO 2.0 Workstream Review	• Pay for outcomes and value • Shift focus upstream • Improve health equity • Increase access to health care • Enhance care coordination • Engage stakeholders and community partners • Measure progress		

Month	Agenda Items (Chair's welcome, Director's report, public testimony and breaks are standing items; the Board may take action regarding committee membership and formation as needed)	Action Plan Foundational Strategies	Reports	Legislative Mandates
April 3, 2018	• Workforce Committee Report on Health Care Provider Incentive Program • Action Plan for Health Update (tentative) • Opioid Crisis Discussion • CCO 2.0 Update	• Shift focus upstream • Improve health equity • Increase access to health care • Enhance care coordination • Engage stakeholders and community partners • Measure progress		
May 1, 2018 (POSSIBLE EXTENDED MEETING)	• PHAB Update & Presentation: baseline accountability metrics • HEC Update • Medicaid Advisory Committee (MAC) SDOH Update • CCO 2.0 Update	• Pay for outcomes and value • Shift focus upstream • Improve health equity • Increase access to health care • Enhance care coordination • Engage stakeholders and community partners • Measure progress		
June 5, 2018	• HPQMC Update • CCO 2.0 Update & Draft Model Review	• Pay for outcomes and value • Shift focus upstream • Improve health equity • Increase access to health care • Enhance care coordination • Engage stakeholders and community partners • Measure progress		
July 10, 2018	• High Cost Drugs Committee Update • CCO Metrics Report Review • CCO 2.0 Update	• Engage stakeholders and community partners • Pay for outcomes and value • Measure progress	-CCO Metrics Report -Hospital Transformation Performance Program Report	PHAB recommendations to OHPB re: Accountability Metrics. Due date is not in statute.

Month	Agenda Items (Chair's welcome, Director's report, public testimony and breaks are standing items; the Board may take action regarding committee membership and formation as needed)	Action Plan Foundational Strategies	Reports	Legislative Mandates
August 7, 2018	• Workforce Composition Promising Strategies & Presentation on Evaluation of Health Provider Incentives • CCO 2.0 Final Recommendations Review	• Pay for outcomes and value • Shift focus upstream • Improve health equity • Increase access to health care • Enhance care coordination • Engage stakeholders and community partners • Measure progress	-Hospital Financial Report	Workforce Financial Incentives Evaluation Report, due to interim health committees of the Leg. Assembly every 2 years, first due Sep. 2018. OHA report to OHPB re: Status of Doulas in Oregon Sep. 2018
September 7, 2018	• Action Plan for Health update • CCO 2.0 Finalization	• Engage stakeholders and community partners • Measure progress	-WF composition report	
October 2, 2018 **OUT OF AREA MEETING: HOOD RIVER (tentative)**	• Workforce Provider Incentive Program Update • Engaging Stakeholders & Partners Discussion	• Pay for outcomes and value • Shift focus upstream • Improve health equity • Increase access to health care • Enhance care coordination • Engage stakeholders and community partners • Measure progress	-Oregon Health Insurance Survey Fact Sheets	
November 6, 2018	• Behavioral Health Collaborative Report • Primary Care Collaborative Update	• Pay for outcomes and value • Shift focus upstream • Improve health equity • Increase access to health care • Enhance care coordination • Engage stakeholders and community partners • Measure progress		Primary Care Collaborative Report

Month	Agenda Items (Chair's welcome, Director's report, public testimony and breaks are standing items; the Board may take action regarding committee membership and formation as needed)	Action Plan Foundational Strategies	Reports	Legislative Mandates
December 4, 2018	• Health Information Technology Oversight Council (HITOC) Annual Workplan Review	• Increase access to health care • Enhance care coordination • Engage stakeholders and community partners	-Hospital Community Benefit Report	Behavioral Health Collaborative final report due to JCW&M

Oregon Health Policy Board
DRAFT February 6, 2018
Conference call
9:00 a.m. to 10:00 a.m.

Item	
Welcome and Call To Order, Co - Chair Carla McKelvey Present: Board members present by phone: Oscar Arana, Felisa Hagins, David Bangsberg, Brenda Johnson, Carla McKelvey, John Santa	
Director's Report, Jeremy Vandehey, OHA Jeremy gave a brief update. The Oregon State Hospital Superintendent position has been filled, Dolly Matteucci will take over in March. Jeremy relayed that the FamilyCare CCO transition of members is on track. He noted that federal legislation regarding CHIP and community health centers was also on track.	
Legislative Briefing, Jeremy Vandehey, OHA, Jeff Scroggin, OHA Jeremy gave a brief update of the bills that OHA is tracking, see presentation materials. Jeff gave a more in-depth look at a few particular bills of interest to the OHPB including: HB 4151, HB 4005, HB 4018, and HJR 203.	
Adjourn	

Next meeting:
March 6, 2018
OHSU Center for Health & Healing
3303 SW Bond Ave, 3rd floor Rm. #4
8:30 a.m. to 12:00 p.m.

Oregon Health Policy Board
DRAFT January 16, 2018
Portland State University
Smith Memorial Student Union
1825 SW Broadway room 238, Portland, OR 97201
9:00 a.m. to 4:00 p.m.

Item	
OHPB video and audio recording To view the video, or listen to the audio link, of the OHPB meeting in its entirety click here. Agenda items can be reviewed at time stamp listed in the column below.	
Welcome and Call To Order, Chair Zeke Smith Present: Board members present: Chair Zeke Smith, Carla McKelvey, Brenda Johnson, Felisa Hagins, Oscar Orana, David Bangsberg, Karen Joplin, John Santa (Phone) The Board voted to approve the December minutes with one change to correct a name spelling.	
Director's Report, Patrick Allen, OHA Pat introduced Dr. Dana Hargunani as the new Chief Medical Officer for OHA. He gave an update on the CHIP funding. Lastly he gave an update on FamilyCare. They have decided to not continue as a CCO in 2018 and they have been working with OHA on the transition of its members to other CCOs.	00:00:00
OHPB Retreat vision and charge, Jeremy Vandehey, OHA, Tina Edlund, Governor's office Tina and Jeremy discussed the vision of the board based on the letter from the Governor.	00:48:30
Review of Summative Waiver Evaluation, John McConnell, OHSU Dr. McConnell presented the summative waiver evaluation and shared results from data and recommendations for CCOs.	01:18:17
Policy Focus Area: Sustainable cost growth, Chelsea Guest, OHA, Tim Sweeney, OHA Chelsea and Tim discussed CCO cost driven policy options and analysis .The Board discussed the need for more analysis & evaluation to examine how (and whether) CCOs have lowered spending growth to accommodate legislative and waiver-driven	01:50:15

targets, whether achievements have been broadly shared among CCOs or concentrated in relatively few CCOs. They discussed how successes so far can be duplicated.	
Policy Focus Area: Paying for Value, Jon Collins, OHA, Chris DeMars, OHA, Jeff Scroggin, OHA Chris and Jon discussed policy options and analysis related to increasing the utilization of VBPs through innovative and creative payment models that incent outcomes and improve readiness. The Board noted that any strategies developed for implementation should be supported and informed by the ongoing collection and review of good data and that CCO flexibility to meet outcomes is a key part of the model design.	02:44:20
Policy Focus Area: Social Determinants & Equity, Leann Johnson, OHA, Chris DeMars, OHA, Amanda Peden, OHA, Steph Jarem, OHA Leann, Chris, Amanda and Steph discussed policy options and analysis related to the social determinants of health and health equity. The Board discussed the need to increase the understanding of equity and SDOH related definitions for CCOs and stakeholders. They noted the importance of leveraging dollars across the system and understanding the implications of cost/spending requirements across all four areas from the Governor's letter (e.g. VBP, SDOH, behavioral health).	03:27:00
Policy Focus Area: Behavioral Health, Royce Bowlin, OHA, Mike Morris, OHA, Lori Kelley, OHA Royce shared analysis and policy options related to behavioral health services. The Board noted its priority to measure the right things and the need to be mindful and intentional of prescribing focus areas while considering priorities like ACEs, culturally specific services and workforce issues related to behavioral health.	04:22:59
High Cost Drugs Committee Charter, Tim Sweeney, OHA	05:35:48

Oregon Health Policy Board
DRAFT January 16, 2018
Portland State University
Smith Memorial Student Union
1825 SW Broadway room 238, Portland, OR 97201
9:00 a.m. to 4:00 p.m.

The Board voted unanimously to approve the High Cost Drugs Committee Charter.	
Healthcare Workforce Committee Membership, Dr. McKelvey The Board approved the list of new members with the understanding that the committee would continue to look for diverse membership and bring back more members for approval to a future board meeting	05:51:47
Healthcare Workforce Needs Assessment: Revised Report, Dr. McKelvey The Board unanimously approved the report shared by Dr. McKelvey.	06:02:30
Public Testimony No Public Comment	
Adjourn	

Next meeting:
February 6, 2018
Conference Call
9:00 a.m. – 10:00 a.m.

Proposed Healthcare Workforce Membership
December 2017

Name	Title	Organizational Affiliation	Location
Paul Gorman	Assistant Dean for Rural Medical Education	Department of Medicine, OHSU	Portland
Description/Background: Paul's clinical work was in a rural primary care practice in Astoria in the 1980s. Over two decades he has conducted research involving rural clinicians and rural practices, working often with the Oregon Rural Practice Based Research Network and its member practices across the state, from Baker City to Astoria and places in between, from larger rural centers that support multispecialty practice, such as in La Grande or Coos Bay, to isolated and remote settings that depend upon physician assistants and nurse practitioners with resourceful staff, such as Christmas Valley. More recently he has been focused on rural medical education. Working closely with the Oregon AHECs and their staff as well as with the leadership from schools of dentistry, nursing, medicine, pharmacy, and the physician assistant program, Paul has been developing interprofessional rural educational programs in collaboration with the growing OHSU Campus for Rural Health in its sites in Klamath Falls, Coos Bay, and soon to be in other parts of the state. He was appointed to fill a vacancy on the Committee in January 2017.			
Jeff J Clark [Vice-Chair]	Naturopathic Physician	True Health Medicine, PC	Tualatin
Description/Background: Jeff is a current practicing naturopathic physician, small business owner, hobby cattle rancher, organic gardener, and involved community member in Tualatin, OR, board member of Oregon Association of Naturopathic Physicians. He has been a member of the Workforce Committee since 2014. As a naturopath sitting among a group of family medical doctors, nurses and psychiatrists Jeff brings the perspective of "non-traditional" health care professional to the discussion the Health Care Workforce Committee, particularly in looking at issues of access to care. Jeff has served on the Workforce Committee since 2014.			
Kate Lee	Provider Recruiter	Multnomah County Health Department	Portland
Description/Background: Kate recruits and trains medical and mental health providers that work in the primary care system. She recruits and attracts outstanding health care providers into the system. As a Health Educator and then Program Manager at the Asian Family Center for Immigrant and Refugee Community Organization, she successfully expanded the health education and promotion programs. She also successfully developed and implemented programs for the National Kidney Foundation and Oregon Partnership. Kate joined the Workforce Committee in 2016.			

Bhavesh Rajani	Medical Director	Yamhill CCO	McMinnville
Bhavesh has been involved in physician recruiting and understands the challenges in attracting providers into rural areas. His background as a family physician and experience working in the United Kingdom's National Health Service make him uniquely qualified to be able to analyze and propose improvements to the health care workforce system in Oregon. Bhavesh is interested in equity-based evaluation of the reach of health care services for the diversity of members of a community and where gaps in access occur and serves as Medical Director for the Yamhill Coordinated Care Organization.			
Description/Background: Bhavesh has been involved in physician recruiting and understands the challenges in attracting providers into rural areas. His background as a family physician and experience working in the United Kingdom's National Health Service make him uniquely qualified to be able to analyze and propose improvements to the health care workforce system in Oregon. Bhavesh is interested in equity-based evaluation of the reach of health care services for the diversity of members of a community and where gaps in access occur and serves as Medical Director for the Yamhill Coordinated Care Organization.			
Laura McKeane	Director	Oral Health Integration, All-Care	Medford
Description/Background: Laura is passionate about oral health and is committed to seeing oral health integrated into medical offices wherever possible. Laura has served as part of the Medicaid Advisory Committee's Oral Health Workgroup, and as worked at AllCare—one of Oregon's 16 Coordinated Care Organzations—for four years. She is keenly aware of the importance of the oral health workforce to provide needed oral health care for all populations, and particularly those individuals covered under the Oregon Health Plan.			
Jennifer Clemens	Dentist, Director	Private Practice, Capitol Dental Group	Salem
Description/Background: Jennifer believes that increasing access to care can lead to improvements in both oral health and overall health. Her professional background is extensive and varied, having served as a staff dentist at the Department of Veterans Affairs before moving to Oregon. She is currently participating as a "tele-dentist" in one Oregon dental pilot program which is experimenting with expanded scopes of work for dental hygienists and serving on the advisory committee of another which is examining the potential role of dental therapists in Oregon. Jennifer serves as Dental Director for Capitol Dental Group. She is particularly interested in expanding the oral health workforce in Oregon and its capacity to provide care.			

Robert Lieberman	CEO	Kairos	Grants Pass
Description/Background: Bob has been involved in health care mental health system design and improvement in Oregon and nationally for the past 25 years, serving ten years on the Commission on Children and Families, serving as Chair of the Child and Adolescent Mental Health Advisory Committee for the Mental Health and Developmental Disabilities Services Division, as well as founding co-chair of the Children's System Advisory Committee for the Addictions and Mental Health Division of the Oregon Health Authority. Additionally, Bob contributed to the creation of Oregon's psychiatric residential system as well as the development of the Oregon Health Plan. He has served on the Metrics Workgroup of the Oregon Health Plan Transformation, and served on the Behavioral Health Collaborative of OHA.			
Meghan Caughey	Senior Director, Peer and Wellness Services	Cascadia Behavioral Health	Portland
Meghan brings a commitment to helping people have better quality of life and greater longevity and a deep background in policy and program development within Oregon. In 2006 Meghan became a Peer Wellness Coordinator for Benton County Health Services and created the concept of "peer wellness specialist" there. Meghan has served on the Medicaid Advisory Committee, as well as former Governor Kitzhaber's Health System Transformation Team. Meghan was a founding member of the Non-Traditional Health Worker Steering Committee and currently serves as a vice-chair of the Traditional Health Worker Commission. She has also served as president and legislative liaison of the Mental Health Association of Oregon. As Senior Director of Peer Wellness Services at Cascadia Behavioral Health, which offers mental health services to more than 12,000 people per year in Multnomah, Clackamas and Lane Counties, Meghan serves as a state leader in championing and improving peer wellness programs.			
Allison Sansom	Director of Nursing and Allied Health	Clatsop Community College	Astoria
Description/Background: Allison serves as Director of Nursing and Allied Health for Clatsop Community College, and is acutely aware of the training needs of health professionals and what it takes to "grow our own" when it comes to health care providers. She has been part of the Nursing faculty at CCC since 2012 and has also worked locally with the Clatsop Care Center Health District, Columbia Memorial Hospital and private practitioners. She has served in many capacities during her professional career including direct care experience in acute care, home health and community-based care settings, as well as various leadership, management and advisory board positions.			
Alisha Moreland-Capuia	Executive Director at OHSU's Gordly Center for Healing & Assistant Professor of Public Psychiatry at OHSU	OHSU	Portland

Dr. Moreland is the director of OHSU's Avel Gordly Center for Public Behavioral Health. She joined the Health Care Workforce Committee in 2016. As an Assistant Professor at OHSU, she teaches and mentors the Student National Medical Association. She is a champion for workforce diversity in Oregon and is recognized as an expert in her field within the community of Behavioral Health professionals in Oregon.			
Janus Maybee	Psychiatric Mental Health Nurse Practitioner	Mill Street Psychiatric	Roseburg
Description/Background: Janus has been a mental health provider and clinic owner since 2009 in Roseburg. She has facilitated education, empowerment and collaboration between primary care providers and specialists in Douglas County by facilitating a community-wide journal club. She is also a long standing member of the Oregon Nurses Association. In addition she has two decades of experiences in both primary care and psychiatric mental health care, along with her activism both in Oregon and in the nation' s health care future. She has served on the Workforce Committee since 2016.			
Troy Larkin	Registered Nurse	Providence Health and Services	Portland
Description/Background: Troy has been a registered nurse for 23 years and has served as a member of the Workforce Committee since 2016. He is interested in bridging the academic and practice environments of nursing and healthcare in general. He leads the nursing and nursing assistant workforce development for Providence Health and Services. He has led a number of strategic workforce initiatives, including the scholarship forgiveness programs, specialized clinical placement programs, residency and on-boarding programs and on-going professional development. He was a founding member of the continuing education business, Acute Care Education Associates Inc. He has also presented nationally on the topic of clinical-academic partnerships to increase the nursing workforce. He was on the rule committee of Senate Bill 879.			
Robyn Dreibelbis [Chair]	Associate Vice President	Vice Chair, Department of Family Medicine, Western University	Lebanon
Description/Background: Robyn is an Assistant Professor in the Department of Family Medicine at Western University of Health Sciences College of Osteopathic Medicine of the Pacific-Northwest (COMP-Northwest) in Lebanon, OR. She has served in this role and as a consultant to COMP-Northwest since 2010. At the inception of COMP-Northwest, she served as the Vice Chair of the Department of Family Medicine and has since left that role to focus her efforts on her new responsibilities as the Chief Wellness Officer of COMP-Northwest. She has served on the Workforce Committee since 2013.			

Shilena Battan	HR/Talent Manager	Gridworks	Portland
Description/Background: Shilena's background in talent acquisition spans full life-cycle recruitment for federally qualified health centers nationally. She has experience in recruiting physicians into historically underpaid positions within community health. She provides the perspective and challenges of recruiting and attracting physicians to serve urban, underinsured and underserved populations. Recently, she joined a start-up providing non-emergency transportation to Medicaid patients in the Portland Metropolitan area. She has served on the Workforce Committee since January 2016.			
Roxana Ermisch	Lead Interpreter, Spanish Language Translation Program	Central Oregon Community College	Bend
Roxana Ocaranza Ermisch is a native of Mexico and holds a Bachelor's of Science in Health Education and has many years of experience working as a Bilingual Health Educator in California and Oregon. She is the lead trainer and part of the original development team for the hybrid distance Spanish Healthcare Interpreter Training Program which is now housed at Central Oregon Community College. Roxana is also an owner of Bridges to Communication, a collaborative of trained healthcare interpreters in Central Oregon that interacts with all the healthcare providers and hospitals in Pacific Source/Central Oregon region to assist with updating cultural competency standards, meeting ASL, disability communication access and multiple language interpreter and translation needs.			
Curt Stilp	Directory, Oregon Area Health Education Center Program	Oregon Health and Science University	Portland
Curt began his health care career as a Registered Nurse after graduating from Winona State University in 1997 and then went on to graduate from Rosalind Franklin Universities PA program in 2001. Clinically his experience has been in orthopedic and spine surgery. Curt started a doctoral program in education leadership at Portland State University in the fall of 2014. His research interest is rural interprofessional education (IPE) within the clinical setting. Professionally, his interests include rural health care, workforce development, IPE, leadership, and skills-based medical education.			
Maria Lynn Kessler	Professor and Program Director of Applied Psychology	Oregon Institute of Technology	Wilsonville
Description/Background: Maria has been attending the Workforce since July 2015, and is particularly interested in the issues addressed by the committee related to integrated behavioral health and workforce development. She also serves as VP for the Oregon Association for Behavior Analysis and is very familiar with new regulations for licensing behavior analysts in Oregon. She is also familiar with programs that OIT offers to train a variety of health care professionals in allied health as well as behavioral health. She			

volunteers and participates with community partners to provide applied learning experiences for students and provides an excellent perspective on workforce needs in Oregon.			
Glenda Quezada*	Founding Executive Director	Latina Breastfeeding Coalition	Portland
Glenda's desire is to support family, future generations to come reach health equity by advocating at state and national levels and creating strong network of people with a common vision. She is a certified community health worker/traditional health care worker, and has worked as a community health worker supervisor, full circle doula, certified infant massage instructor, breastfeeding peer counselor. These certifications, plus a bachelor degree and public health masters have allowed Glenda to better understand how to support, empower and represent the Latino community at a state and national level addressing health disparities. Glenda's person experience in the workforce makes her an expert in helping people move up career ladders for greater impact within the health professions.			
Susan Sheoships*	Commissioner	Yellowhawk Tribal Health Center	Pendleton
Susan is a Commission Member for the Yellowhawk Tribal Health center, with over 20 years' experience working with tribal health programs throughout the Northwest. She has worked as Area Community Health Representative Coordinator and Area Business Manager at the Portland Area office of the Indian Health Service, as well as having served as the Education Coordinator at the Tamastslikt Cutural Institute in Pendleton for more than 14 years. Susan is an expert in tribal health systems and is committed to the effectiveness of these systems for the health of Native Americans.			

* Proposed new member

Demographic Information

19 total

Gender : 6 Male, 13 Female (68% female; 32% male)

Race : 12 White 3 Asian, 1 Black, 2 Hispanic, 1 Native American (63% White, 16% Asian, 11% Hispanic, 5% Black, 5% Native American)

Ethnicity: 17 Non-Hispanic; 2 Hispanic (89% Non-Hispanic; 11% Hispanic)

Disability : 1 declared (5%)

Geography: (8) Portland, (5) Willamette/Chehelan Valleys outside Portland, (3) Southern Oregon, (1) Central Oregon, (1) North Coast, (1) Eastern Oregon

Oregon Health Policy Board
2018 Legislative Session Update
As of March 1, 2018

Bills with direct references to the Oregon Health Policy Board or its Committees:

Bill Link	Brief Summary	Impact on OHPB	Current Status
HB 4072	Names certain scholarships offered by health care provider incentive program as Doctor Alan Bates Legacy Scholarship program. Transfers lottery moneys to pay expenses of scholarship program.	Appropriates additional funds to Healthcare Workforce Committee to manage under the Alan Bates Legacy incentive fund and prescribes criteria for applying providers.	Dead, did not receive a hearing or worksession.

Measures which may be of interest to the Oregon Health Policy Board:

#	Bill Link	Summary	Relationship to OHPB	Current Status
1	SB 1549	Allows OHA and DHS to continue Medicaid coverage for a person admitted to a state hospital. Allows individuals with Medicaid coverage that is terminated while admitted to a state hospital to apply for Medicaid 120 days prior to their expected release date.	Relates to the Board's priority to improve access to and outcomes associated with behavioral health	EN ROUTE TO THE GOVERNOR Amended to include includes provisions related to Health Savings Account (HSA) taxes and prohibitions on surprise billing for commercial insurance carriers.
2	HB 4005	Requires prescription drug manufacturer to report annually information to Department of Consumer and Business Services regarding prices of prescription drugs and costs associated with developing and marketing prescription drugs.	Relates to Board action and priority for increased transparency as a lever to bring down the cost of high priced drugs	EN ROUTE TO THE GOVERNOR

3	HB 4018	Makes changes to CCO Governance and public meetings, establishes meeting requirements for governing bodies of CCOs; modifies composition of a CCO's governing body; requires a CCO to spend earnings above specified threshold on SDOH/Equity consistent with federal terms and conditions under Section 1115 of the Social Security Act; modifies composition of a CCO's governing body specific to financial risk entities; codifies in statute provisions related to contract nonrenewal and compliance requirements; and implements contract-related provisions immediately and remainder of bill on January 1, 2019	Prescribes CCO 2.0 criteria related to SDoH and makes other changes to CCO governance and public meeting requirements	EN ROUTE TO THE GOVERNOR Amended further in Senate Rules.
4	HB 4136	Requires changes to CCOs including reporting, VBPs, investments in SDoH, behavioral health coordination and reserve spending on SDoH and modifies composition of CCO governing body and repeals sunset on Central Oregon Health council	Prescribes CCO 2.0 criteria related to SDoH and makes other changes to CCOs	Dead, did not receive a hearing or work session
5	HB 4137	Requires Alcohol and Drug Policy Commission to report to committees of Legislative Assembly biannually on the scope of drug and alcohol addiction and the availability of services to OHA. Establishes functions and powers of the director of the commission.	Prescribes stakeholder input and development of comprehensive plan to address substance use disorder related issues	EN ROUTE TO THE GOVERNOR
6	HB 4143	Requires Director of Department of Consumer and Business Services to study barriers to medication assisted treatment for substance use disorders, including addictions to opioids and opiates, and to report and make recommendations to Legislative Assembly not later than June 30, 2018	Governor's proposed legislation related to opioid crisis	EN ROUTE TO THE GOVERNOR
7	HB 4151	Establishes an advisory committee to study and make recommendations to modify the Oregon Prescription Drug Program. Specifies study criteria and committee membership. Requires Oregon Health Authority to conduct a comprehensive analysis using a third-party. Requires advisory committee to complete and submit the study, report its findings, and recommend	The Board has taken action to support the concept of increased utilization of OPDP to reduce high cost drugs prices.	Dead. Amended in House Healthcare Committee and referred to full Joint Ways & Means Committee, where it was not heard.

		legislative changes and allows CCOs to participate in OPDP.		
8	SB 1539	Establishes Oregon Psychiatric Access Line program in OHSU to provide telephone or electronic real-time psychiatric physician consultations to primary care providers who care for patients with mental health disorders from 8 a.m. to 5 p.m..	Relates to the Board's priority to improve behavioral health outcomes.	Dead: will not pass, but the money will be allocated in OHA's budget to expand our existing contract with OHSU.
9	HJR 203	Proposes amendment to Oregon Constitution establishing obligation of state to ensure every resident of state access to cost-effective, medically appropriate and affordable health care	If approved by statewide vote the resolution obligates the state to ensure residents of Oregon have adequate healthcare	Dead. Amended in House Healthcare Committee and passed House; died in Senate Healthcare Committee due to lack of hearing or worksession

Supporting Transformation: The Transformation Center

Chris DeMars
Transformation Center Director
3/6/18

Oregon Health Authority

Agenda

- Transformation Center overview
- Transformation Center focus areas
  - Cross-cutting initiatives:
    - Spreading innovation and best practices
    - Metrics technical assistance
  - Primary care
  - Value-based payment
  - Behavioral health integration
  - Oral health integration
  - Population health
- Impact of Transformation Center support

Transformation Center

- The Transformation Center was launched in 2013, with the goal of spreading innovation – helping good ideas move faster.
  - **Mission**: The Transformation Center is the hub for innovation and quality improvement for Oregon's health system transformation efforts to achieve better health, better care, and lower costs for all.
  - **Goal**: The Transformation Center identifies, strategically supports, and shares innovation at the system, practice, and community levels.

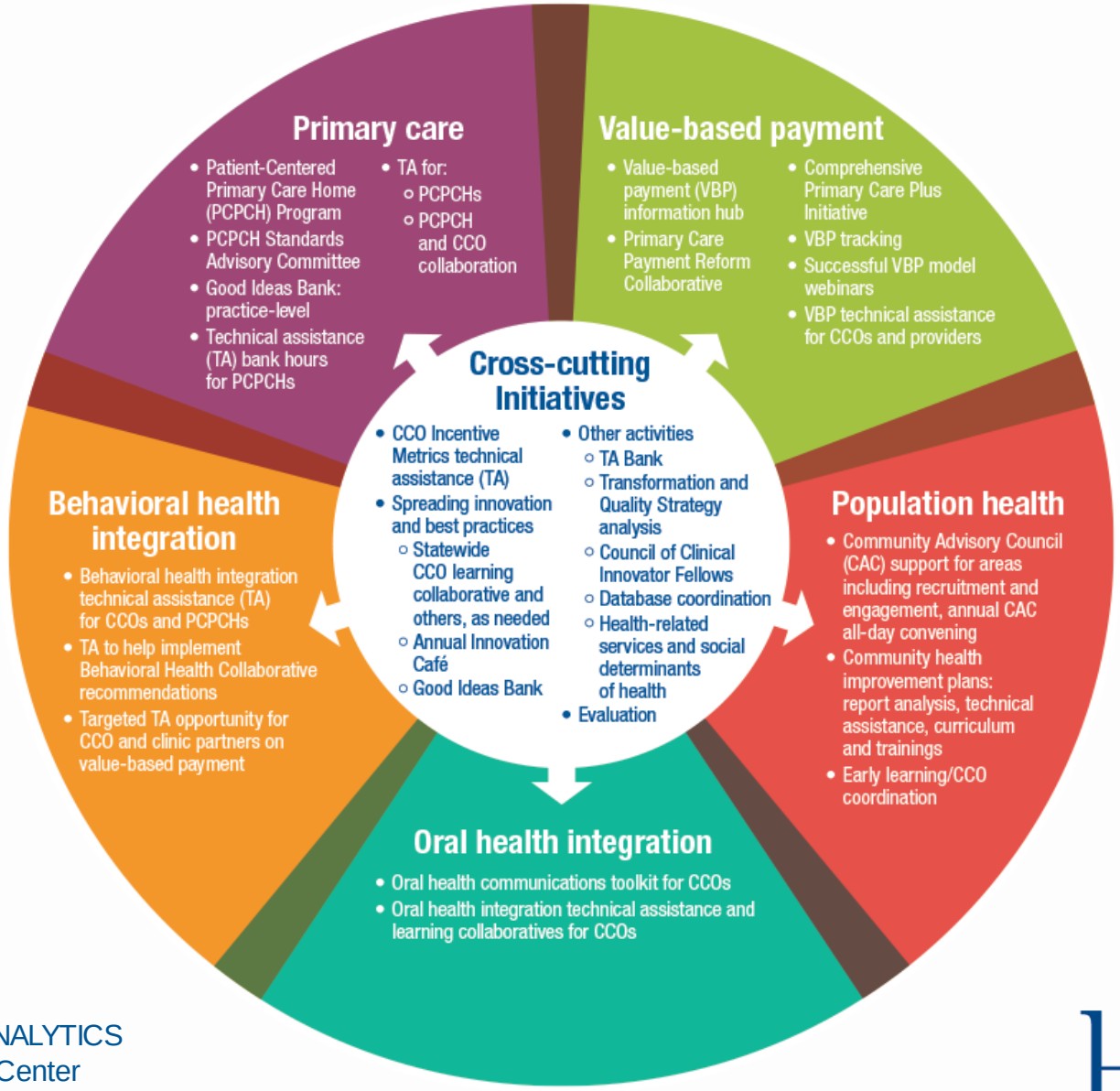
- The Center identifies priorities and strategies through:
  - CCO input (surveys, needs assessments, etc.)
  - CCO data
  - OHA leadership priorities
  - Innovator Agents

How the Transformation Center Shares Innovation

- The Center shares innovation at the system, practice and community levels through:
  - Learning collaboratives, regional convenings, events
  - Webinars
  - Trainings
  - Capturing innovation
    - Database and online stories

- The Center also works on policy development, and supports implementation

Transformation Center Focus Areas



Spreading Innovation and Best Practices: Convenings & Resources

- Statewide CCO Learning Collaborative (six times/year)
- Other learning collaboratives as required/requested
  - Applied-behavioral analysis (August 2017)
- Annual Innovation Café (2017: 175 attended)
  - June 2018: Focus on childhood health; up to 275
  - Call for projects open through March 23
- Other convenings
- Innovation database
  - Catalog of information and resources about innovative work that has taken place in CCOs and partner organizations. The innovations cover a wide range of topics.
    - Includes Transformation Plans & Community Health Improvement Plans.

Metrics Technical Assistance

- Adolescent Well-Care Visits
  - Current focus on 18-21 year-olds
- Childhood Immunizations
- Controlling High Blood Pressure (recently added)
- Colorectal Cancer Screening
- Emergency Department Use for Members with Mental Illness
- Effective Contraceptive Use
- Patient-Centered Primary Care Homes
- Tobacco Cessation

System and practice level support delivered through: Learning collaboratives; community convenings; Innovation Cafés; phone or in-person consultations with subject-matter experts; webinars; online resources; and trainings.

Patient-Centered Primary Care Home (PCPCH) Program

The Center's Patient-Centered Primary Care Home Program:

- Develops standards, recognizes and visits clinics (currently 628 PCPCHs)
- Provides PCPCH technical assistance at the clinic and CCO level to:
  - Increase the number of PCPCHs, and
  - Support work to achieve higher PCPCH tier level (launching soon).

PCPCH evaluation results:

- PCPCH program implementation resulted in $240 million in savings to Oregon's health system between 2012 and 2014.
- PCPCHs performed better than non-PCPCH clinics on many clinical quality measures.
- 85% of PCPCHs surveyed reported that PCPCH implementation is helping them improve individual experience of care.

Primary Care Payment Reform

Primary Care Payment Reform Collaborative

- The Center manages the multi-payer collaborative (required by SB 231 (2015) and SB 934 (2017)) focused on:
  - Increasing investment in primary care (without increasing costs to consumers or total cost of health care)
  - Improving reimbursement methods
  - Aligning primary care reimbursement across purchasers of care

Comprehensive Primary Care +

- Centers for Medicare and Medicaid Services (CMS) model to improve quality, access, and efficiency of primary care
  - Multi-payer model
  - Oregon is one of 18 regional nationally
  - The Center manages implementation for the Oregon Health Plan's fee-for-service population

CCO Value-based Payment Roadmap

- The January 2017 1115 Medicaid waiver renewal requires OHA to develop a plan describing how the State, CCOs and network providers will achieve a set target of value-based payments by June 30, 2022.
- The Center is managing the development of the VBP Roadmap.
- VBP Roadmap targets will be incorporated into CCOs' 2020 contracts in conjunction with CCO 2.0.
- The Center will provide technical assistance to help CCOs meet targets.

Behavioral Health Integration

- Support convenings, events, and other peer-to-peer learning opportunities
  - Behavioral Health Integration Event (Feb. 2018; 80 attendees)
  - 2017 Convening: Sustaining Integrated Care for Persons with Serious Behavioral Health Conditions (124 attendees)

- Behavioral health integration technical assistance now available to each CCO – 10 hours (requests accepted through mid-April)
  - Additional behavioral health integration technical assistance under development

Oral Health Integration

- Oral health integration
  - Peer-to-peer sharing and learning opportunities at QHOC (Jan. & Feb 2018)
  - Technical assistance now available to each CCO – 10 hours (requests accepted through mid-May)
- Oral health communication materials for CCO members
  - Materials now available online
- Center staff leads oral health policy for the Health Policy and Analytics Division

Population Health

- **Community Health Assessments (CHAs)/Improvement Plans (CHPs)**
  - Annual analysis, report back
  - Full-day training to develop a CHA/CHP currently being offered to CCOs and partners across the state (requests accepted through Dec. 2018)

- **Community Advisory Council (CAC) Learning Collaborative**
  - Materials and resources available to CAC coordinators and leads; focused on CAC recruitment and engagement
    - Monthly collaborative calls
  - Annual CAC convening (2017: 83 attended; 89% of evaluation respondents said it was valuable for supporting their work)
    - Next event April 17, 2018

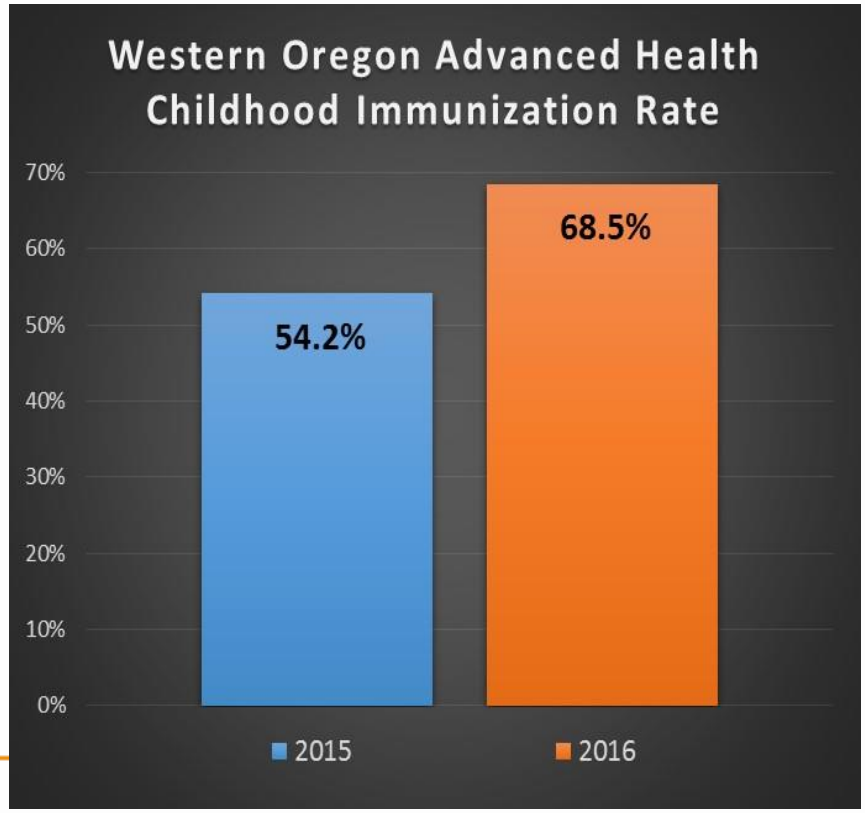
Population Health

- **Health-related services:** Policy development and implementation support
- **Social Determinants of Health:** Coordinating cross-agency workgroup and policy development
- **Early Learning:** Early Learning/CCO coordination
- **Early childhood health technical assistance**
  - Support for follow-up to developmental screening metric
    - Tools available late summer 2018

Transformation Center Impact:
Childhood Immunizations Technical Assistance

- Western Oregon Advanced Health increased child immunization rates by 14 percentage points in 2016
  - A year prior, WOAH had the state's lowest rate

"The assistance from the Transformation Center to organize and facilitate the root-cause analysis process was critical. [It] really provided the framework for coordinating our efforts and moving the work forward quickly and effectively." –WOAH director of quality



Transformation Center Impact:
Colorectal cancer screening technical assistance

- PrimaryHealth increased colorectal cancer screening 9.2% in 2016
  - "We knew colorectal cancer screening was important, but I don't think we'd have gone in this direction without having the technical assistance in front of us and consultations to know how to implement it." –PrimaryHealth health strategy officer

Transformation Center Impact:
Learning Collaboratives and Events

- The Center has hosted over 80 convenings
  - Over 80% of evaluation respondents found them valuable/very valuable

Type of learning collaborative or event	Number of sessions	Percent who found sessions valuable/very valuable
Statewide CCO Learning Collaborative sessions: Focused on incentive metrics and other topics (2013-18)	32	87%
Community Advisory Council sessions (2013-18)	42	93%
Innovation Cafes (2015, 2017)	2	94.3%
Sustaining Integrated Care for Persons with Series Behavioral Health Conditions (2017)	1	86%
Coordinated Care Model Summits (2013, 2014, 2015)	3	80.5%

Transformation Center Impact:
Technical Assistance

- The Center has provided 192 episodes of technical assistance
  - Over 85% of evaluation respondents found support valuable/very valuable

Type of technical assistance	Number of sessions	Percent who found sessions valuable/very valuable
Metrics Technical Assistance (adolescent well-care visits, childhood immunizations, colorectal cancer screening, developmental screening, effective contraceptive use, emergency department use for members with mental illness, tobacco cessation)	61	92.8%
Behavioral Health Integration	34	93.3%
Population Health: CHA/CHP training	2	100%
Value-based Payment	32	94.7
Other Technical Assistance (e.g., health equity)	63	85.3%

Transformation Center Impact:
Behavioral Health Integration Technical Assistance

"Access to the expertise that wouldn't otherwise be available. There are few people in integrated behavioral health that can speak to both the clinical/operational aspects on the ground as well as the payment/top down view."

"Having a national perspective to validate some of our decisions, policies, and rates against a national standard was very helpful. In addition, the specific guidance on rates and cost of service was invaluable."

"[The consultant] was very helpful in sharing how his organization has integrated BH and PH. He was able to share what had worked well from first-hand knowledge. We were also able to tour his facility and talk with some of the staff, which was incredibly helpful."

Thank you!

Questions?

For more information:

www.TransformationCenter.org

Oregon Health Policy Board 2018 Retreat Discussion Summary:
Sustainable Health Care Spending & Cost Containment

Themes

- Board members expressed desire for greater cco-by-cco analysis and to better understand which CCOs have been most successful at controlling spending growth
- Very fine line between focusing on broad flexibility with the desire for CCOs to duplicate efforts that help reduce spending / hit growth targets.
- Despite focus on CCO 2.0, conversation explored broader goal of spreading the Coordinated Care Model beyond Medicaid and OEBB/PEBB;
    - What can be done as part of CCO 2.0 to help spread the model?
    - Who else needs to be engaged others on this front
- There is a substantial need for more analysis & evaluation to examine how (and whether) CCOs have lowered spending growth to accommodate legislative and waiver-driven targets, whether achievements have been broadly shared among CCOs or concentrated in relatively few CCOs, and how successes so far can be duplicated – the CCO-level data is needed to determine what the best mechanisms are to control costs.
- Need to pay attention to the role of systems / administrative / billing related issues as cost drivers and potential sources of savings
    - Are there barriers to achieving goals like integration & coordination that stem from billing/systems issues?

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1. Is 3.4% growth still the proper target for the entire CCO 2.0 contract period?
    - Board was broadly interested in idea to revisit sustainable growth target, given the "arbitrary"-ness of the initial target and larger national trends.
    - Additional thoughts & guidance from Board:
        i. Desire for Oregon's targets to remain aggressive
        ii. No decision regarding intervals for ongoing review – staff should examine further
        iii. CCO-level expectations need to be clear
        iv. OHA could consider / examine whether all CCOs should be help to the same overall target and/or some alternate CCO-specific target
        v. Is there anything in this conversation that could help spread the model
2. What cost drivers threaten continued achievement of sustainable growth (3.4%) in future years?
    - Favorable response to possible focus areas including categories of services, specific health conditions, and eligibility categories.
    - Additional suggestions / guidance:
        i. Examine systems-related cost drivers, processes, or other issues related to billing and other administrative costs.
        ii. Separate price & utilization trends to better identify key drivers and areas for additional focus

- Key question to be answered relative to CCO performance thus far: are savings due to achievements regarding "low-hanging fruit" and what implications that answer has to the CCOs ability to maintain achievements
    i. How can this question be examined on a CCO-level basis
    ii. Defining "low-hanging fruit" may not be straightforward

3. What cost drivers warrant additional analysis & focus to help OHA and CCO partners continue to meet Legislative and waiver-driven growth targets?
    - There was a desire from the board to better understand the role of price in both the success so far and the challenges ahead
        i. How do CCO decisions regarding prices paid for services (and their success at negotiating lower prices) affect their underlying growth rates (trend) as well as their actual growth rates (cap rates)?
        ii. How does the variability of the level of state control over cost/price drivers affect this analysis?
    - Desire to determine what cost drivers are most important on a CCO-by-CCO basis, with the understanding that the focus may vary by CCO
    - What systems are needed to spread cost-effective practices once they're identified?
        i. This seemed in part tied to changes in how TC's technical assistance is arranged considering the previous practice of hosting larger forums
    - Investment targets for SDOH are relevant to cost conversation – what should a target be and how should potential long term savings expected be evaluated
4. What strategies could OHA pursue to increase CCO financial accountability while preserving adequate CCO flexibility to operate within global budget?
    - Topic prompted general conversation of the push-pull of flexibility/customization vs. standardization/high-standards
        i. Some uncertainty whether this question should fit entirely outside the 4 areas from the Gov's letter – this in part seemed based on fact that many different types of "accountability" entered the conversation.
    - Additional thoughts and follow-up questions:
    - What are the lessons we need to take from Family Care leaving the market
        i. Should there be a metric measuring financial viability of the CCOs
        ii. The implications for the departure of a CCO are different in markets with only 1 CCO – in these markets the CCO is more akin to a public utility, which could have ramifications for regulation and larger strategy
    - As more information is gained about CCO-by-CCO performance, efforts need to be put in place to ensure that lagging CCOs put in significant effort to improve
        i. Efforts considered to spread standardization to reduce variation among CCOs in their performance – at times there were comments both in favor of hands-off approach focused on flexibility as well as on ensuring CCOs are duplicating successful programs / intervention / strategies
        ii. For some members, the focus was on prioritizing the understanding of successes

Oregon Health Policy Board 2018 Retreat
Value-based Payment (VBP) Discussion Summary

Themes

- Be mindful of the vision of the coordinated care model regarding global budgets & local flexibility; don't be overly prescriptive.
- Increase the utilization of VBPs through innovative and creative payment models that incent outcomes and improve readiness.
- Ensure broad stakeholder feedback to inform any changes.
- Any strategies developed for implementation should be supported and informed by the ongoing collection and review of good data.

Questions

1. Should the percentage of CCO global budgets tied to performance and quality increase? *(OHA payments to CCOs)*
    - Consider a higher proportion of global budgets be tied to quality, and maintain CCO flexibility to spend within their global budgets
    - Set the benchmark/target bar higher
    - Request stakeholder feedback on data needs and targets
2. How can OHA encourage VBPs between the CCOs and their providers and hold CCOs accountable? *(CCO payments to providers)*
    - Consider different ways to incent change
        - Explore creative uses of withholds/bonus caps
        - Consider rewards for CCOs that implement VBPs
    - Consider CCO/provider readiness to adopt VBPs
        - For CCOs facing barriers to adoption:
            - Provide TA/support
            - Consider support for providers that don't have substantive reserves to launch VBP activities (e.g., startup funds)
            - Consider how small and rural providers can be included
    - CCOs have flexible global budgets; don't be overly prescriptive with regard to VBP requirements
    - Measurement and good data are a priority
    - Request stakeholder feedback on data needs, targets, provider payments and VBP utilization
    - Consider magnitude/spread of VBP change:
        - What does an incremental approach look like?
        - What does critical mass related to VBPs look like? Do we need to get to it?

3. Should VBPs that reduce health disparities and address the social determinants of health (SDOH) be incented for CCOs? (*OHA payments to CCOs; CCO payments to providers*) *(Note: "incentivizing" added to reflect Board discussion)*
    - Prescribing VBP use in spending for SDOH may go against the global budget model
    - Evidence-based VBP strategies are needed

- Ensure accountability without prescribing global budget spending

4. Should VBPs that foster improvements in behavioral health outcomes be incented for CCOs? *(OHA payments to CCOs; CCO payments to providers) (Note: "incentivizing" added to reflect Board discussion)*
    - Prescribing VBP use in spending for behavioral health may go against the global budget model
    - Evidence-based VBP strategies are needed
    - Ensure accountability without prescribing global budget spending

5. What changes to data collection are necessary to track progress on, and improve our understanding of, VBP utilization? (*OHA to CCO payments; CCO to provider payments)*
    - What data are needed from CCOs and OHA to implement VBPs?
    - Measurement and good data are a priority
    - Request extensive stakeholder feedback on data needs, targets, payments and VBP utilization

Oregon Health Policy Board 2018 Retreat

Social Determinants of Health & Equity Discussion Summary

Themes

- **Improve clarity**
  - Need to distinguish between social determinants of health and equity
    - RESULT: We will continue to group SDOH and Equity together because of strong links between the two (see "tying it together", pg. 2 below), but certain policy options will be more geared toward addressing equity and the social determinants of equity (e.g. equity infrastructure/workforce requirements, cultural competency, and equity metrics), whereas other policy options will be more explicitly tied to the social determinants of health (requirements/incentives for spending on SDOH). Many policy options will address both areas.
  - Need to increase understanding of equity and SDOH definitions for OHPB, CCOs, etc.
  - Difficulty system-wide with cultural understanding, leadership commitment and prioritization
  - Clarify which topics are beyond CCO 2.0 vs. within scope (e.g. workforce diversity vs. cultural competency under CCO)
- **Explore cross-system opportunities**
  - Important to leverage dollars across the system
  - Overlap with public health, CHAs
  - Understanding the implications of cost/spending requirements across all four areas from the Governor's letter (e.g. VBP, SDOH, behavioral health)
- **Start with evidence-based practices and policies** (e.g., employ THWs)

Questions – all original questions are kept. Final question to be addressed in data/accountability policy option to be explored after finalizing policy recommendations.

Key questions
How can OHA encourage CCOs to invest more in social determinants of health & equity work, and hold CCOs accountable for these investments?
How do we better ensure provider cultural competency, language accessibility, and a diversified workforce within a CCO and its provider network that reflects the population served by the CCO?
How do we strengthen CCO partnerships and ensure meaningful engagement to support social determinants of health & equity work?
What changes in data collection can we make to improve our understanding of social determinants of health & equity initiatives and disparities?

Health Equity, Social Determinants of Health, and Social Determinants of Equity: Tying it Together

Health Equity: Reaching the highest possible level of health for all people. Historically, health inequities result from health, economic, and social policies that have disadvantaged communities. *(OHPB 2012 implementation plan)*

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, 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 policy development for CCO 2.0, 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). Equity is the umbrella and connecting thread guiding the investigations in these areas.

Oregon Health Policy Board 2018 Retreat

Behavioral Health Discussion Summary

Themes

- **Define behavioral health**
  - Need to be clear that this work is inclusive of both mental health and addictions
  - Focus on not just the opioid crisis, but the addiction crisis
- **What is the north star for behavioral health**
  - Need to be clear on what our end goal is
  - What are the outcomes we are looking for?
  - Is integration the goal or a means to the end?
  - Explore other states/examples/gold standards
  - If we define integration, needs to be broad to allow for early intervention and prevention
  - What metrics are valuable for opioids and other addictions?
  - OHPB is more interested in developing metrics that lead towards this north star than regulating process of integration
- **Cultural competencies for services and the workforce**
  - How are we preparing the workforce in a culturally competent manner?
  - How are we addressing culturally specific behavioral health services?
  - Identify cultural best practices
  - Identify how to measure and incentivize CCOs to ensure access to culturally specific programs
- **System barriers**
  - Billing
    - Despite past efforts, billing remains a barrier, not everyone can bill for bh services, bh cannot bill for medical services, and reimbursement is irregular across CCOs
    - Need to think of innovative ways to pay for BH services, including systems and encouragement to pay.
  - Capacity – shortage of beds for kids
  - Licensure – shortage of licensed workforce
  - How to address system shortages and gaps in the continuum of care.
  - Identify contractual barriers between behavioral health and physical health look at what other states are doing to address this issue.

Questions

Original questions	Suggestions for new questions
How will we measure integration?	How will we measure integration? • Should we consider additional process metrics

	• Should we add outcome metrics that necessitate system integration and overhaul • What metrics are other states/Systems utilizing to indicate true integration?
What is the best strategy for holding the CCOs accountable for the integration of BH and physical health?	How can OHA encourage CCOs to invest and support behavioral health and hold CCOs accountable for these investments? • Are outcome metrics or contractual obligations better to meet this goal • Should contractual obligations between CCOs and MH subcontractors be addressed? • Should increased incentives and penalties be discussed around PCPCH and BHH be explored • What can be done to standardize referral parity and pre-authorizations to expedite coordination and access
How can we work with the CCOs to ensure that the system has the work force need to achieve expected outcomes?	How can we work with the CCOs to ensure that the system has the workforce needed to achieve expected outcomes? • How can rates be addressed to attract BH providers in underserved areas? • Peers?
What strategies should OHA take to ensure CCOs provide a children's BH system of care to achieve expected outcomes?	What strategies should OHA take to ensure CCOs provide a children's BH continuum of care to achieve expected outcomes?

Sustainable Spending and Controlling Costs
CCO 2.0 Policy Development
Proposed Work Plan

Background

As part of Governor Brown's guidance regarding the next iteration of Coordinated Care Organizations (CCOs) in Oregon, the Oregon Health Policy Board has been asked to make recommendations for addressing major cost drivers to ensure that the Oregon Health Plan continues to meet sustainable growth targets, and to make recommendations regarding financial transparency and accountability. During the Board's January retreat, this directive was broadly explored, and led to the discussion of some specific questions designed to inform the creation of a work plan to craft policy recommendations. Current efforts to control costs rely on capitation rate setting methodology, incentive and other bonus payments to motivate certain behaviors that may put downward pressure on health spending, and information sharing on best practices between CCOs. Because CCOs have extensive flexibility to provide care to their members within budget targets, attributing savings to specific CCOs activities or programs is difficult. Furthermore, as CCOs move farther away from encounter-based payments, existing data sources and requirements may need to be revised to refine evaluation tools and better understand CCO successes.

Policy options moving forward should build on successful strategies and activities CCOs have used over the last 5 years, and may need to consider new ways to gather information on CCO programs and activities to better evaluate their role in generating savings. CCOs should maintain significant flexibility to meet the needs of their population, additional requirements or guidelines could be considered to focus activities in order to meet specific policy goals moving forward.

Incentive payments to CCOs based on their performance in a variety of areas highlights the value of bonus payments to motivate CCOs to focus on certain activities or conditions. Building on the current successes is critical moving forward, and doing so could include revising the structure of the current incentive program or potentially creating new incentives for CCOs to invest in other focus areas, such as value-based payments or social determinants of health.

Sustainable Spending and Controlling Costs Topic Area Team

OHA has convened an internal Sustainable Spending and Controlling Costs CCO 2.0 team with members from Health Policy and Analytics (HPA), the Health Systems Division (HSD) and the Fiscal and Operations Division. Members were invited to participate based on their particular subject matter expertise to develop a comprehensive and integrated cost and spending plan.

Cost Lead and Subject Matter Expert	Chelsea Guest, Actuarial Services Unit
Project management and policy lead staff	Tim Sweeney, Office of Health Policy
Health Systems Division lead	Jean Hutchinson, Health Systems Division
Additional subject matter experts	Laura Robison, Fiscal and Operations Division Jon Collins, Office of Health Analytics Dan Roe, Actuarial Services Unit Clair Clark, Budget Office Zachary Goldman, Office of Health Analytics

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

Questions	Policy Options
Is 3.4% still the right target for the entirety of the CCO contract period?	**#1** Evaluation of 3.4% Sustainable Growth Rate Target and Ongoing Review
What cost drivers threaten continued achievement of sustainable growth (3.4%) in future years?	**#2** Evaluate Cost Drivers and Propose Cost Containment Strategies for CCO 2.0
What cost drivers warrant additional analysis & focus to help OHA and CCO partners continue to meet Legislative and waiver-driven growth targets?	**#3** Driving cost containment & sustainability in CCO 2.0
	#4 Explore a reimbursement threshold (Min/Max) for CCO 2.0
Questions (Cont…)	**Policy Options**
What strategies could OHA pursue to increase CCO financial accountability while preserving adequate CCO flexibility to operate within global budget?	**#5** Improve encounter data requirements and validation
	#6 Improve financial oversight and reporting requirements
	#7 Evaluate & adjust requirements related to solvency, reserves and capacity
	#8 Explore revisions to the medical cost definition
	#9 Review & modify quality pool structure & funding
	#10 Create payment structure that aligns with and promotes policy goals of CCO 2.0 (i.e. SDoH investment, etc.)
	#11 Develop program-wide strategies to manage risk and high/outlier costs
	#12 Develop a process to build a variable profit margin in the CCO rates based on efficiency and quality
	#13 Move to two-year rebasing for rate development

Opportunities for public input

The following timeline highlights planned public engagement activities to present and seek input regarding the policy options discussed in this work plan. For this topic area, OHA will be convening public stakeholder events specifically to discuss these policy options, as these issues largely fall outside of the existing committees' areas of focus and expertise.

Date and Stakeholder Engagement Opportunity		Policy Options Considered												
		#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13
3/15-4/30	Online survey on overall CCO 2.0 process & policy areas, available on OHPB webpage		x	x	x		x	x		x	x	x	x	x

Date and Stakeholder Engagement Opportunity		Policy Options Considered												
		#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13
4/5	Allies for a Healthier Oregon (AHO) SDOHE Forum									x	x			
TBD	Public Stakeholder Convening #1		x	x	x		x	x	x					
4/25	Medicaid Advisory Committee (MAC)		x	x	x		x	x		x	x	x	x	x
TBD	Public Stakeholder Convening #2									x	x	x	x	x
5/17	Public Health Advisory Board (PHAB)		x	x	x		x	x		x	x	x	x	x
6/5	OHPB June Board Meeting	x	x	x	x	x	x	x	x	x	x	x	x	x
6/6-7/4	Public input opportunities	x	x	x	x	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 Spending & Cost work plan begins on the next page.

Question #1: Is 3.4% still the right target for the entirety of the CCO contract period?			
Policy Option 1: Evaluation of 3.4% Sustainable Growth Rate Target and Ongoing Review			
Key Next Steps	**Completion date**	**Link with other topic areas**	**Comments**
Review current inflationary targets at the national level and similar state Medicaid programs	4/30/18		Comparing to other Medicaid programs can be difficult, but may be useful
Evaluate what type of areas may trigger a change (up or down) in the 3.4% target and the impact it may have on federal and legislatively set budgets	4/30/18		
Create recommended proposal for ongoing evaluation & setting of the sustainable rate of growth (2.0)	5/25/18		

Question #2: What cost drivers threaten continued achievement of sustainable growth (3.4%) in future years? & **Question #3: What cost drivers warrant additional analysis & focus to help OHA and CCO partners continue to meet Legislative and waiver-driven growth targets?**			
Policy Option 2: Evaluate Cost Drivers and Propose Cost Containment Strategies for CCO 2.0			
Key Next Steps	**Completion date**	**Link with other topic areas**	**Comments**
Review growth trends by category of service (i.e. IP, OP, MH, etc.) and diagnosis / disease category	4/30/18		
Create recommended proposal for what areas need to be focused on regarding future cost containment in CCO 2.0	5/25/18		CCOs could be required to have a "cost containment strategy"
Policy Option 3: Driving cost containment & sustainability in CCO 2.0			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Evaluate different options for benchmarks and cost containment strategies in Medicaid Managed Care to achieve sustainability	4/30/18		Linked with incentives-related policy options
Recommend next steps for incorporating financial benchmarks into CCO 2.0	5/25/18		
Policy Option 4: Explore a reimbursement threshold (Min/Max) for CCO 2.0			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Evaluate current reimbursement	4/30/18		

Review current rules related to reimbursement in state and federal law	4/30/18		
Evaluate how reimbursement analysis may change as alternative payment increases	4/30/18	VBP	
Recommend proposal for addressing reimbursement cost growth in CCO 2.0	5/25/18		

Question #4: What strategies could OHA pursue to increase CCO financial accountability while preserving adequate CCO flexibility to operate within global budget?

Policy Options under this question fall under four categories:

- 4.1 Improved Data, Reporting and Financial Oversight
- 4.2 Financial Payments to CCOs and Quality Pool
- 4.3 Reinsurance & Risk Mitigation
- 4.4 Rate Setting for CCOs

Under each topic area are multiple policy options the Cost TAT will explore as it relates to CCO 2.0.

Topic Area 4.1: Improved Data, Reporting and Financial Oversight

Policy Option 5: Improve encounter data requirements and validation

Key next steps	Completion date	Link with other topic areas	Comments
Review current requirements regarding data submission and validation	5/25/18		
Recommend improved requirements around paid amount reporting (i.e. contract value for APMs, paid amounts for all claims) in 2.0	5/25/18		

Policy Option 6: Improve financial oversight and reporting requirements

Key Next Steps	Completion Date	Link with other topic areas	Comments
Evaluate data elements needed to allow for improved reporting in CCO environment and transparency in 2.0	4/30/18		Goal to increase consistency of CCO reporting, including level of detail
Evaluate risk entity reporting as it relates to overall CCO reporting for 2.0	4/30/18		
Evaluate APAC / APM Appendix G reporting requirements for CCOs and consider opportunities to streamline reporting requirements	4/30/18		
Review and retool Exhibit L for CCO 2.0	4/30/18		Not intending to add to CCO reporting burden, but instead streamline and ensure reporting is not duplicative but

			ensures needed information is available
Coordinate with SDOH/E TAT to evaluate reporting requirements and formats	5/25/18	VBP SDOH/E BH	Joint meeting planned
Policy Option 7: Evaluate & adjust requirements related to solvency, reserves and capacity			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Review existing CCO & commercial insurance reserve & solvency requirements as it relates to CCO 2.0	4/30/18		
Review rules associated with reserves and potentially align with insurance regulations (DCBS) as it relates to CCO 2.0	4/30/18		
Policy Option 8: Explore revisions to the medical cost definition			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Review federal and state Medicaid definitions of medical cost, and differences depending on the measurement (i.e. rates, MLR, etc.), and evaluate whether alignment is needed or crosswalk in 2.0	4/15/18	VBP SDOH/E	Connected to policy option 3
Review medical cost definition as it relates to APMs and risk accepting entities	5/25/18	VBP	
Topic Area 4.2: Financial Payments to CCOs and Quality Pool			
Policy Option 9: Review & modify quality pool structure & funding			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Review past material developed on moving the Quality Pool to a withhold structure	4/15/18	VBP SDOH/E	
Review applicable rules and regulations related to a withhold versus a bonus	4/15/18	VBP SDOH/E	
Create a recommendation for Quality Pool structure in CCO 2.0	5/25/18	VBP SDOH/E	Should consider whether new rules are needed for how CCOs spend quality pool / incentive funding
Policy Option 10: Create payment structure that aligns with and promotes policy goals of CCO 2.0 (i.e. SDoH investment, etc.)			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**

Evaluate alternative funding options to CCOs based on federal and state regulations	4/15/18	VBP SDOH/E	
Work with other policy areas to determine the need to financially incentivize CCO behavior and desired outcomes	4/30/18		
Develop recommended framework that incentivizes policy goals	5/25/18		Policy goals are used broadly to be inclusive of the Governor's Letter (i.e. cost containment, SDOH/E, etc.)
Topic area 4.3: Reinsurance & Risk Mitigation			
Policy Option 11: Develop program-wide strategies to manage risk and high/outlier costs			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Data analysis regarding feasibility of a reinsurance pool	3/31/18		
Draft key options related to risk sharing and mitigation	4/15/18		
Review options and feasibility with leadership and gather stakeholder feedback	5/25/18		
Coordinate with policy development from OHPB pharmacy committee and other pharmacy policy developments in 2018 legislative session	Ongoing		Timeline of ongoing work on aligned/single PDL analysis, greater use of OPDP, and other aspects of the issue doesn't match OHPB 2018 schedule
Topic Area 4.4: Rate Setting for CCOs			
Policy Option 12: Develop a process to build a variable profit margin in the CCO rates based on efficiency and quality			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Review current 1115 waiver and language regarding this policy option	3/15/18		
Evaluate different options for benchmarks	4/30/18		
Recommend next steps for incorporating variable profit	5/25/18		
Policy Option 13: Move to two-year rebasing for rate development			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**

Analyze impact of methodology as it relates to the legislative budget cycle and aligning with policy goals	4/30/18		
Estimate administrative benefits of 2-year rate setting	4/30/18		
Review options and feasibility of this policy option with leadership and gather stakeholder feedback	5/25/18		

Value-based Payment
CCO 2.0 Policy Development
Proposed Work Plan

Background

The development of a payment system that rewards improvement in health outcomes and not volume of services delivered, or value-based payment (VBP), has been a key strategy of Oregon's health system transformation to achieve the triple aim of better health, better care and lower costs. The two largest opportunities for enhanced VBP in Oregon's Medicaid program, the Oregon Health Plan (OHP) are:

(1) OHA's payments to Coordinated Care Organizations (CCOs); and
(2) Encouraging CCOs' use of VBP approaches with their contracted providers.

In September 2017, Governor Brown asked the Oregon Health Policy Board (OHPB) to provide recommendations to increase the use of VBP approaches and performance-based payment when considering the future of CCOs.

OHA pays CCOs using a VBP comprised of a global budget and an incentive metrics quality pool. OHA pays CCOs using a global budget that grows at a fixed rate and incorporates payments connected to performance on incentive metrics. The CCO incentive metric quality pool rewards CCOs for the quality of care provided to Medicaid members, based on their performance on 17 metrics.

Oregon's recent 1115 Medicaid Demonstration Waiver renewal requires OHA to advance CCOs' use of VBPs by ensuring "through its CCO contracts that VBP arrangements, structured to improve quality and manage cost growth, are used by CCOs with their network providers. The state will develop a VBP plan that describes how the state, CCOs and network providers will achieve a set target of VBP payments by the end of the demonstration period."

Definitions

Value-Based Payment (VBP): The Centers for Medicaid and Medicare Services (CMS) defines VBP for Medicare as "programs that reward health care providers with incentive payments for the quality of care they give to people." CMS further defines VBP through its Medicaid Innovation program as, "payment models that range from rewarding for performance in fee-for-service (FFS) to capitation…." and "ties provider payment directly to specific indicators of quality or efficiency and can be built through rewards and penalties."

Pay-for-Performance: Generally considered to be a synonym for value-based payment**.**

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

Questions	Policy Options
1) Should the percentage of CCO global budgets tied to performance and quality, and the bar for awards, increase? *(OHA payments to CCOs)*	**#1** CCO incentive measure benchmarks/targets (setting the bar higher)
	#2 CCO global budget incentive methodology (i.e. increasing lump [bonus or withhold] payments)
2) How can OHA encourage VBPs between the CCOs and their providers and hold CCOs accountable? *(CCO payments to providers)*	**#3** VBP targets and goals for CCOs
	#4 Payments to Patient-centered Primary Care Homes (PCPCHs) by PCPCH tier level
3) Should VBPs that reduce health disparities and address the social determinants of health (SDOH) be incented for CCOs? (*CCO payments to providers*)	**#5** Incentive payments (i.e., incorporating lump [bonus or withhold] payments) *(CCO payments to providers)*
4) Should VBPs that foster improvements in behavioral health outcomes be incented for CCOs? (*CCO payments to providers*)	**#6** Incentive payments (i.e., incorporating lump [bonus or withhold] payments) *(CCO payments to providers)*
5) What changes to data collection are necessary to track progress on, and improve our understanding of, VBP utilization? (*CCO to provider payments)*	**#7** CCO reporting requirements: Modify/using APACs Appendix G (non-claims) reporting
	#8 CCO reporting requirements: Supplemental data
	#9 OHA CCO monitoring requirements

Opportunities for public input on value-based payment policy options:

Date and Stakeholder Engagement Opportunity		Policy Options Considered							
		#1	#2	#3	#4	#5	#6	#7	#8
3/15-4/30	Online survey on overall CCO 2.0 process and policy areas, available on OHPB webpage	x	x	x	x	x	x		
4/9	Quality and Health Outcomes Committee (QHOC)	x	x	x	x	x	x	x	x
4/ 16-4/26	OHA VBP survey to providers			x	x	x	x	x	x
4/19	Primary Care Payment Reform Collaborative	x	x	x	x	x	x	x	X
4/20	Metrics & Scoring Committee	x							
5/2	Healthcare Workforce Committee			x	x	x	x		
6/5	OHPB June Board Meeting	x	x	x	x	x	x	x	x
6/7	Health Information Technology Oversight Committee (HITOC)							x	
6/6-7/4	Public input opportunities	x	x	x	x	x	x	x	x

Value-based Payment Topic Area Team

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

VBP Lead and Subject Matter Expert	Chris DeMars, Transformation Center
Project management and policy lead staff	Lisa Krois, Transformation Center
OHPB Policy Liaison	Jeff Scroggin, Office of Health Policy
Additional subject area experts	Jon Collins, Office of Health Analytics Jamal Furquan, Health Systems Division Zachary Goldman, Office of Health Analytics Summer Boslaugh, Transformation Center

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 VBP work plan begins on the next page.

1) Should the percentage of CCO global budgets tied to performance and quality, and the bar for awards, increase? *(OHA payments to CCOs)*			
Policy Option 1: CCO incentive measure benchmarks/targets (setting the bar higher)			
Key next steps	**Completion date**	**Link with other topic areas**	**Comments**
Meet with Office of Analytics to flesh out process for introducing and working with the Metrics and Scoring Committee	March 9	Cost	Waiver evaluation recommendation: "Increase portion of total CCO payments awarded for quality and access, and raise the bar for awards"
Execute required process steps including research and MSC engagement	April 9		
Committee engagement and input	April 30		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4		
Finalize draft recommendations for OHPB	May 25		

Policy Option 2: CCO global budget incentive methodology (i.e. increasing lump (bonus or withhold) payments			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
VBP and Cost TAT collaboration to develop process and identify opportunities	March 20	Cost	Waiver evaluation recommendation: "Increase portion of total CCO payments awarded for quality and access, and raise the bar for awards"
Committee engagement and input	April 30		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4		
Finalize draft recommendations for OHPB	May 25		

2) How can OHA encourage VBPs between the CCOs and their providers and hold CCOs accountable? *(CCO payments to providers)*			
Policy Option 3: VBP targets and goals for CCOs			
Key next steps	**Completion date**	**Link with other topic areas**	**Comments**
Hold 2nd CCO VBP Roadmap Workgroup meeting	March 8	Cost	

			First CCO VBP Roadmap Workgroup meeting held 2/8/18 1115 Waiver requires development of "VBP plan that describes how the state, CCOs and network providers will achieve a set target of VBP payments by the end of the demonstration period."
Hold 3rd CCO VBP Roadmap Workgroup meeting	April 12		
Identify draft VBP Roadmap recommendations	April 16		
Committee engagement and input	April 30		
Present recommendations at Comprehensive Primary Care Plus (CPC+) Payer Workgroup Meeting	TBD (April or May)		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4		
Finalize draft recommendations for OHPB	May 25		

Policy Option 4: Payments by PCPCH tier level			
Key next steps	**Completion date**	**Link with other topic areas**	**Comments**
VBP and Cost TAT collaboration to develop process and identify opportunities for encouraging PCPCH payments by PCPCH tier level	March 23	Cost	
Committee engagement and input	April 30		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4		
Finalize draft recommendations for OHPB	May 25		

3) Should VBPs that reduce health disparities and address the social determinants of health (SDoH) be incented for CCOs? (*CCO payments to providers)*			
Policy Option 5: Incentive payments (i.e., incorporating lump [bonus or withhold] payments) *(CCO payments to providers)*			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
VBP and Cost TAT collaboration to develop process and identify opportunities	March 23	Cost TAT, SDOH TAT	
Committee engagement and input	April 30		

Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4		
Finalize draft recommendations for OHPB	May 25		

4) Should VBPs that foster improvements in behavioral health outcomes be incented for CCOs? *(OHA payments to CCOs; CCO payments to providers)*

Policy Option 6: Incentive payments (i.e., incorporating lump [bonus or withhold] payments) *(CCO payments to providers)*

Key Next Steps	Completion Date	Link with other topic areas	Comments
VBP and Cost TAT collaboration to develop process and identify opportunities	February 28	Cost TAT, BH TAT	
Committee engagement and input	April 30		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4		
Finalize draft recommendations for OHPB	May 25		

5) What changes to data collection are necessary to track progress on and improve our understanding of VBP utilization? *(CCO payments to providers)*

Policy Option 7: CCO reporting requirements: Modify/using APACs Appendix G (non-claims) reporting

Key next steps	Completion date	Link with other topic areas	Comments
Identify VBP categories that will be used to track CCO progress in reaching VBP targets (per the VBP Roadmap discussions)	April 15	Cost	Closely connected to Policy Option #2 Rules in effect by October 2019
Decide whether modifications to APAC's Appendix G are required (which will prompt a Rules change)	April 15		
Committee engagement and input	April 30		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4		
Finalize draft recommendations for OHPB	May 25		

Manage Rules Advisory Committee (RAC) to modify APAC Appendix G	Draft January 2019; Complete RAC by March 2019		

Policy Option 8: CCO reporting requirements: Supplemental data			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Identify whether supplemental data are needed to complement Appendix G for tracking CCO VBP targets (per CCO VBP Roadmap Workgroup process)	April 15	Cost TAT	
If supplemental data are needed, draft supplemental questions to be included in Exhibit L of the CCOs' financial report	April 15		
Committee engagement and input	April 30		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4		
Finalize draft recommendations for OHPB	May 25		

Policy Option 9: OHA CCO monitoring requirements			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Update evaluation design to incorporate baseline data obtained in late 2018	June 1		

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.

Leads and Subject Matter Experts	Leann Johnson, Office of Equity and Inclusion; Chris DeMars, Transformation Center
Project management and policy lead staff	Amanda Peden, Office of Health Policy Shelley Das and Maria Castro, Office of Equity and Inclusion Cara Biddlecom, Public Health Division
OHPB Policy Liaison	Steph Jarem, Office of Health Policy
Additional subject area SMEs	Jon Collins, Office of Health Analytics Nathan Roberts, Health Systems Division
Additional supporting offices	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
3/15-4/30	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.

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 16th	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 30th, 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 16th	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 23rd		
Assess the potential impacts HRS spending could have on CCO rates.	March 31st	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 31st	Spending and Cost TAT	
Committee engagement and input	April 30th	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 4th		

Finalize draft recommendations for OHPB	May 25th	Spending and Cost TAT	
Policy Option 2: Requirements or other ways to promote or increase spending related to social determinants of health and equity (SDOH&E)			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Monitor/incorporate any new statute from 2018 session	March 11th	Spending and Cost TAT	HB 4018
Policy research: national recommendations, state models, local examples, rate implications	March 12th	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 16th	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 23rd		
Develop policy briefing and presentation materials for committee and public input	April 2nd	Spending and Cost, VBP TAT	
Committee engagement and input	April 30th		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4th	Spending and Cost, VBP TAT	
Finalize draft recommendations for OHPB	May 25th	Spending and Cost, VBP TAT	
Policy Option 3: Community Health Improvement Plan (CHP) implementation requirements/expectations			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Monitor/incorporate any new statute from 2018 session	March 11th	Spending and Cost TAT	HB 4018
Policy research: national recommendations, state models, local Oregon examples	March 12th	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 23rd		
Develop policy briefing and presentation materials for committee and public input	April 2nd	Spending and Cost TAT	
Committee engagement and input	April 30th		

Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4th	Spending and Cost TAT	
Finalize draft recommendations for OHPB	May 25th	Spending and Cost TAT	
Policy Option 4: CCO incentive metrics that address SDOH & Equity			
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 23rd		
Develop policy briefing and presentation materials for committee and public input	April 2nd		
Committee engagement and input	April 30th		
Monitor incentive metrics under consideration and develop update for June OHPB	May 31st	VBP TAT	
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4th		
Finalize draft recommendations for OHPB	May 25th		
Policy Option 5: Defining SDOH & Equity for CCOs			
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 21st	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 28th		MAC has developed a draft definition of social determinants of health & equity which will be final by May
Committee engagement and input	April 30th		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4th	VBP TAT	
Finalize draft recommendations for OHPB	May 25th	VBP TAT	
2) How do we strengthen CCO partnerships and ensure meaningful engagement to support social determinants of health & equity work?			
Policy Option 6: Community Advisory Council (CAC) and Governance connections and representation			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
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 25th		
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 2nd		
Committee engagement and input	April 30th		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4th		
Finalize draft recommendations for OHPB	May 25th		
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?			
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			

Key Next Steps	Completion Date	Link with other topic areas	Comments
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.	March 20th	BH	
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	April 2nd	Spending and Cost TAT	.
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.	April 2nd		There are certain elements the plan MUST include and those are reflection of other requirements that CCOs must fulfill, for instance TQS and 1557.
Cultural Competency Criteria Review Cultural Competence Continuing Education (CCCE) work and standards to inform criteria 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	April 2nd		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.

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 16th meeting.	April 16th		
Committee engagement and input	April 30th	BH	
Incorporate feedback and develop draft for HEC Co-chairs/EC and OEI Leadership for approval.	May 1st		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4th	BH	
Finalize draft recommendations for OHPB	May 25th	BH	
Policy Option 8: Strengthening requirements for Traditional Health Worker contracting and utilization			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
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. Recommendations are: • Mandate CCOs to consult with the THW Commission to develop a process to integrate best practices for THW member services • Mandate the utilization of THWs, with fidelity to the definitions and scope of practice. • 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. • CCOs incorporate alternative payment methods to establish sustainable service payment rates for THW Services. • CCOs include THWs in the development of Community Health Needs Assessments and Community Health Improvement Plans.	March 26th	BH	Engage CCOs to provide feedback on the proposed language

• Designate a liaison from each CCO as a central contact to ensure ongoing fidelity.			
Committee engagement and input	April 30th	BH	
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4th	BH	
Incorporate the THW Commission sets of recommendations that were already shared with OHA Director into the OHPB final recommendations.	May 25th	BH	
Policy Option 9: Explore strengthening telehealth requirements			
Review reimbursement requirements for commercial and public health plans with regard to telehealth and analyze policy options to strengthen requirements for CCOs	March 26th		
Committee engagement and input	May 2nd		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4th		
Finalize draft recommendations for OHPB	May 25th		
4) What changes can we make to improve our understanding of social determinants of health & equity initiatives and disparities?			
Policy Option 10: SDOH & Equity Data and Accountability			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Incorporate OHPB feedback into revised policy recommendations	June 15th		
Assess available data and reporting to hold CCOs accountable to new policy recommendations and identify gaps	June 29th	All	
Develop strategies to collect additional data and revise reporting in order to hold CCOs accountable to new SDOH&E policies	September 14th	All	

Behavioral Health
CCO 2.0 Policy Development
Proposed Work Plan

Background

In September 2017, Governor Brown asked the Oregon Health Policy Board (OHPB) to focus on behavioral health when considering the future of Coordinated Care Organizations (CCOs). The Governor's request included the following:

1. Reduce emergency department utilization;
2. Increase access to community based behavioral health care; and
3. Children with behavioral health needs are a priority.

The OHPB, other state committees, and the Oregon Health Authority (OHA) currently have the following initiatives to address behavioral health challenges:

- ***Behavioral Health Collaborative*** developed recommendations to improve Oregon's behavioral health system with specific recommendations for governance, finance, standards of care, workforce, data, and health information technology. OHA is in the implementation phase of these recommendations, including:
    - Completing a needs based assessment of the ***behavioral health workforce***, including licensed and unlicensed providers. The needs based assessment will include a report analyzing Oregon's behavioral health workforce data and recommending a recruitment and retention strategy. This work will be completed by March 31, 2019.
    - Developing standards for behavioral health providers in integrated care settings
    - Statewide standardized risk assessment
    - Standards for peer delivered services
    - CCO incentive metrics
    - EHR and HIT recommendations
- ***Oregon Performance Plan*** focuses on adults with severe and persistent mental illness (SPMI). Areas of focus include expanding mobile crisis services, access to Assertive Community Treatment (ACT) teams, increasing peer delivered services and increasing access to housing and employment services.
- Oregon is one of eight states participating in the ***Certified Community Behavioral Health Clinic (CCBHC)*** demonstration program. This program incentivizes clinics to provide 24 hour access to comprehensive, evidence-based mental health care services. Quarter-way surveys have revealed that these appropriately financed programs increase access to behavioral health services, expand capacity and increase numbers of qualified staff who can offer evidence-based, trauma –informed services.

Definitions

Behavioral Health (BH): Mental health and addictive disorders such as problem gambling and/or substance use disorders.

Mental Health Parity: The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 requires insurance to provide the same level of benefits for behavioral health as they do for medical/surgical care. The application of this Act to Medicaid benefits is described in CFR 2333-F.

- Oregon was awarded the ***Opioid State Targeted Response Grant*** in May 2017. The treatment and recovery focused grant award is 6.5 million per year for up to two years. Oregon is partnering with other government agencies and stakeholders to enhance and expand existing efforts around opioids, including the Oregon Health and Sciences University (OHSU), The Oregon Department of Corrections (ODOC), HIV Alliance, the counties, Oregon Treatment Center, Yamhill County Jail and day treatment providers across the state.
- OHA and the Department of Business and Consumer Services (DCBS) staff participated in a federal Substance Abuse and Mental Health Services Administration (SAMHSA) policy academy on ***mental health parity***. DCBS was awarded a million dollar grant and funding from the Oregon legislature to enforce parity. OHA and DCBS staff continue to meet regularly to address barriers and challenges to parity enforcement.
- OHA has recently implemented ***Psychiatric Emergency Services*** (PES), currently being delivered at Unity in Portland. This service is delivered in a setting especially designed to handle all levels of behavioral health crises. It relieves the waiting and boarding times that individuals experience in a traditional emergency room, delivers behavioral crisis services in an a more effective and trauma-informed environment, while reducing costs .

Behavioral Health Topic Area Team

OHA has convened an internal Behavioral Health CCO 2.0 team with members from Health Policy and Analytics (HPA) and Health Systems Division (HSD). Members were invited to participate based on their particular subject matter expertise to develop a comprehensive and integrated behavioral health plan.

Lead	Royce Bowlin, HPA Behavioral Health Director
Project management and policy lead staff	Jackie Fabrick, HPA Behavioral Health team
Policy Unit Liaison	Lori Kelley, HPA Policy Team Manager
Subject Matter Experts	Mike Morris, HPA Behavioral Health Administrator Chelsea Holcomb, HSD Child, Adolescent and Family Behavioral Health Services Manager Nicole Corbin, Adult Behavioral Health Services Manager Lea Forsman, HSD Behavioral Health Operations and Policy Analyst
Health Systems Division Lead	Chris Norman, HSD Director Integrated Health Programs
Additional Experts	Jon Collins, HPA Director of Health Analytics Chelsea Guest, HPA Manager Actuarial Services

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

Questions	Policy Options
How will we measure integration?	**#1** Integration of behavioral healthcare: 1) Establish definition of integration, 2) Identify metrics to track milestones of integration, 3) Identify expected outcomes and measure.
	#2 Electronic Health Record (EHR) and Health Information Technology (HIT) to improve integration.
How can OHA encourage CCOs to invest and support behavioral health and hold CCOs accountable for these investments?	**#3** Behavioral Health Home recognition program
	#4 Address billing barriers between physical health and behavioral health
	#5 Align CCO procurement process and contracting with Oregon Performance Plan (OPP), Behavioral Health Collaborative (BHC), Medicaid Waiver
	#6 Care Coordination Standards
	#7 Direct service providers are using evidence based practices and emerging practices
	#8 Identify options available to pay for use of evidence based practices
How can we work with the CCOs to ensure that the system has the workforce needed to achieve expected outcomes?	**#9** Identify cultural best practices to ensure access to cultural specific programs The Behavioral Health Collaborative has workforce efforts underway to address workforce shortages (see page 1). This work is being coordinated with OHPB Healthcare Workforce Committee.
What strategies should OHA take to ensure CCOs provide a children's BH continuum of care to achieve expected outcomes?	**#10** Ensure access to a behavioral health continuum of care across the lifespan
	#11 Ensure there are ample incentives and opportunities to work across systems
	#12 Ensure there is a children's behavioral health system to achieve measurable symptom reduction
	#13 Ensure special populations, prioritizing children in Foster Care, have their physical and behavioral health needs met by CCO and system of care

Opportunities for public input on behavioral health policy options:

Date	Stakeholder Engagement Opportunity	Policy Options Considered												
		1	2	3	4	5	6	7	8	9	10	11	12	13
3/15-4/30	Online survey on overall CCO 2.0 process, available on OHPB webpage	X	X	X	X	X	X	X	X	X	X	X	X	X
3/9	Addictions and Mental Health Planning and Advisory Council (AMHPAC)	X	X	X		X	X	X	X	X	X	X	X	X

Date	Stakeholder Engagement Opportunity	Policy Options Considered												
		1	2	3	4	5	6	7	8	9	10	11	12	13
4/11	Oregon Consumer Advisory Council (OCAC)	X		X			X	X	X		X		X	X
4/12	Health Plan Quality Metrics Committee (HPQMC)	X												
4/13	Oregon Alliance of Children's Programs (OACP)	X						X	X		X	X	X	X
4/19	Primary Care Payment Reform Collaborative				X									X
4/23	Traditional Health Workers Commission (THW)									X	X	X	X	X
4/25	Medicaid Advisory Committee (MAC)										X	X	X	X
4/27	Children's System Advisory Council (CSAC)	X					X	X	X		X	X	X	X
TBD	Association of Oregon County Mental Health Programs (AOCMHP)	X	X	X		X	X	X	X		X	X	X	X
TBD	Health Information Technology Oversight Council (HITOC)		X											
TBD	Oregon Association of Hospitals and Health Systems (OAHHS) Behavioral Health Committee	X									X	X	X	X
TBD	National Alliance on Mental Illness (NAMI)	X	X	X	X	X	X	X	X	X	X	X	X	X
TBD	Oregon Prevention Education Recovery Association (OPERA)	X	X	X			X	X	X		X	X		
TBD	Oregon Residential Provider Association (ORPA)	X				X		X	X		X	X		
TBD	Health Equity Committee									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 behavioral health work plan begins on the next page.

Question #1: How will we measure integration?			
Policy Option 1: Integration of behavioral healthcare 1) Establish definition of integration; 2) Identify metrics to track milestones of integration; 3) Identify expected outcomes and measure.			
Key next steps	**Completion date**	**Link with other topic areas**	**Comments**
Research national recommendations and what other states are doing.	March 12, 2018	SDOH/E, VPB	Connect with Health Policy on definition, including Oral Health Trauma informed approach to care using health equity lens
Summarize national recommendations, OHA Subject Matter Expert (SME) review	March 12, 2018		
Identify metrics based on recommendations and available data streams and recommend to HPQMC	March 21, 2018	VBP	
Adopt definition of integrated care	March 21, 2018	VBP, Cost, SDOH/E	
Develop operationalized outcome measures	March 21, 2018		
Develop policy briefing and presentation materials for committee and public input.	April 2, 2018		
Committee engagement and input	May 10, 2018		
Incorporate committee and public survey feedback into final recommendations for leadership	May 4, 2018		
Finalize draft recommendations for OHPB	May 25, 2018		
Policy Option 2: Electronic Health Record (EHR) and Health Information Technology (HIT) to improve integration.			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Review OHIT/HITOC work plan	March 11, 2018	VBP	
Review EHR survey results and recommendations	March 12, 2018		
Develop policy briefing and presentation materials for committee and public input	April 2, 2018		
Committee engagement and input	May 10, 2018		
Incorporate committee and public survey feedback into final recommendations for leadership	May 4, 2018		
Finalize draft recommendations for OHPB	May 25, 2018		
Question 2: How can OHA encourage CCOs to invest and support behavioral health and hold CCOs accountable for these investments?			
Policy Option 3: Behavioral Health Home recognition program			

Key Next Steps	Completion Date	Link with other topic areas	Comments
Research options for implementation	March 30, 2018	Cost, VBP	HB 4018
Develop policy briefing and presentation materials for committee and public input	April 2, 2018		
Committee engagement and input	May 10, 2018		
Incorporate committee and public survey feedback into final recommendations for leadership	May 4, 2018		
Finalize draft recommendations for OHPB	May 25, 2018		
Policy Option 4: Address billing barriers between physical health and behavioral health			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Research how are other states addressing; what are federal and state barriers, review Primary Care Payment reform Collaborative work plan and recommendations	March 30, 2018	VBP, Cost	Integrated health unit has worked on the codes
Develop policy briefing and presentation materials for committee and public input.	April 2, 2018	VBP, Cost	Integrated health unit has worked on the codes
Committee engagement and input	April 30, 2018	VBP, Cost	Integrated health unit has worked on the codes
Incorporate committee and public survey feedback into final recommendations for leadership	May 4, 2018	VBP, Cost	Integrated health unit has worked on the codes
Finalize draft recommendations for OHPB	May 25, 2018	VBP, Cost	Integrated health unit has worked on the codes
Policy Option 5: Align CCO procurement process and contracting with Oregon Performance Plan (OPP), Behavioral Health Collaborative (BHC), Medicaid Waiver			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Review current CCO contract and identify what needs to be enforced and what needs to be added.	March 9, 2018		
Transfer mental health residential benefit to CCOs	TBD	VBP, Cost	Will align with waiver
Transfer risk for waitlist to CCOs	January 1, 2019	VBP, Cost	
Transfer risk for civil commitment patient at OSH	January 1, 2020	VBP, Cost	
Develop proposal for what needs to be added to CCO contracts	March 23, 2018		
Develop enforcement plan	March 30, 2018	VBP, SDOH/E, Cost	Other TATs will also be addressing this.
Oregon Performance Plan language for contracts	March 30, 2018		

Develop policy briefing and presentation materials for committee and public input.	April 2, 2018		
Committee engagement and input	May 10, 2018		
Incorporate committee and public survey feedback into final recommendations for leadership	May 4, 2018		
Finalize draft recommendations for OHPB	May 25, 2018		
Policy Option 6: Care Coordination Standards			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Review current CCO contracts and OARs to identify what is currently in contract.	March 11, 2018		Will link to enforcement Defined by Department of Consumer and Business Services (DCBS) in OAR Required by HB 3091
Review: PCPCH and CCBHC care coordination standards, national and other states standards and best practices	March 11, 2018		PCPCH is building model – has care plans and will send For children please include Care Coordination Standards from NWI pertaining to Wraparound and/or standards from national organizations
Research national and other state care coordination standards	March 11, 2018		
Develop policy briefing and presentation materials for committee and public input.	April 2, 2018		Must include gaps in contracts and OARs vs what is already included but not enforced.
Committee engagement and input	May 10, 2018		
Incorporate committee and public survey feedback into final recommendations for leadership	May 4, 2018		
Finalize draft recommendations for OHPB	May 25, 2018		
Question 3: How can we work with the CCOs to ensure that the system has the workforce needed to achieve expected outcomes?			
Policy Option 7: Identify cultural best practices to ensure access to cultural specific programs			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
OEI and BH Policy develop work plan	March 1, 2018	SDOH/E	
Develop policy briefing and presentation materials for committee and public input.	April 2, 2018	SDOH/E	
Committee engagement and input	May 10, 2018	SDOH/E	

Incorporate committee and public survey feedback into final recommendations for leadership	May 4, 2018	SDOH/E	
Finalize draft recommendations for OHPB	May 25, 2018	SDOH/E	
Question 2: How can OHA encourage CCOs to invest and support behavioral health and hold CCOs accountable for these investments?			
Policy Option 8: Direct service providers are using evidence based practices and emerging practices			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Update OHA's approved EBP list	4/30/18		
Research: LA County's implementation of EBP for Medicaid population and other states ways of tracking use by providers (and CCO payment of)	5/15/18	VBP	Connect with National Association of State Mental Health Program Directors (NASMHPD) Children's Division
Develop definition for Emerging Practices	April 30, 2018		Connect with NASMHPD Children's Division
Develop outcome measures or metrics for Emerging Practices.	May 31, 2018		Connect with NASMHPD Children's Division
Develop policy briefing and presentation materials for committee and public input	April 2, 2018		
Committee engagement and input	May 10, 2018		
Incorporate committee and public survey feedback into final recommendations for leadership	May 4, 2018		
Finalize draft recommendations to OHPB	May 25, 2018		
Policy Option 9: Identify options available to pay for use of evidence based practices			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Explore models for implementing and promoting statewide evidence based practice requirements	4/1/18	Cost, VBP	
Explore OHA model for seeding train the trainer models for EBP trainings across the state at the beginning of each CCO contract	4/1/18		
Explore ways to promote provider investment in and practice of evidenced based practices	4/1/18		
Explore modifiers to codes for rate differences for EBP and audit structure or tracking use of models	4/1/18		
Develop policy briefing and presentation materials for committee and public input.	April 2, 2018		
Committee engagement and input.	May 10, 2018		

Incorporate committee and public survey feedback into final recommendations for leadership	May 4, 2018		
Finalize draft recommendations for OHPB	May 25, 2018		
Question 4: What strategies should OHA take to ensure CCOs provide a children's BH continuum of care to achieve expected outcomes?			
Policy Option 10: Ensure access to a behavioral health continuum of care across the lifespan			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Review CCO contracts for continuum of care requirements	3/30/18		OC&P and HSD contracts may be engaged during this step Need to determine role and level of OHAs responsibility to develop and build infrastructure for CCOs especially for statewide services (i.e. Children's PRTS and Subacute).
Identify gaps in behavioral health services	4/30/18		DHS/OHA joint proposal DHS and OYA Intensive Service Capacity Project – OHA Children with Specialized Needs group OPP BHC
Research how to measure access to continuum of care	4/30/18		944 RFP and implementation DHS central referral system Include consultation from HPA data in order to confirm that we can collect and measure chosen indicators Consult with AOCMHP regarding barriers in rural settings; service diversity availability
Tele health, OPAL, ECHO options placeholder			SB 1539 to expand OPAL to adults, ECHO recently expanded
Develop policy briefing and presentation materials for committee and public input.	April 2, 2018		
Committee engagement and input	May 10, 2018		

Incorporate committee and public survey feedback into final recommendations for leadership	May 4, 2018		
Finalize draft recommendations for OHPB	May 25, 2018		
Policy Option 11: Ensure there are ample incentives and opportunities to work across systems			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Research opportunities to work across systems	March 30, 2018		DHS/OHA recommendations System of Care work in CFBH and DHS
Research opportunities to promote CCOs participation in cross system collaborations.	April 30, 2018		Contracting? Cross system contracting?
Develop policy briefing and presentation materials for committee and public input.	April 2, 2018		
Committee engagement and input	May 10, 2018		
Incorporate committee and public survey feedback into final recommendations for leadership	May 4, 2018		
Finalize draft recommendations for OHPB	May 25, 2018		
Policy Option 12: Ensure there is a children's behavioral health system to achieve measurable symptom reduction			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Research: what are other states doing to ensure there is an effective children's behavioral health system?	May 1, 2018		Contracts, OARs Possible outreach to Angela Leet for research they have already done Connect with NASMHPD Children's Division
Research: how are other states measuring?	May 1, 2018		Do we have the ability to get the data? Connect with NASMHPD Children's Division
Research: use of The Hope Scale for statewide measurement of wellness	May 1, 2018		Do we have the ability to get the data? Corbin University interest to do research with this tool? (in coordination with the OHA)
Research OHA's ability to gather outcome measures already being used in the state.	March 30, 2018		Possible Oregon State Hospital. Partner with PSU and Think Kids for outcomes related to Collaborative Problem Solving

Explore current state of MOTS and how to use that tool better to gather outcome data that OHA could measure symptom reduction and/or increase in resilience factors or addition of The Hope Scale questions.	March 30, 2018		CANS data collection for children in BH and in foster care
Develop policy briefing and presentation materials for committee and public input.	April 2, 2018		
Committee engagement and input	May 10, 2018		
Incorporate committee and public survey feedback into final recommendation for leadership	May 4, 2018		
Finalize draft recommendations for OHPB	May 25, 2018		
Policy Option 13: Ensure special populations, prioritizing children in Foster Care, have their physical and behavioral health needs met by CCO and system of care.			
Key Next Steps	**Completion Date**	**Link with other topic areas**	**Comments**
Review CCO contract to see if children in Child Welfare and/or OYA are identified (if not, include in recommendation)	March 30, 2018		Work with contracts at OHA
Research options to promote CCOs to meet the needs of children in foster care.	April 30, 2018	VBP	Would like to reach out to Casey Family Foundation and Bobby Martin Possible outreach to Angela Leet for research already done Possible addition of children in OYA custody or diversion from custody but do not have stable home/housing
Research flexibility around payment models, including if children are out of area but remains with CCO	April 30, 2018	VBP	Would like to reach out to Casey Family Foundation and Bobby Martin Possible outreach to Angela Leet for research already done
Develop policy briefing and presentation materials for committee and public input.	April 2, 2018		
Committee engagement and input	May 10, 2018		
Incorporate committee and public survey feedback into final recommendations for leadership	May 4, 2018		
Finalize draft recommendations for OHPB	May 25, 2018		

CCO 2.0 Policy Development
Policy Options

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

Value-based payment:

Questions	Policy Options
1) Should the percentage of CCO global budgets tied to performance and quality, and the bar for awards, increase? *(OHA payments to CCOs)*	**#1** CCO incentive measure benchmarks/targets (setting the bar higher)
	#2 CCO global budget incentive methodology (i.e. increasing lump [bonus or withhold] payments)
2) How can OHA encourage VBPs between the CCOs and their providers and hold CCOs accountable? *(CCO payments to providers)*	**#3** VBP targets and goals for CCOs
	#4 Payments to Patient-centered Primary Care Homes (PCPCHs) by PCPCH tier level
3) Should VBPs that reduce health disparities and address the social determinants of health (SDOH) be incented for CCOs? (*CCO payments to providers*)	**#5** Incentive payments (i.e., incorporating lump [bonus or withhold] payments) *(CCO payments to providers)*
4) Should VBPs that foster improvements in behavioral health outcomes be incented for CCOs? (*CCO payments to providers*)	**#6** Incentive payments (i.e., incorporating lump [bonus or withhold] payments) *(CCO payments to providers)*
5) What changes to data collection are necessary to track progress on, and improve our understanding of, VBP utilization? (*CCO to provider payments)*	**#7** CCO reporting requirements: Modify/using APACs Appendix G (non-claims) reporting
	#8 CCO reporting requirements: Supplemental data
	#9 OHA CCO monitoring requirements

Sustainable spending and controlling costs:

Questions	Policy Options
Is 3.4% still the right target for the entirety of the CCO contract period?	**#1** Evaluation of 3.4% Sustainable Growth Rate Target and Ongoing Review
What cost drivers threaten continued achievement of sustainable growth (3.4%) in future years?	**#2** Evaluate Cost Drivers and Propose Cost Containment Strategies for CCO 2.0
What cost drivers warrant additional analysis & focus to help OHA and CCO partners continue to meet Legislative and waiver-driven growth targets?	**#3** Driving cost containment & sustainability in CCO 2.0
	#4 Explore a reimbursement threshold (Min/Max) for CCO 2.0

Questions (Cont…)	Policy Options
What strategies could OHA pursue to increase CCO financial accountability while preserving adequate CCO flexibility to operate within global budget?	**#5** Improve encounter data requirements and validation
	#6 Improve financial oversight and reporting requirements
	#7 Evaluate & adjust requirements related to solvency, reserves and capacity
	#8 Explore revisions to the medical cost definition
	#9 Review & modify quality pool structure & funding
	#10 Create payment structure that aligns with and promotes policy goals of CCO 2.0 (i.e. SDoH investment, etc.)
	#11 Develop program-wide strategies to manage risk and high/outlier costs
	#12 Develop a process to build a variable profit margin in the CCO rates based on efficiency and quality
	#13 Move to two-year rebasing for rate development

Social determinants of health & equity:

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

Behavioral health:

Questions	Policy Options
How will we measure integration?	**#1** Integration of behavioral healthcare: 1) Establish definition of integration, 2) Identify metrics to track milestones of integration, 3) Identify expected outcomes and measure.
	#2 Electronic Health Record (EHR) and Health Information Technology (HIT) to improve integration.
How can OHA encourage CCOs to invest and support behavioral health and hold CCOs accountable for these investments?	**#3** Behavioral Health Home recognition program
	#4 Address billing barriers between physical health and behavioral health
	#5 Align CCO procurement process and contracting with Oregon Performance Plan (OPP), Behavioral Health Collaborative (BHC), Medicaid Waiver
	#6 Care Coordination Standards
	#7 Direct service providers are using evidence based practices and emerging practices
	#8 Identify options available to pay for use of evidence based practices
How can we work with the CCOs to ensure that the system has the workforce needed to achieve expected outcomes?	**#9** Identify cultural best practices to ensure access to cultural specific programs The Behavioral Health Collaborative has workforce efforts underway to address workforce shortages (see page 1). This work is being coordinated with OHPB Healthcare Workforce Committee.
What strategies should OHA take to ensure CCOs provide a children's BH continuum of care to achieve expected outcomes?	**#10** Ensure access to a behavioral health continuum of care across the lifespan
	#11 Ensure there are ample incentives and opportunities to work across systems
	#12 Ensure there is a children's behavioral health system to achieve measurable symptom reduction
	#13 Ensure special populations, prioritizing children in Foster Care, have their physical and behavioral health needs met by CCO and system of care

3-1-18

CCO 2.0 Policy Development

Public Input Opportunities

The list below identifies the existing public meetings of committees and organizations at which the CCO 2.0 policy options will be brought for discussion, review, and consideration. Not all policy options will be discussed at every meeting; to see which policy options will be discussed at each meeting, please refer to the individual topic area work plans.

This list will be updated and adjusted over time as more meetings and opportunities are added.

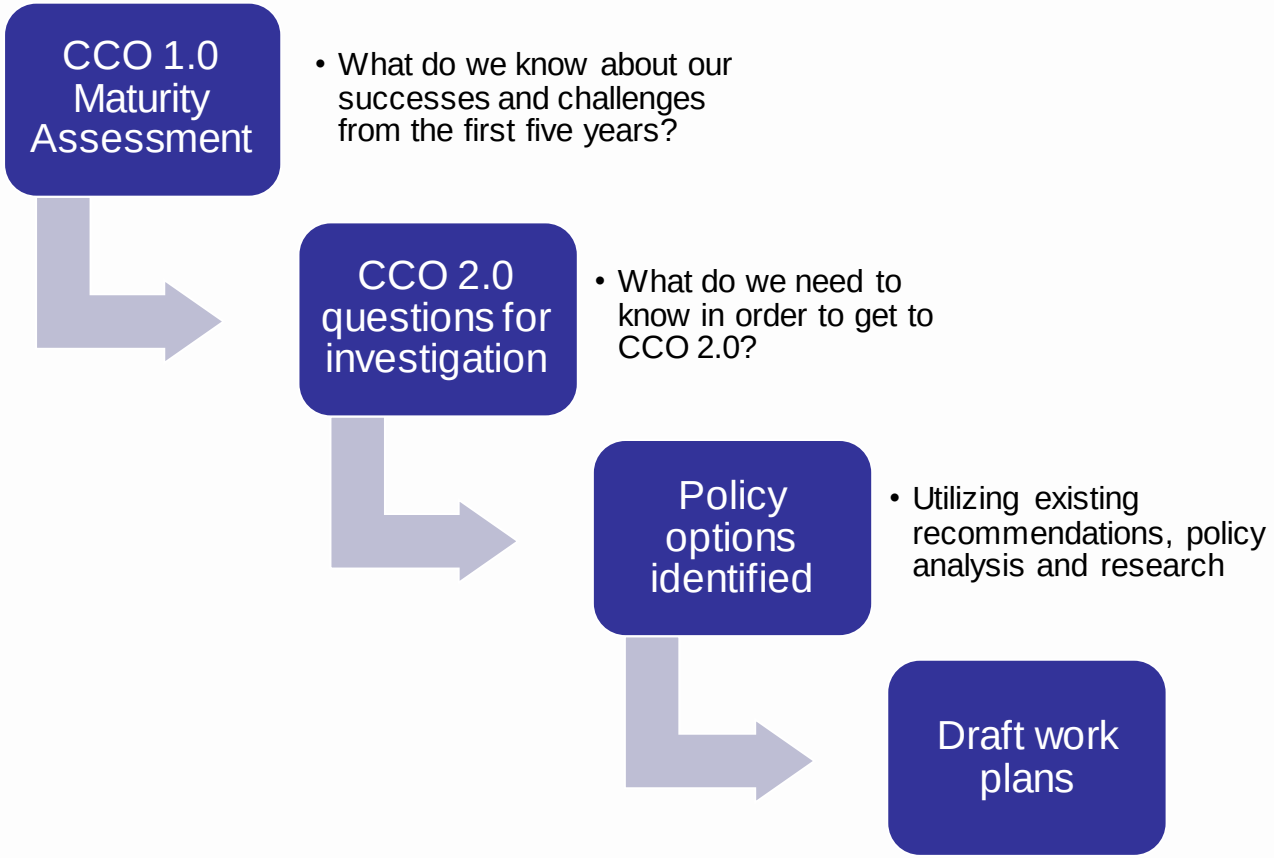
Meeting Date		Committee
9-Mar		Addictions and Mental Health Planning and Advisory Council
5-Apr		Allies for a Healthier Oregon forum
5-Apr	X	Health Information Technology Oversight Council (HITOC)
9-Apr		Quality and Health Outcomes Committee (QHOC)
11-Apr		Oregon Consumer Advisory Council
12-Apr	X	Health Plan Quality Metrics Committee (HPQMC)
13-Apr		Oregon Alliance of Children's Programs (OACP)
16-Apr	X	Health Equity Committee (HEC)
17-Apr		Community Advisory Council Learning Collaborative Special Event
19-Apr	X	Public Health Advisory Board (PHAB)
19-Apr		Primary Care Payment Reform Collaborative
20-Apr	X	CCO Metrics & Scoring
23-Apr		Traditional Health Workers Commission
25-Apr		Medicaid Advisory Committee (MAC)
27-Apr		Children's System Advisory Council (CSAC)
2-May	X	Healthcare Workforce Committee
10-May		Addiction and Mental Health Planning and Advisory Council
17-May	X	Public Health Advisory Board
TBD MAY		Association of Oregon County Mental Health Programs (AOCMHP)
TBD MAY		Oregon Family Support Network (OFSN)
TBD MAY		Oregon Association of Hospitals and Health Systems (OAHHS) BH Group
TBD MAY		Youth Era (formerly Youth Move)
TBD MAY		National Alliance on Mental Illness (NAMI) of Oregon
TBD MAY		Oregon Prevention Education and Recovery Association (OPERA)
TBD MAY	X	Health Equity Committee
5-Jun	X	OHPB Meeting
7-Jun	X	Health Information Technology Oversight Council
	X	*= OHPB committee*

CCO 2.0 Policy Development

Oregon Health Policy Board presentation
March 6, 2018
Steph Jarem, OHA Office of Health Policy

OFFICE OF HEALTH POLICY
Division of Health Policy & Analytics

Retreat → today



Retreat summaries

- Captured high-level themes in the four topic areas:
  - Sustainable spending and controlling costs
  - Value-based payments
  - Equity & social determinants of health
  - Behavioral health

- Identified changes to “Questions for 2.0 investigation” based on OHPB feedback

CCO 2.0 Questions for investigation

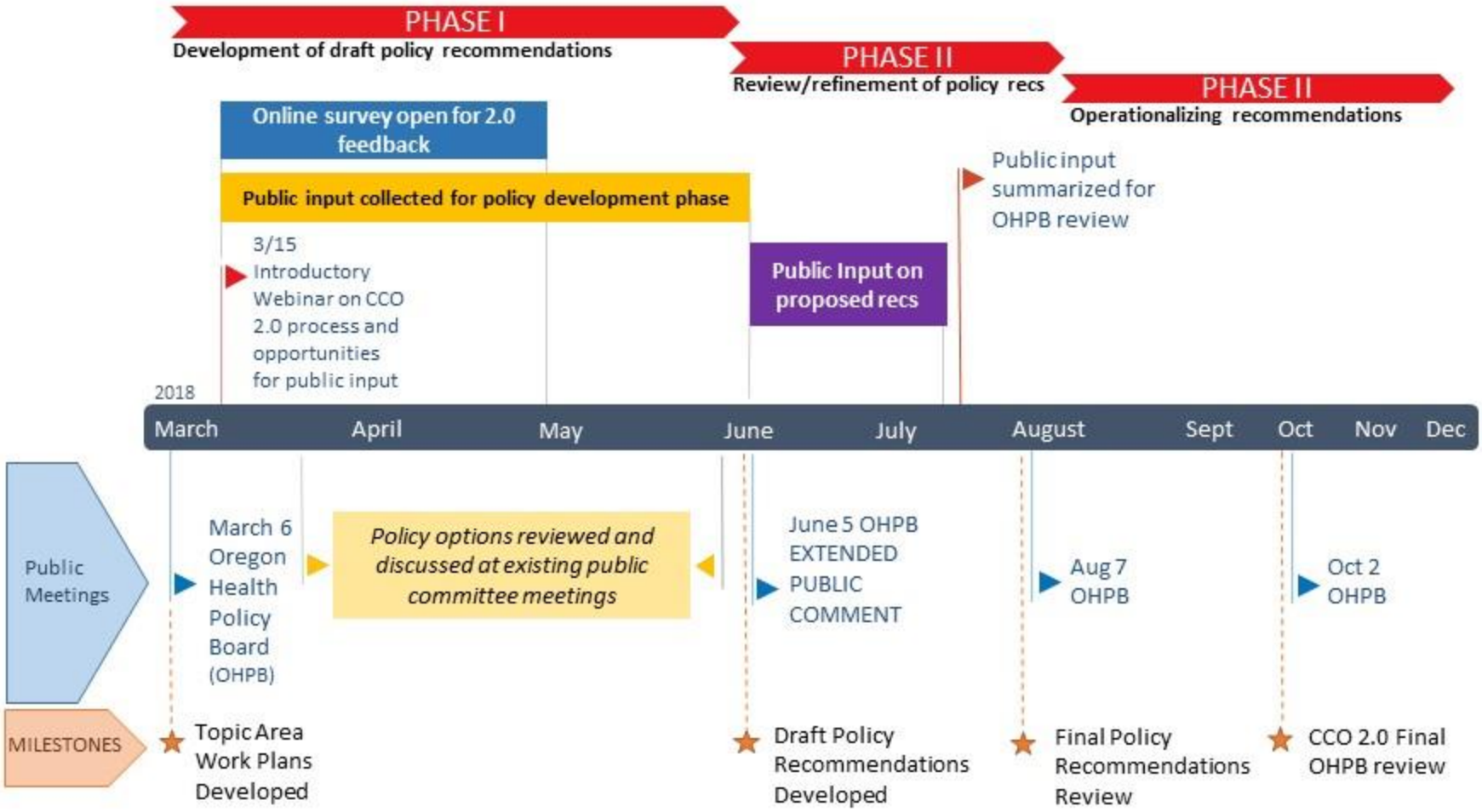
EXAMPLES:

- Cost: What cost drivers threaten continued achievement of sustainable growth (3.4%) in future years?
- VBP: What changes to data collection are necessary to track progress on, and improve our understanding of, VBP utilization? (*CCO to provider payments)*
- SDOH&E: How can OHA encourage CCOs to invest more in social determinants of health & equity work, and hold CCOs accountable for these investments?
- BH: What strategies should OHA take to ensure CCOs provide a children's BH continuum of care to achieve expected outcomes?

Work plan development

- Policy options identified for exploration
  - Existing recommendations
  - Priority issues and ideas
  - Research and best practices
  - Other states and systems
- Narrowed list based on applicability to CCO 2.0, feasibility, readiness, and timelines
- Built work plans that allow for:
  - In-depth research and analysis
  - Cross-topic and cross-agency collaboration
  - Robust public input
  - Straw model recommendations by June OHPB meeting

CCO 2.0 Policy Development Timeline



Public input

- Online survey March 15 to April 30th
- 26 existing committee meetings
- Targeted meetings and surveys for topic areas if needed
- Summer road show
- Extended public comment at OHPB meetings

Date		Committee or Organization
9-Mar		Addictions and Mental Health Planning and Advisory Council
5-Apr		Allies for a Healthier Oregon forum
5-Apr	X	Health Information Technology Oversight Council (HITOC)
9-Apr		Quality and Health Outcomes Committee (QHOC)
11-Apr		Oregon Consumer Advisory Council
12-Apr	X	Health Plan Quality Metrics Committee (HPQMC)
13-Apr		Oregon Alliance of Children's Programs (OACP)
16-Apr	X	Health Equity Committee (HEC)
17-Apr		Community Advisory Council Learning Collaborative Special Event
19-Apr	X	Public Health Advisory Board (PHAB)
19-Apr		Primary Care Payment Reform Collaborative
20-Apr	X	CCO Metrics & Scoring
23-Apr		Traditional Health Workers Commission
25-Apr		Medicaid Advisory Committee (MAC)
27-Apr		Children's System Advisory Council (CSAC)
2-May	X	Healthcare Workforce Committee
10-May		Addiction and Mental Health Planning and Advisory Council
17-May	X	Public Health Advisory Board
TBD MAY		Association of Oregon County Mental Health Programs (AOCMHP)
TBD MAY		Oregon Family Support Network (OFSN)
TBD MAY		Oregon Association of Hospitals and Health Systems (OAHHS) BH Group
TBD MAY		Youth Era (formerly Youth Move)
TBD MAY		National Alliance on Mental Illness (NAMI) of Oregon
TBD MAY		Oregon Prevention Education and Recovery Association (OPERA)
TBD MAY	X	Health Equity Committee
5-Jun	X	OHPB Meeting
7-Jun	X	Health Information Technology Oversight Council
	X	= *OHPB committee*

Public input by topic area

- Social determinants of health & equity list stakeholder engagement opportunities, by policy option

Date and Stakeholder Engagement Opportunity		Policy Options Considered								
		#1	#2	#3	#4	#5	#6	#7	#8	#9
3/15-4/30	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

EXAMPLE

- Included in work plans

Online survey

- Open from March 15 to April 30 to the general public
- Goal: include feedback during policy development phase from anyone interested without requiring attendance at a meeting
- Format:
  - Mostly multiple choice
  - 3-5 general questions
  - 2 questions per topic area
  - Open-ended opportunity for general feedback, suggestions and ideas

Survey - example questions

- General: Looking to the future of CCO 2.0, which of the areas below is in greatest need of improvement and focus?

- Topic-specific: What are the most critical ways to address the social determinants of health through CCOs?
  - Greater investment in social determinants of health
  - Improved partnerships between CCOs and community advisory councils, regional health equity coalitions, social service providers, community-based organizations, local public health authorities, tribes
  - Implementation of CCO community health improvement plans
  - Incentive measures that address social determinants of health
  - Common understanding of the meaning and impact of social determinants of health among all CCOs
  - Other, please describe:

Questions for OHPB

- Are there others that should be engaged?
- Other ideas:
  - Full day town hall/public forum?
  - Public CCO leadership meeting?
- What should the road show look like?
- Anything you'd want to include in the survey?

Next steps

- Incorporate any feedback/changes
- Implement work plans
- Important dates:
  - Today: soft launch of CCO 2.0 website
  - March 15th:
    - posting of CCO 2.0 introductory webinar
    - launch of survey
  - April 30th: survey closes
  - June 5th: draft policy recommendations discussed by OHPB

Questions?