



Oregon

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To: Senator Monnes-Anderson, Senator Kruse, and Members of the Senate Health Care and Veterans' Affairs Committee

From: Jeanene Smith MD, MPH, Administrator
Office for Oregon Health Policy and Research

Date: April 16, 2009

Subject: Workgroup Amendments to the SB 456

As requested by Chair Monnes-Anderson at the March 10 meeting of the Senate Health Care and Veterans' Affairs Committee, the Administrator of the Office for Oregon Health Policy and Research convened a workgroup to develop consensus amendments for SB 456. Members of the workgroup included representatives of the Oregon Primary Care Association, CareOregon, Coalition for a Healthy Oregon (COHO) and OHSU and members of the Health Fund Board and its Delivery Systems Committee.

The workgroup reached consensus on the following changes to SB 456 which are reflected in the -3 amendments.

- Adds a preamble to address concerns about the name integrated health home. While the name integrated health home was left throughout the bill to honor the work of the Oregon Health Fund Board and the hundreds of Oregonians that were involved in the OHFB process, this preamble acknowledges that there are many different names used for this model and highlights the key features that are common between all models.
- Alters language to reflect that the Integrated Health Home (IHH) Program should concentrate on just defining the core components of the model and identifying a simple process for identifying practices meeting these core components. Members were concerned that an actual certification process for integrated health homes would be too prescriptive about how the model should be implemented and too burdensome for practices.
- Reflects the need for the IHH Program to focus on retention and growth of primary care providers.
- States that the Director of the Department of Human Services, rather than the Administrator of the Office for Health Policy and Research, will appoint members of the IHH Program advisory committee.

- Ensures that the public has a voice in the IHH Program process.
- Allows private stakeholders to participate in the learning collaborative. Clarifies that the learning collaborative is meant to allow various stakeholders to share best practices and to facilitate cooperation on programs and pilots, without requiring practices to follow any specific policies. New language also allows the learning collaborative members to collaborate on efforts to change incentives to align with the integrated health home model as well as to conduct research on the implementation of the integrated health home model.
- Provides anti-trust protection for private companies working on the Integrated Health Home program. This allows public and private stakeholders to collaborate on payment reform efforts, as well as other initiatives.
- Clarifies that DHS should only reimburse for OHP enrollees in integrated health homes as the current budget allows and requests that as possible, DHS will align efforts with efforts of the collaborative to align incentives in support of the integrated health home model.
- Allows reimbursement for interpretive services in OHP programs where federal match is available.
- Allows private stakeholders to work with state agencies to develop policies to encourage individuals to utilize IHH services.
- Requires DHS, in cooperation with PEBB and OEBC, to develop, pilot and evaluate community-based strategies that utilize community health workers to enhance culturally competent and linguistically appropriate care.
- Clarifies that grants provided under the public health initiatives described in Section 4 of the bill will focus on reducing health disparities.