

Public comment

Draft Application of Oregon Health Plan 1115 Demonstration Waiver

January 3, 2022

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Please accept the following as a public comment to the Oregon Health Plan 1115 Demonstration Waiver:

The world health organization created the social determinants of health framework in 2003. Social determinants apply more broadly than within the scope of healthcare. Social factors are critical for all community enterprises, including education, business, and government. Everyone needs stable and productive social systems. The Application needs to be more specific about creating reproducible and sustainable improvement in social determinants.

Healthcare cannot solve the social determinants issue because social systems are too big, different, and outside the scope of healthcare's already formidable and vital mission. But it can catalyze real change, as noted in the Application's Health Equity Plan. Its best hope is to support effective **local** systems development.

Getting this right will be difficult for healthcare because the social fundamentals lie outside its core experience and expertise. Community Advisory Councils (CAC) provide input and support for health plan decisions, but operational management of human services is appropriately outside any previous or proposed scope of operation.

The people working in human services are top-notch, and the people they serve have needs that those who are not directly providing social services cannot understand. Additionally, the current system's approach and tools do not match the nature of the growing problem. A radical local human service transformation is needed. CCO investment and support of systemic change will create more long-term value than picking a single issue to support or distributing smaller amounts across the community. A fresh perspective and innovative ideas will help everyone move forward.

Growing more effective **local** human service systems will deliver more value for healthcare by recruiting other stakeholders such as housing, education, and business. This growth will also be a catalyst for increased governmental coordination resulting in more efficient and effective service delivery.

Another catalyst of change for Oregon would be supporting a private, nonprofit, organization **Medicaid Match** as part of the 1115 waiver. Currently, states receiving Medicaid funds must provide a certain amount of matching funds. State policy should allow nationally accredited and

state-licensed private social service agencies to use charitable donations as Medicaid matching funds. This match would increase the available federal money and enable providers to enhance mental health services for the children, youth, and families. The current 1115 draft waiver references similar opportunities in Items 3,4,5. Innovative concepts such as this are reportedly included in waivers in other states, so the preliminary concept work should be easy to replicate. Policy recommendations should allow charitable donations as a source for Medicaid matching funds.

In looking at solutions, this is an opportunity to shift the paradigm. We can put new knowledge to work, restoring the core of society. Each community would have its solution and contract with healthcare and other stakeholders to deliver incremental improvement in social determinants. This value-based contracting would include measures based on new social determinant codes and billing sets from HL7ⁱ.

A better human service system would be local and connected to each person, family, or neighborhood through a local Traditional Health Worker (CHW or Peer Support Specialist). These THW's need community-level coordination support. A core component would be the integrating infrastructure designed for the dynamic reality of human services.

In the ideal scenario, a better human service system would be coordination-based like healthcare but implemented as an adaptive network that includes the client. In the same way, social media tracks behavior and network topology, we can learn and improve our solutions through understanding **local** complex system dynamics. This additional information is an avenue for data science to teach us more about our communities.

An improved human service system would have a **local** mutual benefit organization to support shared goals and performance. This organization is not a financially driven IPA but an outcome-driven platform of mutual support. This structure would enable concerted action on behalf of providers and those they serve.

Change is needed. Today, we seek to improve complex adaptive problems with complicated rigid solutions. We are trying to understand issues emerging from the dynamics of human behavior using static population-based data. We need to move away from the older top-down systems approach and embrace today's systems theory when dealing with complex and adaptive environments. The current path cannot take us where we need to go.

This Application is hopeful because it opens the door to improving the foundational systems supporting society.

ⁱ <https://vsac.nlm.nih.gov/> Value sets can support value-based reimbursement by tracking client state