

Enrolled House Bill 2267

SECTION 1. (1) A coordinated care organization shall collaborate with local public health authorities and hospitals located in areas served by the coordinated care organization to conduct a community health assessment and adopt a community health improvement plan, shared with and endorsed by the coordinated care organization, local public health authorities and hospitals, to serve as a strategic population health and health care services plan for the residents of the areas served by the coordinated care organization, local public health authorities and hospitals. The health improvement plan must include strategies for achieving shared priorities.

(3) The Oregon Health Authority may prescribe by rule requirements for health improvement plans and provide guidance for aligning the timelines for the development of the community health assessments and health improvement plans by coordinated care organizations, local public health authorities and hospitals.

SECTION 8. ORS 414.627 is amended to read:

(3) The community health improvement plan adopted by the council should describe the scope of the activities, services and responsibilities that the coordinated care organization will consider upon implementation of the plan. The activities, services and responsibilities defined in the plan shall include a plan and a strategy for integrating physical, behavioral and oral health care services and may include, but are not limited to:

- (a) Analysis and development of public and private resources, capacities and metrics based on ongoing community health assessment activities and population health priorities;
- (b) Health policy;
- (c) System design;
- (d) Outcome and quality improvement;
- (e) Integration of service delivery; and
- (f) Workforce development.

SECTION 10. ORS 414.629 is amended to read:

414.629. (1) A community health improvement plan adopted by a coordinated care organization and its community advisory council in accordance with [ORS 414.627] section 1 of this 2019 Act shall include a **component for addressing the health of children and youth in the areas served by the coordinated care organization including**, to the extent practicable, a strategy and a plan for:

- (a) Working with programs developed by the Early Learning Council, Early Learning Hubs, the Youth Development Council and the school health providers in the region; and
- (b) Coordinating the effective and efficient delivery of health care to children and adolescents in the community.

(2) A community health improvement plan must be based on research, including research into adverse childhood experiences, and must identify funding sources and additional funding necessary to address the health needs of children and adolescents in the community and to meet the goals of the plan. The plan must also:

- (a) Evaluate the adequacy of the existing school-based health resources including school-based health centers and school nurses to meet the specific pediatric and adolescent health care needs in the community;
- (b) Make recommendations to improve the school-based health center and school nurse system, including the addition or improvement of electronic medical records and billing systems;
- (c) Take into consideration whether integration of school-based health centers with the larger health system or system of community clinics would further advance the goals of the plan;
- (d) Improve the integration of all services provided to meet the needs of children, adolescents and families;
- (e) Focus on primary care, behavioral health and oral health; and
- (f) Address promotion of health and prevention and early intervention in the treatment of children and adolescents.

(3) A coordinated care organization shall involve in the development of its community health improvement plan, school-based health centers, school nurses, school mental health providers and individuals representing:

- (a) Programs developed by the Early Learning Council and Early Learning Hubs;
- (b) Programs developed by the Youth Development Council in the region;
- (c) The Healthy Start Family Support Services program in the region;
- (d) The Health Care for All Oregon Children program and other medical assistance programs;
- (e) Relief nurseries in the region;
- (f) Community health centers;
- (g) Oral health care providers;
- (h) Community mental health providers;
- (i) Administrators of county health department programs that offer preventive health services to children;
- (j) Hospitals in the region; and
- (k) Other appropriate child and adolescent health program administrators.

Regional Crosswalk: Alignment of Community Health Improvement Plans across Benton, Lincoln, and Linn Counties

		IHN-CCO (BENTON, LINCOLN, & LINN COUNTIES) 2019	BENTON COUNTY PUBLIC HEALTH 2018	LINCOLN COUNTY PUBLIC HEALTH 2019	LINN COUNTY PUBLIC HEALTH 2018	SAMARITAN HOSPITALS (BENTON, LINCOLN, & LINN COUNTIES) 2016	OREGON STATE HEALTH IMPROVEMENT PLAN 2019
PRIORITY AREAS FOR HEALTH IMPROVEMENT	ACCESS TO HEALTHCARE	✓				✓	✓
	BEHAVIORAL HEALTH	✓	✓	✓	✓	✓	✓
	CHILD AND YOUTH HEALTH	✓				✓	
	COMMUNITY RESILIENCY AND TRAUMA	✓	✓	✓	✓		✓
	EQUITY	✓	✓	✓	✓		✓
	FOOD (HEALTHY, AFFORDABLE, FOOD SECURITY)	✓	✓	✓	✓	✓	✓
	HOUSING	✓	✓		✓	✓	✓
	MATERNAL AND REPRODUCTIVE HEALTH	✓			✓		
	PHYSICAL ACTIVITY	✓		✓		✓	
	SEXUALLY TRANSMITTED INFECTIONS	✓	✓		✓		
	TOBACCO USE	✓		✓		✓	
	TRANSPORTATION	✓	✓		✓	✓	✓
	VACCINATION RATES	✓	✓				

Key Requirements: Public Health

Controlling authority/guidance	Public Health Accreditation Standards & Measures 1.5 (Public Health Accreditation Board-PHAB) Public Health Modernization ORS 431.131
Jurisdiction/Service area	State or County
Frequency	Every 5 years
Community Engagement	Participate or lead collaborative process, w/agencies outside health department. Regular meetings & communications
Overview of requirements	Multiple types of data (primary, secondary, qualitative, quantitative etc.), documentation of m
Required Methods	Include SDH, health disparities, Epidemiology fundamentals
Unique Considerations	Previously voluntary, only required if seeking accreditation, professionals already immersed in population health assessment

Please refer to CHA_CHIP Requirements Comparison Update 2017-v6 document, Handout#2 for full text

Key Requirements: CCO

Controlling authority/guidance	CCO Contract w/Oregon Health Authority, driven by OAR 410-141-3145, ORS 414.627
Jurisdiction/Service area	Community served by CCO
Frequency	At least every 5 years
Community Engagement	Partner w/broad community agencies, engage diverse populations
Overview of requirements	CAC oversee process, must drive improved health of community served (triple aim)
Required Methods	Include health disparities, involve CAC in process
Unique Considerations	CAC and consumer involvement implicit in process, broad organization and population focus, beyond populations served

Please refer to CHA_CHIP Requirements Comparison Update 2017-v6 document, Handout#2 for full text

Controlling authority/guidance	Patient Protection and Affordable Care Act (ACA)
Jurisdiction/Service area	Hospital service area, geographic, target populations
Frequency	Every 3 years
Community Engagement	Consider broad community input
Overview of requirements	ID and assess health needs of community served
Required Methods	Definition of community served by hospital, demographics, health care facilities/resources, primary and chronic disease needs
Unique Considerations	IRS review (vs. health professionals), style and documents vary widely. Fines and possible revocation of 501(c) 3 status involved if not completed adequately

Please refer to CHA_CHIP Requirements Comparison Update 2017-v6 document, Handout#2 for full text

Re: FW: Metrics Updates from MSC on New Measures for 2020

1 message

Kristi Collins <collink@linnbenton.edu>

To: Julie Manning <Juliem@samhealth.org>

Cc: Rich Waller <rvaller@samhealth.org>, JoAnn Miller <jomiller@samhealth.org>, LeAnne Trask <traskl@linnbenton.edu>

Fri, Sep 6, 2019 at 10:04 AM

I am sharing this with LeAnne also since she is now leading the Health Care Integration workgroup and our efforts with the Pollywog expansion.

On Thu, Sep 5, 2019 at 3:28 PM Julie Manning <Juliem@samhealth.org> wrote:

Hello,

Today I got my first look at the COO quality metrics for 2020 (please see below). Related to early childhood, note that the ASCO/developmental screening is going away and a new metric re: well child exam is being established. Note also the change in the dental metric, away from sealants and onto a preventive screening. The immunization metric continues, as does the timely post-partum care.

I'm wondering whether this should be discussed at the HC Integration Committee as well as with our Pollywog folks as it relates to how/whether that program could provide support/assistance for any of these metrics? For Pollywog in Lincoln County, we had indicated in our OCF proposal that we would explore potential outcome measures that would tie to the COO metrics.

Perhaps we could also share this info with the EL Hub board at a meeting prior to year-end as an FYI?

FYI: thanks.

From: Michelle Crawford

Sent: Thursday, September 05, 2019 3:21 PM

To: Julie Manning <Juliem@samhealth.org>

Subject: FW: Metrics Updates from MSC on New Measures for 2020

Hi Julie,

Please see below. Also, here is a good source from OHA that provides a bit more detail: <https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2020-CCO-incentive-measures.pdf>

Enjoy!

Michelle

Sent: Thursday, July 25, 2019 4:28 PM

To: Kevin Ewaranchyna <KEwaranchy@samhealth.org>; Dan Smith <DanS@samhealth.org>; Shiloh Erven <serven@samhealth.org>; Ryan Combs <rcombs@samhealth.org>; Miranda Miller <mmiller@samhealth.org>; Mike Larsen <MLarsen@samhealth.org>; Kathy Cowger <kcowger@samhealth.org>; Stephanie Maxon <StephM@samhealth.org>; Amie Bodi <abodi@samhealth.org>; Sheri Johnson <SJohnson@samhealth.org>; Garrett Fletcher <gfletcher@samhealth.org>; Suzanne Swan <sswan@samhealth.org>; Kimberame Silbernagel <ksilbernag@samhealth.org>; Jeanne Joya <Jjoya@samhealth.org>; Jennifer Welch <JenniferW@samhealth.org>; Caroline Sanchez Ruiz <carolinas@samhealth.org>; Fritz Darling <FDarling@samhealth.org>; Linda Lang <LLang@samhealth.org>

Metrics & Scoring Committee

2020 CCO Incentive Measures

1. Assessments within 60 days for children in DHS custody
2. Childhood immunization status
3. Cigarette smoking prevalence
4. Depression screening and follow-up plan
5. Diabetes: HbA1c Poor Control
6. Disparity measure: ED utilization among members with mental illness
7. Drug and alcohol screening (EHR-based SBIRT)
8. Oral evaluation for adults with diabetes
9. Timeliness of postpartum care
10. Well-child visits for 3-6-year-olds (kindergarten readiness) *NEW*
11. Preventive dental visits, ages 1-5 (kindergarten readiness) and 6-14 *NEW*
12. Immunizations for adolescents, combo 2 *NEW*
13. Initiation and engagement in drug and alcohol treatment *NEW*

Retired Measures

1. Weight assessment and counseling
2. PCPCH
3. Effective contraceptive use
4. Developmental screening in the first 36 months of life
5. Dental sealants on permanent molars for children
6. CAHPS composite: access to care
7. Ambulatory care: ED utilization
8. Adolescent well-care visits
9. Colorectal cancer screening
10. Controlling hypertension

Ongoing reporting is required for:

- PCPCH
- Effective contraceptive use
- Developmental screening
- Dental sealants
- CAHPS: Access to care
- ED utilization
- Adolescent well-care visits
- Colorectal cancer screening (currently hybrid)
- Controlling hypertension (currently EHR)