



Zeke Smith, Chair
Oregon Health Authority
500 Summer St. NE
Salem, OR 97301

August 27, 2018

Dear Chair Smith:

Thank you to the Oregon Health Policy Board (OHPB) and so many others for leading coordinated care stakeholders through the CCO 2.0 process. CCO Oregon has tracked the conversations closely and submit this comment on behalf of our Social Determinants of Health workgroup. We appreciate this opportunity to engage.

In particular, recent workgroup conversations centered around:

- 1) Data collection, use, alignment, and analysis;
- 2) Funding need, accessibility, and sustainability;
- 3) Acknowledging the role of social determinants in health and considering the appropriate role for health care in mitigating those determinants; and,
- 4) Balancing the need for statewide solutions and alignment with the “on the ground” reality of local communities.

Each of these points is multifaceted and we understand fully that health transformation is an iterative process, which is to say that we know CCO 2.0 will be a next big step in transformation and will leave work to be done on the table.

Data driven decision-making is central to transform system spending, treatment plans, outreach to underserved populations, and more. Data barriers at the local, regional, and state level persist because, amongst other things, existing systems don’t “talk” to each other. While a good deal of work has been done, aligning data storage, collection, and dissemination across the Oregon Health Authority (OHA), the Department of Human Services, and public health would aid in identifying areas where we can maximize resources and improve overall population health.

Leveraging existing data sources and helping them “talk” to each other may further inform the work of the Coordinated Care Organizations (CCOs) and the many spokes that deliver additional services throughout the community. Many screening tools are already in place across these systems and can be further utilized to address community and individual needs. Additionally, better dissemination of this data from the state level to the spokes may engage more health and service providers. Ultimately, additional guidance and leadership from the OHA on how to align and enhance existing state-level systems is needed; this is with the expectation that state-level initiatives would spur changes at the regional and local levels. CCO Oregon is invested in these successful outcomes and looks forward to working with the OHA to support these efforts.

Health-related service spending offers exciting opportunities for more regionally developed programs to address the social determinants. We appreciate the detailed guidance draft by the Medicaid Advisory Committee related

to housing and the use of health-related dollars. Further guidance will need to be developed for stakeholders to maximize this potential resource alongside leveraging local opportunities. We are also supportive of the policy option included in the recent straw model that would create “seed money” infrastructure grants for CCOs from the OHA to motivate greater investment in the social determinants.

We also encourage incentivizing the use of coding and electronic health record systems to better drive change and resources. Z-Codes are an existing opportunity within the ICD-10 system already in use by some providers to indicate a social determinant potentially impacting health; z-codes essentially modify the existing ICD-10 code enhancing what is known about that patient to inform the provider’s care planning for the individual and the system about overall population health. Incentivizing the use of z-codes across more provider types would quicken the adoption of z-codes and improve our ability to mitigate the impact of social determinants at the state, regional, and local level.

For instance, if housing is deemed the top priority for social determinants statewide, providers across the system could record and track homelessness or housing insecurity data using z-codes. This approach would have the added benefit of allowing social determinants data like housing status to be transmitted to payers and CCOs. Because of the existing workflows and standardized definitions regarding homelessness, adopting z-codes to measure homelessness may be a starting point for this coding that could lead to other social determinants in the future.

The investments CCOs have made in social determinant services span the spectrum of community needs based on the region served, and that locally driven control is central to Oregon’s coordinated care model. At the same time, there are statewide needs that CCO 2.0 seeks to address and stakeholders that need additional resources beyond what the local CCO can offer to deliver those services. The OHA can play a pivotal role in assisting these stakeholders by offering technical assistance and clearly communicating what CCOs are and aren’t able to or required to fund. For valued projects not funded by CCOs, we recommend expanded technical assistance to those partners. For instance, if the State decides that housing is the current priority for CCO support, there are still limits to what a CCO may spend money on, i.e. they cannot use Medicaid funds to build housing. The OHA could also step in to assist stakeholders seeking to address other social determinants such as food insecurity, emergency readiness, and other inevitable gaps that will remain. This assistance could focus on streamlining these services, improving data management, and in essence helping more service providers to engage with coordinated care at the regional and local level.

Finally, we feel that it is crucial to acknowledge the need for balance between key statewide alignment strategies and the importance of local control within the CCO 2.0 policies. While we agree that it is vital to support clear expectations around the goal of maximized social determinants of health funding, we also know that too much prescription can limit the ability of local partners to remain regionally responsive and strategic. This can be especially important for rural and frontier CCOs, who are also navigating workforce shortages and complex and widespread partner networks.

We appreciate the leadership that the OHPB has taken with this work. We encourage your consideration and integration of our thoughts as Oregon continues to further health system transformation.

Thank you,

John Duke, Cascadia Behavioral Health
Sam Engel, AllCare Health CCO

CCO Oregon Social Determinants of Health Workgroup Co-Chairs