Conference Call Number: 1-888-808-6929
Participant Code: 915042#

Oregon Health Policy Board
AGENDA
October 5, 2015
St. Anthony Hospital
2801 St. Anthony Way
Pendleton, OR 97801
8:30 a.m. to 3:00 p.m.

#	Time	Item	Presenter	Action Item
1	8:30	Welcome, call to order and roll	Zeke Smith, Chair	
2	8:35	Director's report	Lynne Saxton, Director, OHA	
3	8:45	Health System Transformation Panel	• Robin Richardson, SVP Moda & COO, EOCCO • Dennis Burke, President, Good Shepherd Health Care System and EOCCO Board Member • Chuck Hofmann, MD, MACP, Physician St. Alphonsus Valley Medical Clinic-Baker City and EOCCO Clinical Consultant • Chris Labhart, Regional Community Advisory Council Chair	
4	9:40	Break		
5	9:50	Public Health Panel	• Meghan Debolt, Director, Umatilla County Public Health • Sheree Smith, Director, Morrow County Health Department • Carrie Brogoitti, Public Health Administrator Union County Center for Human Development/Union County	
6	10:30	Behavioral Health Panel	• Kevin Campbell, CEO GOBHI and EOCCO • Stephen Kliewer, Director, Emeritus, Wallowa Valley Center for Wellness • Armenia Sarabia, Member and Diversity Coordinator GOBHI • Dwight Dill, Director, Center for Human Development	
7	11:20	Board Debrief	Board members	

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8	11:30	Lunch	*Lunch provided for OHPB members and panelists*	
9	1:00	Rural Health Panel	• Harry Gellar, CEO St. Anthony Hospital • Kathy Norman, Winding Waters Patient & Family Advisory Council • Robert Duehmig, Deputy Director, Oregon Office of Rural Health	
10	1:45	Rural Health and Behavioral Health IT	• Susan Otter, OHA • Justin Keller, OHA • Kristin Bork, OHA	
11	2:30	Board debrief	Board members	
12	2:45	Public testimony	Chair	
13	3:00	Adjourn	Chair	

Next meeting:
November 3, 2015
OHSU Center for Health & Healing
3303 SW Bond Ave, 3rd floor Rm. #4
8:30 a.m. to 12:00 p.m.

Oregon Health Policy Board
DRAFT Minutes
September 1, 2015
OHSU Center for Health & Healing
3303 SW Bond Ave, 3rd floor Rm. #4
8:30 a.m. to 12:00 p.m.

Item
Welcome and Call To Order **Present**: Chair Zeke Smith called the Oregon Health Policy Board (OHPB) meeting to order. Board members present: Zeke Smith, Lisa Watson, Felisa Hagins, Carla McKelvey (phone), Brian DeVore, Carlos Crespo and. Joe Robertson (phone). **Reminder:** October meeting will be held at St. Anthony Hospital in Pendleton, from 8:30-3:30. Staff and Board members will tour the Winding Waters PCPCH Clinic in Enterprise on Sunday, October 4. Senator Sarah Gelser and OHA Staff will be hosting a series of Behavioral Health Town Halls around the State. The following link will provide more information, as well as the dates and locations of the meetings. http://www.oregon.gov/oha/amh/Pages/strategic.aspx . Zeke encouraged Board members to attend these town halls. **Consent Agenda:** The minutes from the July 21 OHPB meeting were unanimously approved. The minutes from the August 4 OHPB meeting were unanimously approved with a minor edit to change date in the OHIT presentation from August to July.
Director's Report – Lynne Saxton, OHA Introduced Mark Fairbanks, the OHA's new Chief Financial Officer We are currently working to recruit several key vacant leadership positions, as part of Health Systems Transformation 2.0. The positions currently being recruited are: Chief Health System's Officer External Relations Director Medicaid Director Business IT Lead Oregon Eligibility (ONE) System Advisory Committee has met twice and we are on track. This system will be a huge improvement to Oregon's eligibility process. Updates will be provided at each Board meeting until implementation. The "Top 10" handout can be viewed here, starting on page 8. Completed the redevelopment of the 2015 rates. There are several legislative orientations scheduled to rate structure and methodology. The restructure process is 95% complete. We now know how many employees we have and what they are focused on. Looking forward to focusing on rural health challenges in the state. There were many initiatives during the legislative session. We will look at recruiting, what's working, as well as the challenges.

Presentation can be viewed here, starting at 3:55.

OHPB Committee Updates – Leslie Clement, OHA, and Carla McKelvey, Board Member

Membership of all OHPB committees will be provided to the Board in the same format that the Hi-TOC membership was provided to you. You will have the diversity view captured as well.

Carla walked through the Healthcare Workforce Charter. The Health Care Workforce Committee was established by House Bill 2009. This charter defines the objectives, responsibilities and scope of activities of the Health Care Workforce Committee. The Committee will be guided by the Triple Aim of improving population health, improving the individual's experience of care and reducing per capita costs. This charter will be reviewed periodically to ensure that the work of the Committee is aligned with the Oregon Health Policy Board's strategic direction.

Handout can be viewed here, starting on page 9.
Presentation can be viewed here, starting at 22:25.

Motion: Approved Healthcare Workforce Charter.
Motion carried

Health System Transformation Updates – Lori Coyner, Justin Hopkins and Katrina Hedberg, OHA

Lori provided an update on 2014 Health System Transformation 2014 Performance Report that was released the end of June. Lori highlighted the State and CCO progress is reported for calendar year 2014 compared with calendar 2013 and baseline year 2011; 2014 Quality Pool (and Challenge Pool) distribution to CCOs; expanded section on post ACA population. www.oregon.gov/oha/metrics/

Justin provided an overview of the behavioral health mapping tool that is currently being developed. The mapping tool provides information by county and the types of data you can see is population, funding, affordable housing, growth rate, poverty, unemployment rate, severe mental illness and substance abuse disorder information by age group. You can also see the comparison to statewide and national data. This tool will be used for ??. The tool will be made public soon and will continually be improved.

Katrina provided an overview of the Public Health Division's 2015-2017 priorities.
There are seven priorities that are outlined in Oregon's State Health Improvement Plan, which is a five-year plan that is designed to bring organizations from all sectors together to improve the health of everyone in Oregon.

1. *Prevent and reduce tobacco use*
2. *Slow the increase of obesity*
3. *Reduce the harms associated with alcohol and substance use*
4. *Prevent deaths from suicide*
5. *Improve immunization rates*
6. *Protect the population from communicable diseases*
7. *Improve oral health*

In addition to these seven priorities, the Public Health Division also has three strategic operational challenges around modernization of public health, impacts of legalized marijuana, and Cascadia subduction zone earthquake emergency preparedness.

The Public Health Division (PHD) seeks OHPB's support in monitoring progress toward the outcomes set forward in the State Health Improvement Plan, assurance that strategies are directionally correct and that opportunities are not missed, and support for making sure that health system interventions are aligned with systems changes for CCOs, PEBB, OEBB and the commercial market.

Handout can be viewed here, starting on page12-36
Presentations can be viewed here, starting at 39:24.

OHA six-year financial sustainability – Janell Evans, OHA

Presented the 6-year financial sustainability tracking tool overview. This tool lets you look a high level view of the governor's budget for the current biennium, as well as future biennium's.

Handout can be viewed here, starting on page 37
Presentations can be viewed here, starting at 2:16:49.

Public Testimony

Jennifer Valley, Stoney Girl Gardens, developed application methods with dosing and methodology and asked the Board to consider covering cannabis oil extract for patients with certain conditions, such as cancer, epilepsy, PTSD, and others.

Presentations can be viewed here, starting at 2:40:54.

OHPB video and audio recording
To view the video, or listen to the audio link, of the OHPB meeting in its entirety click here.

Adjourn

Next meeting:
October 5, 2015
St. Anthony Hospital
2801 St. Anthony Way
Pendleton, OR 97801
8:30 a.m. to 3:30 p.m.

Oregon Health Policy Board
October 5, 2015 Meeting
Panel Information

The panels have been designed to align with the OHPB's three priority areas for 2015. Each panelist will speak for approximately 7-9 minutes, using the questions below as a guide. Following the panelist presentations, there will be a Q&A session for the whole panel for 10-15 minutes.

Panel 1: Health System Transformation Panel

Panelists	Questions
Robin Richardson, SVP Moda & COO, EOCCO	• How is transformation progressing on the ground? What's working and what are the main challenges for: ○ Improving population health? ○ Increasing quality? ○ Reforming payment and containing costs? • OHPB is interested in sustainable, predictable rate of growth. What are the cost drivers in this area, or what are the key challenges for cost containment? • How does the CCO communicate with providers? How is feedback provided or requested? • For CAC member (or others): Describe the CAC member selection process and representation. How does the CAC communicate information back and forth with the community?
Dennis Burke, President, Good Shepherd Health Care System and EOCCO Board Member	
Chuck Hofmann, MD, MACP, Physician St. Alphonsus Valley Medical Clinic-Baker City and EOCCO Clinical Consultant	
Chris Labhart, Regional Community Advisory Council Chair	

Panel 2: Public Health Panel

Panelists	Questions
Meghan Debolt, Director UCo Health Umatilla County Public Health Dept	• Are you collaborating with CCOs or other counties? Do you have other partners? • What are the biggest successes and challenges in your area related to public health, now and in the future? • Are there particular populations facing specific challenges in your community? • When you think about public health in your community, what are the success stories that others can learn from?
Sheree Smith, Director Morrow County Health Department	
Carrie Brogoitti, Public Health Administrator Union County Center for Human Development/Union County	

Panel 3: Behavioral Health Panel

Panelists	Questions
Kevin Cambell, CEO GOBHI and EOCCO	• Key successes and challenges for integrating behavioral and physical health care? • Are there particular populations facing specific challenges in your community? • When you think about behavioral health services in your community, what are the success stories that others can learn from?
Stephen Kliewer, Director, Emeritus, Wallowa Valley Center for Wellness	
Armenia Sarabia, Member and Diversity Coordinator, GOBHI	
Dwight Dill, Director, Center for Human Development, Inc.	

Panel 4: Rural Health Panel

Panelists	Questions

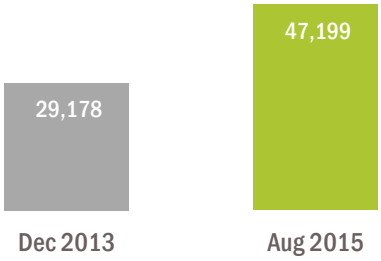
Harry Gellar, CEO St. Anthony Hospital	• Please speak to any particular successes or challenges related to **provider recruitment and retention**. Are there any programs that have helped?
	• How do the **CCOs and CACs helping to partner with the rural provider community to improve health**?
	• What has been your experience in relation to the **electronic exchange of patient information** for care coordination between providers, hospitals or health systems?
	• How **is transformation** progressing on the ground? What's working and what are the main challenges from a rural health perspective:
	  ○ Reforming payment and containing costs, financial sustainability of health reform?
	  ○ Integrating behavioral health and physical health
	  ○ Access and qualify of oral health services

Robert Duehmig, Deputy Director Oregon Office of Rural Health	
Kathy Norman – Patient and Family Advisory Council member, Winding Waters Clinic	
Rural Health Clinic – **not yet confirmed**	

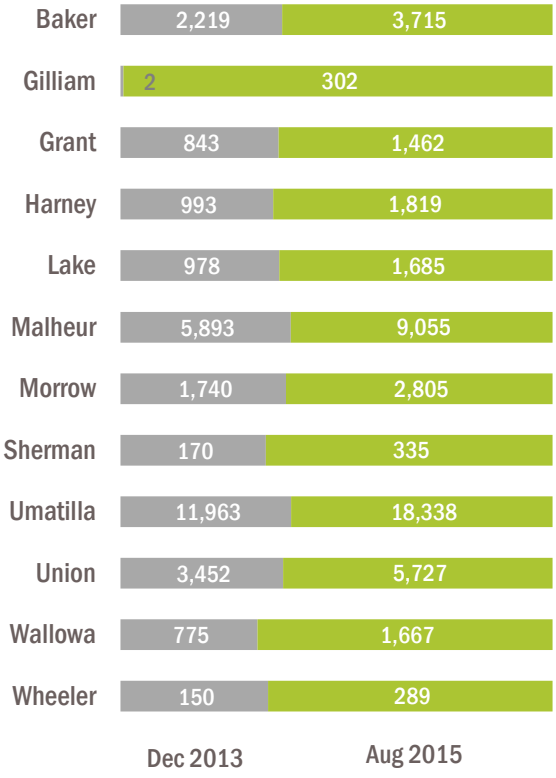
EASTERN OREGON FACTS

Eastern Oregon CCO (EOCCO) encompasses half the state geographically and covers 4.5% of Medicaid members in Oregon. This packet provides information on key health care indicators of interest including: insurance coverage, emergency department utilization, tobacco use, immunizations, and effective contraceptive use. Throughout this report, green indicates Medicaid population and blue indicates overall Oregon population (with all types of coverage).

EOCCO enrollment pre- and post-Medicaid expansion.



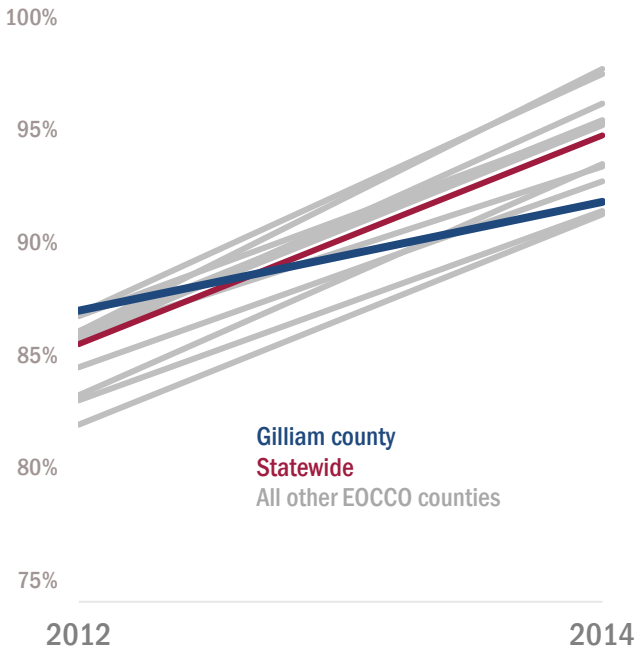
EOCCO enrollment pre- and post-Medicaid expansion.



Data source: Office of Health Analytics "Coordinated Care Service Delivery by County" (8/1/2015 and 12/15/2013)

Percent of population with health insurance between 2012 and 2014.

Gilliam county shows the least amount of change.



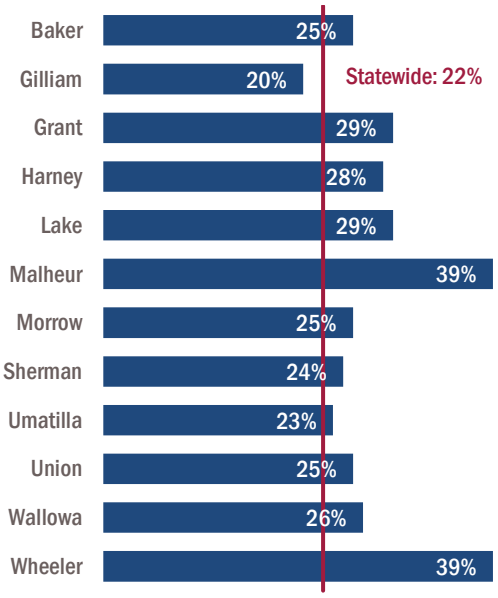
Health insurance coverage by county

	2012	2014
Baker	86.8%	97.5%
Gilliam	87.0%	91.8%
Grant	85.6%	96.2%
Harney	83.2%	93.5%
Lake	86.0%	97.7%
Malheur	84.4%	92.7%
Morrow	81.9%	91.2%
Sherman	86.7%	95.3%
Umatilla	83.0%	91.4%
Union	85.8%	93.4%
Wallowa	85.9%	95.2%
Wheeler	86.0%	95.4%
OREGON	**85.5%**	**94.7%**

Data source: Impacts of the Affordable Care Act on Health Insurance Coverage in Oregon (February 2015)

EASTERN OREGON FACTS

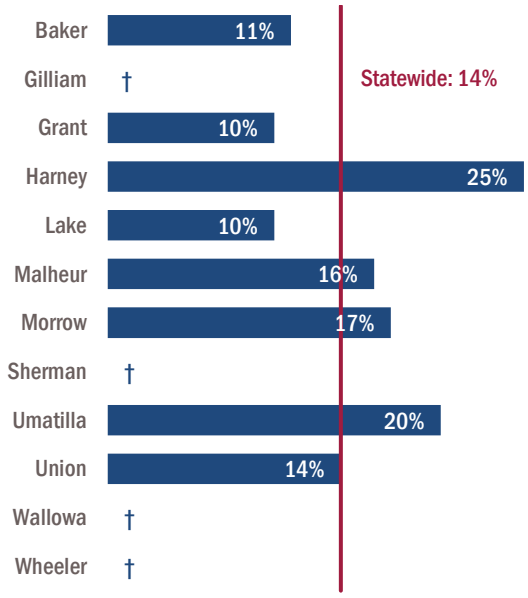
Percent of children in eastern Oregon counties who lived in poverty (2013).



Data source: countyhealthrankings.org

Percent of adults in eastern Oregon counties who reported poor or fair health (2006-2012).

(Lower is better)



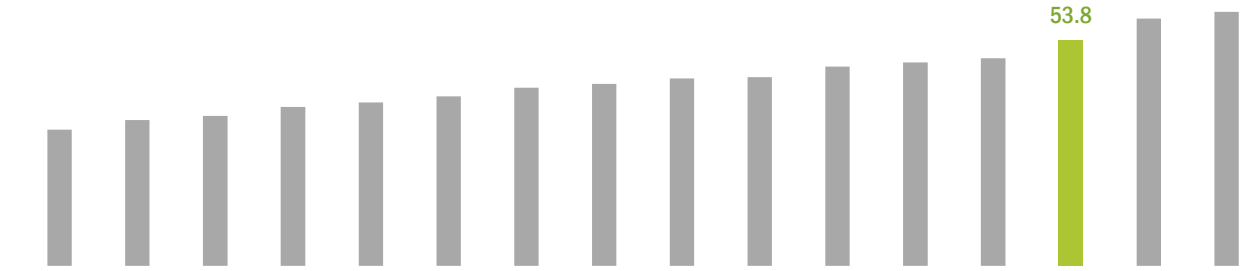
† not ranked

In 2014, the CAHPS survey indicated that **93%** of children and 67% of adults in EOCCO had excellent, very good, or good health.

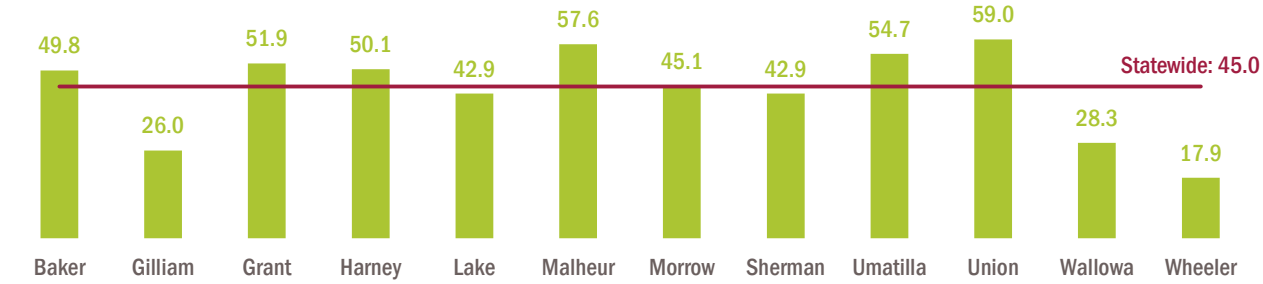
Consumer Assessment of Healthcare Providers and Systems, 2014

Emergency department utilization was higher among EOCCO members than other CCOs.

Lower is better.



Emergency department utilization varied by county.



Data for April 2014 - May 2015. Rates are per 1,000 member months. Data source: administrative (billing) claims.

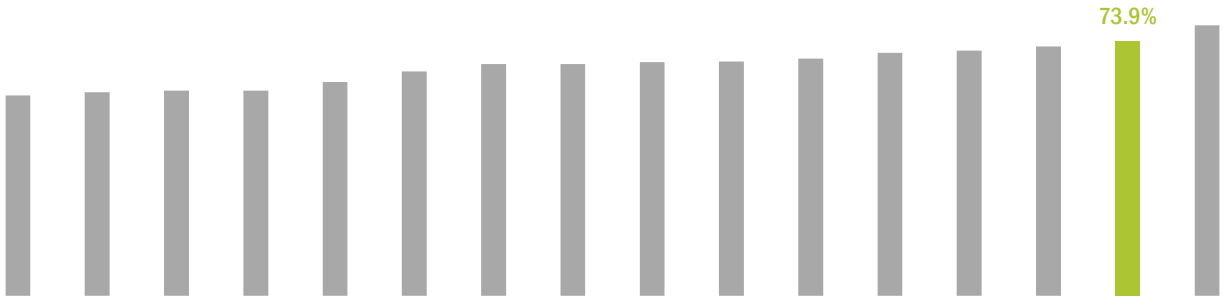
EASTERN OREGON FACTS

In 2014, EOCCO performed well among CCOs on well-child visits....

This measure reflects the percentage of children covered by Medicaid who had at least six well-child visits by 15 months of age.

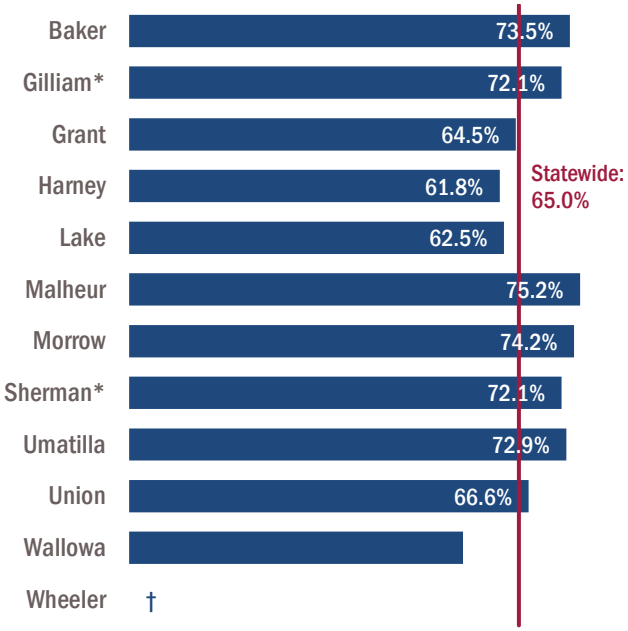
....and on childhood immunizations.

This measure reflects the percentage of children covered by Medicaid who received recommended vaccines by their 2nd birthday.

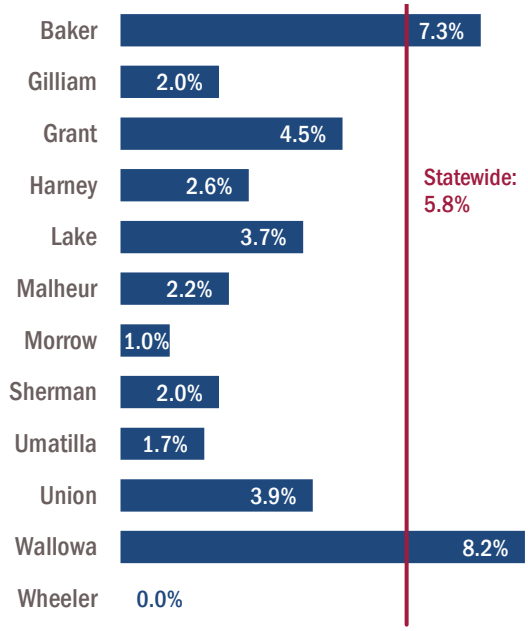


Data sources: Well-child visits: administrative (bililng) claims; Immunizations: administrative (billing) claims and ALERT Immunization Information System

Childhood immunizations were higher in many eastern Oregon counties than statewide in 2013...



...and Kindergarten nonmedical immunization exemptions in 2014 were lower.



Data source: Oregon immunization program (healthoregon.org/imm)

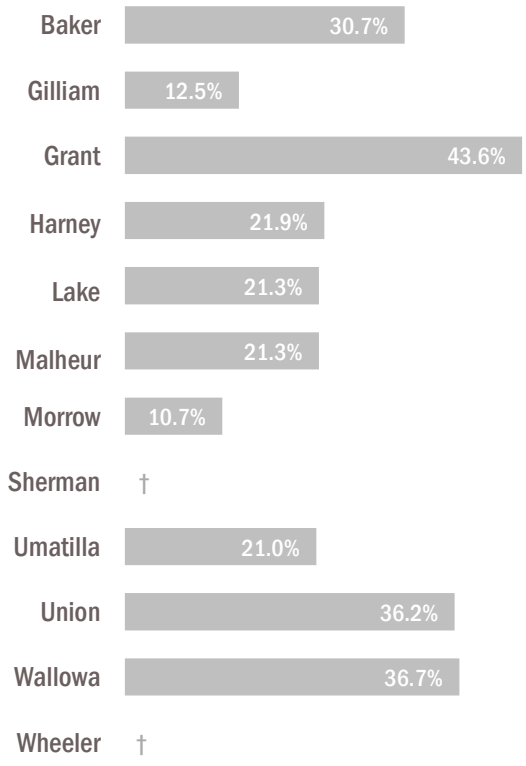
† *data suppressed (n<50)*

* *data for Gilliam, Sherman, and Wasco counties are combined.*

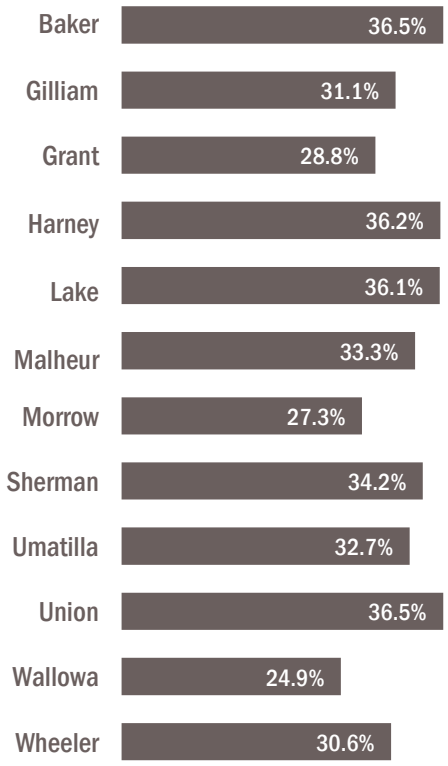
EASTERN OREGON FACTS

Effective contraceptive use among women at risk of unintended pregnancy by age:

Ages 15-17



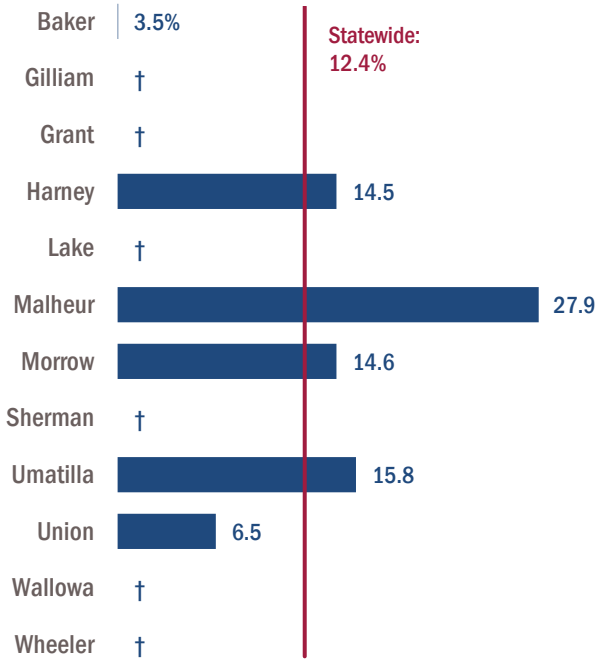
Ages 18-50



Data for April 2014 - May 2015. Data source: administrative (billing) claims
† data supressed (n<30)

Teen pregnancies (ages 15-17) in 2014.

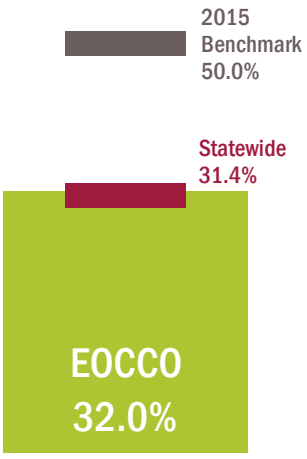
Per 1,000 female population



Data source: Oregon Vital Statistics Annual Report 2014
† data suppressed (n<30)

EOCCO effective contraceptive use (all ages).

This is a CCO incentive measure beginning in 2015.



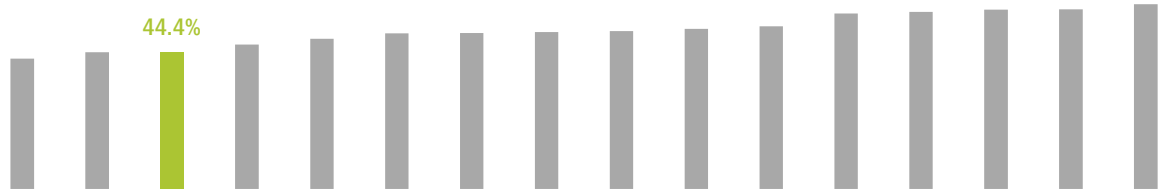
Data for April 2014 - May 2015.
Data source: administrative (billing) claims

EASTERN OREGON FACTS

Adult tobacco use prevalance was higher in EOCCO than other CCOs in 2014...

CAHPS

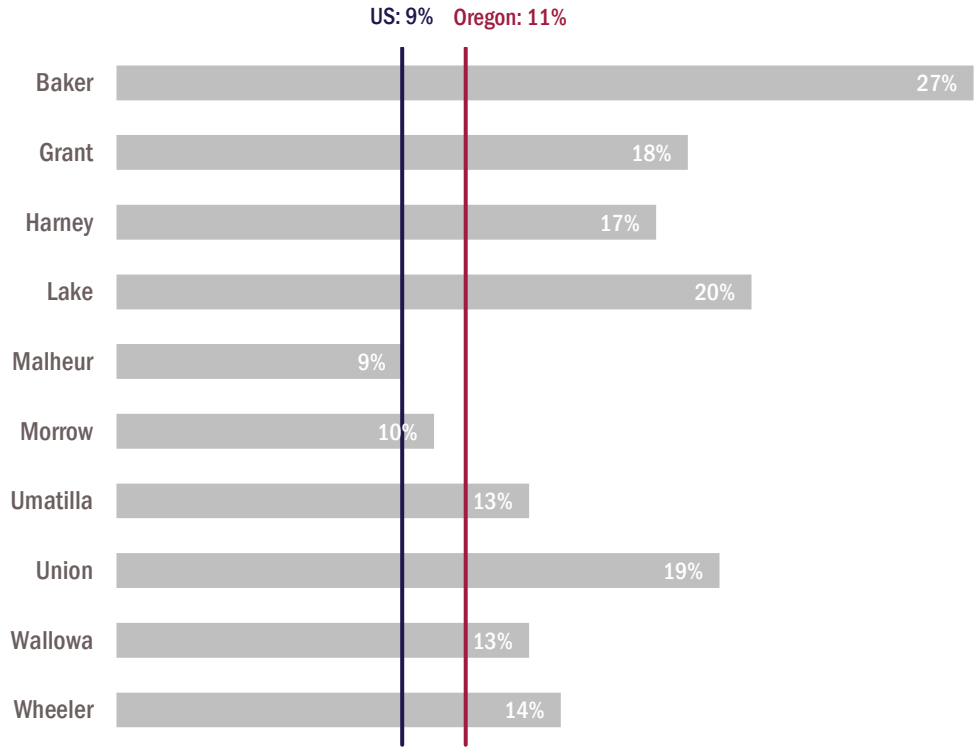
...while the percentage of adult tobacco users who were advised to quit by their doctor was lower.



According to the 2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS) Survey, the percentage of adult EOCCO members who smoke cigarettes is similar to statewide; however they chew tobacco more than others.

(MBRFSS results by CCO will be released in mid-November.)

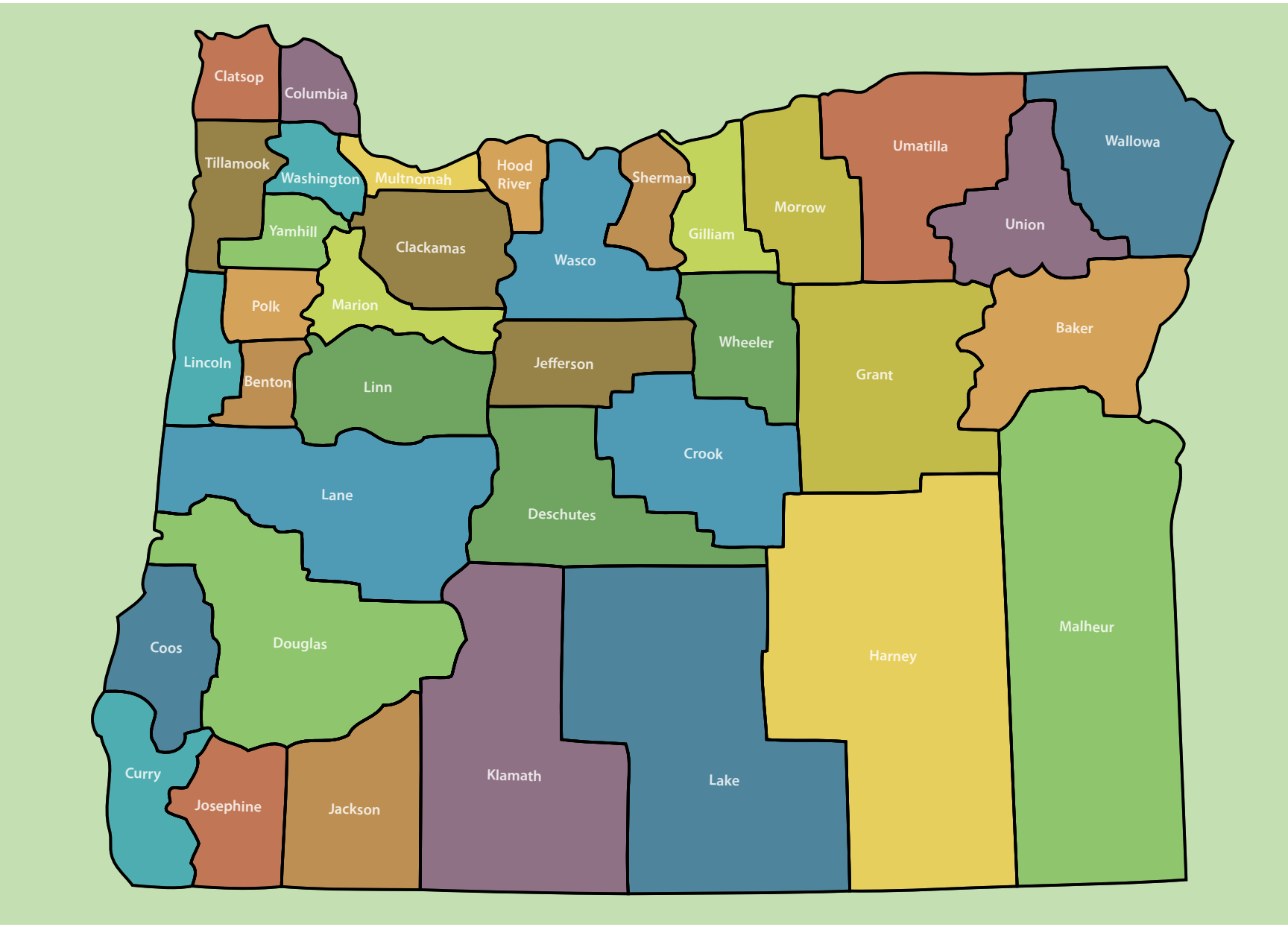
Cigarette smoking during pregnancy was higher in many eastern Oregon counties than both the Oregon and national averages in 2014.



Data source: Oregon Tobacco County Facts Sheets. Fact sheets not available for Gilliam and Sherman counties.

The State of Our Health 2015:

Key Health Indicators for Oregonians

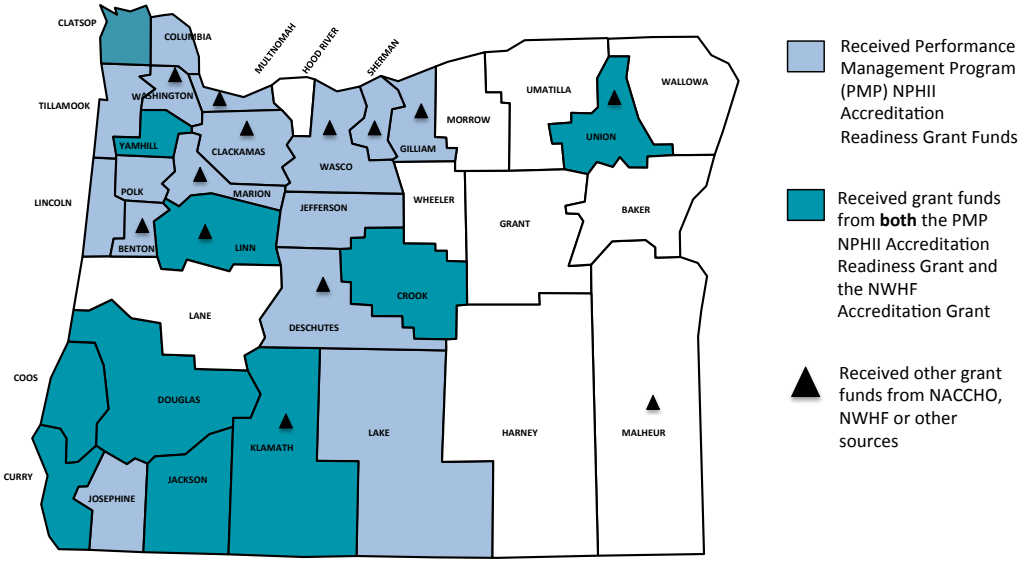


OREGON HEALTH & SCIENCE UNIVERSITY

Portland State UNIVERSITY

Accreditation Readiness Funding

Accreditation Grant Funding



Oregonians rely upon their public health agencies to anticipate, respond to, and protect us from threats to communities' health. Our state and county health departments continue their hard work to build and maintain an effective, efficient, and high quality public health infrastructure by pursuing national accreditation. As part of the national effort toward accrediting state and county health departments, Oregon's health departments are identifying current strengths and opportunities for continuous improvement. Many of our health departments are doing so with great success and so far Oregon has four nationally accredited local health departments, with more likely to be accredited in the next coming years.

The majority of Oregon's local public health funding streams are dedicated to specific, categorical programs, which – while supporting programs of import to the state – lack the flexibility to allow counties to apply such funds to accreditation readiness or other infrastructure-strengthening work. As a result, health departments often seek federal and foundation grants to support accreditation and quality improvement initiatives. This map illustrates the local health departments that received grant funding to support their accreditation efforts as of November 2014. In total, 25 local health departments had received one or more grants, ranging in award amounts from $5,000 to $50,000. This is good news, and yet many counties are still without sufficient financial support to ensure completion of accreditation processes, or in some cases to pay the accreditation fee. These quality improvement efforts are important for assuring the strength of the public health system.

Sources of funding noted on the map are the National Association of City and County Health Officials (NACCHO); the Performance Management Program of the Oregon Health Authority (PMP), paid for by the National Public Health Improvement Initiative (NPHII); and Northwest Health Foundation (NWHF).

CLHO
Coalition of Local Health Officials

Graphic information in the Accreditation Grant Funding map and Categorical Funds pie chart provided by the Coalition of Local Health Officials (CLHO). Accreditation grant funding information collected by CLHO as of November 2014 through informal surveys. There may be additional information not included on the map.

County and State Public Health Funding

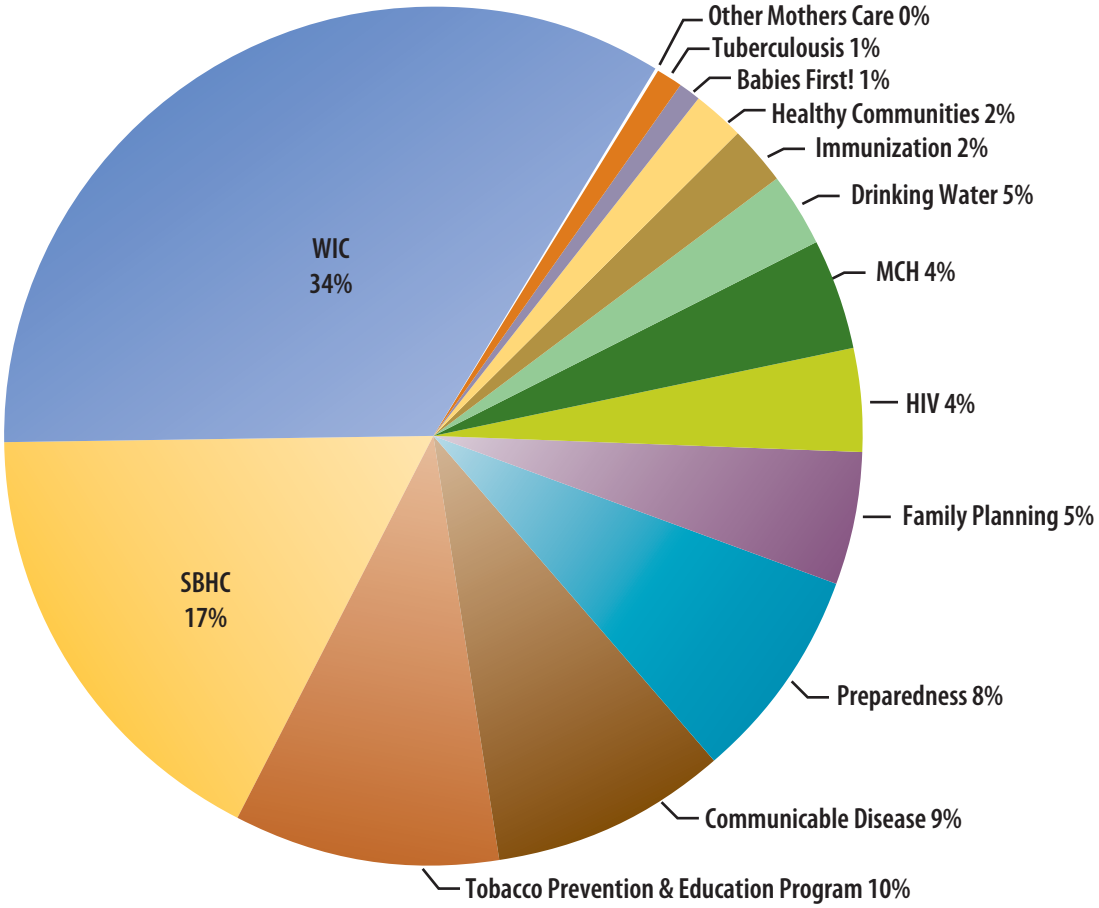
Current System of Local Public Health in Oregon

The current public health funding system requires that each health department must deliver or assure ten mandated programs, which largely receive inadequate federal funding. As available, additional county general funds and competitive grant monies may be allocated to meet the requirements set by the state or determined by community need.

The system consists of 34 Local Public Health Departments in Oregon—27 county-based public health departments, one district health department and four non-profit public health agencies that have a strong link with the county.

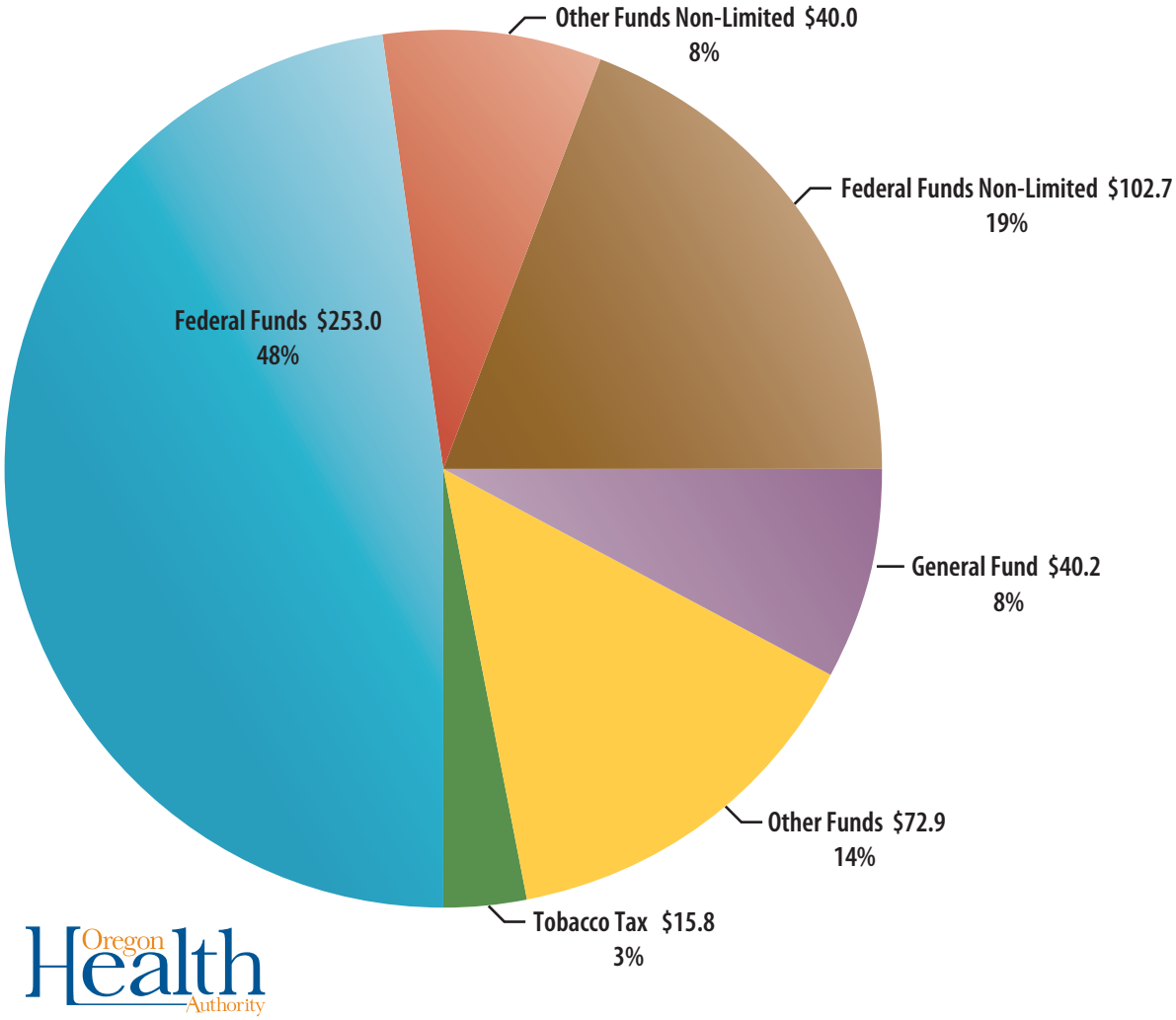
Investments are largely focused on individual care instead of community prevention and capacity. As the figure below shows, Women, Infants, and Children (WIC), Family Planning, and School-Based Health Centers (SBHC), represent 56% of funding to local communities.

Federal & State Funding to Local Public Health, FY 2015

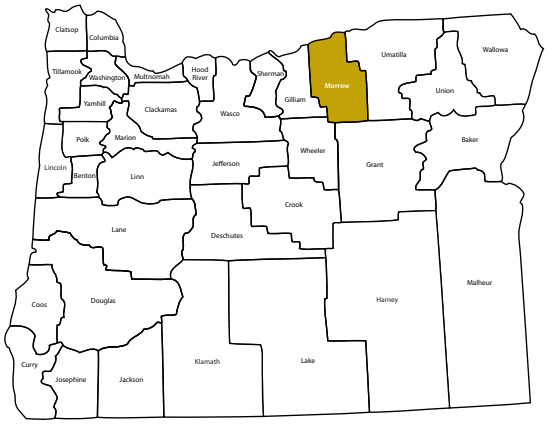


Source: Grants to Local Health Departments, Office of Community Liaison, PHD/ OHA

Oregon Health Authority Public Health Division 2013-2015 Budget
by Fund Type $524.6 Million total funding



Oregon Health Authority



Morrow County Snapshot

Population Estimate	11,525
Life Expectancy at Birth male	77.2
Life Expectancy at Birth female	82.6
Years of Potential Life Lost (YPLL) age-adjusted per 100,000	5,600
Low Birth Weight Rate per 1,000	79.8
Infant Mortality Rate per 1,000	7.8
Chronic Absenteeism %	4.8

Morrow County

Indicator	Year(s)	Morrow	Oregon
Population Estimate (Certified)	2014	11,525	3,962,710
Socioeconomic Status/Social Determinants			
Income Inequality: Gini Coefficients	2009-2013	0.40	0.45
Minority Income as a % of White Income	2009-2013	49.5	57.2
Children in Poverty %	2013	24.5	21.6
	2012	23.3	22.7
Violent Crime per 100,000	2010-2012	178	249
	2009-2011	217	251
Median Household Income	2013	51,289	50,228
	2012	50,246	49,090
Unemployment %	2014	7.2	6.9
	2013	7.8	7.9
Foreclosure Filings ratio to total homes owned	2015 (January)	1:4426	1:1514
Home Ownership %	2009-2013	73.2	62.0
	2000	73.1	64.3
High Housing Costs %	2009-2013	30	40
	2007-2011	31	39
Homelessness count	2011	10	22,116
	2010	241	19,208
High School Graduates %	2009-2013	75.5	88.6
College Degree %	2009-2013	9.7	30.1
Environmental Access			
Fluoridated Water %	2012	N/A	22.6
	2006	2.0	22.2
Access to Exercise Opportunities %	2010 & 2013	36	89
	2010 & 2012	36	81

Data are from secondary sources; for information about calculations and original sources, please see the metadata.

Morrow County

Indicator	Year(s)	Morrow	Oregon
Children Eligible for Free and Reduced Lunch %	2013-2014 AY	71.2	N/A
	2012-2013 AY	71.6	N/A
Limited Access to Healthy Foods %	2012	11	5
Fast Food: % living within 1/2 mile	2012	0.2	33.4
Supermarkets: % living within 1/2 mile	2012	12.5	19.4
Alcohol Outlets count	2015 (February)	30	13,303
Tobacco Outlets count (excluding age-restricted establishments)	2015 (March)	10	2,679
Firearm Dealer Licenses count	2015 (February)	10	1,928
	2014 (February)	11	1,823
Town & City Walkability: intersections per net square mile within urban growth boundaries	2013	32	55
Self-Assessment			
Good General Health age-adjusted %	2006-2009	85.7	86.9
	2004-2007	81.2	85.4
Good Physical Health age-adjusted %	2006-2009	67.4	63.6
	2004-2007	62.8	62.3
Good Mental Health age-adjusted %	2006-2009	74.8	66.4
	2004-2007	72.0	63.8
Inadequate Social Support %	2005-2010	15	16
Health Service Access			
Adults with Any Health Insurance age-adjusted %	2006-2009	89.1	83.6
	2004-2007	82.0	82.8
Adults in OHP age-adjusted %	2006-2009	•••	5.1
	2004-2007	•••	6.2
Pregnant Women Served by WIC %	2013	64 (Mo,U,Wh)	45
	2012	67 (Mo,U,Wh)	46
Mammography within the past 2 years (women 50-74) age-adjusted %	2008-2011	•••	79.7
Pap Smear within the past 3 years (women 21-65 with a cervix) age-adjusted %	2008-2011	93.9	84.4
Sigmoidoscopy/Colonoscopy Current on screening (50-75 years old) crude %	2008-2011	40.5	61.2
Preventable Hospital Stays per 1,000 (Ambulatory Care Sensitive Conditions)	2012	30	38
	2011	49	42
Primary Care Physicians ratio to population	2012	1:3748	1:1105
	2011	1:2792	1:1115
Dentists ratio to population	2013	•••	1:1363
	2012	•••	1:1399
Mental Health Providers ratio to population	2014	1:453	1:299
Could Not See Doctor Due to Cost %	2006-2012	•••	14
Inadequate Prenatal Care %	2014	7.5	6.0
	2013	9.4	5.7

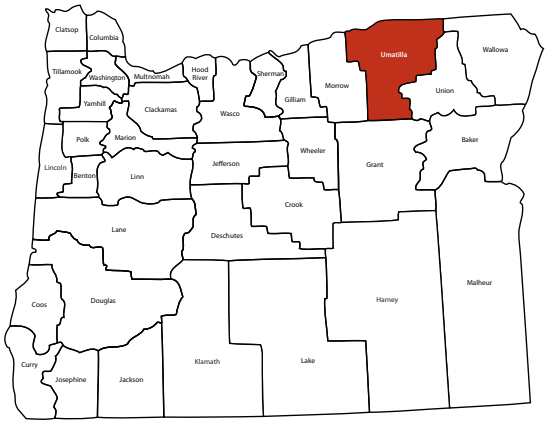
Indicator	Year(s)	Morrow	Oregon
Immunized 2-Year-Olds %	2013	69.6	58.2
	2012	70.1	60.6
Immunized Seniors crude %	2006-2009	•••	69.2
	2004-2007	•••	70.5
Critical Access Hospital (CAH) Beds count	2014	21	561
	2013	21	551
Environmental Health			
Air Pollution days: The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	2011	9.7	8.9
	2008	9.5	9.1
Acute Pesticide Exposure: "Likely" Illnesses 6-year count	2009-2011	0	171
Nitrate Risk in at Least One Public Water System	2011	yes	yes
Additional Major Health Indicators			
Chronic Absenteeism %	2013-2014 AY	4.8	17.2
Overweight age-adjusted %	2008-2011	43.0	35.5
	2006-2009	29.9	36.1
Obese age-adjusted %	2008-2011	29.7	24.8
	2006-2009	36.0	24.5
Physical Activity age-adjusted %	2006-2009	52.3	55.8
	2004-2007	56.5	57.9
Eat Recommended Amount of Fruits & Vegetables age-adjusted %	2006-2009	•••	27.0
	2004-2007	13.6	26.6
Current Smokers age-adjusted %	2008-2011	14.7	16.3
	2006-2009	18.2	17.1
Binge Drinking age-adjusted % of males	2006-2009	•••	18.7
	2004-2007	16.6	19.7
Binge Drinking age-adjusted % of females	2006-2009	18.6*	10.8
	2004-2007	12.9	8.7
Arthritis age-adjusted %	2008-2011	33.2	25.4
	2006-2009	24.3*	25.8
Asthma age-adjusted %	2008-2011	6.6*	9.9
	2006-2009	8.2*	9.7
Heart Attack age-adjusted %	2008-2011	3.7*	3.3
	2006-2009	•••	3.3
Angina age-adjusted %	2008-2011	5.6*	3.5
	2006-2009	6.5*	3.4
Stroke age-adjusted %	2008-2011	•••	2.3
	2006-2009	•••	2.3
Diabetes age-adjusted %	2008-2011	6.6*	7.2
	2006-2009	6.8*	6.8
High Blood Pressure age-adjusted %	2008-2011	22.9	26.6
	2006-2009	16.1	25.8
High Blood Cholesterol age-adjusted %	2008-2011	27.5	32.2
	2006-2009	23.1*	33.0

Data are from secondary sources; for information about calculations and original sources, please see the metadata.

Morrow County

Indicator	Year(s)	Morrow	Oregon
Cancer age-adjusted new cases per 100,000	2007-2011	472.8	455.9
	2005-2009	448.6	464.6
Teen Pregnancy per 1,000	2013	26.3	28.4
	2010	48.9	38.6
Life Expectancy at Birth male	2009-2013	77.2	77.4
	2004-2008	77.4	76.4
Life Expectancy at Birth female	2009-2013	82.6	81.8
	2004-2008	83.2	80.8
Infant Mortality Rate per 1,000	2013	7.8	5.0
	2012	6.3	5.3
Low Birth Weight Rate per 1,000	2014	79.8	62.5
	2013	69.8	63.0
Years of Potential Life Lost (YPLL) age-adjusted per 100,000	2010-2012	5,600	5,958
	2008-2010	6,710	6,076
HIV new cases	2014	0	146
	2013	0	218
Suicide Deaths age-adjusted rate per 100,000	2011-2013	16.5 (Ba,Gr,H, Mal,Mo,U,Un,Wa)	16.9
	2008-2010	19.0 (Ba,Gr,H, Mal,Mo,U,Un,Wa)	16.0
Firearm Deaths count	2013	•••	461
	2012	1	442
Car Crashes count	2013	108	49,510
	2012	104	49,798
Car Crash Deaths count	2013	2	313
	2012	1	336
Work-Related Deaths count	2012	0	47
	2011	0	59
Pertussis count	2013	0	485
	2012	1	911
Influenza count	2013	0	84
	2012	0	67
Salmonella count	2013	1	375
	2012	3	404
Chlamydia count	2013	25	14,265
	2012	27	13,501
Smokeless Tobacco Use Among 11th Grade Males %	2013	•••	9.6
Methamphetamine-Related Deaths count	2013	•••	123
	2012	•••	93
Children with Developmental Disabilities count	2013	14	5,625
	2012	12	5,191

Umatilla County



Umatilla County Snapshot

Population Estimate	78,340
Life Expectancy at Birth male	76.9
Life Expectancy at Birth female	80.4
Years of Potential Life Lost (YPLL) age-adjusted per 100,000	7,165
Low Birth Weight Rate per 1,000	52.2
Infant Mortality Rate per 1,000	5.2
Chronic Absenteeism %	14.9

Indicator	Year(s)	Umatilla	Oregon
Population Estimate (Certified)	2014	78,340	3,962,710
Socioeconomic Status/Social Determinants			
Income Inequality: Gini Coefficients	2009-2013	0.41	0.45
Minority Income as a % of White Income	2009-2013	51.9	57.2
Children in Poverty %	2013	22.8	21.6
	2012	24.3	22.7
Violent Crime per 100,000	2010-2012	230	249
	2009-2011	269	251
Median Household Income	2013	47,053	50,228
	2012	46,725	49,090
Unemployment %	2014	7.4	6.9
	2013	8.1	7.9
Foreclosure Filings ratio to total homes owned	2015 (January)	1:4234	1:1514
Home Ownership %	2009-2013	63.8	62.0
	2000	64.9	64.3
High Housing Costs %	2009-2013	30	40
	2007-2011	28	39
Homelessness count	2011	235	22,116
	2010	104	19,208
High School Graduates %	2009-2013	81.9	88.6
College Degree %	2009-2013	15.5	30.1
Environmental Access			
Fluoridated Water %	2012	N/A	22.6
	2006	48.6	22.2
Access to Exercise Opportunities %	2010 & 2013	65	89
	2010 & 2012	47	81

Data are from secondary sources; for information about calculations and original sources, please see the metadata.

Umatilla County

Indicator	Year(s)	Umatilla	Oregon
Children Eligible for Free and Reduced Lunch %	2013-2014 AY	65.5	N/A
	2012-2013 AY	61.1	N/A
Limited Access to Healthy Foods %	2012	9	5
Fast Food: % living within 1/2 mile	2012	20.8	33.4
Supermarkets: % living within 1/2 mile	2012	14.2	19.4
Alcohol Outlets count	2015 (February)	228	13,303
Tobacco Outlets count (excluding age-restricted establishments)	2015 (March)	62	2,679
Firearm Dealer Licenses count	2015 (February)	66	1,928
	2014 (February)	62	1,823
Town & City Walkability: intersections per net square mile within urban growth boundaries	2013	38	55
Self-Assessment			
Good General Health age-adjusted %	2006-2009	82.7	86.9
	2004-2007	82.8	85.4
Good Physical Health age-adjusted %	2006-2009	64.4	63.6
	2004-2007	66.7	62.3
Good Mental Health age-adjusted %	2006-2009	71.6	66.4
	2004-2007	65.8	63.8
Inadequate Social Support %	2005-2010	19	16
Health Service Access			
Adults with Any Health Insurance age-adjusted %	2006-2009	81.0	83.6
	2004-2007	79.9	82.8
Adults in OHP age-adjusted %	2006-2009	7.1	5.1
	2004-2007	8.4	6.2
Pregnant Women Served by WIC %	2013	64 (Mo,U,Wh)	45
	2012	67 (Mo,U,Wh)	46
Mammography within the past 2 years (women 50-74) age-adjusted %	2008-2011	77.6	79.7
Pap Smear within the past 3 years (women 21-65 with a cervix) age-adjusted %	2008-2011	76.3	84.4
Sigmoidoscopy/Colonoscopy Current on screening (50-75 years old) crude %	2008-2011	54.0	61.2
Preventable Hospital Stays per 1,000 (Ambulatory Care Sensitive Conditions)	2012	32	38
	2011	39	42
Primary Care Physicians ratio to population	2012	1:2259	1:1105
	2011	1:1871	1:1115
Dentists ratio to population	2013	1:1871	1:1363
	2012	1:1874	1:1399
Mental Health Providers ratio to population	2014	1:577	1:299
Could Not See Doctor Due to Cost %	2006-2012	16	14
Inadequate Prenatal Care %	2014	7.5	6.0
	2013	6.9	5.7

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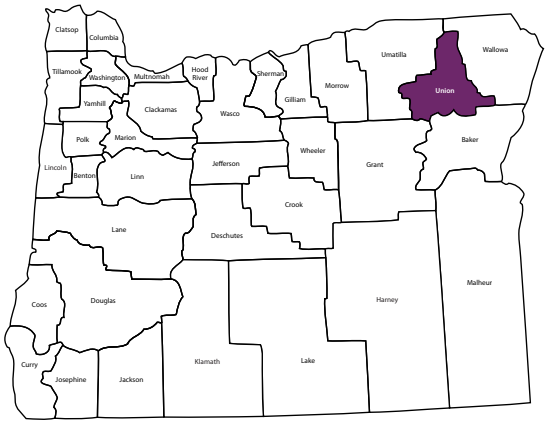
Indicator	Year(s)	Umatilla	Oregon
Immunized 2-Year-Olds %	2013	59.8	58.2
	2012	54.8	60.6
Immunized Seniors crude %	2006-2009	62.2	69.2
	2004-2007	63.5	70.5
Critical Access Hospital (CAH) Beds count	2014	50	561
	2013	50	551
Environmental Health			
Air Pollution days: The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	2011	9.9	8.9
	2008	9.5	9.1
Acute Pesticide Exposure: "Likely" Illnesses 6-year count	2009-2011	1	171
Nitrate Risk in at Least One Public Water System	2011	yes	yes
Additional Major Health Indicators			
Chronic Absenteeism %	2013-2014 AY	14.9	17.2
Overweight age-adjusted %	2008-2011	39.9	35.5
	2006-2009	34.4	36.1
Obese age-adjusted %	2008-2011	34.8	24.8
	2006-2009	36.0	24.5
Physical Activity age-adjusted %	2006-2009	59.8	55.8
	2004-2007	50.2	57.9
Eat Recommended Amount of Fruits & Vegetables age-adjusted %	2006-2009	25.1	27.0
	2004-2007	21.7	26.6
Current Smokers age-adjusted %	2008-2011	21.0	16.3
	2006-2009	24.2	17.1
Binge Drinking age-adjusted % of males	2006-2009	17.5	18.7
	2004-2007	15.9	19.7
Binge Drinking age-adjusted % of females	2006-2009	6.6*	10.8
	2004-2007	7.5	8.7
Arthritis age-adjusted %	2008-2011	21.3	25.4
	2006-2009	27.8	25.8
Asthma age-adjusted %	2008-2011	9.1	9.9
	2006-2009	7.5	9.7
Heart Attack age-adjusted %	2008-2011	3.6	3.3
	2006-2009	3.0	3.3
Angina age-adjusted %	2008-2011	2.1	3.5
	2006-2009	3.4	3.4
Stroke age-adjusted %	2008-2011	3.4	2.3
	2006-2009	2.7	2.3
Diabetes age-adjusted %	2008-2011	9.4	7.2
	2006-2009	9.3	6.8
High Blood Pressure age-adjusted %	2008-2011	32.1	26.6
	2006-2009	30.9	25.8
High Blood Cholesterol age-adjusted %	2008-2011	42.6	32.2
	2006-2009	39.7	33.0

Data are from secondary sources; for information about calculations and original sources, please see the metadata.

Umatilla County

Indicator	Year(s)	Umatilla	Oregon
Cancer age-adjusted new cases per 100,000	2007-2011	447.4	455.9
	2005-2009	447.2	464.6
Teen Pregnancy per 1,000	2013	50.4	28.4
	2010	67.8	38.6
Life Expectancy at Birth male	2009-2013	76.9	77.4
	2004-2008	76.1	76.4
Life Expectancy at Birth female	2009-2013	80.4	81.8
	2004-2008	80.4	80.8
Infant Mortality Rate per 1,000	2013	5.2	5.0
	2012	7.2	5.3
Low Birth Weight Rate per 1,000	2014	52.2	62.5
	2013	66.3	63.0
Years of Potential Life Lost (YPLL) age-adjusted per 100,000	2010-2012	7,165	5,958
	2008-2010	7,836	6,076
HIV new cases	2014	0	146
	2013	1	218
Suicide Deaths age-adjusted rate per 100,000	2011-2013	16.5 (Ba,Gr,H, Mal,Mo,U,Un,Wa)	16.9
	2008-2010	19.0 (Ba,Gr,H, Mal,Mo,U,Un,Wa)	16.0
Firearm Deaths count	2013	7	461
	2012	8	442
Car Crashes count	2013	889	49,510
	2012	892	49,798
Car Crash Deaths count	2013	11	313
	2012	27	336
Work-Related Deaths count	2012	5	47
	2011	5	59
Pertussis count	2013	0	485
	2012	21	911
Influenza count	2013	1	84
	2012	4	67
Salmonella count	2013	11	375
	2012	4	404
Chlamydia count	2013	289	14,265
	2012	252	13,501
Smokeless Tobacco Use Among 11th Grade Males %	2013	29.3	9.6
Methamphetamine-Related Deaths count	2013	3	123
	2012	•••	93
Children with Developmental Disabilities count	2013	58	5,625
	2012	65	5,191



Union County Snapshot

Population Estimate	26,485
Life Expectancy at Birth male	77.4
Life Expectancy at Birth female	81.0
Years of Potential Life Lost (YPLL) age-adjusted per 100,000	6,578
Low Birth Weight Rate per 1,000	62.9
Infant Mortality Rate per 1,000	3.1
Chronic Absenteeism %	16.8

Union County

Indicator	Year(s)	Union	Oregon
Population Estimate (Certified)	2014	26,485	3,962,710
Socioeconomic Status/Social Determinants			
Income Inequality: Gini Coefficients	2009-2013	0.46	0.45
Minority Income as a % of White Income	2009-2013	65.1	57.2
Children in Poverty %	2013	24.7	21.6
	2012	24.6	22.7
Violent Crime per 100,000	2010-2012	157	249
	2009-2011	143	251
Median Household Income	2013	41,331	50,228
	2012	41,504	49,090
Unemployment %	2014	7.3	6.9
	2013	8.2	7.9
Foreclosure Filings ratio to total homes owned	2015 (January)	1:5732	1:1514
Home Ownership %	2009-2013	63.4	62.0
	2000	66.5	64.3
High Housing Costs %	2009-2013	35	40
	2007-2011	33	39
Homelessness count	2011	21	22,116
	2010	37	19,208
High School Graduates %	2009-2013	90.6	88.6
College Degree %	2009-2013	22.5	30.1
Environmental Access			
Fluoridated Water %	2012	N/A	22.6
	2006	1.6	22.2
Access to Exercise Opportunities %	2010 & 2013	78	89
	2010 & 2012	69	81

Data are from secondary sources; for information about calculations and original sources, please see the metadata.

Union County

Indicator	Year(s)	Union	Oregon
Children Eligible for Free and Reduced Lunch %	2013-2014 AY	56.1	N/A
	2012-2013 AY	54.8	N/A
Limited Access to Healthy Foods %	2012	17	5
Fast Food: % living within 1/2 mile	2012	35.8	33.4
Supermarkets: % living within 1/2 mile	2012	25.1	19.4
Alcohol Outlets count	2015 (February)	74	13,303
Tobacco Outlets count (excluding age-restricted establishments)	2015 (March)	28	2,679
Firearm Dealer Licenses count	2015 (February)	34	1,928
	2014 (February)	34	1,823
Town & City Walkability: intersections per net square mile within urban growth boundaries	2013	76	55
Self-Assessment			
Good General Health age-adjusted %	2006-2009	87.0	86.9
	2004-2007	86.0	85.4
Good Physical Health age-adjusted %	2006-2009	66.1	63.6
	2004-2007	64.8	62.3
Good Mental Health age-adjusted %	2006-2009	63.9	66.4
	2004-2007	65.4	63.8
Inadequate Social Support %	2005-2010	15	16
Health Service Access			
Adults with Any Health Insurance age-adjusted %	2006-2009	88.1	83.6
	2004-2007	85.4	82.8
Adults in OHP age-adjusted %	2006-2009	8.4	5.1
	2004-2007	8.2	6.2
Pregnant Women Served by WIC %	2013	50	45
	2012	54	46
Mammography within the past 2 years (women 50-74) age-adjusted %	2008-2011	83.7	79.7
Pap Smear within the past 3 years (women 21-65 with a cervix) age-adjusted %	2008-2011	91.3	84.4
Sigmoidoscopy/Colonoscopy Current on screening (50-75 years old) crude %	2008-2011	41.3	61.2
Preventable Hospital Stays per 1,000 (Ambulatory Care Sensitive Conditions)	2012	59	38
	2011	61	42
Primary Care Physicians ratio to population	2012	1:1227	1:1105
	2011	1:1290	1:1115
Dentists ratio to population	2013	1:1710	1:1363
	2012	1:1717	1:1399
Mental Health Providers ratio to population	2014	1:524	1:299
Could Not See Doctor Due to Cost %	2006-2012	15	14
Inadequate Prenatal Care %	2014	5.6	6.0
	2013	3.8	5.7

Indicator	Year(s)	Union	Oregon
Immunized 2-Year-Olds %	2013	65.4	58.2
	2012	57.0	60.6
Immunized Seniors crude %	2006-2009	58.4	69.2
	2004-2007	66.1	70.5
Critical Access Hospital (CAH) Beds count	2014	25	561
	2013	25	551
Environmental Health			
Air Pollution days: The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	2011	9.7	8.9
	2008	9	9.1
Acute Pesticide Exposure: "Likely" Illnesses 6-year count	2009-2011	0	171
Nitrate Risk in at Least One Public Water System	2011	yes	yes
Additional Major Health Indicators			
Chronic Absenteeism %	2013-2014 AY	16.8	17.2
Overweight age-adjusted %	2008-2011	35.1	35.5
	2006-2009	42.8	36.1
Obese age-adjusted %	2008-2011	28.1	24.8
	2006-2009	23.4	24.5
Physical Activity age-adjusted %	2006-2009	50.4	55.8
	2004-2007	60.7	57.9
Eat Recommended Amount of Fruits & Vegetables age-adjusted %	2006-2009	27.5	27.0
	2004-2007	24.8	26.6
Current Smokers age-adjusted %	2008-2011	11.6	16.3
	2006-2009	13.8	17.1
Binge Drinking age-adjusted % of males	2006-2009	•••	18.7
	2004-2007	20.6	19.7
Binge Drinking age-adjusted % of females	2006-2009	5.6*	10.8
	2004-2007	6.6	8.7
Arthritis age-adjusted %	2008-2011	27.7	25.4
	2006-2009	31	25.8
Asthma age-adjusted %	2008-2011	13.5	9.9
	2006-2009	13.3	9.7
Heart Attack age-adjusted %	2008-2011	3.5*	3.3
	2006-2009	4.0*	3.3
Angina age-adjusted %	2008-2011	3.4*	3.5
	2006-2009	5.3	3.4
Stroke age-adjusted %	2008-2011	2.3*	2.3
	2006-2009	3.9*	2.3
Diabetes age-adjusted %	2008-2011	8.6*	7.2
	2006-2009	6.5	6.8
High Blood Pressure age-adjusted %	2008-2011	28.8	26.6
	2006-2009	22.6	25.8
High Blood Cholesterol age-adjusted %	2008-2011	40.0	32.2
	2006-2009	36.1	33.0

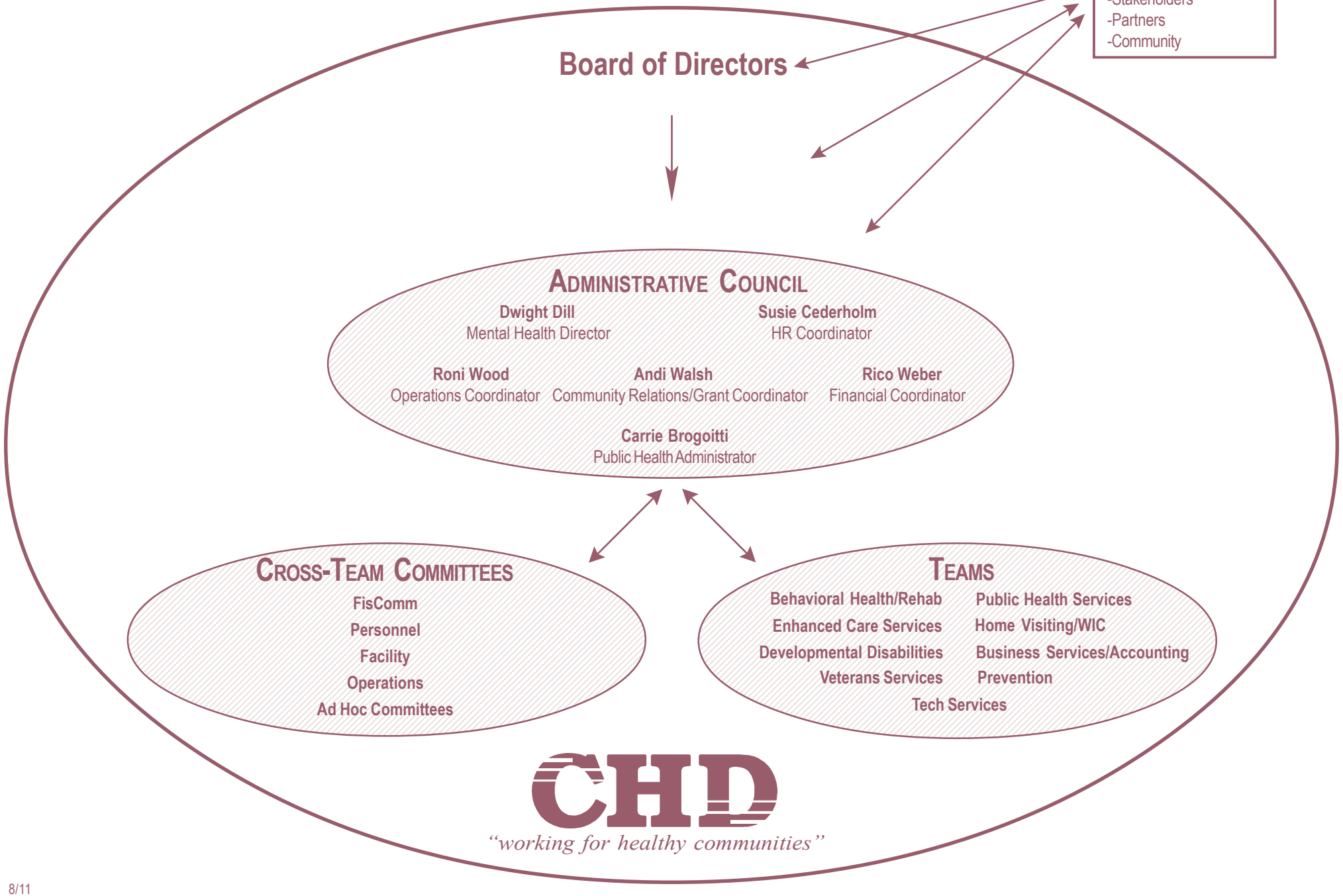
Data are from secondary sources; for information about calculations and original sources, please see the metadata.

Union County

Indicator	Year(s)	Union	Oregon
Cancer age-adjusted new cases per 100,000	2007-2011	458.2	455.9
	2005-2009	469.0	464.6
Teen Pregnancy per 1,000	2013	27.6	28.4
	2010	35.2	38.6
Life Expectancy at Birth male	2009-2013	77.4	77.4
	2004-2008	76.4	76.4
Life Expectancy at Birth female	2009-2013	81.0	81.8
	2004-2008	81.6	80.8
Infant Mortality Rate per 1,000	2013	3.1	5.0
	2012	3.4	5.3
Low Birth Weight Rate per 1,000	2014	62.9	62.5
	2013	90.9	63.0
Years of Potential Life Lost (YPLL) age-adjusted per 100,000	2010-2012	6,578	5,958
	2008-2010	6,877	6,076
HIV new cases	2014	0	146
	2013	0	218
Suicide Deaths age-adjusted rate per 100,000	2011-2013	16.5 (Ba,Gr,H, Mal,Mo,U,Un,Wa)	16.9
	2008-2010	19.0 (Ba,Gr,H, Mal,Mo,U,Un,Wa)	16.0
Firearm Deaths count	2013	2	461
	2012	6	442
Car Crashes count	2013	249	49,510
	2012	299	49,798
Car Crash Deaths count	2013	2	313
	2012	1	336
Work-Related Deaths count	2012	1	47
	2011	1	59
Pertussis count	2013	1	485
	2012	3	911
Influenza count	2013	0	84
	2012	2	67
Salmonella count	2013	1	375
	2012	2	404
Chlamydia count	2013	75	14,265
	2012	78	13,501
Smokeless Tobacco Use Among 11th Grade Males %	2013	34.9	9.6
Methamphetamine-Related Deaths count	2013	1	123
	2012	•••	93
Children with Developmental Disabilities count	2013	38	5,625
	2012	27	5,191

Center for Human Development, Inc.

Organizational Structure



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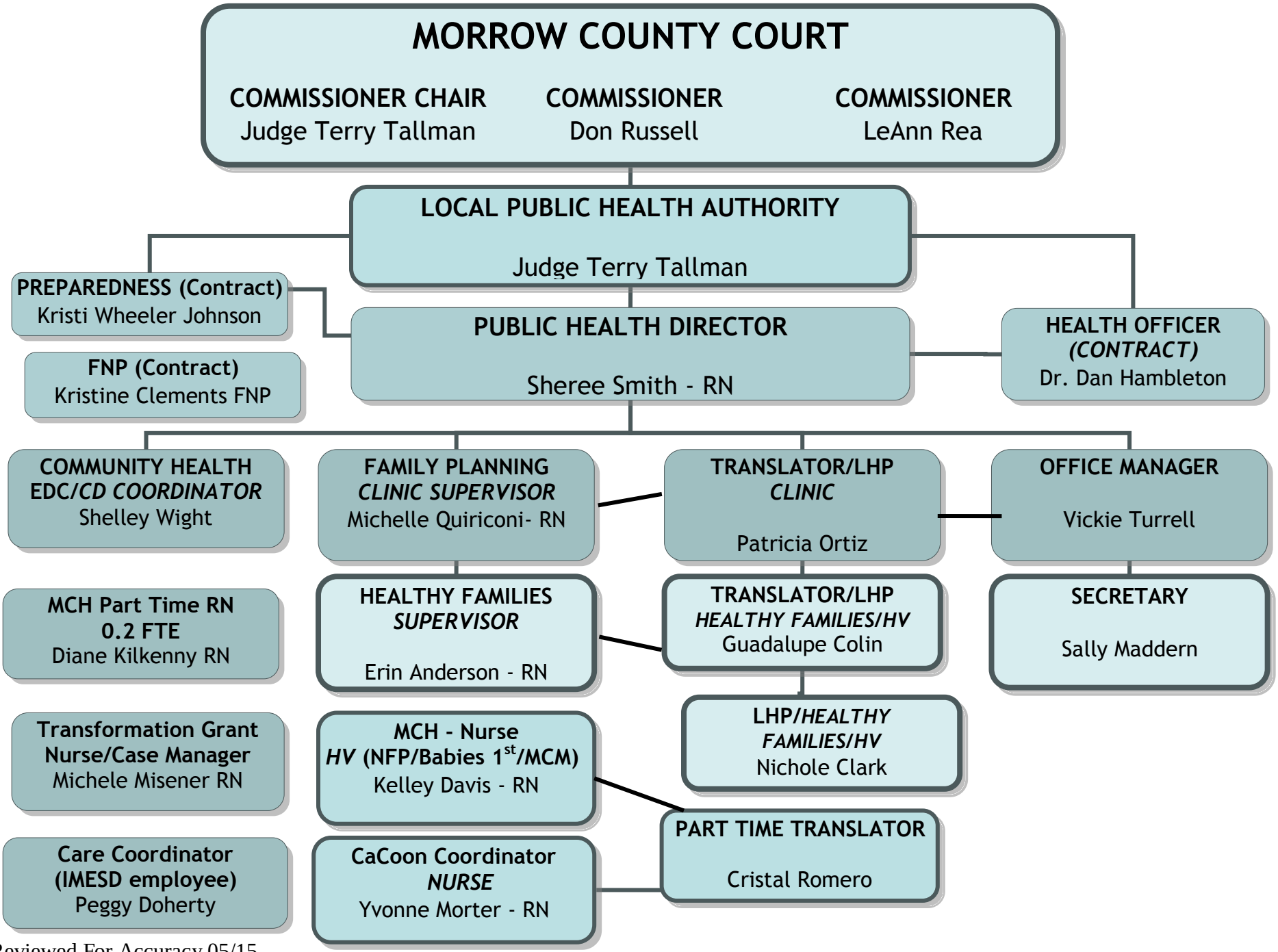

Reviewed For Accuracy 05/15

HITOC Membership

August 2015

Name	Title	Organizational Affiliation	Location	Term (Yrs)
Richard (Rich) Bodager, CPA, MBA	CEO/Board Chair	Southern Oregon Cardiology/Jefferson HIE	Medford, OR	4
Board Chair of Jefferson HIE, largest regional HIE in Oregon. CPA/MBA brings his financial expertise and extensive experience with analytics systems. He represents outpatient practices in Southern Oregon and has experience with both primary and specialty care. Business leader who is well versed in finance, analytics, security, privacy, law and governance. Jefferson HIE has a behavioral health workgroup and is actively pursuing solutions to behavioral health policy issues.				
Maili Boynay	IS Director Ambulatory Community Systems	Legacy Health	Portland, OR	3
As IT Director for Ambulatory Community Systems, very knowledgeable and experienced with health IT and quality improvement such as meaningful use/PQRS/Wellcentive. Member of implementation committee of the Unity hospital project (behavioral health solution), extending Epic to Albertina Kerr. Project managed dozens of EHR implementations (17 years of health IT experience).				
Robert (Bob) Brown	Retired Advocate	Allies for Healthier Oregon	Portland, OR	2
Represents consumers and patients. Has been a consumer advocate focused on health care system reform since 2006. Served on HITOC since its original inception in 2009, helped organize the Consumer Panel and participated in the Security Working Group.				
Erick Doolen	COO	PacificSource	Springfield, OR	4
As COO of PacificSource, brings the perspective of multiple lines of business (commercial, Medicare Advantage, and Medicaid (CCO)). They do business in other states so he brings that experience. His responsibilities include all aspects from strategy to day-to-day delivery of technology and operations. Former HITOC Member and HITOC Finance workgroup member.				
Chuck Fischer	IT Director	Advantage Dental	Redmond, OR	3
Advantage Dental has created an information exchange and is implementing connections with the Emergency Department Information Exchange (EDIE)/PreManage, with plans to extend to Epic and McKesson EHRs. Perspective is technology implementer, “someone in the trenches,” who deals with health IT daily. Previously worked for a critical access hospital in Idaho.				

Name	Title	Organizational Affiliation	Location	Term (Yrs)
Valerie Fong, RN	CNIO	Providence Health & Services	Portland, OR	2
Regional CNIO for Oregon Region of Providence (representing 8 acute hospitals and 90 ambulatory clinics). Previously served in several roles at Kaiser Permanente including EHR design and implementation, IS governance, transitions of care and strategic alignment. Adjunct faculty for graduate students on informatics. Registered nurse; practical hands-on and big picture view.				
Charles (Bud) Garrison	Director, Clinical Informatics	Oregon Health & Science University	Portland, OR	4
Represents academic medicine in addition to inpatient, perioperative and ambulatory clinical and operational workflows in a multi-site environment. In current role, he has gained experience in dealing with clinical workflows and EHR build related issues, governance, privacy, release of information, etc.				
Brandon Gatke	CIO	Cascadia Behavioral Healthcare	Portland, OR	3
Runs IT and analytics departments for largest nonprofit behavioral healthcare provider in Oregon. Brings in-depth experience on hurdles and technical opportunities for residential and outpatient care environments. Served on Oregon Health IT Task Force which developed the current Business Plan Framework for Health IT in Oregon.				
Amy Henninger, MD	Site Medical Director	Multnomah County Health Department	Portland, OR	2
Represents medical provider perspective as well as community health centers in the Portland Metro Area. Experienced in clinical operations and still see patients. Works closely with community services at Multnomah County. Leader in rolling out MyChart (patient portal) and experienced in EHR implementation and updating.				
Mark Hetz	CIO	Asante Health System	Medford, OR	4
Represents health system with one of the few inpatient behavioral units in the state; providing insight into handling/sharing behavioral health information. Involved in the formation and growth of Jefferson HIE in Southern Oregon. Served on previous HITOC workgroups and the Health IT Task Force.				
Betty Kramp, RN	Clinical Applications Coordinator	United States Public Health Service (Currently: Indian Health Services, Klamath Tribal Health & Family Services)	Chiloquin, OR	3
Brings perspective related to Indian Health Services and also the voice of consumers. Implemented medical EHR and more recently Behavioral Health NextGen product. Formerly a clinical background in general surgery, long-term care, federal prison health care, and family practice.				

Name	Title	Organizational Affiliation	Location	Term (Yrs)
Sarah Laiosa, MD	Physician	Harney District Hospital/HDH Family Care	Burns, OR	2
Specializes in rural family medicine, sits on the Clinical Advisory Panel for Eastern Oregon CCO. Currently obtaining a Master of Biomedical Informatics (MBI) at OHSU.				
Jim Rickards, MD	Health Strategy Officer	Yamhill Community Care Organization	McMinnville, OR	4
Radiologist; physician perspective and CCO health strategy officer working mainly on physical health. Implemented a CCO-wide tele-dermatology network. Understands health IT from a day-to-day practice standpoint.				
Sonney Sapra	CIO	Tuality Healthcare	Hillsboro, OR	3
Represents community-based health system in Hillsboro, risk accepting entity within Health Share CCO. As CIO, involved in security/privacy, informatics, health information exchange, etc. One of the few non-Epic EHR sites in the Portland Metro Area.				
Greg Van Pelt	President	Oregon Health Leadership Council	Portland, OR	2
Represents membership organization including major health plans, health systems, CCOs, and large medical groups and associations across the state. Works closely with OHA on EDIE/PreManage. Served as Chair of Health IT Task Force.				

HITOC Demographic Information

Gender: one third (33%) of the proposed members are female; two-thirds (66%) are male
Race: 87% of the proposed members identify as white; 13% identify as Asian or Pacific Islander.
Ethnicity: All members identify as non-Hispanic
Geography: 6% Central Oregon; 6% Eastern Oregon; 13% mid-Willamette Valley; 53% Portland Metro Area; 20% Southern Oregon
Disability: one (8%) member identified as disabled.

Oregon Health Authority - HITOC Staff Contacts

Name	Title	Phone	Email
Susan Otter	Director, Health Information Technology	503-428-4751	Susan.otter@state.or.us
Justin Keller	Policy Analyst, HITOC Lead	971-208-2967	Justin.keller@state.or.us
Tyler Lamberts	Policy Analyst	971-209-8676	Tyler.e.lamberts@state.or.us

Rural Health and Behavioral Health IT

Susan Otter, Director of Health IT, OHA
Justin Keller, Lead Analyst, OHA
Kristin Bork, Lead Analyst, OHA

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Agenda

- HITOC Update and Requests
- EDIE/Premanage Update
  - ACT Team Pilot
- Telehealth Update
  - Project ECHO
  - Telehealth Inventory
  - Telehealth Pilot Grants

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HITOC Update

- First Meeting on October 14th
- Formal Requests for the Board:
  - Approval of 15th Member: Dr. Sarah Laiosa
    - Updated Roster with proposed staggered terms

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HITOC Membership

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Sarah Laiosa, MD	Physician	Harney District Hospital/HDH Family Care	Burns, OR	2
Jim Rickards, MD	Health Strategy Officer	Yamhill Community Care Organization	McMinnville, OR	4
Sonney Sapra	CIO	Tuality Healthcare	Hillsboro, OR	3
Greg Van Pelt	President	Oregon Health Leadership Council	Portland, OR	2

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Hospital Notifications ("EDIE") and Assertive Community Treatment

Justin Keller
Lead Policy Analyst
Office of Health IT

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Statewide Hospital Notifications and EDIE

- Real-time alerts to providers and the care team when their patient has a hospital event (emergency department, inpatient, discharge)
- Oregon is pursuing statewide hospital notification through a two stage process:
  - Emergency Department Information Exchange (EDIE) Utility – provides hospital notifications to all hospitals in the state
  - PreManage – Expands EDIE notifications to health plans, CCOs, clinics and providers

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PreManage Overview

- Web-based software that provides real-time notifications to subscribers when their patient/member has a hospital event
  - Includes ED and inpatient events in Oregon
  - ED events in Washington, parts of California
- Notifications fully customizable
- PreManage dashboards provide real-time population-level view of ED visits
- Care guidelines—subscribers can add key care coordination information into PreManage, viewable by other PreManage and EDIE users

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PreManage Implementation

User	"Live"	"Implementing"	"In Discussion"
Health Plans/CCOs	7	5	8
Clinics	100+	80+	50+
ACT Teams	3	5	3

Coming focus: FQHCs, mental/behavioral health, EMS, long-term care, post-acute care, others

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Role of OHA

- Co-Sponsor of EDIE Utility
  - Provide staff support and sit on Governance Committee
- Financially supporting CCO participation in Utility (with Federal match)
- Supporting CCO participation in PreManage
  - Encouraging expansion to safety net clinics
  - Pursuing statewide Medicaid subscription
- Supporting Assertive Community Treatment (ACT) Team Pilot

PreManage Pilot for ACT Teams

- Approximately 30 ACT teams across the state
  - Provide comprehensive, focused services for individuals with complex behavioral health needs at high-risk for hospitalization
- OHA using SIM funds to support a PreManage subscription for all teams through February 2016
  - Working closely with OCEACT – Center for Excellence for ACT Teams

ACT Pilot Implementation Status

- Three teams are live:
  - Central City Concern (Portland)
  - Sequoia Mental health Services (Hillsboro/Aloha)
  - Yamhill County Mental Health (McMinnville)
- Five teams have signed contracts and should be live soon:
  - Benton County Mental Health (Corvallis)
  - Cascadia Forensic ACT ("FACT") Team (Portland)
  - Cascadia Clackamas Lake Road ACT Team (Milwaukie)
  - Laurel Hill Center (Eugene)
  - Symmetry Care (Burns)
- Pilot through February 2016

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User Experience and Impact for ACT Teams

- Encouraging outcomes around early use of PreManage:
  - Improved communication and coordination of care
  - Real-time interventions on high-risk patients
  - Mechanism for more comprehensive care planning for high-risk patients
- Early feedback from ACT Teams:
  - Work flows changing through use of PreManage
  - Physical health hospitalization information helpful

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Project ECHO

Susan Otter, Director
Office of Health IT
Oregon Health Authority

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Project ECHO

ECHO—Extension for Community Healthcare Outcomes

A hub and spoke system to connect specialty providers with areas that have limited access

- Primary Care Physician (PCP) chooses a condition/disease requiring complex care
- Expert assistance is identified
- PCP presents complex cases to expert(s)
- Expert teams provide advice remotely via videoconference
- Experts conduct didactic sessions on the latest treatments
- PCPs learn from cases provided by their peers
- Result is additional primary care

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The New Mexico Experience

- Launched in 2003, the ECHO model™ makes specialized medical knowledge accessible wherever it is needed to save and improve people's lives.
  - Sanjeev Arora, M.D. – started Project ECHO to support primary care clinicians so they could treat hepatitis C in their own communities.
- Treatment for hepatitis C is now available at centers of excellence across New Mexico, and
  - more than 3,000 doctors, nurses and community health workers
  - more than 6,000 patients enrolled in Project ECHO
  - comprehensive disease management programs for myriad conditions.
- Project ECHO spread
  - operates 39 hubs for nearly 30 diseases and conditions in
  - 22 states and five countries outside the U.S., including sites within the Department of Defense healthcare systems.

http://echo.unm.edu/about-echo/our-story/

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- HealthShare CCO is working with Oregon Health Sciences University to implement ECHO
  - http://www.ohsu.edu/xd/health/for-healthcare-professionals/telemedicine-network/for-healthcare-providers/ohsu-echo/
- Oregon Health Authority is exploring options for implementation of ECHO throughout the State

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Advancing Telehealth in Oregon

Kristin Bork, Lead Policy Analyst
Office of Health IT,
Oregon Health Authority

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Telehealth Inventory Project

Issue: Health plans, CCOs, and other potential purchasers of telehealth services need information about what is available in the market to extend capacity and support health care delivery

Purpose of the Telehealth Inventory Project

- Catalog telehealth services available in Oregon
- Help connecting providers, health plans, and patients to telehealth services
- Inform providers and health plans on policies affecting telehealth
- Identify barriers, gaps, and needs in telehealth services

SIM funding through September 2016

- Partnership with the Telehealth Alliance of Oregon (TAO)

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Telehealth Pilots - Overview

- OHA partnered with the Office of Rural Health to administer telehealth pilots funded by the State Innovation Model (SIM) Grant
- Great interest in furthering telehealth in OR—67 Letters of Interest
- OHA awarded 5 grants totaling ~$521,000
- Broad spectrum of specialties—Telemental services, teledentistry, dementia services, ambulance hotspots for facilitating consults, and collaborative agreements between pharmacists and HIV specialists for treatment adherence
- Performance period—present to September 2016

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Trillium Family Services Telemental Services

Trillium FAMILY SERVICES℠

- About the Organization
  - Headquartered in Portland, OR
  - Serves Portland and the mid-Willamette Valley region

Project Purpose

- Provide access to telemental health services (e.g., psychiatric assessments, medication management, follow-ups) via telehealth to children and young adults in rural areas via videoconferencing
- Facilitate discharge by meeting requirement for a psychiatrist through telepsychiatry

Target Population

- Children ages 5-17
- Young adults ages 18-24
- Participants may be in foster care, in transition from in-patient setting to community, or in a school setting
- Clients discharged to rural areas
- Rural schools without child psychiatry services

Adventist Tillamook Regional Medical Center
Community Paramedics

- About the Organization
  - Based in Tillamook, OR
  - Critical access hospital with 4 rural health clinics

Project Purpose

- Reduce the number of hospital readmissions related to gaps in the continuum of care.
- Support direct, real-time communication with the Rural Health Clinics (RHC) through high-speed data connectivity in ambulances;
- Hospital-based Community Paramedics (CP) will visit patients identified as at-risk for hospital readmission due to lack of post-discharge follow-up.

Target Population

- Individuals at risk for readmission to the hospital
  - Must meet "high risk" criteria
  - Criteria developed by Tillamook's readmission team

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HIV Alliance
Engaging Pharmacists in Care

HIV ALLIANCE

- About the Organization
  - Based in Eugene, OR
  - Serves Lane, Douglas, Josephine, Lake, Klamath, Jackson, Coos, Curry, Lincoln, Clatsop and Marion counties.

Pilot Purpose

- Engage Pharmacists to be more directly involved with HIV specialists or primary care providers through collaborative practice agreements.
- Increase treatment adherence through enhanced patient access to pharmacists through virtual consultations and visits
- Target Population
  - Clients living in rural eastern and southern Oregon counties
  - Clients newly diagnosed with HIV/AIDS,
  - Existing clients with unsuppressed viral loads, co-morbidities , or medication adherence issues who have barriers to regular follow-up care

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Capitol Dental Care
Teledentistry for Students

- About the Organization
  - Based in Salem, OR
  - Has served members of the Oregon Health Plan since 1994

Project Purpose

- Reach children at school-based health centers who have not been receiving dental care on a regular basis
- Provide community-based dental diagnostic, prevention and early intervention services
- Implement telehealth-connected oral health teams

Target Population

- Children in Polk County, Oregon who are elementary, middle, and high school age

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OHSU Layton Center for Aging & Alzheimer's Disease Center Telemedicine for Dementia Patients and Caregivers

School of Medicine
Layton Aging & Alzheimer's Disease Center

- About the Organization
  - Based in Portland, OR
  - One of 27 NIH Alzheimer's Disease Centers in the United States

Project Purpose

- Create a direct-to-home telemedicine program to:
  - establish the reliability of standard measures of patient and caregiver well-being when used with telemedicine
  - establish the feasibility and usability of direct-to-home video dementia care using telemedicine technology.
- Target Population
  - Subjects with Alzheimer's Disease (AD) and their caregivers
  - Recruited from current pool of patients receiving care at OHSU

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For more information on Oregon's HIT/HIE developments, please visit us at http://healthit.oregon.gov

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