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## Public Health Advisory Board Initial CCO 2.0 Recommendations

### Background

In September 2017, the Oregon Public Health Advisory Board (PHAB) adopted guiding principles for how health care and public health can partner to achieve maximum impact on health outcomes.<sup>1</sup>

PHAB, as a committee of the Oregon Health Policy Board, used the categories of shared work in the guiding principles to make some initial recommendations for public health-related concepts that can be included in the next coordinated care organization (CCO) contract period.

### Recommendations

#### *Leadership and governance*

1. Require a local public health authority (LPHA) voting member position on the CCO governing board.
2. Recommend there be a CCO voting member position on the LPHA advisory committee, when a LPHA has an advisory committee.
3. Require that LPHAs are compensated for the public health contribution towards incentive measures (e.g., tobacco and immunizations).

#### *Aligned metrics and data*

4. Align CCO incentive measures with population health priorities, to the extent feasible.

#### *Community health assessments and community health improvement plans*

5. Require CCOs to develop shared community health assessments and community health improvement plans with LPHAs and hospitals. Require the use of community health assessment and community health improvement planning tools that meet requirements for LPHAs and hospitals.
6. Require CCOs to invest in shared community health improvement plan implementation.

#### *Access to care*

7. Support response to public health emergencies, such as participating in regional health care coalitions.
8. Include the Oregon State Public Health Laboratory as an in-network provider for CCOs.
9. Fully reimburse LPHAs for the full cost of the provision of clinical services, including family planning, sexually transmitted infection treatment and contact tracing, and immunizations, whether that be through fee for service or alternative payment methodologies.

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<sup>1</sup> Oregon Public Health Advisory Board. (2017). Guiding principles for public health and health care collaboration. Available at <http://www.oregon.gov/oha/PH/ABOUT/Documents/phab/PHAB-guiding-principles-ph-and-health-care.pdf>.

Current status

The table below articulates any existing CCO contract or statutory requirements related to each PHAB recommendation.

<b>PHAB recommendation</b>	<b>Existing requirements, if applicable</b>
1. Require a LPHA voting member position on the CCO governing board.	<p>No existing requirement.</p> <p>ORS 414.625 requires that each CCO has a governing body that includes: persons that share in the financial risk of the organization who must constitute a majority of the governing body; the major components of the health care delivery system; at least two health care providers in active practice, including a primary care physician or a nurse practitioner and a mental health or chemical dependency treatment provider; at least two members from the community at large; and at least one member of the community advisory council.</p> <p>ORS 414.627 requires CCOs to include representatives of each county government served by the CCO on the community advisory council.</p>
2. Require a CCO voting member position on the LPHA advisory committee, when a LPHA has an advisory committee.	Requirements for LPHA advisory committee membership vary by jurisdiction.
3. Include LPHAs in value-based payment strategies, including sharing payments for public health contribution towards incentive measures.	No existing requirement.
4. Align CCO incentive measures with population health priorities, to the extent feasible.	Statute requires a general measurement focus on health outcomes and quality. ORS 414.638 requires the Metrics and Scoring Committee to adjust CCO measures annually to reflect community health assessments.
5. Require CCOs to develop shared community health assessments and community health improvement plans with LPHAs and hospitals. Require the use of community health assessment and community health improvement planning tools that meet requirements for LPHAs and hospitals.	ORS 414.629 requires CCOs to involve county public health administrators in their community health improvement plan. Evidence-based planning tools are informally provided as a best practice to CCOs.
6. Require CCOs to invest in community health improvement plan implementation.	No existing requirement. The 2017-2022 1115 Medicaid demonstration waiver aims to increase use of health-related services, which includes community-level interventions focused on improving population health.

7. Support response to public health emergencies, such as participating in regional health care coalitions.	No existing requirement for CCOs. However, legislative recommendations submitted on behalf of the HB 3276 Task Force in October 2017 call for CCOs to cover necessary vaccines and antidotes for disease outbreaks, epidemics and conditions of public health importance, regardless of in-network status. <sup>2</sup>
8. Include the Oregon State Public Health Laboratory as an in-network provider for CCOs.	No existing requirement.
9. Fully reimburse LPHAs for the provision of clinical services, including family planning, sexually transmitted infection treatment and contact tracing, and immunizations.	No existing requirement related to payment relative to other providers. ORS 414.153 allows OHA to require and approve agreements between CCOs and LPHAs for authorization of payment for point of contact services.

For more information

Contact [publichealth.policy@state.or.us](mailto:publichealth.policy@state.or.us) or visit [healthoregon.org/phab](http://healthoregon.org/phab).

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<sup>2</sup> Oregon Health Authority. (2017). House Bill 3276 task force report: Recommendations for the Oregon legislature. Available at <http://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/RULESLAWS/Documents/HB3276TaskForceReport.pdf>.