



January 30, 2019

Dear Committee Members:

Thank you for your work to foster innovative collaboration across the coordinated care health system to ultimately better the health of all Oregonians. The CCO Oregon Behavioral Health Workgroup is pleased to submit this comment for your consideration as you look to 2020.

Behavioral health has been a prime focus of CCO 2.0 development with expectations around delivery, access, and integration. Likewise, we expect there may be changes to the CCO incentive metrics and other measurement criteria as the new contracts launch in 2020. We appreciate the work of the Metrics and Scoring and Health Plan Quality Metrics Committees in metrics development process and will continue tracking your work. At this time, we recommend the following thoughts and reference points for your consideration.

We recommend transitioning the SBIRT measurement to move beyond screen and refer to a measurement of engagement in alcohol and drug treatment. This transition could leverage SBIRT in a new composite or "round" metric that further honors the commitment to patient outcomes and integration. Moreover, specific access points or provider types, such as community health workers, could be part of such a composite metric.

As you know, PCPCH enrollment is currently incentivized for CCOs. While PCPCH enrollment is important, as Oregon now has a few years under the PCPCH belt, we may be primed to up the expectation. How might CCO metrics incentivize higher levels of PCPCH certification and/or better behavioral health integration across the system? PCPCH certification does not necessitate behavioral health integration, but a measure with a higher benchmark than enrollment or a composite metric that weighs enrollment and PCPCH tier-level may improve outcomes.

Moreover, Oregon's PCPCH standards are slated for review with public input in the second half of 2019. Currently, the top two tiers do not include behavioral health integration. We will be convening our membership and tracking this process to advocate for any potential system wide gains throughout that process. We may have future recommendations after this process.

We are pleased with how the "Emergency department utilization among members with mental illness" (EDMI) CCO metric helps motivate providers to collaborate in ways they haven't before. In 2019, a new State Quality Measure will measure "Follow-up after emergency department visit for mental illness"

(FUM) per [HEDIS specifications](#). Aligning the CCO metric with this new SQM would allow the data to be understood across payer type. Two rates are reported for FUM:

- ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
- ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

We appreciate the alignment that has occurred across CCOs, OEBC, and PEBC over the past few cycles. Altering this metric or leveraging FUM and EDMI in a composite metric would further inform and motivate behavioral health care coordination and integration.

Thank you for your consideration,  
The CCO Oregon Behavioral Health Workgroup

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