AGENDA

PUBLIC HEALTH ADVISORY BOARD

April 19, 2018
Portland State Office Building
800 NE Oregon St., conference room 1B
Portland, OR 97232

Join by webinar: https://register.gotowebinar.com/rt/4888122320415752707
Conference line: (877) 873-8017
Access code: 767068

Meeting objectives:

- Receive subcommittee updates
- Provide feedback on CCO 2.0 policy recommendations
- Discuss progress towards communicable disease and immunizations objectives in Oregon's State Health Improvement Plan

2:00-2:20 pm	**Welcome and updates** • Approve March 15 meeting minutes • State Health Assessment	Rebecca Pawlak, PHAB Chair
2:20-2:40 pm	**Subcommittee updates** • Incentives and Funding subcommittee • Joint subcommittee meeting	Bob Dannenhoffer, PHAB member
2:40-3:55 pm	**CCO 2.0 policy recommendations** • Discuss CCO 2.0 overall process • Provide feedback on social determinants of health and equity policy recommendations • Provide feedback on sustainable cost policy recommendations	Stephanie Jarem, Amanda Peden, Maria Castro and Tim Sweeney, Oregon Health Authority
3:55-4:05 pm	**Break**	
4:05-4:20 pm	**Public comment**	
4:20-5:00 pm	**Oregon's State Health Improvement Plan: communicable disease and immunizations** • Discuss progress towards communicable disease and immunizations objectives	Zintars Beldavs, Sean Schafer, Alison Dent and Aaron Dunn Oregon Health Authority

5:00 pm	**Adjourn**	Rebecca Pawlak, PHAB Chair

Public Health Advisory Board (PHAB)
March 15, 2018
Draft Meeting Minutes

Attendance:

Board members present: Carrie Brogoitti, Muriel DeLaVergne-Brown, Alejandro Queral, Rebecca Tiel, Bob Dannenhoffer, Eli Schwartz, Teri Thalhofer, Tricia Mortell, Katrina Hedberg, Akiko Saito, David Bangsberg

Oregon Health Authority (OHA) staff: Cara Biddlecom, Julia Hakes, Myde Boles, Danna Drum

Members of the public: Morgan Cowling, CLHO

Approval of Minutes

A quorum was present. The Board moved to approve the February 15 minutes with all in favor.

Welcome and updates

-Rebecca Tiel, PHAB Chair

Eli shared an update that he has been serving on the Tobacco Accountability Metrics Work Group around revising the Program Element for the TPEP Program. He thanked Cara for involving him in this work and noted that the large number of local public health authority Program Elements. Eli suggested the PHAB consider looking at the number and format of Program Elements and the funding level for the local public health system.

Cara provided a brief review of Public Health Division priority bills that passed during the 2018 sessions:

- SB 1541 authorizes DEQ to impose permit fees on industrial facilities that emit air toxics and undertake implementation of a new regulatory program to control public health risks to neighbors from facility emissions.
- HB 4020 defines the criteria for the establishment and licensure of extended stay centers (ESCs), a new type of health care facility in Oregon. ESCs are facilities providing post-surgical and post-diagnostic medical and nursing services to patients recovering from surgical procedures performed in an ambulatory surgical center.
- HB 4129 allows Health Licensing Office to issue residential care facility administrator license to qualified applicant.
- HB 4133 establishes the Maternal Mortality and Morbidity Review Committee in the Oregon Health Authority. The Governor-appointed committee will conduct studies and reviews of the incidence of maternal mortality and severe maternal morbidity and make recommendations to reduce the incidence of mortality and severe morbidity in the state. The Committee will begin its reviews by July 2019.

- HB 4143 appropriates $2 million for pilot projects in Marion, Multnomah, Coos and Jackson counties to create warm handoffs for opioid overdose patients to connect with detox services. It also requires the Department of Consumer and Business Services and OHA to report on barriers to Medication Assisted Treatment (MAT) and requires providers to register for the Prescription Drug Monitoring Program (PDMP).
- HB 4135 establishes an Advance Directive Adoption Committee (ADAC) in order to adopt an advance directive form. The ADAC is required to submit a revised advance directive form to the legislature by September 1, 2020 for ratification through passage of a legislative measure.
- HB 4018 requires that CCO board meetings where substantive decisions are made be open to the public. HB 4018 also requires CCOs to expend a portion of their annual net income or reserves on the social determinants of health consistent with their community health improvement plan, and establishes timelines for OHA notification to CCOs about contract amendments and for CCOs to notify OHA if they refuse to renew their contract.

CCO 2.0

-David Bangsberg, PHAB Member

David reviewed the PHAB CCO 2.0 Recommendations. David asked Carrie if CLHO can give input on recommendations to make language more specific. Akiko requested that modernization language be inserted in the recommendations.

Public Health Division Staffing Updates

Cara Biddlecom, OHA

Victoria Demchak will be joining the Office of the State Public Health Director as Health Equity Coordinator effective April 2. Victoria was formerly the Deputy Health Care Policy Advisor in the Governor's Office and worked for the Oregon Primary Care Association and the Asian and Pacific American Network of Oregon (APANO).

Cara will be going on a leave of absence for one year: July 2018-June 2019. A rotation for her position has been posted internal to the Public Health Division.

Incentives and Funding subcommittee update

-Alejandro Queral, PHAB member

Alejandro shared an update on the March 12 Incentives and Funding subcommittee meeting. The subcommittee is reviewing funding formula indicators, measures and data sources and is looking at specifically the poverty level measure, education indicator, limited English proficiency, and geographic complexity indicator to see if data sources, measures, and indicators need to be updated.

Public health accountability metrics report
-Myde Boles, Program Design and Evaluation Services

Myde walked the PHAB through the data in the baseline public health accountability metrics report.

Katrina recommended keeping quartile shading consistent in the county maps.

Tricia had questions about the adult smoking prevalence local public health process measure: percent of population reached by tobacco-free county properties policies. Tricia said that that Washington County properties are smoke-free though it is not reflected in the report.

Bob asked how benchmarks are set. OHA staff clarified that Public Health Division programs either used existing benchmarks or looked at benchmarks used by other states and/or other source data to establish benchmarks. Bob recommend the PHAB look at how these benchmarks are decided as they are similar but also different from the CCO performance metrics. Bob also noted that they have similar names but different measure specifications which could cause confusion.

Bob made the following recommendations and comments:

- Add an executive summary at the beginning of the report.
- The CCO performance metrics had one metric where lower was better and caused a lot of confusion.
- Bob is unsure if these metrics need to be called accountability metrics.

Cara clarified that the accountability metrics are required by statute.

Eli made a motion to adopt the report and add a strong executive summary that will be wordsmithed via email. All in favor.

Preventive Health and Health Services Block Grant update
-Danna Drum, Oregon Health Authority

Danna Drum walked the PHAB through the Preventive Health and Health Services Block Grant Fact Sheet. The PHAB is designated as the Block Grant Advisory Committee.

Muriel requested more information on how training is coordinated across programs and would like a plan for how to train local staff. Danna said that there have been conversations around this at OHA, JLT and CLHO around training and travel requirements. The first priority is to catalog the training opportunities to see what is out there and then the next priority will be to possibly retool the Public Health Orientation given to local staff.

AIMHI grant update

-Morgan Cowling, Coalition of Local Health Officials

Morgan Cowling gave a presentation on recent grant accomplishments of Oregon's grant with the Robert Wood Johnson Foundation through the Public Health National Center for Innovations.

Morgan shared with PHAB members the Oregon Public Health Modernization Roadmap, one of the primary grant deliverables.

Eli asked what Washington and Ohio did with their funding. Morgan shared that colleagues are currently in Alexandria learning about other states' work. Cara answered that Oregon has been most in line with Washington in terms of approach. Ohio has been focusing on promoting public health accreditation and consolidating public health services.

Public Comment Period

Morgan Cowling from the Coalition of Local Health Officials provided public comment on PHAB's CCO 2.0 recommendations. CLHO hosted a workshop on the first week of March to facilitate discussions around the recommendations and are still working to come to consensus. CLHO will be bringing their thoughts to the April PHAB meeting.

Closing

The meeting was adjourned.

The next Public Health Advisory Board meeting will be held on:

April 19, 2018
2-5 PM
Portland State Office Building
800 NE Oregon St Room 1E
Portland, OR 97232

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Julia Hakes at (971) 673-2296 or Julia.a.hakes@state.or.us. For more information and meeting recordings please visit the website: healthoregon.org/phab

Public Health Advisory Board (PHAB)
Special Joint Subcommittee Meeting
March 29, 2018
Draft Meeting Minutes

Attendance:

Board members present: Carrie Brogoitti, Muriel DeLaVergne-Brown, Rebecca Tiel, Bob Dannenhoffer, Teri Thalhofer, Lillian Shirley, Jeff Luck, Eva Rippeteau, Jennifer Vines

Oregon Health Authority (OHA) staff: Sara Beaudrault, Cara Biddlecom, Julia Hakes, Danna Drum, Chris Curtis

Welcome and updates

-Sara Beaudrault, OHA

Sara reviewed the agenda for the special joint subcommittee meeting.

Funding formula requirements

-Sara Beaudrault, OHA

Sara reviewed ORS 431.380 and the three components to the funding formula. Cara gave some additional context that those who were involved in the Task Force on the Future of Public Health Services were very intentional with the funding formula in the creation of matching and incentive funds. Matching funds is a mechanism created with the intention of incentivizing local investment in public health and incentive funds mirrored what had been done with CCOs to drive the public health system to improve health outcomes.

Incentive funds

-Sara Beaudrault and Chris Curtis, OHA

Sara reviewed and asked for feedback on OHA's recommendation of criteria for incentivizing an accountability metric and asked the following questions: (1) What feedback do PHAB members have on this recommendation? (2) Should process measures for all foundational programs that are funded in a biennium be incentivized?

Teri suggested that an accountability metric should not be incentivized until all counties are taking part in modernization efforts. Teri clarified by stating some local public health authorities have elected not to participate in the 2017-19 public health modernization regional partnership grant. Muriel echoed Teri and said it is important to consider when adopting criteria for incentive funding.

Bob asked if the PHAB will be utilizing benchmarks and improvement targets. Sara said the Accountability Metrics subcommittee will be making that decision. Cara stated that each local public health authority would have customized improvement targets and would be set based on current performance.

Rebecca stated she is supportive of adopting this criterion and asked PHAB members if they had any thoughts on the period of two biennia. Jeff said he also is supportive. Bob stated is he supportive and it is similar to the CCO model.

Jeff asked when should incentive funding kick in at statewide level and when should incentive funding kick in for counties that did not receive modernization funding in this last biennium. Sara reminded the PHAB that this last funding did not go through the funding formula. Sara clarified that incentives would be incorporated at higher funding levels. Teri stated that this last funding would not apply to the criterion because it was under the threshold amount. Teri shared her concern that some local public health authorities will fall further behind if there isn't a sustainable stream of funding across the state. Sara asked for other recommendations from PHAB members and stated a need to demonstrate to the legislature that this work is being done.

Chris reviewed the incentives funding formula model with the PHAB. Bob, Muriel, and Jeff all voiced that they liked the model and the floor payment feature.

Bob noted that incentives can cause unintended consequences and noted that in his experience with CCO incentives other metrics fell by the wayside when not incentivized.

Jeff asked what funding amount should go toward incentives. This discussion will go to the Incentives and Funding subcommittee.

State matching funds
-Danna Drum and Chris Curtis, OHA

Sara reviewed ORS 431.380(1)(b) that requires OHA to incorporate a method for awarding matching funds to LPHAs that invest at the local level above the base amount.

Danna presented the PHAB with four options for allocating state matchings to county general fund investments in local public health.

Bob expressed concern that matching funds are not equitable to LPHAs.

Jeff asked Cara for more clarity on what the legislature intended by incorporating matching funds. Cara clarified the intent was to incentivize and retain local public health investment.

Bob proposed a fifth option: that matching funds will be decreased by a dollar for dollar amount for every decrease in the county general fund. Cara stated that this option is most likely not allowed based on how the statute is worded: awards must go out based on investment and not disinvestment.

Teri noted potential unintended consequences of cross-jurisdictional sharing agreements across counties like North Central Public Health District.

Subcommittee members voiced support for option number one, which is to award matching funds for all county general fund investments in public health, with some exclusions. OHA will develop the set of exclusions and bring it to the Incentives and Funding Subcommittee for discussion in May.

2019-21 funding formula allocations
-Chris Curtis, OHA

Chris presented two funding formula models for state matching funds.

Jeff shared that he likes the second model and would like to see more scenarios in this model.

Bob recommends an incremental increase in the total amount of funding allocated to matching funds, as it mirrors what CCOs have done. Muriel agreed with Bob.

Cara made a note for subcommittee members that if the funding awarded falls below the formula threshold funds can still be awarded as grant funds.

Subcommittee business
Bob will provide the update at the April PHAB Meeting.

Public Comment Period
No public testimony was provided.

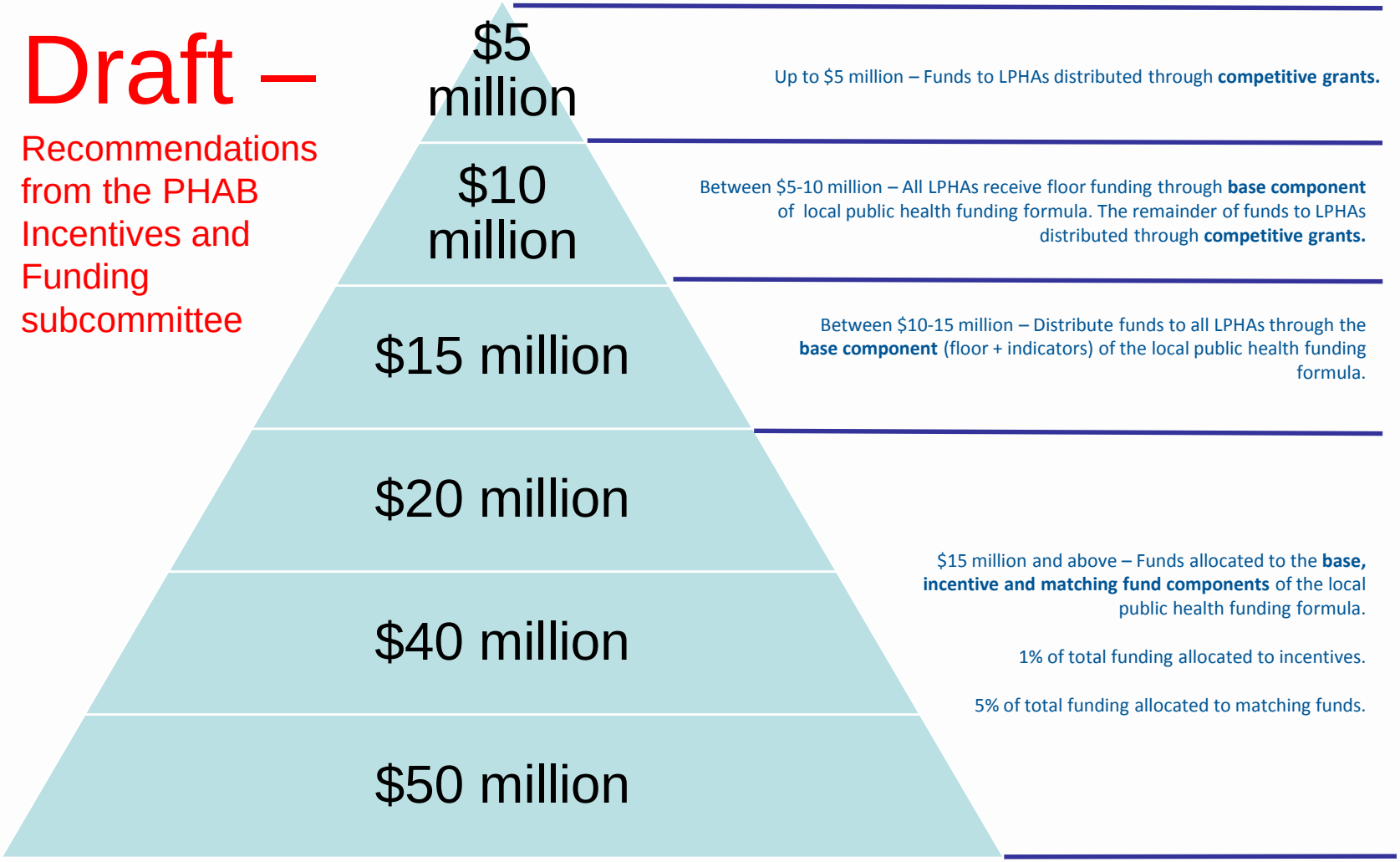
Closing
The meeting was adjourned.

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Julia Hakes at (971) 673-2296 or Julia.a.hakes@state.or.us. For more information and meeting recordings please visit the website: healthoregon.org/phab

Allocations to funding formula components at a range of funding levels for 2019-21 biennium*

Draft –

Recommendations from the PHAB Incentives and Funding subcommittee



Up to $5 million – Funds to LPHAs distributed through **competitive grants.**

Between $5-10 million – All LPHAs receive floor funding through **base component** of local public health funding formula. The remainder of funds to LPHAs distributed through **competitive grants.**

Between $10-15 million – Distribute funds to all LPHAs through the **base component** (floor + indicators) of the local public health funding formula.

$15 million and above – Funds allocated to the **base, incentive and matching fund components** of the local public health funding formula.

1% of total funding allocated to incentives.

5% of total funding allocated to matching funds.

* Funding levels reflect total allocation to LPHAs (two years).

Oregon Health Authority

Public Health Advisory Board (PHAB)
Incentives and Funding Subcommittee meeting minutes
April 9, 2018
1-2:30 pm

Welcome and Introductions

PHAB members present: Bob Dannenhoffer, Jeff Luck, Akiko Saito

Oregon Health Authority (OHA) staff: Sara Beaudrault, Cara Biddlecom, Julia Hakes, Chris Curtis

Members of the public: Morgan Cowling

Due to lack of a quorum, the March 12 minutes will be approved at the next Incentives and Funding Subcommittee meeting.

Public Health Emergency Preparedness (PHEP) funding formula

Akiko provided an update on the Public Health Emergency Preparedness (PHEP) funding formula. The Conference of Local Health Officials (CLHO) PHEP committee reviewed the public health modernization funding formula and discussed whether to use it for PHEP funding. PHEP funding has decreased over time, with a one percent cut this year. Although the committee was interested, they proposed a one percent cut across the board. Akiko noted that using the public health modernization funding formula for PHEP funds would have resulted in larger funding cuts for larger counties.

2019-21 funding formula allocations for incentives and matching funds

Sara shared draft allocations to funding formula components at a range of funding levels for 2019-21 biennium and the base funding formula model. The committee discussed funding thresholds for allocating funds to the incentives and matching fund components of the funding formula.

Akiko suggested listing Sherman, Gilliam, and Wasco in the funding formula model instead of North Central.

Bob stated that allocating funds to matching funds should not be postponed because of a concern that counties will begin cutting county investments in public health as modernization funds come into the system.

Bob described the CCO model for incentives which began at 1 percent of the total budget for the first year and has increased each year thereafter. Akiko recommended following this model. Jeff recommended starting at something higher than 1 percent, to ensure that the dollar amount awarded to counties is sufficient to incentivize change. Bob disagreed with anything above 1 percent.

Sara reviewed the timeline for awarding incentive funds and the timeline for awarding matching funds.

The subcommittee made recommendations for thresholds at which to allocate a portion of public health modernization funding to funding formula components:

- Up to $5 million: funds to LPHAs distributed through competitive grants
- Between $5-$10 million: LPHAs receive floor funding through base component, with the remainder of available funds being distributed through competitive grants.
- Between $10-$15 million: All funds distributed to LPHAs through the base component of the funding formula (floor + indicators).
- $15 million and above: Incentives and matching funding is also rolled in. One percent of total funds would be allocated to incentives and 5 percent would be allocated to matching funds.
- PHAB will revisit the percent of total funds allocated to incentives and matching funds in subsequent biennia and consider increasing the proportion of funding allocated to these components of the funding formula.

Funding formula indicators

Sara reviewed indicators used in the funding formula and asked for recommendations on the following indicators:

- Poverty: OHA provided a table comparing county data at 100% FPL and 150% FPL. Subcommittee members recommended using 150% of federal poverty level.

- Limited English proficiency: OHA staff explored other potential measures for limited English proficiency, but none were reportable at the county level. Subcommittee members recommended to keep this indicator and continue using American Community Survey data as the data source.
- Population density: subcommittee members are interested in this indicator and asked OHA staff to research data sources.

Subcommittee business

Bob will provide the subcommittee update at the April PHAB meeting.

Public Comment

No public testimony.

CCO 2.0: The Social Determinants of Health & Equity

Public Engagement and Input Sessions

Public Health Advisory Board

April 19, 2018

Oregon Health Authority

HEALTH POLICY
Health Policy and Analytics

Overview

- Coordinated Care Organizations (CCOs) started in 2012 with the goal of achieving the Triple Aim:
  - Better care
  - Better health
  - Lower health care costs

- Lots of data have been collected over the past five years (CCO 1.0) on:
  - What CCOs are doing well
  - What CCOs need to improve on
  - What gaps we still have in data

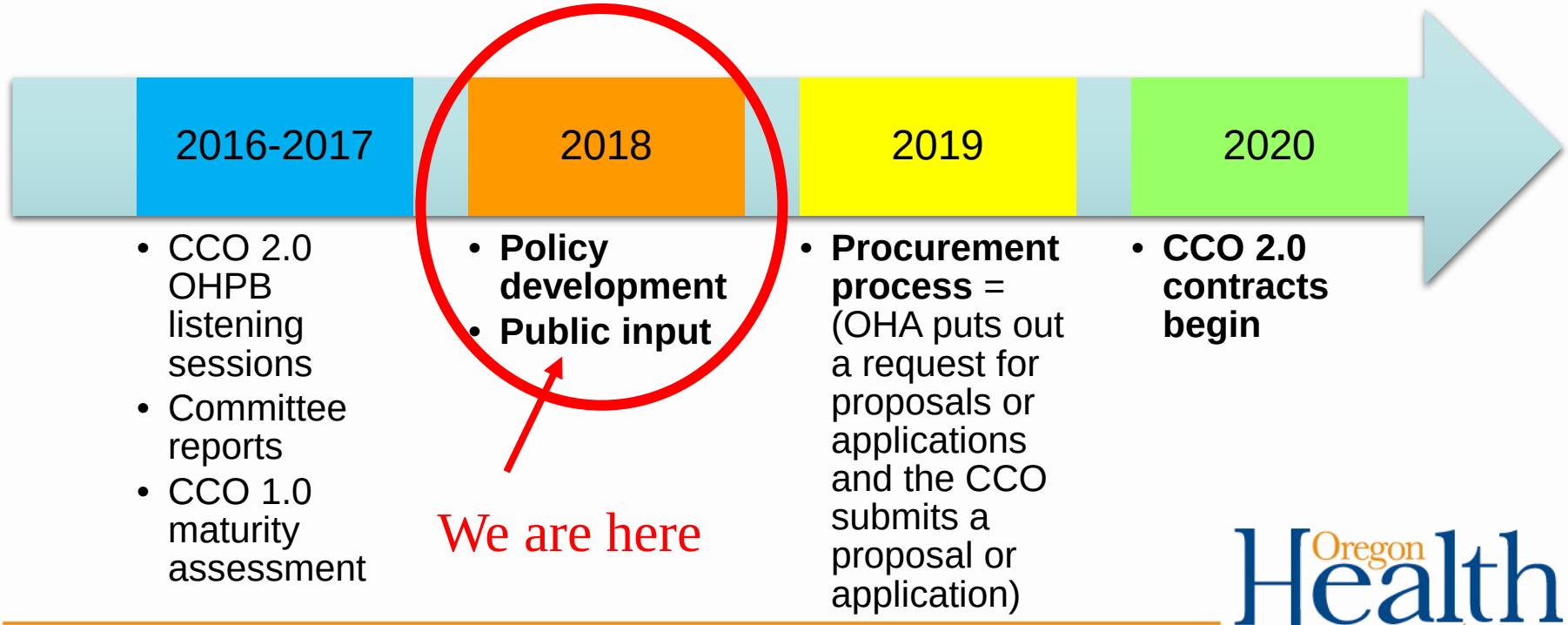
- In the next 5 year contract (CCO 2.0), we have the chance to change requirements, reward CCOs in new ways, and test out new ideas

CCO 2.0

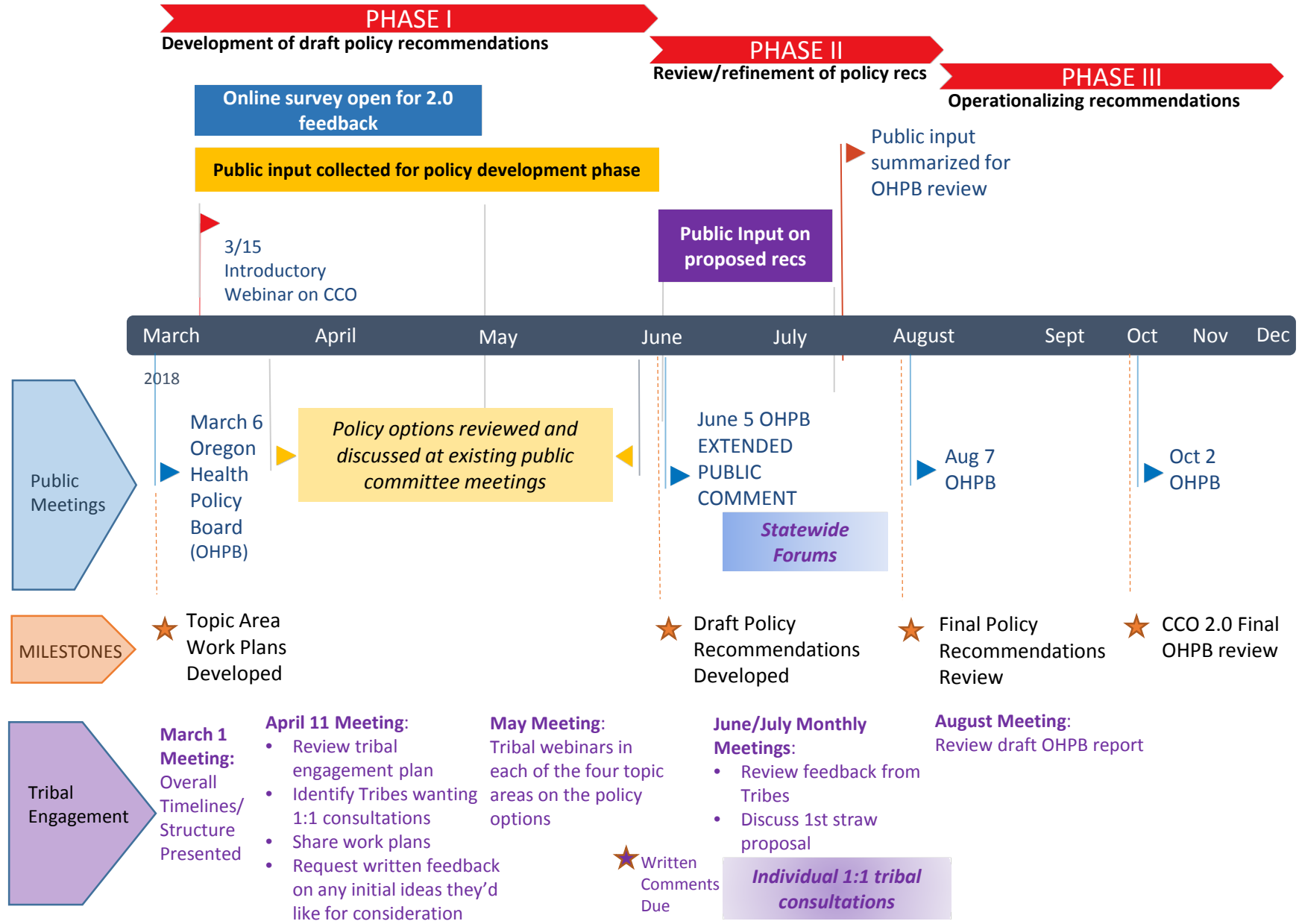
High-level timeline for CCO 2.0

- The first contract cycle for CCOs is ending December 31, 2019

- OHA and the Oregon Health Policy Board (OHPB) are launching the "CCO 2.0" process to explore and develop new ideas and policy recommendations to improve CCOs in the future



CCO 2.0 Policy Development Timeline



Governor Brown's Vision

CCO 2.0

The Governor has asked the Oregon Health Policy Board to provide recommendations in four areas:

- **Maintain sustainable cost growth**
- Increase value-based payments and pay for performance
- **Focus on social determinants of health and equity**
- Improve the behavioral health system

Oregon Health Authority

Social Determinants of Health & Equity

What we hope to do today:

- Share an overview of CCO 2.0 and describe the focus on social determinants of health and equity (SDOH&E)

- Share 10 policy options and possible strategies to address SDOH&E in CCO 2.0
  - Note: some strategies would be dependent on additional funding

- **Hear from you!**
  - Are we missing any important strategies to reach our policy goals?
  - Do you have any significant concerns or feedback on the potential strategies?

- Feedback will help shape the straw model of policy options presented to OHPB in June

What are social determinants of health and 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

(RWJF)

Social Determinants of Health (SDOH)

Are the social, economic, political, and environmental conditions in which people are born, grow, work, live, and age. (Oregon Medicaid Advisory Committee – "MAC")

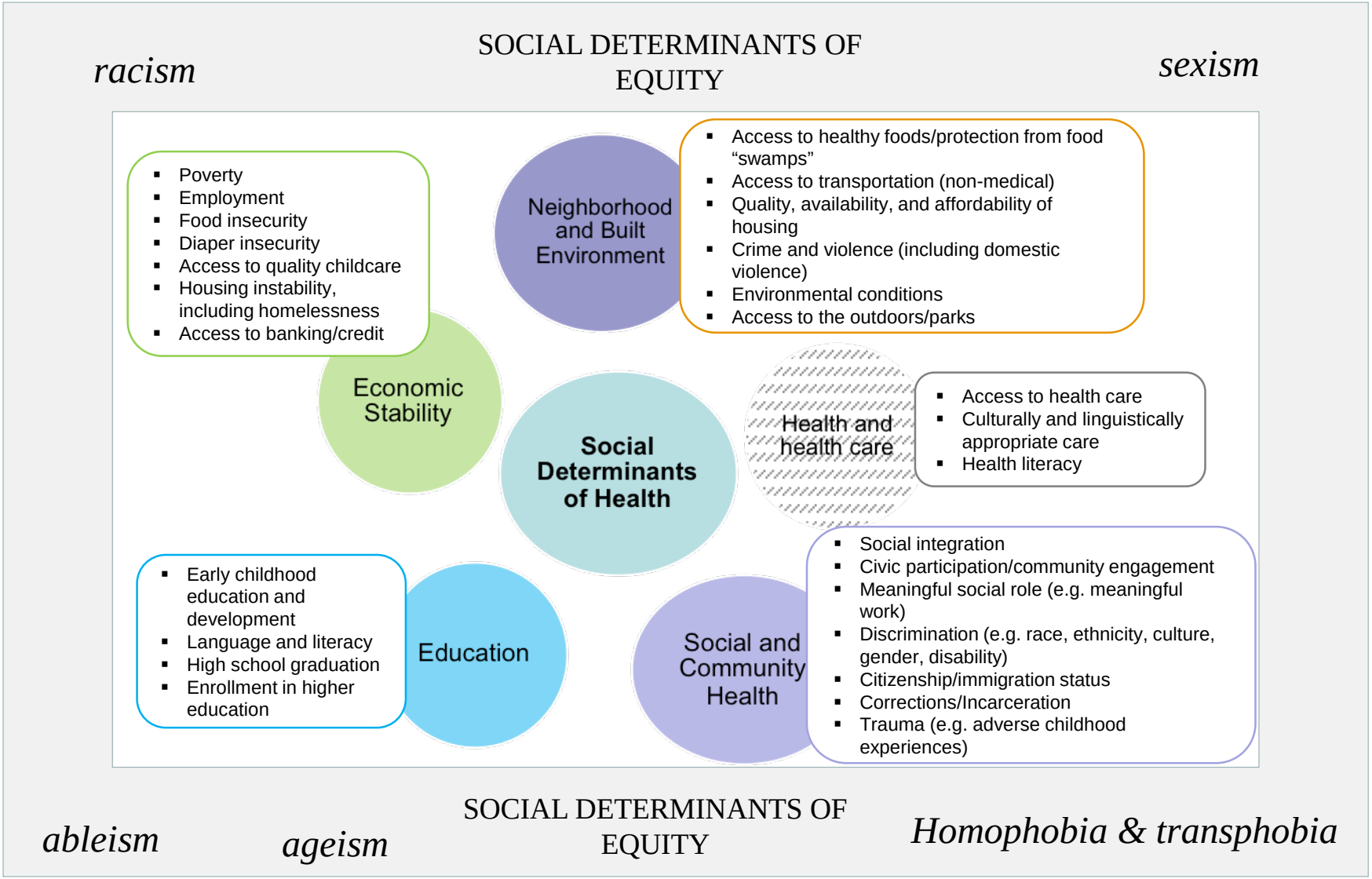
The Social Determinants of Equity

Are structural factors, such as racism, sexism, able-ism, and others, that determine how different groups of people experience Social Determinants of Health. (MAC)

Understanding how they are tied together:

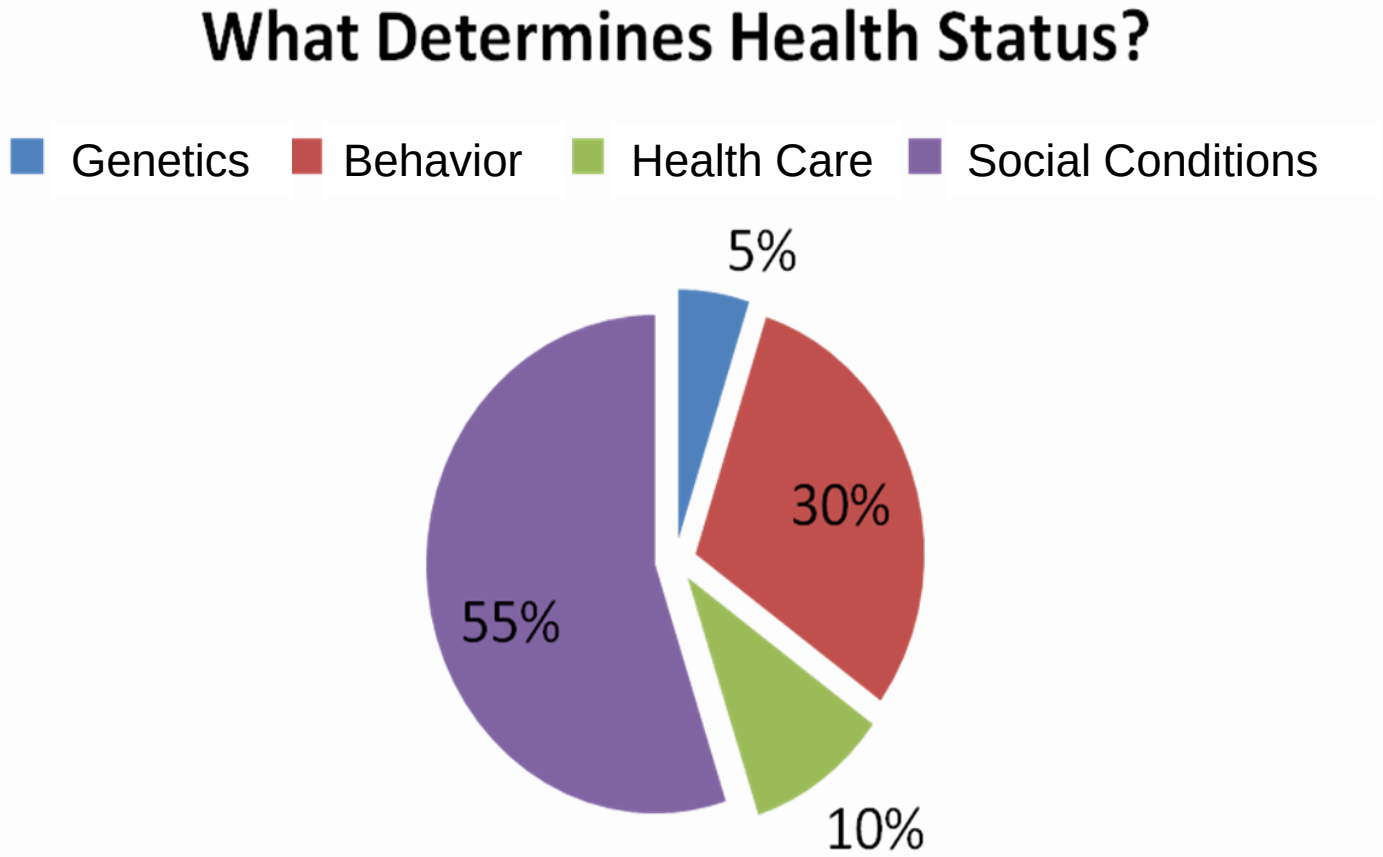
Social Determinants of Health & Equity Factors

(MAC -DRAFT 1/24)



Why are the social determinants of health and equity so important?

CCO 2.0



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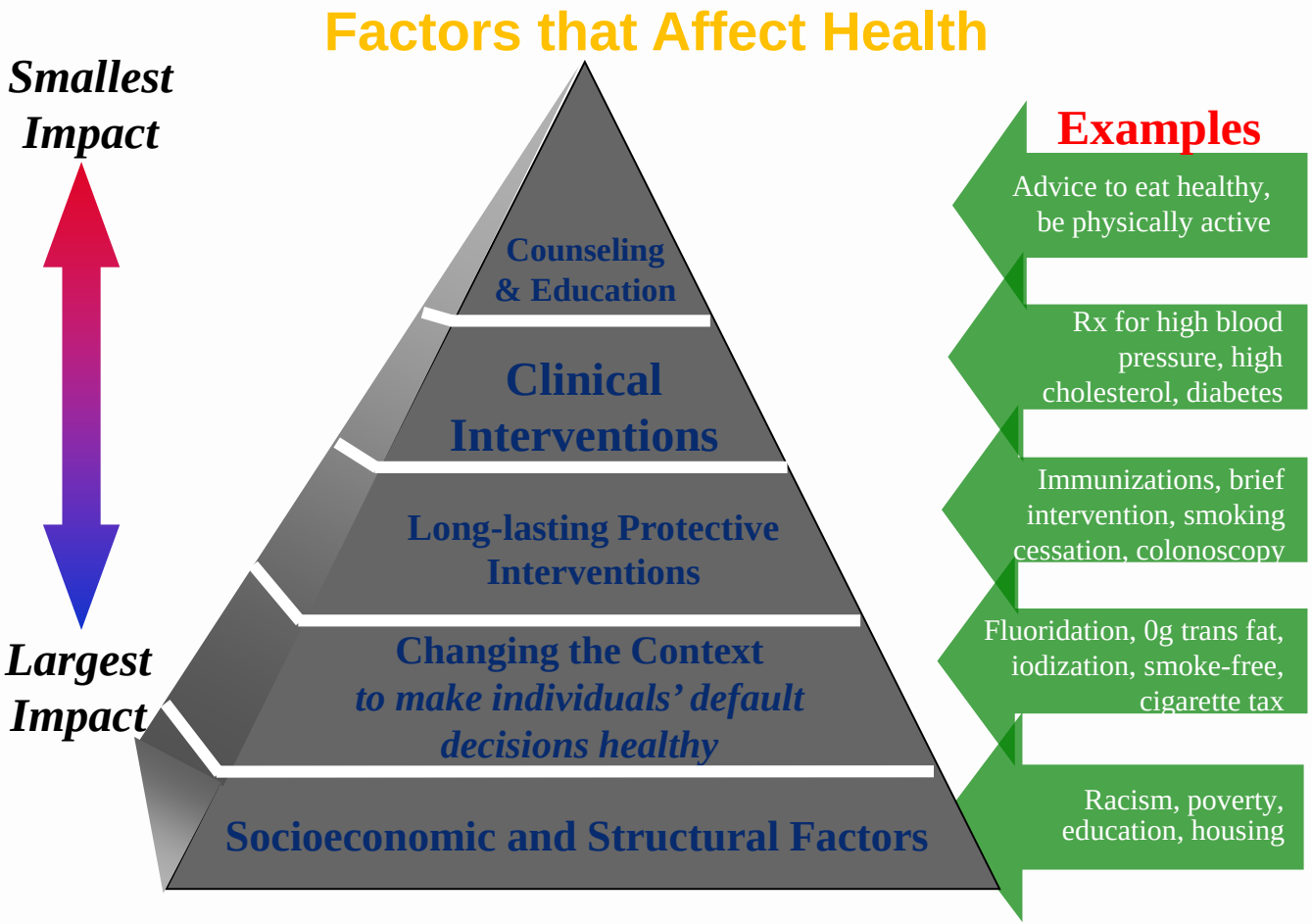
What work can impact the social determinants of health and equity?

CCO 2.0



Strengthening the foundation of upstream public health

Directly impacting the social determinants of health and equity

Oregon Health Authority

Summary of policy development process

CCO 2.0

- Created policy questions from looking at data from first five years of CCOs (e.g. CCO SDOH initiatives, health disparities data)
- Policy options drawn from previous work (e.g. state committees, stakeholder recommendations) and research into best practices
- Narrowed list based on applicability to CCO 2.0, feasibility, readiness, impact, and timelines
- Built work plans available at http://www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx

SDOH&E- Questions and Policy Options

CCO 2.0

Questions	Policy Options
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?	CCO Internal workforce/infrastructure requirements (e.g. health equity position, health equity plan, cultural competency criteria) to coordinate and support health equity activities
	Strengthening requirements for Traditional Health Worker contracting and utilization
	Explore strengthening telehealth reimbursement requirements
How can OHA encourage CCOs to spend more in social determinants of health & equity work, and hold CCOs accountable for their spending?	Defining SDOH & Equity for CCOs
	Requirements or other ways to promote or increase overall spending related to social determinants of health and equity (SDOH&E)
	Additional ways to promote CCO use and reporting of Health-related Services (HRS)
	CCO incentive metrics that address SDOH & Equity
	Community Health Improvement Plan (CHP) implementation requirements/expectations
How do we strengthen CCO partnerships and ensure meaningful engagement to support social determinants of health & equity work?	Community Advisory Council (CAC) and Governance connections and representation
	CCO community partnership requirements
What changes can we make to improve our understanding of social determinants of health & equity initiatives and disparities?	SDOH & Equity Data and Accountability

What are we asking of you?

- For each policy question we'll share our policy goals and potential strategies to reach each goal

- As you review our policy goals and potential strategies, consider:
  - Are we missing any important strategies to reach our policy goals?
  - Do you have any significant concerns or feedback on the potential strategies?

- **Use the feedback forms to make notes of feedback or questions that you have – at the end of the presentation, you'll have a chance to provide feedback, ask questions, and discuss**

Coordination of health equity

Q: 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 goal	Potential Strategies
Coordination and support of health equity activities	• Dedicated high level health equity position with budgetary decision making authority in each CCO • CCO Health Equity Plan • Organization-wide cultural competency and implicit bias training implementation plan and timeline at each CCO • Other?

Oregon Health Authority

Traditional health workers

Q: 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 goal	Potential Strategies

Enhance integration and utilization of Traditional Health Workers to ensure delivery of high quality, and culturally and linguistically appropriate care to improve health outcomes	• Implement recommendations of the THW Commission, including requiring CCOs to:
	  • Create plan for integration and utilization of THWs
	  • Incorporate alternative payment methods to establish sustainable payment rates for THW services
	  • Integrate best practices for THW services in consultation with THW commission
	  • Designate a CCO liaison as a central contact for THWs
	  • Identify and include THW affiliated with organizations listed under ORS 414.627 in the development of CHAs and CHPs

Telehealth

Q: 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 goal	**Potential Strategies**
Reduce barriers to access for health services through standardization of telehealth reimbursement requirements across all CCOs.	• Require CCOs to reimburse for telehealth services in the same manner as is required under law for health benefit plans, including state employees • Other?

Definitions

Q: How can OHA encourage CCOs to spend more in social determinants of health & equity work, and hold CCOs accountable for their spending?

Policy goal	Potential Strategies
Provide clear, common definition of social determinants of health, health equity, and related concepts to ensure clear boundaries for CCO investments and engagement in these areas.	• Consider, adopt and operationalize definitions of social determinants of health and social determinants of equity, as being developed by the Oregon Medicaid Advisory Committee • Work with the OHPB Health Equity Committee to consider/develop definitions of health equity and health disparities • Other?

SDOH & Equity Spending Requirements

Q: How can OHA encourage CCOs to spend more in social determinants of health & equity work, and hold CCOs accountable for their spending?

Policy goal	Potential Strategies
Increase strategic spending by CCOs on social determinants of health and equity in communities, including encouraging effective community partnership.	• Require CCOs to spend portion of savings on SDOH & health equity/health disparities • State provide two years of "seed money" to help CCOs meet spending requirement on SDOH & Equity in partnership with community SDOH providers • Other?

Health-related services

Q: How can OHA encourage CCOs to spend more in social determinants of health & equity work, and hold CCOs accountable for their spending?

Policy goal	Potential Strategies
Increase strategic spending by CCOs on health-related services (HRS) as a mechanism to invest in the social determinants of health and equity in communities	• Develop policies for calculating CCOs' global budgets that encourage HRS • OHA publish guides, frequently-asked-questions, and other resources for CCOs to better understand what types of expenditures qualify for HRS • Quarterly publish each CCO's HRS investments • Encourage HRS investments to align with community priorities, such as those from the Community Health Assessment/Community Health Improvement Plans and Community Advisory Councils (CACs), and identify a role for the CAC in making decisions about how HRS investments are made. • Other?

SDOH & Equity Incentive Metrics

Q: How can OHA encourage CCOs to spend more in social determinants of health & equity work, and hold CCOs accountable for their spending?

Policy goal	Potential Strategies
Increase CCO's focus on SDOH and equity.	• Recommend adoption of SDOH, equity, and population health incentive measures to the Health Plan Quality Metrics Committee and Metrics & Scoring Committee for inclusion in the CCO quality pool • Other?

Community Health Improvement Plans

Q: How can OHA encourage CCOs to spend more in social determinants of health & equity work, and hold CCOs accountable for their spending?

Policy goal	Potential Strategies
Improve health outcomes through community health assessment (CHA) and community health improvement plan (CHP) collaboration and investment.	• Require CCOs to submit their CHA to OHA • Require CCOs to develop shared CHAs with local public health authorities and non-profit hospitals; also encourage shared CHPs to the extent feasible. • Require that CHPs align with 1-2 State Health Improvement Plan (SHIP) priorities. • Other?

Community Advisory Councils

Q: How do we strengthen CCO partnerships and ensure meaningful engagement to support social determinants of health & equity work?

Policy goal	Potential Strategies
Strengthen Community Advisory Council (CAC)/CCO partnerships and ensure meaningful engagement of diverse consumers to support social determinants of health & equity work.	• Require CCOs annually review member data and align with CAC representation (e.g. race, ethnicity, age, language, geography, disability, gender, sexual orientation, etc.) and CHP priorities. • Require CCOs report annually to OHA (to be shared publicly) on CAC member composition compared to member data, including percentage of OHP consumers on CAC and how they define OHP consumer. • Require CCOs share with OHA (to be shared publicly) a clear organizational structure that shows how the CAC connects to the CCO. • Other?

Partnerships

Q: How do we strengthen CCO partnerships and ensure meaningful engagement to support social determinants of health & equity work?

Policy goal	Potential Strategies
Ensure meaningful partnerships between CCOs, local public health, and community organizations	• Require CCOs to hold contracts with and direct portion of required SDOH/equity spending to SDOH partners through transparent process • Ensure CCOs share financial resources with non-clinical and population health providers for their contribution to incentive measures • Other?

Feedback and discussion

- Are we missing any important strategies to reach our policy goals?

- Do you have any significant concerns or feedback on the potential strategies?

Cost Containment and Sustainable Health Care Growth

Why Ensuring Sustainable Health Care Costs is Important

- Ensuring the fiscal sustainability of the Oregon Health Plan is critical to Oregon's efforts to make sure that Oregonians have access to high quality health care services they need.

- The coordinated care model aims to control health care spending NOT by reducing access to health care services, but instead by investing in preventative care, paying for value, integrating services, and improving health outcomes to reduce health care costs in the long run.

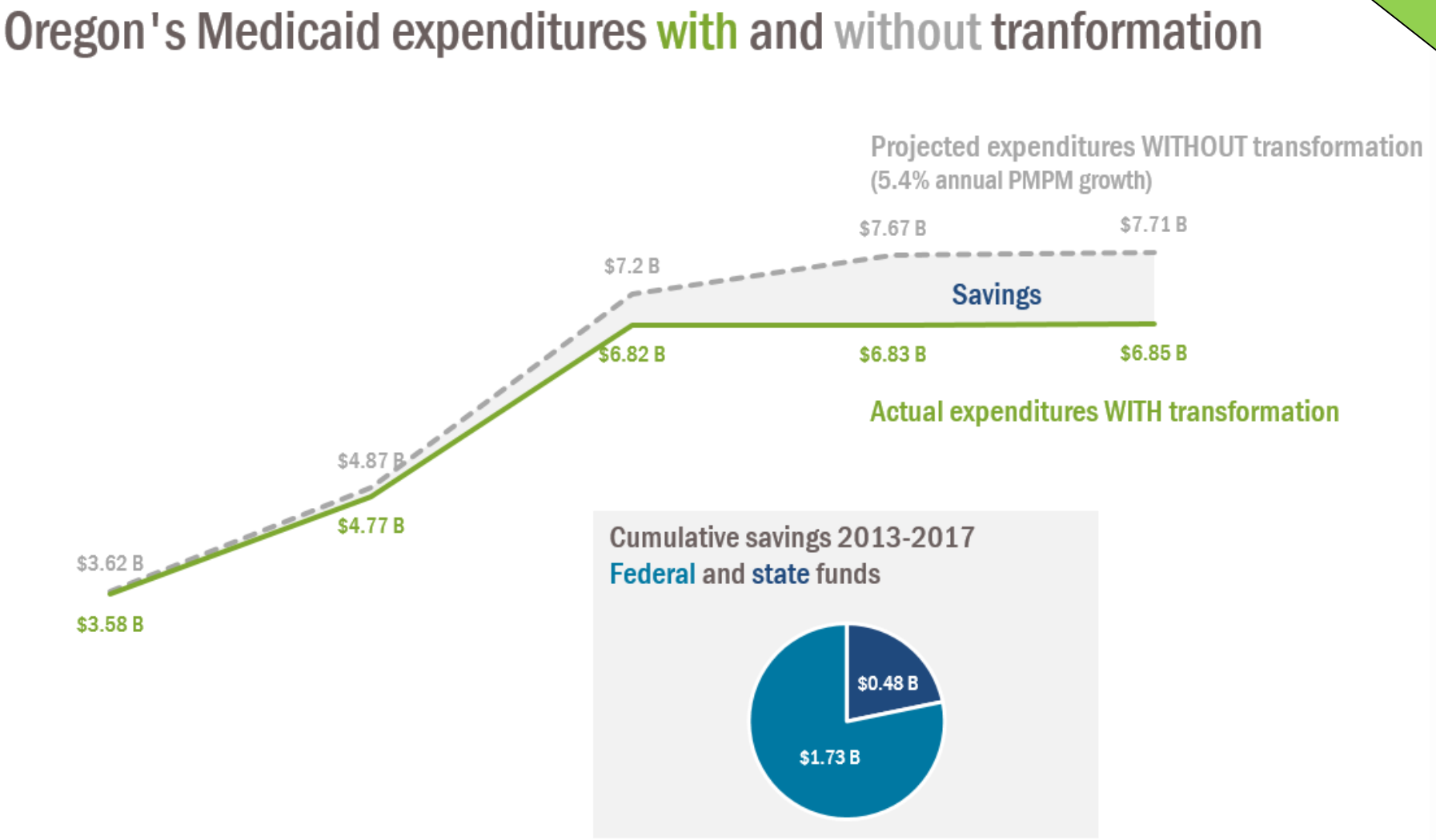
Containing cost growth is a nation-wide challenge

- The nation spent $3.3 trillion on health care in 2016, or more than $10,000 per person
- Oregon has limited growth in Medicaid spending, but we need to continue this trend with focus on:
  - Identifying and targeting key drivers of health care spending
  - holding CCOs accountable to provide quality and efficient care
  - adjusting financial incentives to encourage CCOs to improve quality and value

Things we learned in the first five years

- Oregon's sustainable growth rate targets work
- Despite flexibility from the global budget, integrating care is challenging and silos continue to exist in contracting relationships
- CCOs respond to incentive payments by improving the health quality measures targeted by incentives
- Investing in preventative care helps limit state spending growth and reduces high-cost services
- Comparing CCOs to each other is challenging on multiple fronts

The CCO model has avoided $2.2 billion in costs



Examining Policy Options to Achieve Cost Containment and Sustainable Health Care Spending Growth

Overarching Questions to Guide Policy Development in 2018

- Is 3.4% still the proper growth target for the entire CCO 2.0 contract period?
- What cost drivers threaten achievement of sustainable growth rate (3.4%) in future years?
- What cost drivers warrant additional analysis to help OHA and CCO partners continue to meet growth targets?
- What strategies could increase CCO financial accountability while preserving flexibility to operate within global budget?

Cost – Policy Options Under Consideration

Policy Goal	Policy Options
Better understand the drivers of health care spending in CCOs and at the OHP program level	Maintain aggressive, sustainable growth targets
	Improved data and analytical capacity to evaluate cost drivers (service categories, medical conditions, other parameters
Create financial oversight and reporting framework to ensure CCO solvency, accountability, and stability	Improve encounter data requirements and validation
	Revise financial oversight and reporting requirements related to solvency, reserves, capacity, etc…
Quality Pool structure aligns with CCO 2.0 policy goals, encourages CCO spending on activities that improve quality, and ensures accountability for how public funds are spent	Review and modify quality pool structure and funding and align revisions to the goals and options under consideration under CCO 2.0 process
Ensure rate setting methodology that rewards efficiency and value at the CCO and provider level	Variable profit margin in CCO rates based on efficiency & quality
	Reimbursement policy changes
Develop strategies to mitigate CCO costs associated with high-risk	Develop program wide strategies to manage risk and control high/outlier costs (potentially a reinsurance program)

Key links

- CCO 2.0 webpage:
  - http://www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx
- Public meetings schedule:
  - http://www.oregon.gov/oha/OHPB/Pages/CCO-2-0-meetings.aspx
- Please take our survey!
- More questions? Email CCO2.0@state.or.us

Thank you!

Oregon Health Authority

State Health Improvement Plan

Improve immunization rates and protect the population from communicable disease

Oregon Health Authority

OFFICE OF THE STATE PUBLIC HEALTH DIRECTOR
Public Health Division

Improve immunization rates

Key Questions

How do we explore the social determinants of health for opportunities to increase immunization rates?

Delaying or refusing vaccination is now a national trend, how do we address complacency, convenience and confidence in vaccinations?

Priority Targets

Measure	Baseline	Current Data	2020 Target	Data Source
Immunization rate among two year olds	60% (2014)	66% (2016)	80%	ALERT IIS
HPV vaccination rates among youth	28% (2014)	44% (2016)	80%	ALERT IIS
Seasonal flu vaccination	42% (2014)	43% (2016)	70%	ALERT IIS

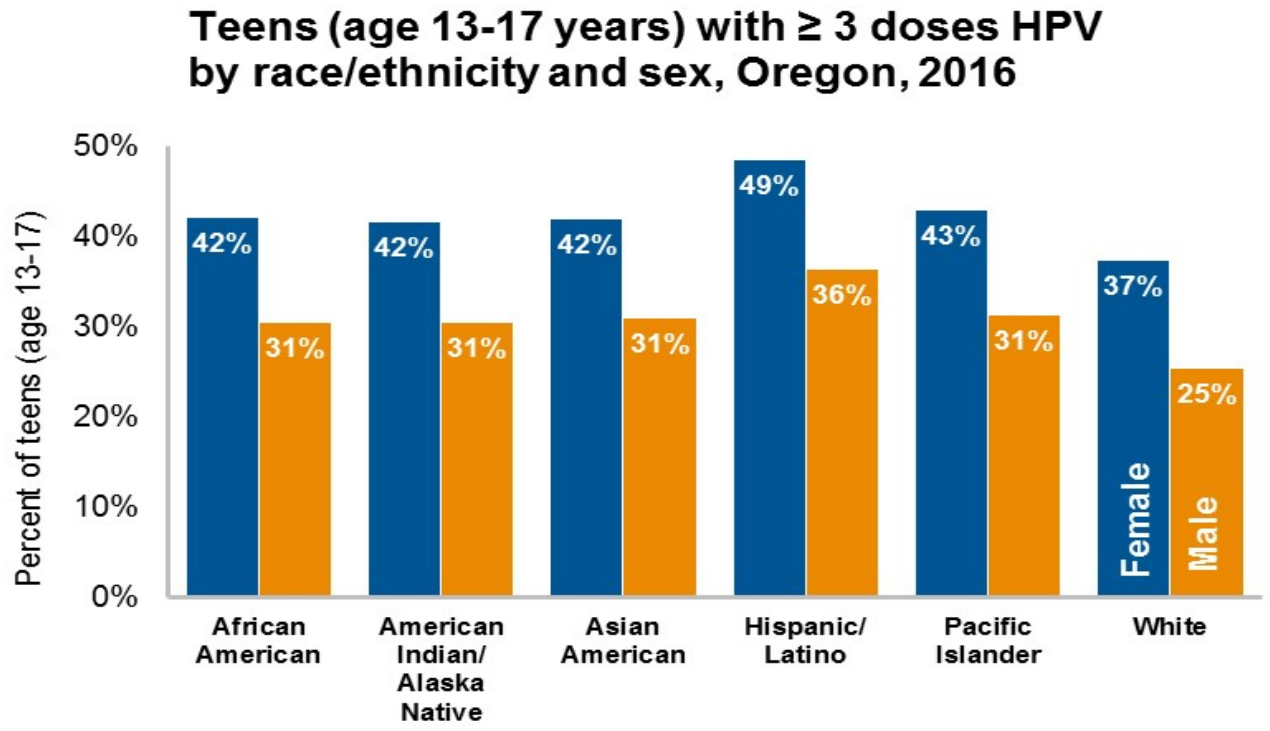
Point #1

The ALERT Immunization Information System (IIS) is one of our most valuable and impactful public health data systems.

Priorities will need to be set in order to address sustainability concerns for this resource.

Point #2

Data indicators show suboptimal rates for HPV, flu and many adult immunizations.



Notes: *Rates are determined as of May 1st of each year.*
Race/ethnicity categories are not mutually exclusive.

Source: *Oregon ALERT Immunization Information System*

Point #3

Measuring access to vaccines is challenging.

What is appropriate access in Portland versus Harney county? Is access only measured in miles? What about time of day? Transportation options?

How can we ensure access at the time and location that meets the needs of various populations?

Feedback & Discussion

How do we explore the social determinants of health for opportunities to increase immunization rates?

Delaying or refusing vaccination is now a national trend, how do we address complacency, convenience and confidence in vaccinations?

Contact information

Aaron Dunn
Oregon Immunization Program Manager
Public Health Division
aaron.dunn@state.or.us

Protect the population from communicable disease

Key Questions

- How do we bring all stakeholders to the table for a one health approach for C. difficile and antimicrobial resistance?
- How can we work towards funding for surveillance, primary prevention, screening and linkage to care for HCV?
- How do we leverage policy, health systems and public health to decrease Gonorrhea rates?

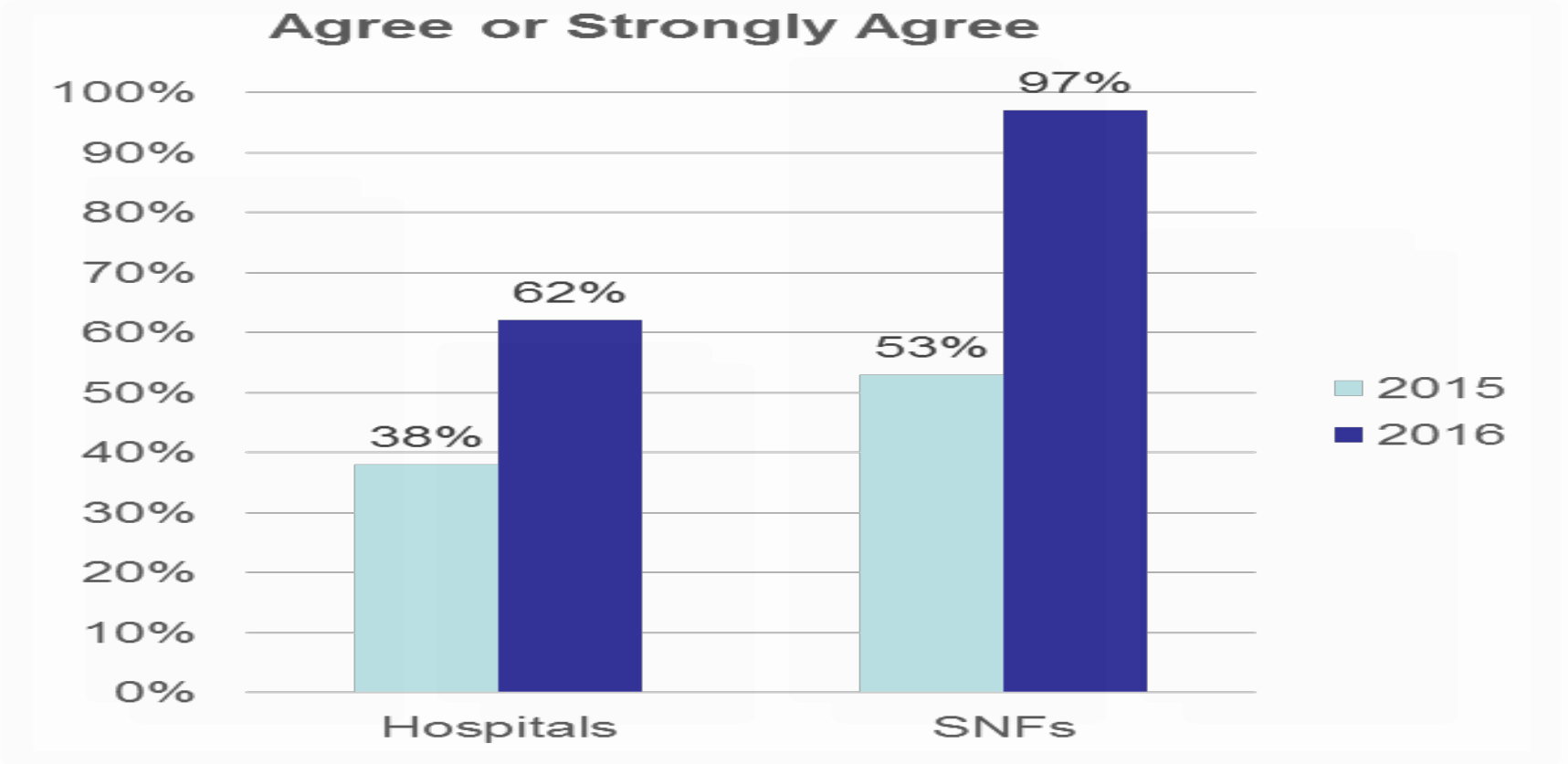
Priority Targets

Measure	Baseline	Current Data	2020 Target	Data Source
Syphilis incidence (rate per 100,000)	10.4 (2014)	14.6 (2016)	11.1	ORPHEUS
Gonorrhea incidence (rate per 100,0000	57.9 (2014)	106.3 (2016)	72	ORPHEUS
HIV incidence (rate per 100,000)	6.0 (2014)	5.4 (2016)	4.5	ORPHEUS
HIV Viral Suppression	68% (2014)	76% (2016)	90%	ORPHEUS
Tuberculosis incidence (rate per 100,000)	1.9 (2014)	1.7 (2016)	1.4	ORPHEUS

Priority Targets

Measure	Baseline	Current Data	2020 Target	Data Source
E-coli infection (rate per 100,000)	2.3 (2010-2014)	2.3 (2012-2016)	.6	ORPHEUS
C-difficile infections (Standardized Infection Ratio)	.73 (2014)	.85 (2016)	.57	National Healthcare Safety Network

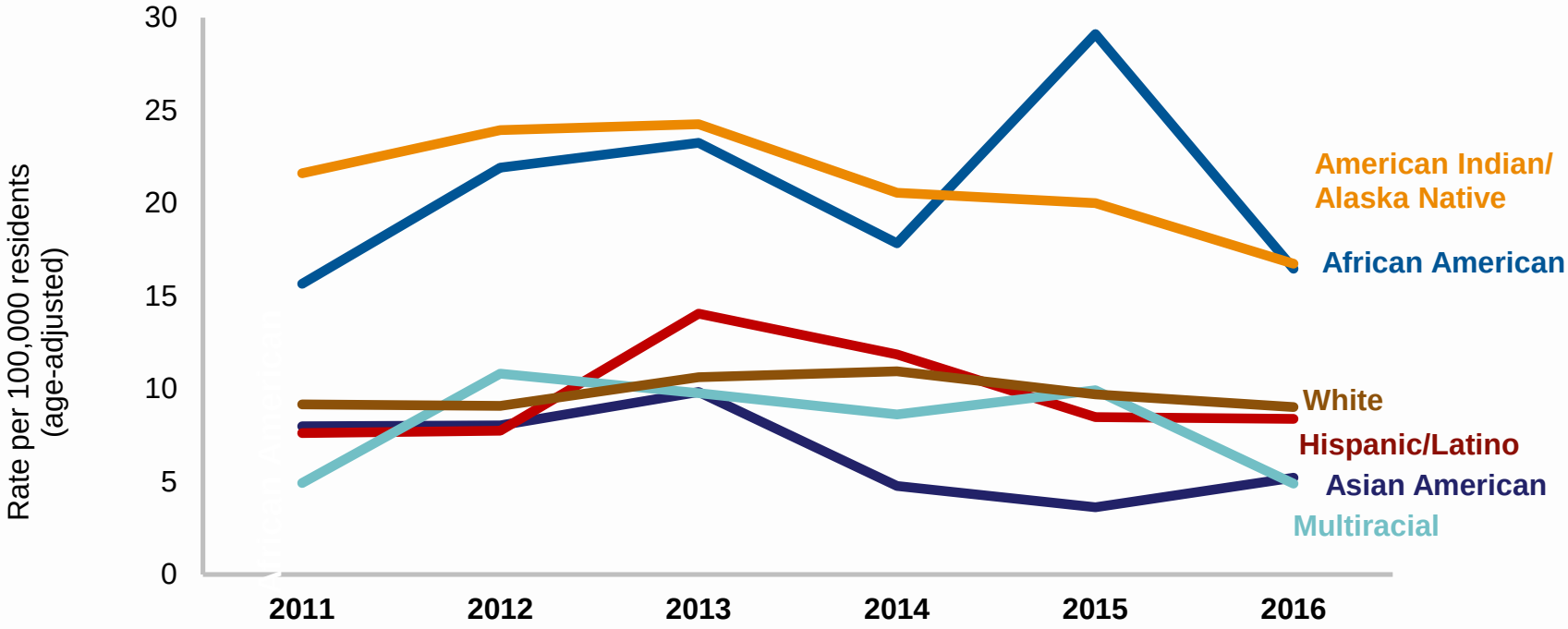
Point #1: Inter-facility communication for *C. Difficile* & multidrug resistant organisms



% facilities who report that they receive notification on patient transfer for patients requiring transmission based precautions

Point #2: Hepatitis C Health Disparities

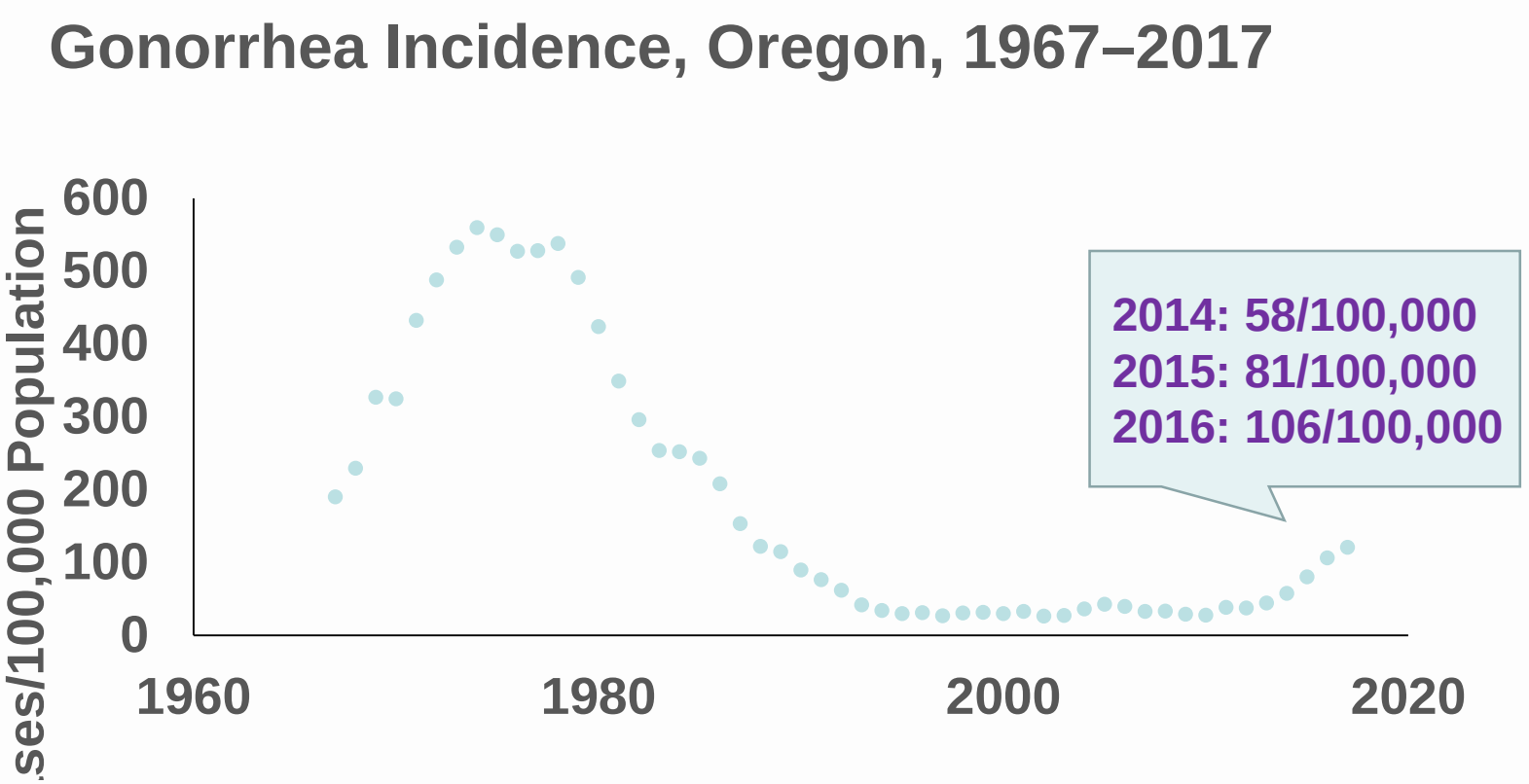
Deaths from HCV, by year and race/ethnicity, Oregon, 2011-2016



Notes: *All other groups exclude Hispanic ethnicity*

Source: *Oregon Death Certificate Data*

Point #3: Prevent spread of Gonorrhea



What can be done? Can PHAB help?…

Law & Policy

- Facilitate expedited partner therapy
- Eliminate insurance co-pays or charges for STD screening, diagnosis or treatment
- Fund public STD clinics
- Modernize text/ social media policies
- Expand screening, diagnostic and treatment roles for pharmacists, nurses, medical assistants (sexual history as a 5th vital sign)

Health Systems

- Implement routine sexual history collected
- Increase screening in key populations and risk groups

Public Health

- Implement expedited partner therapy
- Increase partner notification services using alternative methods

Oregon Health Authority

Feedback & Discussion

- How do we bring all stakeholders to the table for a one health approach for C. difficile and antimicrobial resistance?
- How can we work towards funding for surveillance, primary prevention, screening and linkage to care for HCV?
- How do we leverage policy, health systems and public health to decrease Gonorrhea rates?

Contact information

Zintars Beldavs
Acute & Communicable Disease Prevention
Section Manager
Public Health Division
zintars.g.beldavs@state.or.us

Sean Schafer
HIV STD and TB
Public Health Physician
sean.shafer@state.or.us