



OHPB RECOMMENDATIONS FOR THE FUTURE OF COORDINATED CARE

January 27, 2017

This matrix is intended to act as a guiding policy document from the Oregon Health Policy Board regarding the next phase of Oregon’s Coordinated Care Organization model. Most of the policy recommendations contained herein are intended to be addressed through CCO contracts and administrative rules. All changes are recommended for inclusion in the next CCO contracting period, set to begin Jan. 1, 2019 unless otherwise noted. All recommendations may be subject to federal state plan change and waiver approval.

	Policy Area Recommendation	Change Agent/ Change Path	Timeline to Implement	Triple Aim Values
Governance, Transparency, & Accountability				
1	Clarify CCO Top Priority: Require CCO contract to clearly state that the CCO’s top priority and motivation is all three of Oregon’s Triple Aim of better health, better care and lower costs.	OHA/ Admin Rule & CCO Contract	2019	Better Care, Better Health, Lower Costs
2	Improve CCO Fiscal Transparency: <ol style="list-style-type: none"> OHA collect and publish in standardized formats, financial information related to CCO margins, medical and non-medical related costs, investments and payments made to partner organizations on a quarterly and/or annual basis. Set standards and expectations for reinvesting a reasonable percentage of CCO margins back into local communities towards deepening the impact on the Triple Aim. Develop a consistent and transparent approach to establishing reasonable reserves for each CCO. 	OHA/ Legislature Admin Rule & Statutory Change* *Reserves are in statute	2019	
3	Improve CCO Accountability: Develop more rigorous CCO contract criteria requirements which focus on: <ol style="list-style-type: none"> addressing the social determinants of health; 	OHA/ Admin Rule & CCO Contract	2019	Better Care, Better Health, Lower Costs

	<p>2. enhancing community collaboration and;</p> <p>3. ensuring access to primary care, behavioral health and oral health.</p>			
4	<p>Clarify OHA Monitoring & Oversight Function: Further develop management & accountability system to ensure CCOs exhibit core functions as articulated in contract, rule and statute through standardized and least burdensome reporting. Partner with and provide support to CCOs as federal landscape evolves to ensure federal opportunities are captured as they are planned and implemented and CCOs have access to technical assistance as needed.</p>	<p>OHA/ Legislature</p> <p>Current Rule, Legislation & Statute</p>	2019	Better Care, Better Health, Lower Costs
5	<p>Enhance Community Access & Input to CCOs: Require each CCO to hold at least one public CCO Governing Board meeting annually in collaboration with their local Community Advisory Council (CAC). Require one statewide annual CAC learning collaborative for all CAC members sponsored by CCOs so best practices regarding community collaboration, community input and improved local outcomes can be developed and shared. Require public transparency about who is on Governing Board and CAC via a standardized CCO report submitted to OHA annually. Require that at least one CAC member who is an Oregon Health Plan member or parent/guardian of a member, as identified by the CAC, serve on the CCO Governing Board. Require CAC contact information be clearly and publicly available to all community members.</p> <p>OHA conducts an analysis of CCO and OHA complaints and grievances procedures and makes recommendations in collaboration with stakeholders, to improve those procedures.</p>	<p>Legislature/ Legislation & Statute</p> <p>OHA/ OHA</p>	2019	Better Care, Better Health
Health Equity & Social Determinants of Health				
6	<p>Strengthen Health Equity Accountability & Transparency: Focus on improved data collection; OHA transparency of data; and member experience, measurement,</p>	<p>OHA</p> <p>Admin Rule, OHA/other</p>	2019	Better Care, Better Health

	<p>reporting and outcomes for people of color, children and specific populations.</p> <p>Establish a Health Equity Subcommittee which reports to the OHPB and is charged with accelerating the development of policy related to health equity and ensuring health equity is considered in all policy.</p>	OHPB	2017	
7	<p>Focus on the Social Determinants of Health: Charge CCOs to collaborate with OHA’s Office of Equity and Inclusion to ensure the Social Determinants of Health including housing, education, criminal justice, employment opportunities, neighborhood environment and transportation, are addressed through community partnerships, collaborative Community Health Assessments, Community Health Improvement Plans and Transformation Plans. CCOs work across jurisdictions with community partners to identify and target opportunities for improvement related to the social determinants of health.</p>	<p>OHA/ CCO Contract, Admin. Rule*</p> <p>*Possible Legislation</p>	2019	Better Care, Better Health, Lower Costs
8	<p>Bolster Workforce Diversity: Utilize state incentive pool & strategies as identified by healthcare workforce committee to improve workforce training, diversity, and retention, specifically within underserved and rural communities. Identify and remove barriers related to payment, system structure and qualifications for Traditional Health Worker utilization within community-based care through CCO contract and/or administrative rule.</p>	<p>CCO Contract & Healthcare Workforce Committee</p> <p>Admin. Rule*</p> <p>*Possible Legislation & may require federal approval</p>	2019	Better Care
Accelerated System Integration				
9	<p>Mandate CCO Oral & Behavioral Health (BH) Integration: Ensure CCOs have oral health contract flexibility, strengthen CCO contract regarding oral health integration mandate, and ensure oral health is included in CCO Transformation Plans. Ensure oral health providers have protections equal to other providers in CCO and/or DCO subcontracts.</p> <p>Ensure BH delivery system contains “no wrong door” and strengthen CCO contract</p>	<p>OHA & Legislature/ Admin rule, CCO Contract*</p> <p>*Possible Legislation</p>	2019	Better Care, Better Health, Lower Costs

	<p>criteria to require seamless, consumer-facing integration of BH.</p> <p>Identify performance metrics consistent with the Oregon Performance Plan reflected in the 3-year agreement with USDOJ.</p> <p>Charge Metrics & Scoring Subcommittee to identify additional ways to incentivize CCOs to improve oral health, oral health integration, behavioral health and behavioral health integration.</p>	<p>OHA</p> <p>OHA</p>	<p>2017</p> <p>2019</p>	
10	<p>Increase Primary Care Spending & Accelerate Payment Reform: Align primary care payment practices with federal Comprehensive Primary Care Plus as per recommendation from SB 231 Primary Care Payment Reform Collaborative and require transparency regarding primary care spending, utilization and primary care value based payments.</p>	<p>OHA</p> <p>CCO Contract & Admin. Rule*</p> <p>*Consider statutory change to ensure clarity and compliance</p> <p>=</p>	2019	Lower Costs, Better Care, Better Health
Sustainable Costs				
11	<p>Reduce High-Cost Prescription “Budget Busting” Drug Prices: Contract for and/or conduct a comprehensive study and make recommendations to the legislature regarding implementation and feasibility plans for:</p> <ol style="list-style-type: none"> 1. Increasing price transparency to improve public visibility and accountability; 2. Creating a public utility model to oversee in-state drug prices; 3. The creation of a single common and standardized Preferred Drug List (PDL) across CCOs and Medicaid FFS; 4. Bulk purchase and distribution of high-priced, broadly-indicated drugs that protect public health; 5. Explore state ability to operate as pharmacy benefit manager to 	<p>Legislature/ OHA/ Statute/ Admin. Rule*</p> <p>*Some may require federal approval</p>	2019	Lower Costs

	<p>broaden purchasing and negotiating power and;</p> <p>6. Increased coordination with Washington state through the NW Prescription Drug Purchasing Consortium to increase Oregon Prescription Drug Plan (OPDP) purchasing power;</p> <p>7. Education for patients and providers regarding misleading marketing of prescription drugs.</p>			
12	<p>Increase Value Based Payment (VBP) Utilization:</p> <p>Institute expectations for the use of VBPs for subcontractors and providers related to behavioral and oral health.</p> <p>Collaborate with and help CCOs expand VBP arrangements with hospitals and specialty providers and ensure incentives for quality and efficiency.</p> <p>Create clear requirements and definitions for VBP; ensure that incentives reach treating providers.</p> <p>Require a percentage of CCO spending be value based and reported; set targets for VBP adoption and review outcomes and operationalization.</p>	<p>OHA/ CCO Contract, Admin. Rule* *Consider statutory change for clarity and compliance</p>	2019	Lower Costs, Better Care