

## **OHP2 Evaluation Project December 12, 2002**

### Attendees

Matt Carlson, CareOregon  
Dennis Deck, RMC Research  
Roy Gabriel, RMC Research  
Pam Hanes, Oregon Health Policy  
Institute, OHSU  
Dennis McCarty, Oregon Health Policy  
Institute, OHSU  
Lorey Freeman, Oregon Law Center  
David Mosen, CareOregon  
Bob Lowe, Oregon Health Policy  
Institute, OHSU

Lisa Krois, OHPR  
Bill Wright, CORE, Providence Health  
System  
Tina Edlund, CORE, OHPR  
Judy Mohr Peterson, OMAP  
Jeanene Smith, OHPR  
Liz Stevenson, OHPR  
Mike Bonetto, FHIAP  
Paulos Sanna, FHIAP  
Charles Gallia, OMAP  
Colleen Russell, Multnomah Co.  
Ellen Pinney, OHAC

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### **Meeting Goals**

- Identify OHP2 OMAP / FHIAP evaluation projects
- Identify outside investigators current/proposed OHP2 evaluation projects

### **OMAP Evaluation Plan**

1. CAHPS survey will include FHIAP, sampled like FCHP (one study in collaboration with CareOregon)
2. EQRO: have moved to a rapid cycle improvement approach with EQRO every 6 months. Expanding to use and retention of services (all FCHPs, DCOs).
3. Hearing, complaint, grievance reports (quarterly)
4. On-site QI review
5. Special reports
6. Enrollment & disenrollment reports (quarterly)
7. Provider co pay survey, provider survey
8. OHP member interview or focus group
9. Race and ethnicity CAHPS report
10. Depression Dx study (w/RTI) before/after 1st benefit addition, compared to new change
9. Provider capacity- # providers by county, specialists-peds etc.
10. HEDIS as related: immunization, advice to quit smoking, initiation of prenatal care, diabetes care
11. Project Prevention: immunization registry, tobacco cessation, (what else?)
12. Participating the HRSA-Commonwealth Race and Ethnicity Disparities Report Card project
13. Reporting requirements to CMS
  - a. 1115 waiver requirements
  - b. impact of increased cost sharing
  - c. impact of reduction in benefits

Need rapid/real-time feedback on benefits cut/cost sharing

**Roll-Out of OHP changes:**

Jan: Co-pays

Feb: OHP2

March: elimination of mental health, chem. depend., DME for OHP-Standard

**Bill Wright, Providence Health Systems, CORE****David Mosen, Matthew Carlson, CareOregon**

1. 3-year longitudinal panel study to follow individuals as they move off of OHP, through the safety net, etc.
2. Key questions: Does reduced benefit package affect whether and how people utilize care? Do reduced benefits result in persistent conditions going unmanaged? What is the relationship between cost-sharing, reduced benefits and reenrollment/churning? If expansion takes place, does raising the eligibility cap increase stability of enrollment?

**Bob Lowe, Director of Research, Emergency Medicine, OHSU**

1. OHP2 impact on access to care
2. The serial cross-sectional study design will follow patterns of ED utilization over time, to determine whether there are changes in diagnostic mix and payer mix of ED patients seen in a sample of OR's emergency rooms.

**RMC Consulting, Roy Gabriel, Dennis Deck**

1. Key Questions: What are the outcomes of publicly funded methadone maintenance programs treating opiate dependence in OR and Wash (both include methadone maintenance srcvs. in Medicaid but different financing)
2. Looking at utilization (MMIS data) of substance abuse services. Noticed increasing utilization of methadone treatment. Of those receiving publicly provided methadone services, 60% are new eligibles.

**FHIAP, Mike Boneto**

1. Piggybacking on OMAP activities/will participate in CAHPS survey
2. Tracking enrollment/disenrollment numbers
3. Tracking members by income category: 1-100%, 100-125%, 125-150%, 150-170%, 170-185%
4. Track members who would otherwise be eligible for Medicaid (public vs. private choice)
5. Survey OR employer-sponsored health insurance market

**OHPR, Jeanene Smith**

1. RWJF third-year funding to supplement and coordinate OMAP and FHIAP evaluation efforts.
2. OHPR purposed to take the role of facilitator in the collaboration between investigators.

**OHPR, Liz Stephenson**

1. Collection and analysis of:
  - Nursing home data
  - Trauma centers
  - Hospital inpatient discharge data, amb. surgical centers
  - Hospital financial data
  - Oregon Population Survey (OPS) data

**Invite to future meetings.**

Mike Leahy, OCHIN

Mental health should be represented

Rural health

Dental

Gwen Grams

Joel Young's group

Mel Kohn's office

**Next Steps:**

Short term evaluation. What kind of proxies can be used?

Short term, intermediate, long-term eval needs.

Organizational/functional structure of group, timelines, funding

**Next Meeting:            January 9, 2003  
   1:30 to 3:30 pm**

**Metro Regional Center  
600 NE Grand – Portland  
Room 370A**

## OHREC Public Meeting Minutes January 09, 2003



### Attendees

|                                   |   |
|-----------------------------------|---|
| Tom Turek, OMAP                   | Charles Gallia, OMAP                        |
| Jon Collins, OMHAS                | Anita Miller, OMHAS                         |
| Amy Malone, Kaiser                | Kathy Ketchum, OSU College of Pharmacy      |
| Kevin Earls, OAHHS                | Judy Zerzan, OHSU                           |
| Paulos Sanna, IPGB                | Jim Dameron, DHS                            |
| Bill Wright, Providence, C.O.R.E. | Scott Shipman, OHSU                         |
| Lacey Freeman, Or. Law Center     | Ron Beattie, OCHIN                          |
| Paula Young, Care Oregon          | Nancy Clark, DHS-HS-HPCOP                   |
| Peggy Anes, HIAA                  | Jennie Hamilton, Oregon Primary Care Assoc. |
| Ken Rosenberg, DHS                | Michael Rohwer, MD, PHTECH                  |
| Judith Becher, UWA-MPH            | David Mosen, Care Oregon                    |
| Matt Carlson, Care Oregon         | Bob Lowe, OHPI/ OHSU                        |
| Pamela Hanes, OHSU                | Jacob Post, Oregon Primary Care Assoc.      |
| MaryAnn Evans, DHS/ HS            | Joel Young, HS                              |
| Jeanene Smith, OHPR               | Tina Edlund, OHPR                           |
| Lisa Krois, OHPR                  |   |

### **Meeting Goals**

- Review OMAP/ FHIAP evaluation matrix
- Overview of Draft for OHREC Vision / Mission / Goals
- Formation of OHREC workgroups

### **I. OMAP / FHIAP Evaluation Matrix** (See attached document)

The OMAP/FHIAP evaluation questions, data sources and analysis plan were reviewed by the group. Suggested changes, notes are included in the attached matrix.

### **II. OHREC Vision/ Mission/ Guiding Principles/ Goals**

A proposed vision, mission, guiding principles and goals statement was distributed to the group for review and comment. A change suggested and adopted at the meeting was to add the word "population" to the end of the Vision statement. The proposed statements are included below. If you have any suggestions or comments before the next OHREC meeting, please contact either Lisa Krois at [Lisa.Krois@state.or.us](mailto:Lisa.Krois@state.or.us) or Tina Edlund at [Tina.Edlund@state.or.us](mailto:Tina.Edlund@state.or.us).

### **Proposed Statement of Vision, Mission, Guiding Principles and Goals**

*VISION:* Providing the opportunity for collaborative efforts among health services researchers focusing on the Oregon Health Plan *population*.

*MISSION:* Mission is to investigate, evaluate and effectively disseminate health services information in the interest of informing health policy in Oregon.

## *GUIDING PRINCIPLES*

1. Consistent with Legislative intent as expressed in HB 2519 and the waiver application.
2. Allows Oregon Legislative Review of program successes/ failures.
3. Responsive to CMS
4. Provides information to manage the program (FHIAP; OHP2 in its entirety)
5. Provides information about broad social impacts.

## *GOALS*

1. Facilitate research efforts to inform legislature and stakeholders on Oregon Health Plan issues.
2. Procure a grant to fund a collaborative research project to study long-term impacts to Oregon Health Plan changes.
3. Establish a working information network among health services researchers and the state for improved communication and efficiency of research efforts.
4. Create a streamline process for health services research on the Oregon Health Plan including a data warehouse.

## **III. Organization of workgroups for OHREC**

It was proposed that three workgroups are formed:

- To accomplish OHREC goals in small groups of 10 or less.
- OHPR evaluation team will schedule and staff all workgroups.
- OHPR evaluation team will facilitate communication between workgroups and OHREC to ensure all members remain informed regardless of workgroup participation.
- OHPR evaluation team will maintain alliance with OMAP, FHIAP, and relevant state agencies.

### WORKGROUP 1: IMMEDIATE PROJECTS:

Identify research projects that are key to forming 2003 legislature

1. Look at proposed and current projects that may have data ready for 2003 legislature.
2. Identify gaps in research.
3. Strategize approach to funding.

#### Group 1:

Lisa Krois, OHPR

Jim Dameron, DHS

Judy M. Peterson, OMAP

Paulos Sanna, IPGB

Bob Lowe, OHPI/ OHSU

Gwen Grams, OMHAS

Scott Shipman, OHSU

Judy Zerzan, OHSU

This group has scheduled its first working meeting in Salem, Thursday, January 16<sup>th</sup> in Conf. Rm. 500A in the Public Safety Building, 255 Capitol Street NE, 5th floor in Salem from 3:00 p.m. to 5:00. Future meeting will most likely be held on Mondays in Wilsonville. If you have any questions or would like to join this workgroup, contact Lisa Krois at OHPR, (503) 731-3005, ext. 354 (ignore the Radiation Protective Services message).

### WORKGROUP 2: LONGER-TERM PROJECTS:

Secure grant fund collaborative research project.

1. Develop study design and collaboration of key questions.
2. Strategize approach to funding.
3. Grant writing & IRB application(s)
4. Identify data sources.

Group 2:

Pamela Hanes, OHPI/ OHSU

Matt Carlson, Care Oregon

Maryann Evans, DHS-HS

Jon Collins, OMHAS

Judy Becher, Mutl. Co. UWA

David Mosen, Care Oregon

Bill Wright, Providence/ CORE

Paulos Sanna, IPGB

Tina Edlund, OHPH

This group has scheduled meetings on Thursdays, January 16<sup>th</sup>, 30<sup>th</sup> and February 13<sup>th</sup> from 9:30 to 12 noon at the Providence Health System Center for Outcomes Research and Education (CORE) Conference Room, 5211 NE Glisan, Building C. Parking is available in the Providence Portland Medical Center parking lot, or on the street. If you have any questions, or would like to join this group, contact Tina Edlund at (503) 731-3005 ext. 646 (ignore the Radiation Protective Services message).

*WORKGROUP 3: RESEARCH TEMPLATE WORKGROUP*

Establish a working information network among health services researchers and the state for improved communication and efficiency efforts.

1. Creation of data warehouse.
2. Development of streamline research process and information packet.

Group 3:

Jeanene Smith, MD,OHPH

Joel Young, HS

Ron Beattie, OCHIN

Jacob Post, Or. Primary Care Assoc.

Michael Rohwer, MD, PHTECH

Ken Rosenberg, DHS

Paula Young, OCHIN

A meeting time has not yet been established for this workgroup. If you have any questions, or would like to join this workgroup, contact Jeanene Smith at (503) 731-3005 ext. 652 (ignore the Radiation Protective Services message).

**NEXT STEPS:**

Workgroups convene to establish projects and strategic plan.

**NEXT OHREC MEETING: February 20<sup>th</sup>, 10 a.m. to 12 noon, Clackamas Community College, Wilsonville Training Center, 29353 Town Center Loop East, Wilsonville. Room to be announced.**



OHREC Public Meeting Minutes  
February 27, 2003

**Attendees**

Jeanene Smith, MD, OHPR  
Lisa Krois, OHPR  
Tina Edlund, OHPR  
Jacob Post, Or. Primary Care  
Pam Haines, OHPI  
Karla Hanson, Independent Researcher  
Katie Riley, OHSU, OHPI  
Neal Wallace, PSU  
Anita Miller, OMHAS  
Cheryl Henning, PSU, PA  
Roy M. Gabriel, RMC  
Lorey Freeman, Or. Law Center  
Judy Zerzan, MD, OHSU

Liz Baxter, OHPR  
Judy Mohr-Petersen, OMAP  
Tracie Davies, Eli Lilly  
Charles Gallia, OMAP  
John Santa, MD  
Allen Douma, MD, OHC  
John McConnell, OHSU  
Tom Tuurek, OMAP  
Mary Ann Evans, DHS-HS  
Judy Becker, MD, MCHU/ UWA  
Matt Carlson, CareOregon  
John Collins

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**Meeting Goal**

- Overview of OHREC
- Workgroup Updates: Immediate Projects, Long-term Projects, Research Template Group.
- Discussion: OHREC Communication

**Overview of OHREC**

**The VISION:**

Providing the opportunity for collaborative effort among health services researchers focusing on the Oregon Health Plan Population.

**The MISSION:**

To Investigate, Evaluate and effectively disseminate health services information in the interest of informing health policy in Oregon.

**Guiding Principles of OHREC**

1. Consistent with legislative intent as expressed in HB 2519 and the waiver application.
2. Allows Oregon legislative review of program successes / failures.
3. Responsive to Centers of Medicaid and Medicare Services. (CMS)
4. Provides information to manage the program. (FHIAP, OHP2 in its entirety)
5. Provides information about broad social impacts.

## **What agencies are involved with OHREC?**

- Department of Human Services, which includes OMAP and the health cluster.
- Family Health Insurance Assistance Program (FHIAP)
- Office of Oregon Health Policy & Research (OHPR)
- Health services researchers from:
  - Oregon Health Sciences University (OHSU)
  - Portland State University (PSU)
  - Centers of Outcomes Research / Providence Health Systems
  - Care Oregon
- Other outside researchers

## **OHREC's Goals**

1. Facilitate research efforts to inform legislature and stakeholders on Oregon Health Plan issues.
2. Procure a grant to fund a collaborative research project to study long-term impacts to Oregon Health Plan changes.
3. Establish a working information network among health services researchers and the state for improved communication and efficiency of research efforts.
4. Create a streamline process for health services research in Oregon Health Plan including a data warehouse.

## **Immediate Project Group**

Purpose: Identify research projects that are key to informing 2003 legislature.

1. Look at proposed and current projects that may have data ready for 2003 legislature.
2. Identify gaps in research.
3. Strategize approach in funding.

## **Immediate Projects Workgroup Current Proposed Projects**

- OMAP Short-Term Evaluations
  - Avoidable ER
  - "Elective" Surgeries
  - Inpatient Ambulatory Care Sensitive Conditions (ACSC)
  - Preventative Services; Ambulatory care visits
  - Disenrollment / Enrollment  
(requesting enrollment/ disenrollment information given to OMAP)
  - Chron Reports (OMAP and FHIAP and vice versa)
- OMHAS Short-Term Evaluations:
  - Evaluate impact of benefits changes in the alcohol / drug and mental health system.

(no time line but in time to present to legislature)

- OHREC sponsored Short-Term Evaluations
  - Indirect affect of OHP2 benefit reductions on SCHIP enrollees.
  - FHIAP Survey
  - Loss of prescription drug benefits for the OHP standard population.
  - ER utilization survey

### **Long-term Projects Workgroup**

Purpose: Secure a grant to fund collaborative research projects including:

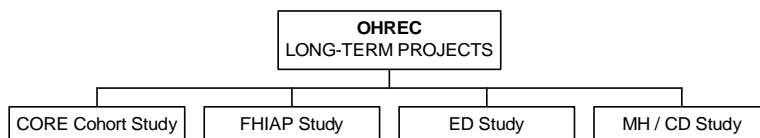
1. Develop study design and collaborative of key questions
2. Strategize approach to funding
3. Grant writing & IRB application(s)
4. Identify data sources

\*\* Policy Objectives & Evaluation Framework chart handout

### **Long-term Projects: Proposed Grant Project**

Grant Project Framework covering:

- 1) What are the impacts of the benefits redesign on the Oregon Health Plan Population?
  - a) How does redesign impact ACCESS?
  - b) How Does redesign impact COVERAGE?
  - c) How does redesign impact QUALITY of care?
  - d) How does redesign impact ECONOMIC viability of the plan?



Other studies to Consider

- Impact from Providers perspective
  - Provider survey
- Impact on the delivery systems over all
  - Cross-data analysis / surveys

\*\* Grant Project Framework chart handout

### **Data Warehouse & Research Template Workgroup**

Purpose: To establish a working information network among health services researchers and the state for improved communication and efficiency of research efforts.

- Possible creation of data warehouse (OHPR currently has access to a multi-state integrated database)
- Develop a streamline research process.

#### Data Warehouse & Research Template Workgroup: Current / proposed Projects

- Workgroup recently started to share information about existing and possible future data warehouse
- Other Considerations:
  - HIPAA impact on collaborative data sharing
  - Streamline steps for research and state agencies to access / share data

#### **Collaborative Communication**

##### Role of Office Of Oregon Health Policy & Research (OHPR)

- Schedule staff, workgroups, and public meetings
- Facilitate communication between workgroups and OHREC to ensure all members remain informed regardless of workgroup participation.
- Maintain alliance with OMAP, FHIAP, and relevant state agencies.
- Facilitate communication of research outcomes for Governor and the Legislature.

#### **NEXT STEPS:**

- OHREC information link on OHPR website
- Ongoing workgroup meetings
- Periodic public meetings for updates on workgroups and research outcomes

##### Group Ideas on Collaborative Communication for future meetings:

- Bulletin Board Postings on the web.
- Web Teleconferencing
- Possible video conferencing

**Next Meeting:** April 17th from 9:00 a.m. to 11:00 a.m.

Meridian Park Hospital Education Center      19300 SW 65th Avenue      Tualatin, Oregon



## **OHREC Public Meeting Minutes**

Thursday, April 17, 2003  
9:00 a.m. to 11:00 a.m.  
Meridian Park Hospital

**Attendees:** Liz Stevenson–OHPR, Dennis Deck-RMC, Roy Gabriel-RMC, Mary Ann Evans-DHS, Maureen Schau-OHSU, Kathy Cervantes-OMHAS, Charles Gallia-OMAP, Allen Douma, Joel Young-DHS, Tina Edlund-OHPR, Jeanene Smith-OHPR, Lisa Krois-OHPR, Debra Sullivan-OHPR, Jessica Clark-OHPR

Meeting Facilitator: *Tina Edlund*

### **Welcome and Introductions**

#### **Brief update and overview of OHREC activities**

Tina explained the establishment, purpose, and goals of OHREC. She then gave a synopsis of current and planned activities, starting with an explanation of the established workgroups and their goals. They are as follows:

#### **Immediate Project Workgroup – Focus - Return of information to the legislature quickly. The following are in progress:**

- Looking at the ER at OHSU-impact of payer source diagnostic mix, how OHP has affected admissions – should have first results before legislature leaves
- SafetyNet in Multnomah Co. – still in concept phase, looking as same kinds of issues as at OHSU
- Effects of discontinuation of the Medically Needy program, which primarily covers pharmaceuticals. It was brought back for HIV, AIDS and transplant patients only.
- What happens when adolescents age out? What do they do? Do they go into OHP 2? Do they go elsewhere? Knowing these things could show us where that money might be and if it could be better spent in the treatment systems or Family Planning, etc. OHSU conducting this study.
- FHIAP –study was done through a HRSA grant a few years ago. We would like to include questions about why people choose to have their children enrolled in FHIAP in stead of CHIP when the benefit package in

CHIP is richer and there is minimal cost sharing. Would like to repeat that study, trying to understand the nature of that choice.

At this point a discussion by the group then ensued bringing up some of the following relevant issues and questions:

Q - What is the ED Departments research-goals?

A – *Jeanene Smith* – Initially we are conducting a pilot on what to do in the long-term...coupled with a survey instrument. What can we learn, why do patients go where they go? Access issues: Could not get into their primary care giver, or, are their primary care givers hours inconvenient for them? Do they not understand their coverage? We would like to get this information to present to policy decision makers.

Q - How will this information be disseminated after the studies are completed?

A – *Charles Gallia, et al* – There are actually two pieces to this

(1). Information dissemination - Who are you going to give the research results to, but that is not the end, but the means to an end. Goal is to give information to the correct decision makers to create the needed change.

(2). Presentation and how it is marketed back is important. Need to show decision makers cost and who absorbs the cost. Show what the original OHP plan would have cost as initially drafted, compared to actual costs with current changes.

*Other suggestions for submission presentation:*

- Packaging of findings very important: 1 page before, 1 page after.
- Establish the outcomes then add the path.

Look at all sources, other states, etc.

**Long-Term Project Workgroup-Looking at long range projects, 2-3 years out:**

We just finished writing RWJ grant a letter of interest. RWJ has 2 months to review and decide if we can proceed to the application process, which will take about 6 mos. Legislature will be out before we are able to start if our grant application is accepted. This will be a 3 year grant.

**1. Environmental scan-system level analysis.**

- Will look at delivery system state wide, what happens with access statewide, innovations at local level, what solutions have they come up with in their area
- Economic impact within Medicaid – are people re-appearing within Medicaid as system offerings change? Neil Wallace @ PSU
- State wide ED study so will be able to look at rural impact-Dr. Robert Lowe of OHSU.

**2. Cohort-individual level analysis-3 yr cohort panel study (access, quality, eligibility) what do they do, where do they go – Matt Carlson @ PSU and Bill Wright of CORE.**

- Includes sub-analysis on ambulatory care sensitive conditions, racial and ethnic disparities, mental health conditions, and people with disabilities
- Research Template Workgroup-Integrated Data Warehouse - Data base integration Dissemination
- OCHIN putting together information from 7 SafteyNet locations . We want to look at that and OMAP data to get a complete picture of the low income population and how they utilize health care.
- We need to get information on what data bases are available within the state so we can make a list of what, how, and who to contact. The idea is to get a collaborative effort between researchers to help get and then to coordinate the information.

***Group discussion /suggestions:***

It was suggested to include providers as much as possible as well as the legislature to ensure OHREC is answering questions that are policy-relevant to the provider community.

The Kettering foundation- has done some community based participatory action research, an informational study. (We would like to get contact information).

**Guest Speaker: Roy Gabriel – RMS Research Corporation**

***Presentation: The Oregon Health Plan, Managed Care, and Substance Abuse Treatment- Where We've Been and Where WE appear to Be Going***

*This presentation was based on: Data from a series of CSAT, NIDA, and state-funded studies, 1996 to present, designed to examine the impact of managed care on substance abuse treatment in the Medicaid population. (PowerPoint presentation available through OHPR or RMC.)*

**Presentation and Group Discussion Highlights**

- RMC uses information from a statewide database system in all of their studies
- Qualitative work, stakeholders, providers, how changes in OHP affect them.
- Used WA as comparison state to examine the impact of managed care (OR).
- Gave background on OHP
- ASAM-American Society for Abuse Management – OMAP had mandated use of ASAM diagnosis and placement criteria

- Before and after implementation of OHP
- Research done before OHP2 (does not include Standard and Plus benefits packages)
- The fear was that some populations would get lost in a managed care setting
- Estimated that 20% of Medicaid population has a substance abuse problem
- Disabled have higher % than general population
- Poverty group, showed no change over study period. Group wanted to know who is included in Poverty group. (pregnant women and refugees). It makes sense that this group would remain flat. By definition, these people are completely different at each data “snapshot”
- The criminal justice system is the largest referral source
- In 93-94 - the justice system required mandated treatment for ANYONE where alcohol or drug use was any part of that persons life. Most treatment was not completed (Per Liz Stevenson)
- In 1997, SSI changed eligibility for disability determination. Could not obtain determination if substance abuse or chemical dependency was primary diagnosis. This produced a big drop
- Significant declines in alcohol, drug in OR not WA
- 60% of OHP adults receiving treatment will no longer be covered for these services
- Cost? Looking at over 60 studies of cost effectiveness and cost benefit of substance abuse treatment
- For every \$1 spent.. \$5.60 saved (Need to show legislature from where this figure was extrapolated)
- A suggestion was made to look into the study done by Mike Finnegan in which the \$5.60 number was determined
- It was pointed out by an audience member that, it is hard to get interest in this group as it is not a likable population.
- Multnomah County did a cost analysis of treated/not treated. Has not presented to the legislature. Would be good information to get to include in our research

- A group participant pointed out that geographical biases exists in the state
- ADHD will have report of studies they are doing in May

**Other Business**

Liz Stevenson is looking at Arkansas studies regarding 3 different measures

Dr. Wheeler was suggested as an invited guest to present at a future meeting

Next meeting: TBA



## **OHREC Meeting Minutes**Notes

**June 5, 2003**

9:00 a.m. to 11:00 a.m.

Oregon State Library, Conference RM 103  
250 Winter Street, Salem, Oregon 97301

### **Attendees:**

Trisha Vakares, Kathy Cervantes, Daniel Touchette, Judy Zerzan, Ellen Gradison, Jim Slater, Dan Harting, Karen Secombe, Eric Sangster, Cheryl Irey, Janne Boone, Kathie Stewart, Paulos Sanna, Sally LaFollette, Liz Stevenson, Bonnie Wilkinson, Charles Gallia, Judy Mohr-Peterson, Colleen Russell, Linda Hermar, Gwen Grams, Pamela McVay, Kristen Funk-Tracy, Mary Baker, Mitch Greenlick, Tina Edlund, Lisa Krois, Jeanene Smith, Robert Wheeler, Debra Sullivan

### **Facilitator: Tina Edlund**

- I. Introductions-New members and returning members  
Roundtable Self introductions**
- II. Brief update and overview of OHREC activities including introduction of the new Research Brief**

Tina Edlund, Benefits Evaluation Manager at the Office for Oregon Health Policy and Research, briefly discussed a matrix outlining the current activities of Oregon Health Research and Evaluation Collaborative (OHREC).

- OHREC is conducting several short-term research projects in collaboration with researchers from Oregon's major universities and one long-term research project where, if funded, they will be following Oregon Health Plan members over the next three years looking at four key areas of health care: access, coverage, financial impact and quality.
- Dr. Bob Lowe, Director of the Center for Policy and Research in Emergency Medicine at OHSU, will be looking at emergency department utilization and will have an interim report in late June.
- OHPR staff will conduct a Family Health Insurance Assistance Program client survey, planned for the early Fall . The survey will examine the financial impacts of health care, drivers of insurance status, access to health care, children's health insurance status, health insurance history, health status and sources of information about FHIAP
- Dr. Pamela Hanes, Director of the Center for Health & Disability Policy at the Oregon Health Policy Institute at OHSU, is carrying out a pilot study assessing the impact of OHP changes on the Safety Net in Multnomah County. She will conduct a series of

interviews with key informants and directors of clinics to get a qualitative assessment of the impacts they are currently seeing.

- Dr. Judy Zerzan, Chief Resident for Internal Medicine at OHSU , will be looking at a small sample of the Medically Needy population who have lost coverage and no longer receive benefits She will investigate if, how and where they are getting health care services now and what they are doing to cover the costs of their prescriptions.
- Dr. Ariel Smits, a Senior Research Fellow with the Department of Family Medicine at OHSU will conduct focus groups with providers across the state to address their level of support for the Oregon Health Plan; what their key issues are in serving the Oregon Health Plan clients and what it might take to bring them back in to serving those patients.

Roy Gabriel's (RMC Corporation) presentation about the impacts of the Oregon Health Plan on access to substance abuse treatment, given at OHREC's last public meeting, was reviewed. While his original intent was to look at the impact of managed care on access to substance abuse treatment, the analysis was timely for state policy makers in looking at the current impact of loss of these services. His research shows that OHP delivered some important services and achieved some progress. It was noted that an interesting piece of Roy Gabriel's presentation was based on some work done by Mike Finnegan, entitled, "*Societal Outcomes and Cost Savings of Drug and Alcohol Treatment in Oregon*," which showed that for every dollar spent, about \$5.60 in societal costs is saved. The net savings was \$74.5 million dollars to the taxpayers within the study timeline.

#### Legislative Update-Bruce Goldberg

Bruce Goldberg, MD, Administrator of the Office for Oregon Health Policy and Research, provided members an update on the current activities of the Legislature.

Oregon's Health Service Commission developed a report which includes the April 29, 2003 Prioritized List submitted to the Governor and the 72nd Oregon Legislative Assembly. Upon approval of the Centers for Medicare & Medicaid Services (CMS), the list will be implemented no sooner than October 1, 2003 at a funding level to be determined by the Oregon Legislative Assembly. The April 1, 2003, Prioritized List incorporates interim modifications made to the May 14, 2001, List submitted to the 71st Oregon Legislative Assembly. The benefit package under the Oregon Health Plan Demonstration covers all condition/treatment pairs from line 1 through line 558 (as of 1/1/03).

The Legislature continues to refine the legislative framework for restructuring the Oregon Health Plan. Key issues include prioritization of both categories of service and eligibility groups.

Both the House and the Senate are working on bills that address which services should

be covered for which populations, and how those services should be delivered. The priorities under development will be used to reduce OHP spending during the current revenue crisis, but will also be used to add services – and perhaps populations – when the state’s revenue picture improves.

As decisions are finalized on benefits and eligibility, the new OHP framework will be transmitted to the federal government in a waiver amendment application. This request will seek modification of the HIFA/1115 waivers that Oregon was granted in the fall of 2002. It is hoped that the amended waivers will support the operation of OHP in 2003/2005 within budget constraints.

**III. Presentation: Projected Impact of OHP Changes (on mental health)  
Dr. Robert Wheeler, Chief Medical Officer Lane County Individual  
Practice Association (LIPA)**

Dr. Wheeler presented a brief history of LIPA, describing some of their successes and their current focus, and how they are collaborating with the state of Oregon to bridge the gap between mental and physical health prescription programs by analyzing combined data sets and utilizing the information to revise policies.

Using physical and mental health claims and Rx data from Lane OHP, LaneCare, MedImpact and First Health, Dr. Wheeler presented detailed data about per member per month cost of care based on eligibility categories, therapeutic categories and prescriber categories.

**Findings and Observations in Lane County** (examples, not complete listing)

- Vulnerable populations are not restricted to the OHP Plus eligibility group; OHP Standard has vulnerable members as well.
- Loss of mental health (MH) benefit for OHP Standard represents a loss of MH coverage for 29% of OHP members with severe persistent mental illness (SPMI).
- Drug dependency diagnosis is associated with increased cost in all enrollment categories and across all payment sources.
- 48% of OHP members with a recent history of drug dependency diagnosis lost chemical dependency coverage when that benefit was removed from the OHP Standard package, and 41% of those with a dual mental health and drug dependency diagnosis lost chemical dependency services with these cuts.
- Members with persistent mental illness have much higher cost per member in psychotherapeutic and central nervous system prescriptions.
- Loss of MH benefit by SPMI members in OHP Standard makes access to antidepressant prescribers a difficult problem.
- Generalists report lack of training and skill in managing antipsychotic medications, although some write refill prescriptions.

## **Policy implications**

- Because of the substantial interaction between “physical” and “mental” disorders, coordination or combination of management systems should be encouraged.
- Because prescription medications play an important role in treating both “physical” and “mental” conditions, consideration should be given to maintaining coverage.
- Because of potential drug-drug interactions, and issues of non-compliance, consider supporting electronic prescription programs that identify problems at the time of prescribing.

## **Conclusions**

- Enrollment categories do not reflect medical need or physical need
  1. SPMI members are found in many enrollment categories
  2. Drug dependent members are found in many enrollment categories
- Cost of care is more highly related to clinical category than enrollment category.

Full versions of Dr. Wheelers presentation are available by request. Our contact information can be found at the bottom of this page.

**Recess for summer, next meeting will be in September.**

# OHREC Public Meeting 9/10/03

Metro Building  
600 Grand Ave  
Rooms 370 A&B  
9:00 – 11:00 AM



## Meeting Minutes/Notes

9:00 – 9:30 AM – Relocation of meeting to PSOB cafeteria, Natural gas leak effecting Metro Building

Attendees: Jeanene Smith – OHREC  
Tina Edlund – OHREC  
Lisa Krois – OHREC  
Jessica Miller – OHREC  
Robert Lowe - OHSU  
Lorey Freeman – Oregon Law Center  
Janne Boone – OHPI-CHDP  
Liz Stevenson – OHP  
Kathy Cervantes – DHS/OMHAS  
Som Saha - OHSU/PVAMC  
Charles Gallia – OMAP (DHS)  
Barbara Dapcic – OHPI  
Rachel Hanes – OHPI  
Dana Selover – PSU (MPH Student)  
Jennifer Vernam – Providence Health System  
Dan Hartung – OSU College of Pharmacy  
Daniel Touchette – OSU College of Pharmacy  
Amy Sullivan – Multnomah County Health Department  
Jenny Pathak – OMPRO  
John McConnell – OHSU  
Nancy Abrams – DHS

### I. Introductions

Skipped do to Relocation

### II. [Legislative Update](#)

Legislative Update – Jeanene  
Reference Slides/no discussion  
OHP –

- Expand children under OHP Plus from 185% to 200% FPL
- Expand Family Health Insurance Assistance Program (FHIAP) from 185% to 200% FPL
- Maintain coverage for OHP Standard
- (non-categorical adults < 100% FPL)

- Add back outpatient Mental Health and Chemical Dependency for OHP Standard
- Limited hospital benefit for OHP Standard
  - Emergency services
  - Admissions for those conditions for which prompt treatment will prevent life threatening health deterioration
- Prioritized List of Health Services reduction
  - Request to move line by 30 conditions/treatments pairs

### III. Brief update of OHREC activities

#### **Research Projects**– Tina

Reference Slides/no discussion

- ED Pilot Study
- Medically Needy Survey
- Safety Net Interviews & Survey
- Cohort Baseline Survey
- RWJF/HCFO Proposal

#### **Professional Development Program** – Lisa

Reference Slides/no discussion

- Includes students in the Oregon MPH Program, which includes OHSU, PSU & OSU
- Utilizes academic training & provides mentorship
- Learn practical skills for linking research to policy makers
- Growing future health services researchers for Oregon’s future

### IV. Presentation and Q&A:

**Bob Lowe MD, MPH**

**Changes in Access to Primary Care for OHP Beneficiaries and the Uninsured**

Reference Slides/complete report/research brief

Find full report/research brief at <http://www.ohpr.state.or.us/> use “OHREC” button

[Full Study](#)

[Research Brief](#)

[Slide Presentation](#)

Acknowledgement of fellow researchers:

K. John McConnell PhD

Jodi Lapidus PhD

Cody Weathers BS  
Annette Adams MPH  
Beverly Bauman MD

Then and now 1990's vs. 2000's

Ideally this would include a full cohort study however time constraints based on a need for information requires a faster turn around then a full study could offer.

Behavioral Health (and other similar) ED Visits numbers may be an under representation  
i.e. if someone who is drunk comes in with a head injury and loss of  
consciousness the coding will not reflect the relation to alcohol but rather the head  
injury and loss of consciousness alone

*Tina Edlund (interjection)- Students to do ED interviewing of patients could/will  
ultimately be available to supplement and enhance this and other studies.*

Decrease in OHP: Possible explanation of results – by example; a mother with a child in  
need of emergency medical care was unwilling to call for an ambulance because she was  
unaware if coverage was available.

Rise in ED: Possible explanation of results – by example; an individual who has issues  
with heroin is unable to receive chemical dependency benefits through Oregon Health  
Plan and has elected to drop coverage as chemical dependency benefits were considered  
the primary need for the health plan.

In summary: This is not good news

Q&A

Q: are there plans to look at diagnostic codes linked with billing data?

A: With regard to behavioral health, “we should try that”

Q: can you look at diagnosis

A: would like to look at that further

Comment: It would be interesting to look at county data to see where the patients are  
coming from

Response: We could do that, County data is available



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## **OHREC Meeting Minutes**

**October 15, 2003**

9:00 a.m. – 11:00 a.m.

CCC Wilsonville

### **Attendees:**

Kathleen Weaver, Allison Little, Dana Selover, Jan Munro, John Britton, Mary Ann Evans, Tom Turek, Dan Hartung, Daniel Touchette, Matthew Carlson, Ann Hammer, Judy Robison, Judy Zerzan, Andrew Marger, Robert A. Lowe, Andi Easton, Jen De Voe, Kathy Cervantes, Jean Chung, Jeanene Smith, Tina Edlund, Lisa Krois, Jessica Miller

### **Facilitator: Tina Edlund**

- I. Introductions-New Members and Returning Members Roundtable Self-introductions**
- II. Brief update and overview of OHREC**

Tina Edlund, Benefits Evaluation Manager at the Office for Oregon Health Policy and Research, briefly discussed the current activities of Oregon Health Research and Evaluation Collaborative.

- On November 5, 2003, OHREC plans to submit a proposal to Robert Wood Johnson's Health Care Financing Organization (HCFO). This is a collaborative effort from researchers and PSU and OHSU. RWJ has two months to review the proposal, and word is expected sometime in January. There are three primary components to the proposal, these consist of:
  - A two year longitudinal panel study, lead by Dr. Matthew Carlson from PSU and Dr. Bill Wright from Providence Health Systems (CORE). This study will follow OHP eligibles, as of February 2003, for approximately two years. The Baseline survey instruments will be mailed out shortly.
  - An expanded ED study lead by Dr. Robert A. Lowe of OHSU. This study will expand on the recently completed OHSU pilot study and include multiple emergency department's within the state.
  - An Economic Impact study lead by Dr. Neal Wallace of PSU and Dr. John McConnell of OHSU. This study will look at whether or not cost savings accrue to the Medicaid program or additional costs incurred as beneficiaries shift from one benefit to another.

Tina Edlund then extended invitation to two upcoming meetings:

- 10/23 HCFO Review meeting at Oregon Health Sciences University

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- 11/12 Next OHREC Public Meeting– consisting of presentations by;

**Somnath Saha, MD, MPH**, Assistant Professor of Medicine and Medical Informatics & Clinical Epidemiology at OHSU presenting **"Impact of the Oregon Medicaid Demonstration on Preventable Hospitalization Rates."**

**Pam Hanes** presenting her findings from the OHREC sponsored **"Safety Net Pilot Study: Assessing the Early Impacts of OHP2: FQHC Case Study"**

We will be conducting a Provider Survey to look at the contributing factors behind the increasing provider withdrawal from OHP. How supportive community providers are of the OHP and what would bring providers back to OHP.

A survey of members of the Family Health Insurance Program is anticipated to begin in January.

The study regarding Impacts on delivery systems, which was originally intended to be included with the HCFO proposal, will be held until separate funding can be secured.

#### **Presentations:**

Judy Zerzan MD, MPH presented her findings from the OHREC sponsored "OHP Medically Needy Survey"

With Medically Needy benefits being discontinued early this year, what are/were the Impacts?



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Judy Robison MA/MSW, Matt Carlson PhD and Ann Hamer, Pharm.D. will be presenting their findings from "Targeted Case Management of CareOregon Members Prescribed Antidepressant and/or Antipsychotic Medications"



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PresentationSubmitt"

Thanks! – Tina



## **OHREC Meeting Minutes**

**November 12, 2003**

9:00 a.m. – 11:00 p.m.

Meridian Park Hospital

### **Attendees:**

Jennifer Pathak, Kathy Phipps, Jean Chung, Barbara Prowe, Jen DeVoe, Charles Gallia, Dana Selover, Laura Grandin, Janne Boone, Sarann Bielavitz, Lorey Freeman, Kathy Cervantes, Kim Goldsmith, Joy Soares, Paul Nielsen, Kevin Earls, Mike Bonetto, Som Saha, Jeanene Smith, Lisa Krois, Tina Edlund, Jessica Miller

### **Facilitator: Tina Edlund**

- I. Introductions-New Members and Returning Members  
Roundtable Self-introductions**
- II. Brief update and overview of OHREC activities**

Tina Edlund, Benefits Evaluation Manager at the Office for Oregon Health Policy and Research, briefly discussed a matrix outlining the current activities of Oregon Health Research and Evaluation Collaborative.

- **A proposal to Robert Wood Johnson's Health Care Financing Organization:** On November 5, 2003 OHREC completed and submitted a proposal to Robert Wood Johnson's Health Care Financing Organization (HCFO). This is a collaborative effort with researchers from PSU and OHSU. RWJ has two months to review the proposal, funding decision is expected sometime in January.
- **Short-term research projects:** OHREC is currently supporting several short-term research projects, one of which is the safety net study, which will be presented in this meeting. Additionally, John McConnell at OHSU is looking at the impact of premium payments on Oregon Health Plan clients.
- The full safety net report is nearly completed (expected in early December 2003) and will be available at [www.ohpr.state.or.us](http://www.ohpr.state.or.us) when it is complete.
- **OHP2 Client Survey:** 10,600 pre-notification letters have been sent out to OHP members, as of February 2003, to learn
  - i. What happened to them since the implementation of OHP2 waiver?
  - ii. Where are they now?
  - iii. What are they doing to meet their healthcare needs?
  - iv. If they left OHP, was it because of premiums? Benefit changes? or administrative difficulties.
- Finally, a survey of members of the Family Health Insurance Program will start in January.

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Jeanene Smith, Deputy Administrator for the Office for Oregon Health Policy and Research provided a brief update of legislative activity:

- The Waiver amendment process to add back health benefits to OHP, approved by Oregon's legislature in July, appears to be moving slowly through the federal government. Mental health and chemical dependency benefits are included in this waiver .

It is expected to take approximately two and one half months to implement these changes from when approval is received. Currently this process is in a holding pattern as CMS is looking at all of Oregon's requests including the new medically needy program (MEDS) and changes in the prioritized list.

- The E-board met last week and there were no significant changes. The majority of decisions made were regarding funding requests.
- Introduction of Michael Bonetto – Recently hired by OHPR to head up the new Oregon Health Policy Commission (OHPC). This commission was established through the last legislative session as a result of changes to the Oregon Health Council. The OHPC has a unique feature in that it includes four legislative members including one republican and one democrat from both the House and the Senate.

Charles Gallia from OMAP reviewed their current External Quality Review (EQR) activities. State contracts for federally required external evaluations of Medicaid with OMPRO. OMPRO's work was initially/primarily clinical focused studies, now it includes the Consumer Assessment of Health Plans Survey (CAHPS) , access to care, emergency department, cardiovascular disease, diabetes, evaluation of statewide quality improvement activities including: early childhood cavities detection, exceptional needs care coordination (ENCC) and smoking cessation.

Presentations:

**Somnath Saha, MD, MPH**, Assistant Professor of Medicine and Medical Informatics & Clinical Epidemiology at OHSU presented "**Impact of the Oregon Medicaid Demonstration on Preventable Hospitalization Rates.**"



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**Barbara Dapcic presented her findings from the OHREC sponsored "Safety Net Pilot Study:**

**Assessing the Early Impacts of OHP2: FQHC Case Study**



"Assessing the Early  
Impacts of OHP2\_FI"

Jeanene: seeking alternative funding for additional Safety Net study. This study and subsequent discussion will assist in determining appropriate study questions for additional research.

Tina: Invitation to next meeting in Salem. Thank you.

**Monday, December 8, 2003**

1:00 – 3:00 PM

Oregon State Library, RM 103

250 Winter Street NE

**Presentation: Susan Haber PhD and Janet Mitchell PhD** from Research Triangle Institute will be presenting "**Oregon's Children in SCHIP and FHIAP: Who Enrolls and How Do They Fare?**"



**December 8, 2003**

**1:00 – 3:00 PM**

Oregon State Library RM 103  
250 Winter Street NE

**Attendees:**

Judy Rinkin, Ellen Gradison, John Britton, Nuriv Fischler, Debbie Danna, Kathy Cervantes, Linda Herman, Doug Barber, Scott Shipman, Laura Brennan, Claudia bingham, MaryAnn Evans, Joy Soares, Pam Lally, Jeanene Smith, Tina Edlund, Lisa Krois, Jessica Miller, Janet Mitchell

**Facilitator:** Tina Edlund

- I. **Introductions-New Members and Returning Members Roundtable Self-introductions**
- II. **Brief update and overview of OHREC activities**

Tina Edlund, Evaluation Research Director at the Office for Oregon Health Policy and Research, briefly discussed the current activities of Oregon Health Research and Evaluation Collaborative.

- **OHREC's Long Term Research Workgroup** is seeking funding through the Robert Wood Johnson Foundation: Changes in Health Care Financing Organization Initiative. The proposal includes three components; an analysis of benefit reductions and service level co-pays on utilization of services and the potential spillover to utilization of other related services, an evaluation Oregon's Emergency Departments as a measure of access to primary care and a prospective cohort component that will assess family financial impacts as well as impacts on access, health status, quality, and eligibility for low-income populations. This component of the study will also examine impacts for vulnerable subgroups including racial and ethnic minorities and those with ambulatory care sensitive conditions. A response to the proposal is expected sometime in January.

**Short-term projects:**

- OHSU Emergency Department Survey – a complement to the ED study by Dr. Lowe. This survey examines the process patients used in determining the Emergency Department was the appropriate place to seek care. The data on this

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project has been collected and is currently being analyzed. Some reporting from this project is expected in the next few months.

- Safety Net Survey and Key Informant Interviews conducted by Dr. Hanes at OHSU and presented at November's OHREC meeting. The final report is currently being edited and will be added to OHPR's website as soon as it is completed.
- Medically Needy Survey – Formatting edits are currently being completed and the final report will be posted on OHPR's website by the end of January.
- Analysis of Premium Impacts on Caseloads – Dr. McConnell will be looking at administrative data and is expecting results sometime in January.
- Legislative Survey – this survey assesses the informational needs of Oregon's legislators and staff. Results will help inform OHREC and OHPR on the best methods and/or formats to relay research information to Oregon's decision makers. Project results will be released spring 2004.

**Presenter: Janet Mitchell – RTI International**

**Why do families choose to enroll in SCHIP vs. FHIAP?**

This report is based on a telephone survey conducted last year.

**Study Questions:**

- Who enrolls in SCHIP vs. FHIAP?
- What factors affect parent's choice of one program over the other?
- Does the choice of program make a difference for the children? Do program differences in benefit package and co-payments affect the use of services?

**Conclusions:**

**Access**

- SCHIP and FHIAP appear to be equally effective in ensuring access to care for low-income children.
- Despite co-payments in FHIAP, there were no meaningful differences in utilization and unmet need (with the exception of dental care).
- Despite having poorer health status, Spanish-speaking Hispanic children in SCHIP use fewer services.

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### **FHIAP/SCHIP**

- FHIAP has advantage of covering parents as well.
- Barriers to enrollment in FHIAP
- Limited access to ESI, even among Full-time working parents
- Increases in family income are the most important reason SCHIP and FHIAP children lose coverage.
- SCHIP's 6 month eligibility period contributes to high disenrollment rates.
- The majority of these children, especially those in SCHIP, do not transition to private insurance. Instead, they become uninsured.

### **What factors affect parent's choice of one program over the other?**

- Lack of experience with private health insurance and with paying premiums.
- Covering Spanish-speaking Hispanic children through policies that promote ESI may be challenging.
- Lack of experience with private insurance.
- Reliance on traditional safety net providers.
- Differences in perceptions of need for care.
- Important to consider acculturation when analyzing the experience of Hispanic children.