OHPB Committees and Task Force

Health Care Workforce Committee
The Health Care Workforce Committee is chartered to coordinate efforts in Oregon to recruit and educate health care professionals and retain a quality workforce to meet the demand created by the expansion in health care coverage, system transformation and an increasingly diverse population. The Workforce Committee will advise and develop recommendations and action plans to the Oregon Health Policy Board (OHPB) for implementing the necessary changes to train, recruit and retain a changing health care work force that is scaled to meet the needs of new systems of care. One important objective of the Health Care Workforce Committee is to become the most complete resource for information about the health care workforce in Oregon by improving data collection and assessment of Oregon's health care workforce through regular analysis and reporting of workforce supply and demand.

Health Incentives and Outcomes Committee
The Health Incentives and Outcomes Committee is established to investigate, evaluate and develop recommendations to the Board for transparent payment methodologies that provide incentives for cost-effective, patient-centered care and reduce variations in cost and quality of care. The Committee will provide technical performance measurement and reporting expertise and make recommendations to the Board about and continually refine uniform, statewide health care quality standards in support of a high performing health system and the further development of value-based benefit design for use by all purchasers of health care, third-party payers and health care providers.

The Committee is comprised of two Subcommittees:

- *Payment Subcommittee* — focused on payment policy and standards
- *Quality Subcommittee* — focused on standards and metrics related to value: both policy and cost in health care

The two subcommittees together will constitute the Committee, which will bring recommendations to the OHPB.

Medical Liability Task Force
The Medical Liability Task Force is chartered to examine current state medical liability laws and policies, their impact on the cost and delivery of healthcare and to develop a range of medical liability reform proposals for consideration by the OHPB and the Oregon Legislature. The Task Force will be guided by the Triple Aim of improving

population health, improving the individual's experience of care and reducing per capita costs.

Oregon Health Improvement Plan Committee
The Oregon Health Improvement Plan (HIP) Committee is chartered to provide leadership, direction and oversight for the development of a statewide Oregon Health Improvement Plan. The Committee will identify evidence-based interventions that incorporate policy, systems and environmental approaches to promote population health at the state and community levels for the prevention, early detection and management of chronic diseases. The Committee will recommend strategies that link population health to the health care delivery system and communities. The Committee will advise and make recommendations to the OHPB regarding the development and implementation of the Oregon Health Improvement Plan.

Patient-Centered Primary Care Home Standards Committee
The Patient Centered Primary Care Home Standards Advisory Committee was created by House Bill 2009 and members were appointed in the fall of 2009. The committee's function is to provide policy guidance to Office for Oregon Health Policy and Research (OHPR) during the development of standards and quality measures under the Patient Centered Primary Care Home Program. The goal is to improve the availability and affordability of high quality patient centered primary care to all Oregonians. The Committee has finished its work and made its recommendations.

Public Employers Health Purchasing Committee
The Public Employers Health Purchasing Committee will endorse uniform contracting standards for consideration by county, city and other public employers in their medical benefit contracts with insurers or third party administrators. The Committee will also develop an action plan for ongoing collaboration with other public employers and labor-management groups in the public sector. Uniform contracting standards will include quality of care metrics, evidenced-based/best practice guidelines and payment methodologies. The goal of these activities is to support the transformation of local health care systems across the State.

Oregon Health Authority Councils, Commissions and Work Groups

Administrative Simplification Work Group
The Administrative Simplification Work Group is a short-term work group created by direction of HB 2009 to help OHPR develop recommendations for standardizing administrative transactions between health plans and healthcare providers. The work group process will generate recommendations to both the OHPB and the Insurance Division. The goal is to reduce health insurance administrative costs in order to make coverage more affordable.

Cost Sharing Workgroup
The Cost Sharing Workgroup will be refining the cost sharing levels in the Essential Benefit Package initially recommended by the Oregon Health Fund Board's Benefits Committee along with the new federal health reform law, looking at affordability to the individual, employer and State. This will involve discussing appropriate levels of deductibles and out-of-pocket maximums for individuals and families at different income levels as well as copays/coinsurance amounts for value-based services, diagnostic services, prescription drugs and services in the four tiers of services as defined by the Prioritized List of Health Services. Their work will then be forwarded to the OHPB for consideration in developing a baseline benefit package for the Oregon Health Insurance Exchange and may be used as the basis for other public and private benefit plans.

Health Information Technology Oversight Council (HITOC)
HITOC Strategic Workgroup
The Health Information Technology Oversight Council is a statutory body of Governor appointed, Senate-confirmed citizens, tasked with setting goals and developing a strategic health information technology plan for the state, as well as monitoring progress in achieving those goals and providing oversight for the implementation of the plan. The HITOC is currently coordinating Oregon's public and private statewide efforts in electronic health records adoption and the eventual development of a statewide system for electronic health information exchange. The HITOC will help Oregon meet federal requirements so that providers may be eligible for millions of federal health information technology stimulus dollars. The HITOC builds on the past work of the Health Information Infrastructure Advisory Committee (HIIAC) and the Health Information Security & Privacy Collaborative (HISPC).The HITOC Strategic Workgroup was created by the HITOC in December 2009 to make recommendations

and provide expert advice to the HITOC on the content of its state health information exchange (HIE) strategic and operational plans.

Health Resources Commission (HRC)
The Commission's role is to encourage the rational and appropriate allocation and use of medical technology in Oregon by informing and influencing health care decision makers. It does so through analysis and dissemination of information concerning the effectiveness and cost of medical technologies and their impact on the health and health care of Oregonians. Through its activities, the Commission can contribute to reducing the cost and improving the effectiveness of health care, thereby increasing the ability of public and private sources to provide more Oregonians with financial access to that care.

Health Services Commission (HSC)
Oregon established a set of policy objectives to guide the development of a methodology for setting health care priorities. In 1989, the Oregon Legislature created the Health Services Commission and directed it to develop a prioritized list of health services ranked in order of importance to the entire population to be covered. The resulting prioritized list (including physical health, mental health, and oral health services) is used by the Legislature to allocate funding for Medicaid and SCHIP, but the Legislature cannot change the priorities set by the Commission. The Commission, made up of 12 volunteer members, can consider both clinical effectiveness and cost effectiveness in determining the prioritized list. It meets regularly to update the list, in addition to performing a biennial review for the Legislature.

Physicians Orders for Life-Sustaining Treatment (POLST) Registry Advisory Committee (PRAC)
The Oregon Physician Orders for Life-Sustaining Treatment (POLST) program is designed to assure that the medical treatment wishes expressed by the patient are honored by health care professionals as the patient moves from one health care setting to another. The voluntary use of the POLST document is expected to complement the advance directive, if one has been completed. The POLST Registry Advisory Committee (PRAC) is charged with advising the Oregon Health Authority (OHA) regarding the implementation, evaluation, and operation of the registry. The Committee also reviews research proposals to access Registry data and advise the OHA on whether access should be granted.

Medicaid Advisory Committee (MAC)
The Medicaid Advisory Committee (MAC) is a federally-mandated body which advises the Oregon Health Authority and the Department of Human Services on the operation

of Oregon's Medicaid program, including the Oregon Health Plan. The MAC develops policy recommendations at the request of the Governor and the Legislature.

Safety Net Advisory Council (SNAC)

The Safety Net Advisory Council (SNAC) supports vulnerable populations who experience barriers to care by providing the Governor and policy makers with specific policy recommendations to ensure a safety net of health services. The SNAC will draft recommendations to inform the Oregon Health Policy Board (OHPB) Blueprint for Health Reform and will provide input to the Board's Health Improvement Plan, Workforce and Incentive and Outcomes committees. SNAC is tasked with helping to ensure that policies are shaped to address health disparities and underserved populations. The Council will identify a dashboard of key metrics that will help to know when the health care safety net system is fulfilling its mission and achieving its goals.