CCO 2.0

The future of coordinated care in Oregon

Goals for today

- Present information about CCO 2.0

- Hear from you about:
    - Lessons learned
    - Questions about the process
    - Advice and suggestions
    - Concerns

Agenda for Medford Meeting

- 10:00-10:20 CCO 2.0 presentation
- 10:20-10:30 Q&A
- 10:30-11:30 Gallery Walk to provide feedback on CCO 2.0 topics
- 11:30-12:00 Full group discussion

CCO 2.0 overview and background

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

Why is this important?

- One in four Oregonians, or nearly one million people now receive health coverage through the Oregon Health Plan (Medicaid).

- Most are members of a CCO.

- Oregon's Medicaid budget is about $14 billion, which is 19% of the state's budget. This is taxpayer money and you should have a say in how it is spent.

- This is one of the largest procurements in the state.
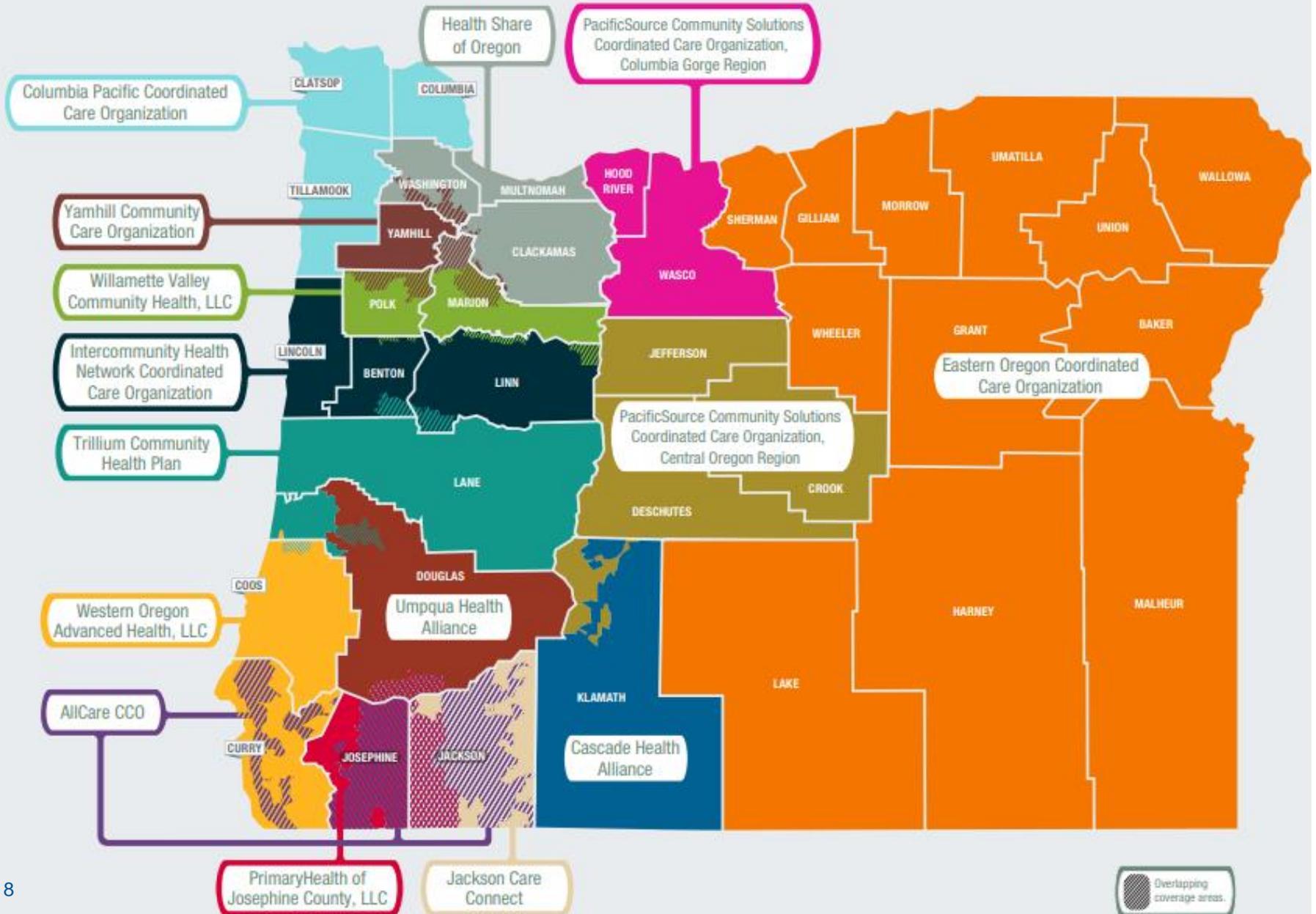
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What is a CCO?

- Coordinated Care Organizations are **community-governed organizations** that bring together **physical, behavioral** and **dental** health providers to coordinate care for people on the Oregon Health Plan.

- CCOs receive fixed **monthly payments** from the state to coordinate care and **financial incentives** that reward outcomes and quality.

- CCOs also have the **flexibility** to address their members' health needs outside traditional medical services. This model is designed to improve member care and reduce taxpayer costs.

Coordinated Care Organization Service Areas

Columbia Pacific Coordinated Care Organization

Health Share of Oregon

PacificSource Community Solutions Coordinated Care Organization, Columbia Gorge Region

Yamhill Community Care Organization

Willamette Valley Community Health, LLC

Intercommunity Health Network Coordinated Care Organization

Trillium Community Health Plan

Western Oregon Advanced Health, LLC

AllCare CCO

PrimaryHealth of Josephine County, LLC

Jackson Care Connect

PacificSource Community Solutions Coordinated Care Organization, Central Oregon Region

Eastern Oregon Coordinated Care Organization

Umpqua Health Alliance

Cascade Health Alliance

Overlapping coverage areas.

CLATSOP, COLUMBIA, TILLAMOOK, WASHINGTON, MULTNOMAH, HOOD RIVER, UMATILLA, WALLOWA, YAMHILL, CLACKAMAS, SHERMAN, GILLIAM, MORROW, UNION, POLK, MARION, WASCO, LINCOLN, BENTON, LINN, JEFFERSON, WHEELER, GRANT, BAKER, LANE, CROOK, DESCHUTES, DOUGLAS, COOS, HARNEY, MALHEUR, KLAMATH, LAKE, CURRY, JOSEPHINE, JACKSON

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What is working in "CCO 1.0?"

✓ CCOs have reduced cost growth
  – CCO model has avoided $2.2 billion in costs

✓ CCOs are improving quality
  – Quality measures tied to incentive payments improved significantly

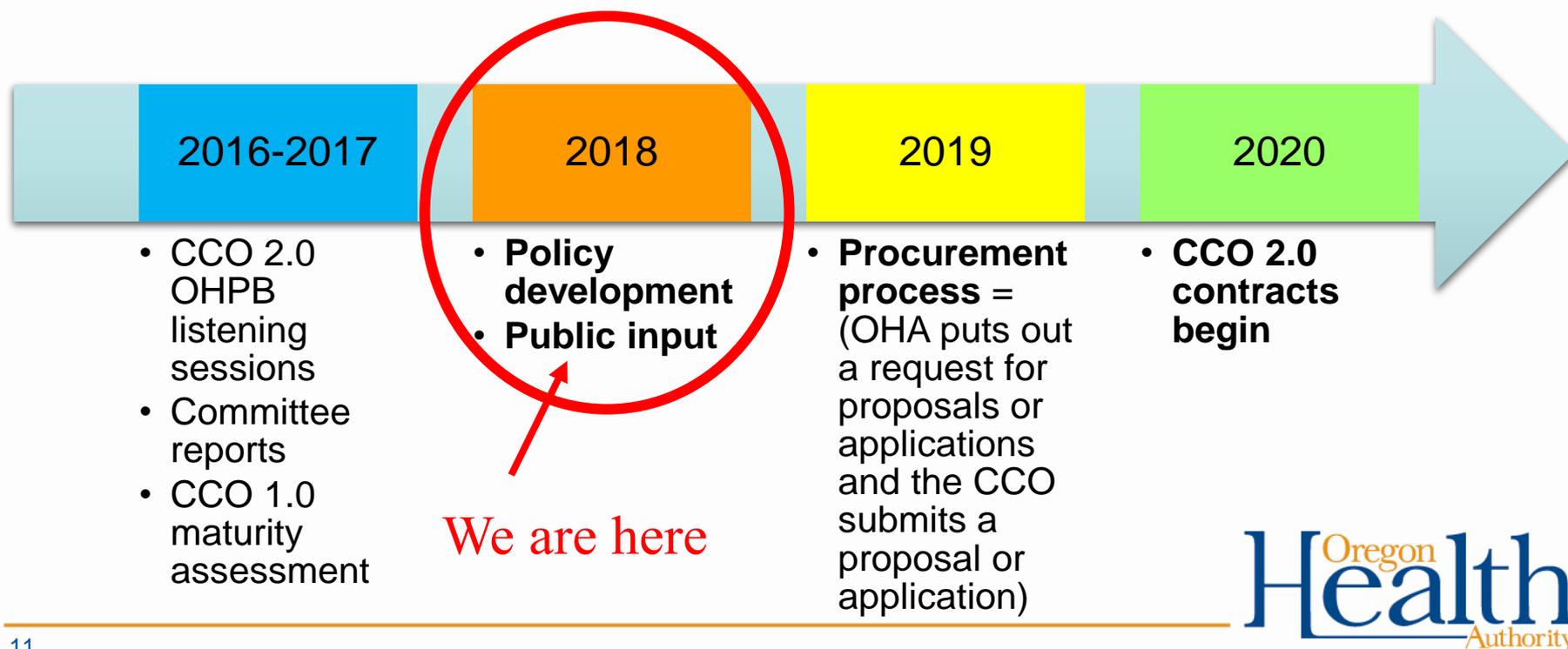✓ CCOs are improving member health

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Governor Brown's Vision

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

- 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

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

2016-2017	2018	2019	2020
• CCO 2.0 OHPB listening sessions • Committee reports • CCO 1.0 maturity assessment	• **Policy development** • **Public input**	• **Procurement process** = (OHA puts out a request for proposals or applications and the CCO submits a proposal or application)	• **CCO 2.0 contracts begin**

We are here

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Refresher – policy development

- Policies = ideas that are put in place through laws, requirements in contracts, agreements, grants, etc.

- We need to turn policy ideas into recommendations

- **Example: Every CCO should have a dog on its board**
  - **Step 1: Research and analysis**
    - What does the evidence say? Have other states tried this? Could this work in Oregon?
  - **Step 2: Public input** ← Today!
    - What is the general feedback? Do other experts and stakeholders think it's a good idea? Are there other things we haven't thought of?
  - **Step 3: Build recommendation for review**
    - Using original idea + public input, write a recommendation
  - **Step 4: Make it happen**
    - Would this be in contract? Do we need a new law? Should we ask about it in their proposals?

Public Input

How is public input used?

Public input and feedback helps OHA/OHPB understand:

- What is working in CCOs and should remain
- What isn't working and needs improvement
- New ideas that should be considered
- How issues should be prioritized

- Public input can be reflected in contract language, and can also impact OHA business practices or a long-term vision of CCOs

History of Phase 1 Public input

- Online survey 3/15-4/15

- OHP member survey 4/23-5/23

- Committee meetings

- Public forums

- Targeted meetings and surveys for topic areas

- Extended public comment at OHPB meetings

APRIL

- 4/2 – Association of Counties (AOC) meeting
- 4/3 - OHPB meeting with CCO 2.0 update
- 4/5 - [POLICY REVIEW] Allies for a Healthier Oregon - SDOHE forum
- 4/5 - [POLICY REVIEW] Health Information Technology Oversight Council
- 4/9 - [POLICY REVIEW] Quality and Health Outcomes Committee (QHOC)
- 4/11 - [POLICY REVIEW] Oregon Consumer Advisory Council (OCAC)
- 4/11 – Tribal/OHA meeting
- 4/12 – CCO Value-based payment workgroup
- 4/13 - [POLICY REVIEW] Oregon Alliance of Children's Programs (OACP)
- 4/16 - [POLICY REVIEW] Health Equity Committee
- 4/16 - [POLICY REVIEW] Value-based payment survey for providers open (closes 4/26)
- 4/17 - [POLICY REVIEW] CAC Learning Collaborative Special Event
- 4/19 – CCO Leadership meeting
- 4/19 - [POLICY REVIEW] Public Health Advisory Board (PHAB)
- 4/19 - [POLICY REVIEW] Primary Care Payment Reform Collaborative
- 4/20 – CCO Metrics & Scoring Committee
- 4/20 – Interest forms for participation in financial policy roundtable due
- 4/20 – **Public Forum** - Portland
- 4/21 – **Public Forum** – The Dalles
- 4/23 - [POLICY REVIEW] Traditional Health Workers Commission
- 4/25 - [POLICY REVIEW] Medicaid Advisory Committee
- 4/27 - [POLICY REVIEW] Children's System Advisory Council
- 4/28 – **Public Forum** – Woodburn
- 4/30 – Financial Policy Roundtable Meeting #1

MAY

- 5/1 - OHPB meeting with CCO 2.0 update
- 5/1 – *Suggested due date for* **written** *public comments, input or recommendations for Phase 1*
- 5/2 – [POLICY REVIEW] Health Care Workforce Committee
- 5/10 – [POLICY REVIEW] Addictions and Mental Health Planning and Advisory Council (AMHPAC)
- 5/11 – Tribal/OHA meeting
- 5/17 - [POLICY REVIEW] Public Health Advisory Meeting (PHAB)
- 5/22 – Financial Policy Roundtable Meeting #2

Opportunities for public input: May-June

- Public forum: May 11th in Medford, 10 a.m. to 12 p.m.

- June 5th Oregon Health Policy Board meeting:
  – Live video stream and call-in option
  – Policy teams will give in-depth presentations on each topic area
  – Public input in person, via email, or by phone (if pre-arranged)

- Late June
  – Statewide road show (June 18-29th / locations TBD)
  – Individual tribal consultations (dates TBD)

- July/August (TBD): Full tribal consultation

- Online survey in June available at www.health.Oregon.gov

- Email us at CCO2.0@state.or.us

Policy Topics

Gallery Walk Expectations

For each of the four policy areas, we are asking 1-2 questions

1. **Think about the question:**
   o Do YOU have any questions?
   o What lessons learned or ideas would you like to share with us?
   o Do you have any significant concerns?

2. **Brainstorm - use your handout to take notes or chat with others**

3. **Share your thoughts on the posters using sticky notes**

4. **Discuss - After some time. we'll come back together to discuss as a large group and answer any questions**

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")
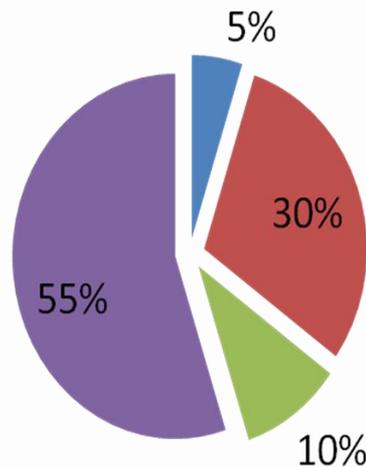
The Social Determinants of Equity

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

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Addressing Social Determinants of Health & Equity

What Determines Health Status?

Genetics ■ Behavior ■ Heath Care ■ Social Conditions

5%

30%

55%

10%

How can or should CCOs invest in the social determinants of health?

How can CCOs help provide everybody an opportunity to be as healthy as they can be?

Behavioral Health

(Behavioral health includes addiction treatment and mental health treatment)

<u>Goal</u>: for all Oregonians to have access to the right behavioral health provider at the right time and in the right place.

- What can CCOs do to help those on OHP/Medicaid access mental health and addiction services more easily?

- What could be done to improve the quality of the mental health and addiction services for individuals in your community?

- Is there anything missing from the addiction and mental health services available through the CCOs?

Paying for Value and Improving the System

Through the CCO model, we have lots of ways to encourage CCOs to focus on areas that need the most improvement.

One of the goals of CCO 2.0 is to ensure that we continue to work on the areas that need the most improvements by prioritizing individual and community needs.

In which areas do you think CCOs should most be encouraged to improve quality for the members of your community?

Cost Containment

The governor has asked us to pay special attention to continuing to contain and reduce costs

- How can Oregon encourage CCOs to provide services that have the highest value for OHP members? What strategies do you think would best address the cost of healthcare for Oregonians?

- With limited resources it is often important to prioritize: What services would you like to see more of? What would you like to see less of?

- Is it more important to be able to choose between CCOs or between healthcare providers?

Gallery Walk

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1. **<u>Think</u> about the question:**
   - o Do YOU have any questions?
   - o What lessons learned or ideas would you like to share with us?
   - o Do you have any significant concerns?

2. **<u>Brainstorm</u> - use your handout to take notes or chat with others**

3. **<u>Share</u> your thoughts on the posters using sticky notes**

4. **<u>Discuss</u> - After 45 minutes, we'll come back together to discuss as a large group and answer any questions**

Key links

- For more information on CCO 2.0 visit: www.health.oregon.gov

- Questions, comments, or recommendations?
  - Email CCO2.0@state.or.us

- **Remember to tune in to watch or listen to the June 5 OHPB meeting for more information!**
- **www.health.Oregon.gov**

Thank you!