

Safety Net Advisory Council Highlights from March 20, 2007 Meeting

Safety Net Advisory Council's Charge: *An on-going body that promotes understanding and support for safety net patients and providers in Oregon. SNAC provides policy makers and the Oregon Health Policy Commission with specific policy recommendations for safety net providers in order to ensure the provision of needed health services to vulnerable Oregonians.*

Meeting Goal: Check in on Legislative developments. Discuss progress toward NGA recommendations pertaining to FFP and data. Discuss retreat.

Attendance:

SNAC Members - Priscilla Lewis, Ken Provencher, Vanetta Abdellatif, Mike Leahy, Tom Fronk, Bill Thorndike, Jackie Rose

Staff - Marian Blankenship, Laura Brennan, Gretchen Morley, Laura Sisulak, Joel Young.

Guests/Public –Tim Stumm – Oregon Health News

Feb. Meeting Highlights – **SNAC approved.**

Legislative Updates:

Primary Care Medical Home (SB 562)

SB 562 had a Hearing on March 12. The bill passed out of committee and was referred on to Ways and Means. The bill has been added to the agenda of the House Health Care Sub-Committee on Access, March 21, as an opportunity to educate Representatives about the “primary care medical home”. There was some confusion among Legislators at the Hearing with regard to what this term/concept actually refers to. Furthermore, there were some questions surrounding the apparent lack of diversity among groups supporting the bill and a need to be more demonstrably representative of ethnically and racially diverse communities.

Statement of Support for the Safety Net (HB 3367)

The statement of support legislative concept was submitted at the very end of the available timeframe and it was a hurried process. The bill that resulted looked very different from what was endorsed by the SNAC. It was FQHC-

specific both in definition and in direction. Amendments are currently being drafted to reflect SNAC's original intent:

1. Use SNAC health care safety net definition – and have it moved from the “where as” section into the statutory language of the bill
2. Also include the Policy Statement of Support within the text of the bill
3. Rather than specifying only the MAC and OHPC as health policy boards/commissions that will include core safety net representation, the bill should state something like “including but not limited to”.

Community Health Access Collaboratives Bill (HB 3250)

HB 3250 is scheduled for a Hearing with the House Sub-Committee on Access, March 21. There are champions from approximately 10 community health access collaboratives that are traveling to Salem and scheduled to testify. Dr. Grant Higginson will also testify.

Provider tax bill (HB 3057, 3058, 3059)

Members discussed three provider tax bills being sponsored by Representative Kotek. Tom F. noted that these are very heavy-handed bills and don't constitute sound policy. He queried whether SNAC might want to draft an opinion in response to these bills. The group discussed and determined that they had insufficient understanding of the bills. **Marian agreed to send copies of the bills and provide a bit more context for SNAC members to review and determine if further action is appropriate.**

Mike L. reminded the group that there is quite a bit of federal legislation in play that will impact Oregon's health reform efforts and suggested that the group needs to pay attention to the “ripple effect” of these federal responses. Jackie informed the group that there are currently three pieces of federal legislation related to SBHC's.

Oregon Health Policy Commission

Gretchen M. reported that the OHPC Draft Report is now available electronically. HB 3368 is a first stab at incorporating elements of the report into legislation. Quite a bit of it needs revision. Jeanene Smith presented to the Joint Comm. on Health Reform. The office has also created a one-pager highlighting the commonalities/differences among the 3-4 universal health reform proposals. The OHPC is now in a planning phase to determine its next steps. The Commission is looking at system incentives and engaging additional feedback from both the public and private sector. Would like to get

SNAC is staffed by

2

*Office for Oregon Health Policy & Research
&
Health Services, Health Systems Planning*

SNAC input regarding how to engage safety net concerns/proposals within the larger work plan. **Marian will try to schedule an interim April meeting with SNAC members to develop feedback for OHPC prior to their May 17 meeting.**

Revisiting the NGA Recommendations: Federal Financial Participation

Joel reminded the group of the background surrounding this portion of the SNAC's work. He reviewed the NGA report and its' recommendations and provided additional context regarding where the federal government fits into stabilizing the safety net. (Refer to document - Enhancing the Safety Net Through Data Driven Policy – Updating Federal Financial Participation – 01/12/07 DRAFT)

Tom F. presented to the group, a proposal that a workgroup including Tom, Joel, Cindy Scheick and Marc Gonzales have developed. (Refer to document – Oregon Local/State Partnership for Human Service Funding Team Charter)

The goals of the workgroup are:

- Increased federal return on current local and state general revenues
- Increased federal return on newly developed local and state general revenues
- Management of financial and political risk.

Tom walked the group through the proposal. There were questions regarding where SNAC fits into this process. Tom clarified that the proposal is intentionally not just safety net focused. He would like to come back to the group as the process takes shape and have SNAC advise/react based on safety net needs and provide guidance on most promising efforts. Priscilla L. stated a concern that Oregon is fundamentally under-funded at the federal level across the board. She stated that that the safety net clinics/sites need to be identified separately as well as part of the larger system. The component parts must be understood as well as the whole and she emphasized we will have to get much more sophisticated – each component may need a different strategy.

Retreat:

Marian queried the group r.e. the interest-level and viability of holding a SNAC retreat. There has been transition in terms of staff and council membership. Also important to evaluate the past two years and develop priorities and implementation strategies for the next 1-2 years. There still appears to be some need for cohesion among members in terms of what the

SNAC charge/charter/vision is and the scope of its advisory capacity. Members were generally in favor of the idea. Several stated that they were not interested in spending too much time on the question of vision/charter. Everyone agreed that a work plan – clarifying concrete next steps, would be beneficial. Marian also suggested that better articulation of communication/meeting process issues would be helpful both for members and for staff. **Marian will begin polling the group for available dates.**

Next Steps:

OPCA will make amendments to HB 3367

Marian will send copies of provider tax bills

Marian will schedule interim work session for feedback to OHPC

Marian will work on scheduling Retreat

Meeting Time Change* The May 15 meeting will be from 1:00-3:00 and all subsequent SNAC meetings will be at this new time *****

NEXT SNAC MEETING:

May 15, 2007

1:00-3:00

800 NE Oregon Street, Portland

Room 120B

Scheduled SNAC Meetings

3rd Tuesday, every *other* month

1:00-3:00 P.M.

Safety Net Advisory Council Highlights from May 15, 2007

Safety Net Advisory Council's Charge: *An on-going body that promotes understanding and support for safety net patients and providers in Oregon. SNAC provides policy makers and the Oregon Health Policy Commission with specific policy recommendations for safety net providers in order to ensure the provision of needed health services to vulnerable Oregonians.*

Meeting Goal: Legislative Updates

Discuss/develop input for OHPC work plan

Attendance:

SNAC Members - *Tom Fronk, Craig Hostetler, Priscilla Lewis, Jackie Rose, Vanetta Abdellatif, Bill Thorndike*

Staff - *Marian Blankenship, Laura Brennan, Gretchen Morley, Joel Young.*

Guests/Public – *Beryl Fletcher*

March Meeting Highlights – **SNAC approved.**

Legislative Updates-

Joel sent a legislative update to the council on May 5. The group discussed various elements of the update. Laura and Craig updated the group on HB 3097 – the omnibus bill merging HB 3250, HB 2850 and SB 562. The bill continues to have momentum. It is one of the AARP's top three health care priorities. There have been quite a few entities rallying around the bill and it has bi-partisan support. Joel reported per Scott, that the rural health bills are somewhat held captive in negotiations between the parties. HB 3367 (statement of support legislation) had a hearing but the relating clause was found not to relate strongly enough. HSP, OPCA and OHPR have been working diligently to insert safety net definition and a statement principle into SB 329. It likely will capture the core safety net but not the entire definition.

The group discussed elements of HB 3367 and the importance of getting SNAC into statute and ensuring that core safety net providers are represented on key boards.

Multnomah County SBHC

Jackie summarized the issue for the group and Vanetta provided additional information. It was discussed that the issue is less a policy decision than a revenue decision. Group discussed SNAC's role in understanding/evaluating what happens when a local SBHC closes and the impact to the larger system. There are many unknowns around the issue –i.e. Healthy Kids proposal. The clinics may get a “stay”. SNAC needs to ask questions but be thoughtful about where/how to weigh in on local issues. SNAC could/should weigh in on the larger systemic issue pertaining to insufficient funding for SBHC. There are multiple factors that contribute to SBHC viability. The group discussed the lack of a defined business model for SBHC's – **potential for sub-group work around this issue**. This could culminate in staff compiling a fact sheet or white paper.

OHPC Update:

Gretchen reported that the OHPC is working to move the Reform report out of draft form. She provided the group with a handout proposing the OHPC Health Care Incentives Project. Explained that this work is in its most preliminary stages but the Commission is looking broadly for feedback. The next steps are around determining what the Commission can do in partnership with others regarding payment incentives and beyond (other behavioral incentives). There are many unknowns with legislature in session – if SB 329 passes, there will be a lot of regrouping.

The group discussed the importance of bringing new voices to the table to inform the discussion. Consumer voices are not presently at the table. It is important to discern who is representing underserved populations and to ensure that these perspectives have a direct voice in the process. The group identified this as a point of crossover with the MAC and the need to coordinate. It was suggested that there has already been a lot of good work done around amplifying and engaging underrepresented voices – makes sense to learn from what has been done.

Retreat:

Marian reminded the group of the upcoming retreat. Diana Bianco was secured to provide facilitation. Diana will be contacting several SNAC members prior to the retreat to discuss planning and desired direction.

SNAC is staffed by
Office for Oregon Health Policy & Research
&
Health Services, Health Systems Planning

Priscilla, Jackie, Vanetta and Laura agreed to work with Marian around drafting a SNAC charter/governance document, which will be reviewed by the Council at the retreat. Part of this work will explicate the recruitment process for the council. Marian discussed the fact that Connie Powell will no longer be on the SNAC and the need to undertake additional recruitment.

Next Steps:

- Diana Bianco will contact several SNAC members to discuss retreat planning.
- Priscilla, Vanetta, Jackie, Laura and Marian will meet to develop DRAFT charter document
- Marian will confirm retreat plans and communicate them to the council

NEXT SNAC MEETING:

SNAC RETREAT July 17, 9:00-5:00

September 18, 2007

November 20, 2007

800 NE Oregon Street, Portland

Room 1 C (formerly room 130)

Portland

Scheduled SNAC Meetings

3rd Tuesday, every *other* month

1:00-3:00 P.M.

Safety Net Advisory Council Highlights from Sept. 18, 2007

Safety Net Advisory Council's Charge: *The Safety Net Advisory Council (SNAC) provides the Governor, the Director of DHS, the OHPR Administrator, the Oregon Health Fund Board, the Oregon Health Policy Commission (OHPC) and the Medicaid Advisory Committee (MAC) with specific policy recommendations for the provision of safety net services for vulnerable populations who experience barriers to accessing care.*

Meeting Goal: Update on Oregon Health Fund Board Progress

Update on SNAC sub-committee progress

Recruitment

Attendance:

SNAC Members -, *Craig Hostetler, Priscilla Lewis, Jackie Rose, Vanetta Abdellatif, Ken Provencher, Scott Ekblad and Bill Thorndike (via phone)*

Staff - *Marian Blankenship, Laura Brennan, Gretchen Morley, Heidi Allen*

Guests/Public – Barney Speight, Director of the Oregon Health Fund Board

Charter/Work plan review:

The group reviewed the Charter/Governance document and agreed to move it out of Draft form. Marian briefly reviewed the work plan developed at the July retreat.

Update on the Oregon Health Fund Board process:

The seven members of the Board were confirmed last Thursday (congratulations to Bill Thorndike). The Board will hold its first meeting on 10/2 and an all day retreat on 10/30. The retreat will be open to the public and there will be a speaker from the Commonwealth Fund, highlighting state reform efforts around the country.

Barney described the anticipated work of each of the five committees as well as the timeline for the Oregon Health Fund Board. The Board and staff are looking to existing commissions and boards to populate the committees,

SNAC is staffed by

Office for Oregon Health Policy & Research

&

Health Services, Health Systems Planning

however other stakeholders will be added, as well. The Board will also draw heavily from existing work done by the Oregon Health Policy Commission and the Oregon Business Council.

Barney stated that the safety net is a vital part of the infrastructure and delivery mechanism at the community level. He suggested that there are important areas where the safety net can demonstrate innovations i.e. medical home and behavioral, mental and physical health integration.

SNAC provided some feedback to Barry including the importance of bringing the broader public into the discussion, needed organizational development at the state level around workforce issues, the reduction of duplicative/repetitive structures and processes, the need to break down silos within the state system and the importance of a strong communication plan.

Updates from SNAC workgroups:

Priscilla shared the finance workgroup’s discussions. They have agreed upon several priority domains, focusing thus far on the first domain, which identifies the need for a high level “dashboard” of indicators that measure the financial viability of providers. They identified 8 financial indicators that could be measured. Priscilla walked the SNAC through these indicators, which generated a significant amount of dialogue regarding the value/approach/feasibility of obtaining the data. There was good conversation regarding the importance of combining quantitative with qualitative data as well as the need to be transparent. It was noted that there are lingering concerns among some stakeholders regarding the efficiency of the safety net, that need to be addressed head on.

Craig reported on the data workgroup is using the Coalition of Community Health Clinics’ matrix to develop a baseline of core data measures. The group is looking to mine additional data and start building the return on investment argument.

Laura reported on delivery system workgroup, which has focused more on preparing to engage with the Health Fund Board. It was noted that part of the work has to be around capacity and workforce – though this may not be a specific SNAC focus, it will need to be discussed within safety net context.

It was also noted that the finance workgroup appears to overlap significantly with the data workgroup. Priscilla clarified that the discussion only reflects the first of several priority areas. There was discussion regarding the scope and charge of the workgroups. Each group is charged with developing “domain expertise” in order to engage and inform the Health Fund Board process. In addition, the workgroups are identifying issues and recommendations to be highlighted in the state of the safety net report. Each workgroup will identify data issues that will be referred to the data workgroup to consider/address. There will be some over-lap, however staff will coordinate where possible to avoid duplication.

Recruitment:

SNAC did not have adequate time to discuss recruitment however Marian identified a representative from the ODA and Tracy Gratto from Coalition of Community Health Clinics, as two possible candidates. Additionally, the group empowered Scott to help recruit additional rural representation. Everyone agreed that this is an area of particular need. Recruitment will be further discussed at the October meeting.

NEXT SNAC MEETINGS:

October 16, 2007 Room 710
November 20, 2007 Room 1-C
December 18, 2007 Room 710

1:00-3:00 P.M.

800 NE Oregon Street, Portland
Portland

Safety Net Advisory Council Highlights from October 16, 2007

Safety Net Advisory Council's Charge: *The Safety Net Advisory Council (SNAC) provides the Governor, the Director of DHS, the OHPR Administrator, the Oregon Health Fund Board, the Oregon Health Policy Commission (OHPC) and the Medicaid Advisory Committee (MAC) with specific policy recommendations for the provision of safety net services for vulnerable populations who experience barriers to accessing care.*

Meeting Goal: Update on Oregon Health Fund Board Progress
Update on SNAC sub-committee progress
Recruitment/composition

Attendance:

SNAC Members - Ken Provencher, Craig Hostetler, Jackie Rose, Vanetta Abdellatif, Tom Fronk, Rep. Ron Maurer

Staff - Marian Blankenship, Joel, Young, Laura Brennan, Heidi Allen

Guests/Public – Beryl Fletcher

Introductions/Welcome

The group welcomed its newest member, Representative Ron Maurer.

Update on the Oregon Health Fund Board process:

Heidi provided an update on the HFB. The Benefits, Delivery system and Finance committees are meeting on 10/18 and the Eligibility and Enrollment committee, on 10/24. The initial HFB meeting was on 10/2 and was largely a business meeting. The next will be held on 10/30. Presently the board and staff are working on staging the work. Realistically, much of the work must be complete by April 2008. In addition, they are working to build a strong communication plan that integrates public feedback along the way. They are considering multiple strategies such as developing a blog site, taping all committee meetings, allowing for public testimony at each meeting and a newsletter. The website is now available.

Heidi will be staffing the recently added Disparities committee. Heidi provided the group with an explanation of how this sixth committee was formed. The board and staff looked at the legislation and their charge and agreed that it could not be a successful venture unless a plan for universal access also serves to reduce ethnic/racial, geographical disparities in health outcomes. Heidi stated that the committee would also focus on disparities among the homeless. In addition to being able to provide the kind of focused attention this area requires, it will also allow the chair of the committee to be an ex-officio board member. A suggestion was made to consider how the work is framed and to rename it the Health Equities committee.

SNAC members advised on committee composition. The committees overwhelmingly reflect Portland Metro and Willamette Valley. **SNAC agreed that they would forward additional names for consideration** (reflecting greater geographic diversity) **to Ken and Vanetta**, both of whom are on the Delivery System committee.

Updates from SNAC workgroups:

Laura walked the group through the outline for the State of the Safety Net Report. She emphasized that the report must focus specifically on the health care safety net. The Executive Summary needs to be tight and broadly useful. She pointed to two model reports that should be learned from: The School-based Health Center report and the Coalition for Community Health Clinics – both being tight, informative, glossy and not more than 10-20 pages in length. Rep. Maurer stated that the term “universal” is a loaded term and suggested instead using the phrase “Universal access...”

SNAC was asked to provide feedback to either Marian or Laura on the outline. The next step will be for staff to compile initial drafts and submit for review.

Joel and Marian shared the work of the data committee. Joel framed the goal of developing a core data set across the safety net system. The committee has polled stakeholders from SBHC's, RHC's, FQHC's, OCHIN, Coalition of Community Health Clinics and the two VIMs. Marian shared the matrix, which reflected responses from all but RHC's. The data available across the spectrum will be limited but will allow for an initial baseline and provide areas for future work; in addition, specific elements of one system (i.e. volunteer and in-kind services within community sponsored clinics) can be featured separately.

Marian reminded the group that there would be a **data committee meeting on 10/23, as scheduled.**

Joel discussed the work of the finance committee. He reiterated that the dashboard of domains identified by the committee is broader than the narrow set of indicators discussed at the September meeting. He further emphasized that the proposed financial indicators would be viewed in the aggregate. Relative to the discussion around transparency, he suggested that the safety net is and should be, part of the transparency movement. It was noted that it is important to be planful and strategic around issues of transparency and that there be clear goals and objectives.

In reviewing the financial domains document, it was suggested that the total cost of the patient is missing from the indicators. It was further suggested that a specific service could be selected and viewed across the system to assess how it is informing the evolution of delivery. Domain 6 should perhaps be referred to the Delivery System committee and the full council more appropriately addresses Domains 7 and 8.

Recruitment:

The discussion revolved around three issues:

- Scott is continuing to look for additional rural representation. **If SNAC members have feedback, they should let him know.**
- Abby Sears is interested in replacing Mike Leahy on the SNAC. Having technological/EHR expertise is important for SNAC.
- Based on SNAC's current composition, where are the gaps?

Rep. Maurer indicated that he might have suggestions for rural participation. The group brainstormed other important perspectives including: dental, behavioral health, pharmacy, Tribal health, Latino and health disparities expertise.

The group discussed the issue of transferring from one person to another from the same organization (such as OCHIN). It was noted that SNAC does not have designated slots. It was also noted that certain areas of expertise are highly valuable to maintain, as is historical knowledge of the SNAC.

Staff suggested they would compile a list of potential names and vet with the council electronically. Staff reinforced that this could be done fairly quickly. The group agreed with this strategy, however voted to bring Abby Sears onto the council effective immediately.

Healthy Kids – Safety Net Grants Program

Marian shared draft principles and goals/objectives for the Healthy Kids Proposal – Safety Net Grant program, should Measure 50 pass. Much of the conceptual direction for the grant program is drawn from the work done around HB 3097. In addition, HSP is looking to coordinate with other grant elements within the proposal such as the rural health grants and the outreach and enrollment grants. HSP will be sending out an RFI to gather basic information within the next few days.

It was suggested that it will be important to get concrete as soon as possible given that once the money is on the table, there will be less opportunity for flexibility. Marian explained that additional work has been undertaken in operationalizing the grant program, however, **Health Systems Planning (HSP) is looking to the SNAC to advise on general direction and principles, at this time.**

Meeting adjourned

NEXT SNAC MEETINGS:

November 20, 2007 Room 1-C
December 18, 2007 Room 710

1:00-3:00 P.M.

800 NE Oregon Street, Portland
Portland

Safety Net Advisory Council Highlights from November 20, 2007

Safety Net Advisory Council's Charge: *The Safety Net Advisory Council (SNAC) provides the Governor, the Director of DHS, the OHPR Administrator, the Oregon Health Fund Board, the Oregon Health Policy Commission (OHPC) and the Medicaid Advisory Committee (MAC) with specific policy recommendations for the provision of safety net services for vulnerable populations who experience barriers to accessing care.*

Meeting Goal: Update on Oregon Health Fund Board Progress
Update on SNAC sub-committee progress
Membership

Attendance:

SNAC Members - Ken Provencher, Jackie Rose, Vanetta Abdellatif, Priscilla Lewis, Bill Thorndike, Abby Sears, Scott Ekblad

Staff - Marian Blankenship, Joel Young, Ilana Weinbaum

Guests/Public – Beryl Fletcher, Abby Christopher

Introductions/Welcome

The group welcomed its newest member, Abby Sears.

October Highlights: Members were encouraged to notify Marian of any desired changes. None were identified at the meeting.

New Membership: Ken Provencher will be stepping down from SNAC at the end of the year. The Council acknowledged Ken's contribution and strong leadership over the past two years and thanked him for his participation. A new chair will need to be identified by the Jan. 2008 meeting. Staff will work with Council members around this transition.

The group reviewed prior recruitment discussions and the goals of a) striking a balance of representation across different safety net sectors, b) including

needed areas of expertise and; c) expanding SNAC's geographic and racial/ethnic diversity.

The Council unanimously approved four recommended new members.

Tracy Gratto – Coalition of Community Health Clinics

Laura Brennan – Pacificsource Health Plans

Beryl Fletcher – Oregon Dental Association

Jim Thompson – Oregon Pharmacy Association

Staff is in discussion with two other potential members. Additional information will be forthcoming.

EHR and the safety net – challenges/opportunities:

Abby Sears provided a brief overview of OCHIN's work. She discussed challenges to broader adoption of EHR among safety net providers, chief among them: price, loss of productivity and needed infrastructure. She emphasized that the challenge lies not only in deploying and implementing EHR but also the *use* of it. Clinics must be willing/able to change their practice and track meaningful data. The true impact of broad-based EHR adoption lies in the potential to inform policy and conduct research. If a clinic is merely utilizing it as a substitute for its earlier paper-based systems, the value proposition cannot necessarily be made. Abby suggested that the SNAC might want to address the following policy question - *to what degree is it a community's responsibility to support implementation.*

Both OCHIN and the state have been presented with HIT opportunities:

- OCHIN has received four million dollars in grants from HRSA
- The state received a Medicaid transformation grant to develop a portable health record for the Medicaid population
- The state just received an FCC grant (third largest award in the nation) to help rural communities build internet networks to connect rural health clinics

Even so, Abby noted that it remains necessary to re-work incentives to adequately promote broad EHR adoption. One approach is to adjust the PPS rate appropriately.

Abby also clarified the difference between an EHR and Chronic Disease/Registry tools. They are not the same thing and neither will produce exactly the right tool by itself. OCHIN has added to its system to include more population management options – it is necessary to add chronic disease management tools on top of an EHR.

Health Fund Board updates:

Bill Thorndike provided an update on Board activities. They have had three meetings thus far and have been presented with a fairly broad range of material; reinforcing the reality of the complex task that lies ahead. A significant part of the Boards work will rest in distilling information from the various committees to assure they are in alignment with one another. He noted the need to be both flexible and adaptable relative to the timeframe, while also needing to get the job done.

Vanetta Abdellatif and Ken Provencher gave an update on the delivery system committee. Both agree that the agenda is ambitious, the committee is still in gear-up stage and the challenge will be in the group’s ability to narrow its focus. There will be a small workgroup that will convene to develop a straw-person framework from which to move forward. This framework will draw from the IOM Quality Chasm report, the HHS Four Cornerstones and the Triple Aim work.

Council members discussed coverage of the various committees. Scott Ekblad. is on the Equities comm. Nicola Pinson is on the Federal Laws; Beryl Fletcher stated that she will track the E&E and the Benefits committee. Marian and Joel will also attend as many committee meetings as is possible.

SNAC Committee Update(s)

The data committee met on 10/23. The group has agreed to work with the longer data matrix and to assist in supplying the data. Once collected and analyzed, it will be a matter of packaging the data to tell different stories (i.e. the volunteer clinics will have a lot of data related to volunteer utilization that can tell one story, while FQHC’s have a fairly robust set of data that will be able to tell another etc.)

Marian handed out a report timeline for the group to look at/respond to. The next 4-8 weeks will be focused on developing drafts of the report for the SNAC to review. February remains a realistic timeframe within which to

complete the report. There will need to be a small workgroup to address education/dissemination of the report. This group will likely be convened in January.

Next Steps: The Council agreed to keep monthly meetings on the calendar for February and April but reserve the option to meet via telephone or not at all depending upon the work to be done.

Marian shared draft SNAC letterhead with the group and requested that members email her with their desired name/title. Also reminded the group that SNAC needs a logo/perhaps the education/communication workgroup can develop this.

Meeting adjourned

SNAC Meetings:

December 18, 2007 Room 710

January 15, 2008 Room 918

February 19, 2008 TBA

March 18, 2008 Room 918

April 15, 2008 TBA

May 20, 2008 Room 918

July 15, 2008 Room 918

September 16, 2008 Room 918

November 18, 2008 Room 918

1:00-3:00 P.M.

800 NE Oregon Street, Portland

Portland

DRAFT
Safety Net Advisory Council
Highlights from December 18, 2007

Safety Net Advisory Council's Charge: *The Safety Net Advisory Council (SNAC) provides the Governor, the Director of DHS, the OHPR Administrator, the Oregon Health Fund Board, the Oregon Health Policy Commission (OHPC) and the Medicaid Advisory Committee (MAC) with specific policy recommendations for the provision of safety net services for vulnerable populations who experience barriers to accessing care.*

Meeting Goal: Update on HFB Progress and SNAC Workgroups
Workforce Discussion
EHR Discussion
Membership/Leadership

Attendance:

SNAC Members - Ken Provencher, Jackie Rose, Vanetta Abdellatif, Priscilla Lewis, Bill Thorndike, Scott Ekblad, Craig Hostetler, Beryl Fletcher, Tracy Gratto, Jim Thompson, Representative Ron Maurer

Staff - Marian Blankenship, Joel Young, Heidi Allen

Introductions/Welcome

The group welcomed its newest members; Tracy Gratto, Jim Thompson, Beryl Fletcher

November Highlights: Approved.

Health Fund Board updates: Bill provided an update on the HFB progress. He noted the broad representation on the Delivery System sub-committee and emphasized that this committee along with the finance committee is the cornerstone of the work. The Board has been tightening the Charters of the committees and the Assumptions/Principles of their work. They added an additional principle around optimizing prevention and wellness. The Board is challenging all of the Committees to be bold in their work. Bill praised the professional and high-quality work of the staff. All of the committees have broadened their original scope somewhat. The reform effort itself is broadly

SNAC is staffed by

*Office for Oregon Health Policy & Research
&
Health Services, Health Systems Planning*

extending access beyond covering the uninsured. The concept of needing to have both a floor and a ceiling is an ongoing focus.

Beryl reported on the Benefits committee, which is looking toward a base plan for everyone. They will be looking at both the Prioritized list and commercial Guidelines. There will be sub-committees that focus on prevention, rural and public health. The committee is interested in building prevention into the plan. They have not gotten into specific benefit design discussions yet. There is both oral and mental health representation on the committee.

Joel reported on the E&E committee meeting which included some OHP history regarding premium share, personal contributions and the impact. The group is looking at affordability and is considering full-subsidization up to 150% FPL and partial subsidy up to 200% FPL. A discussion ensued and many felt that 150 and 200% were unrealistically low. The E&E committee is interested in the strategic use of co-payments to encourage/discourage certain behaviors. Members of the group reinforced that affordability is a key issue and that OHP reported that below 250% of FPL, people have no ability to buy in. Heidi clarified that the committee's rationale is that it is better to introduce cost sharing earlier but focus on how subsidies are structured.

Discussion ensued regarding the Exchange sub-committee. Beryl reported that the group is focusing on the individual market and assessing various options. It will be important to look at the ramifications of changes to the individual market on the group market. Concern was expressed regarding the possibility that the exchange could be seen as a "Chinese Menu" and could drive out the individual market. It was also noted that an individual mandate will meet with opposition, likely ensuring its referral to voters. Concern was expressed regarding the Board and Committee work being aligned and also the compressed timeframe that the work is being driven by. The issue of immigrant/documentation status must be addressed early and upfront.

Ken provided an update on the Delivery System committee. The last two meetings have contained many presentations and the group has been doing a lot of listening. The last meeting was conjoint with the HFB and focused on primary care revitalization. The group needs some time to process and discuss. Bill suggested that some of the work will be undertaken in a smaller caucus mode and then brought back to the committee.

Workforce/Safety Net

Joel reminded the group of the Governor's specific requests relative to Workforce and EHR within the safety net and reviewed with the group some key assumptions and questions related to Workforce needs and the safety net. (see handouts provided at meeting and electronically) The group agreed that these are the right questions and the assumptions are directionally correct. Two additional questions were added: 1. How accurate is the data and do we have what we need? 2. Where are providers in the safety net coming from? (A reminder that distribution is as important as overall numbers).

Discussion:

Members discussed looking at scope of practice strategies and re-orienting who does what. Jim noted that Oregon has the highest percentage of pharmacists doing immunizations in the country and that collaborative therapy holds a lot of promise. There is a need to bridge the communication gaps between pharmacists and physicians and to better utilize the people who are already in the workforce. Bill discussed the health care career ladder and noted that the health care industry has many powerful employers, is a very large system and has a fairly uniform educational system – the message needs to be that there are lots of opportunities – rather than limitations. Identify the resources and the connections and these will drive the solutions. Building the synergy between the safety net, rural communities, educators, and employers is key.

A further suggestion was made that licensure boards need to track different locations and FTE where providers are working (link license information with data). This strategy needs to be mandated, the data collected and the resources appropriated to analyze the data. It will also allow identifying providers who are licensed but inactive.

Staff will arrange a focused workgroup to further this discussion and culminate with recommendations to the Governor. A similar workgroup will be convened relative to EHR penetration and the safety net.

SNAC Committee Update(s)

Priscilla provided a brief update of the finance and data committee work. The groups have arrived at the Core data set and are finalizing the financial

*SNAC is staffed by
Office for Oregon Health Policy & Research
&
Health Services, Health Systems Planning*

indicators. The group is adding quality measures to the CDS and then a final request will be made for the data. The committees came up with a model for reporting out the financial data that will be based on a business model and will highlight each sector similar to a “line of business” framework to tell the story. It was suggested that a comparative marker would provide important context. The report will have multiple audiences and will need to be packaged differently for differing uses. Need further discussion about how the report will be released and distributed.

New Membership:

The group universally approved addition of Steve Kliever, to the Council. Priscilla and Craig were universally approved as the new co-chairs for the Safety Net Advisory Council. Much appreciation was extended to Ken Provencher for providing leadership over the past two years.

Next Steps:

Staff will convene EHR and Workforce workgroups within next 30 days
SNAC committees continue CDS and financial data collection and analysis and work on the report to the Governor
Staff and SNAC members will track HFB process

Meeting adjourned

SNAC Meetings:

January 22, 2008 Room 918
February 19, 2008 TBA
March 18, 2008 Room 918
April 15, 2008 TBA
May 20, 2008 Room 918
July 15, 2008 Room 918
September 16, 2008 Room 918
November 18, 2008 Room 918

1:00-3:00 P.M.
800 NE Oregon Street, Portland
Portland

*SNAC is staffed by
Office for Oregon Health Policy & Research
&
Health Services, Health Systems Planning*

*SNAC is staffed by
Office for Oregon Health Policy & Research
&
Health Services, Health Systems Planning*

Safety Net Advisory Council Highlights from February 6th, 2007 Meeting

Safety Net Advisory Council's Charge: *An on-going body that promotes understanding and support for safety net patients and providers in Oregon. SNAC provides policy makers and the Oregon Health Policy Commission with specific policy recommendations for safety net providers in order to ensure the provision of needed health services to vulnerable Oregonians.*

Meeting Goal: Welcome new SNAC member. Review legislative proposals. Review NGA Recommendations and set SNAC Goals/Priorities for 2007.

Attendance:

SNAC Members - *Craig Hostetler, Priscilla Lewis, Ken Provencher, Scott Ekblad, Vanetta Abdellatif, Mike Leahy, Tom Fronk*

Staff - *Marian Blankenship, Laura Brennan, Gretchen Morley, Michael Stickler, Laura Brennan, Joel Young.*

Guests/Public – *Paige Webster, Josie Silverman, Nap Steele and Heidi Allen.*

Nov. Meeting Highlights – SNAC approved.

Legislative Updates:

Safety Net Placeholder/Statement of Support

Group agreed that the agenda was very full and that it would address as was realistically possible and table the remaining items until next meeting.

Marian and Joel advised the Council of recent communications with Bruce Goldberg relating to SNAC's policy proposals and the scope of SNAC's charge. *Marian will share Bruce's response with the group.*

Craig and Marian updated the group on a meeting between several SNAC members, DMAP, OHPR and DHS, regarding the statement of support language. The Council made some recommendations r.e. the level of specificity within the proposal and the value of having such language in

statute in order to support safety net specific bills/proposals as they arise (similar to what the ORH has pertaining to the rural safety net). Rep. Greenlick gained a legislative placeholder for safety net legislation, which would include the statement of support language. **Craig and the FACHC will take the lead on this legislative concept and will coordinate with Mike r.e. the possibility of tying the EHR proposal into the placeholder bill.**

Primary Care Medical Home

Craig distributed a copy of the legislative concept – LC 1821. The bill incorporates a role for the SNAC in the granting process. Currently the bill is missing a data/evaluation component. The next iteration will include OHPR and will require that each pilot site have 3-4 common data elements. The grant awards will likely fall between \$200,000 - \$ 1 million a piece and there will be 10-15 grants. The focus will be on concentrated payor mixes. There was discussion among the group regarding the possibility of including Medicare as part of the concentrated payor mix criteria, particularly when considering rural communities.

SB 37 (rural safety net services and programs) and SB 188 (loan repayment program)

Scott clarified that SB 37 was introduced at the request of the Rural Health Association. It will reinstate EMS training and Equip. grant dollars, subsidize isolated rural health centers and fund a rural health viability fund. The bill will have a hearing on Feb. 9 and Feb. 12. SNAC had discussed endorsing SB 37. Insufficient time for deliberation and a lack of clarity regarding process precluded SNAC from endorsing the bill at this time.

SB 188 has had one hearing and was unanimously passed and referred to the Ways and Means Comm. This bill both refines the existing loan repayment program and adds dentists. There is funding for this bill in the Gov.'s budget.

There was general discussion surrounding SNAC's range of motion. Is it appropriate for the Council to be going beyond its own proposals by endorsing or opposing other safety net related legislation? Is SNAC looking systemically at the entire safety net? Can a particular constituency bring a proposal to the SNAC and ask for endorsement? There was general agreement that SNAC's charge is broader than its own proposals and that it is the body charged with *advising* on matters relating to the health care safety

SNAC is staffed by

2

*Office for Oregon Health Policy & Research
&
Health Services, Health Systems Planning*

net in Oregon. Better articulation and expression of SNAC's parameters appears to still be necessary, however.

Community Health Access Collaboratives Bill

Laura shared a copy of the Washington legislation that is currently being drafted into a legislative concept in Oregon. Laura presented the bill to the group largely as an FYI. The group was reminded, however that the original NGA recommendations included support for community innovations, which was initially taken up by the Oregon Health Policy Commission's Local Delivery System Models workgroup, but has strong points of connection with the health care safety net and the work that the SNAC is doing.

Laura advised the group that she and Craig are coordinating their efforts and see this legislation and the Primary Care Medical Home legislation as dovetailing. Laura and Mike have also been coordinating around EHR. The legislation has strong support from the ONA.

Oregon Health Policy Commission

Gretchen shared a copy of the executive summary of the Commission report with the Council. The Report is complete and should be going public soon. SNAC input will be important. There will be opportunity to respond to the report via a survey monkey and/or SNAC could draft a letter. There is no explicit EHR recommendation within the report. There was trouble meshing the two proposals (SNAC's and the Quality and Transparency Workgroup). OHPC is shifting its focus toward payment reform. This will likely be a good mechanism by which to incentivize infrastructure development. Rep. Greenlick has placeholder for the OHPC.

Health Care Workforce Proposal.

The group discussed the work done by Mike and Priscilla to expand the volunteer licensure proposal into a broader health care workforce proposal. The Council reviewed, suggested some edits and agreed to adopt the revised workforce proposal. **Marian will incorporate changes suggested and will send revised version to the SNAC for review and comment.**

The Council agreed to table the rest of the agenda – The roadmap to reform, reviewing the NGA recommendations and setting strategic policy goals/actions for 2007, until the next meeting.

Group discussed the possibility of changing SNAC meeting time from 10-12 in the morning, to 1-3 in the afternoon. **Marian will poll the group via email and determine if a time change is feasible.**

Next Steps:

Road Map subgroup – Craig and Priscilla
Data subgroup – Mike, Priscilla, Heidi, Joel, Marian
FFP subgroup – Tom, Joel Young
Agenda Committee – Ken, Priscilla, Marian

NEXT SNAC MEETING:

March 20, 2007

10-noon

800 NE Oregon Street, Portland

Room 120B

Scheduled SNAC Meetings

3rd Tuesday, every *other* month
10:00 a.m. – 12:00 p.m.