

OREGON HEALTH FUND BOARD

March 20, 2008
11:30am (Digitally Recorded)

Sheraton Portland Airport Hotel
Mt. Hood Conference Room
8235 N.E. Airport Way
Portland, OR

MEMBERS PRESENT: William Thorndike, Chair
Jonathan Ater, Co-Vice Chair
Eileen Brady, Co-Vice Chair
Thomas Chamberlain
Charles Hofmann, M.D.
Raymond Miao
Marcus Mundy

OTHERS PRESENT: Ellen Lowe, Chair, Eligibility and Enrollment Committee
Ella Booth, Chair, Health Equities Committee
Susan King, Chair, Benefits Committee
Dick Stenson, Chair, Delivery Systems Committee
Maribeth Healey, Vice Chair, Delivery Systems Committee
Vicki Gates, Chair, Quality Institute Workgroup
Frank Baumeister, Chair, Federal Laws Committee
Kerry Barnett, Chair, Finance Committee
Denise Honzel, Chair, Exchange Workgroup

STAFF PRESENT: Barney Speight, Executive Director, OHFB
Jeanene Smith, M.D., Administrator, OHPR
Tina Edlund, Deputy Administrator, OHPR
Sean Kolmer, Research Analyst
Heidi Allen, Program Manager, OHREC
Tami Breitenstein, Executive Assistant, OHFB
Nora Leibowitz, Health Policy Commission
Darren Coffman, Director, Health Services Commission
Nathan Hierlmaier, Policy Analyst
Brandon Repp, Research Analyst
Illana Weinbaum, Policy Analyst
Alyssa Holmgren, Policy Analyst

ISSUES HEARD:

- Call to Order/Introductions/ Approve Agenda
- Facilitated Discussion: Developing a Draft Comprehensive Plan – Process, Protocols and Decision Making
- Update from Delivery System and Discussion of Priority Cost Containment Strategies

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the recordings.

(Digitally Recorded)

Chair Thorndike I. **Call to Order/Introductions/Review and Approve Meeting Agenda and Meeting Minutes with Working Lunch.**

The meeting was called to order. There was a quorum.

Barney Speight announced that Secretary Leavitt would be arriving soon.

II. **Facilitated Discussion: Developing a Draft Comprehensive Plan - Process, Protocols and Decision Making**

Carol Turner, Facilitator, introduced herself. Outcomes for today's meeting are to focus on initial agreements on key elements on how the Board will accomplish its work and initial agreements on criteria of what makes up a good plan.

- Recommend focusing on the November timeframe.
- Reviewed the group decision-making process. Members asked to comment on the following areas:
 - Criteria for comprehensive plan
 - What will make a successful process
- Criteria for comprehensive plan suggested:
 - Incent health and healthy behaviors.
 - Use resources in current system more effectively.

(Facilitated Discussion interrupted.)

Mike Leavitt, Secretary of Health and Human Services, was introduced by Chair Thorndike and addressed the Board.

- Expressed that action on health reform belongs at the state level.
- Offered assistance in answering federal level questions.
- Related that he is meeting with the Oregon Health Care Quality Corporation (Q-Corp) that will be designated as one of the fourteen chartered value exchanges in the country.
- Frank Baumeister, Chair of the Federal Laws Committee, related that Committee's discussions on Medicaid matching funds, the Medicare program and that the committee will also be looking at EMTALA and ERISA laws.
- In response, Secretary Leavitt declared the country has a commitment to anyone in hardship and discussed what constitutes the level at which the government engages.
 - Currently, those under 200% of poverty level qualify.
 - Conversation will continue after the election.
 - State and federal government conflict.
- Expressed appreciation of the work of the Board.

FACILITATED DISCUSSION continued.

- Criteria for comprehensive plan (continued).
 - Reinforcing the core initiatives of SB 329 with emphasis on transformation.
 - Clearly defined vision
 - Politically viable and based in values that transcends politics
 - Transparency of costs
 - Mental and Medical components must be value-based with discussion on the difference between value-based and evidenced-based.
 - Employer contribution (equity across spectrum)
 - A plan that speaks to different levels of accountability and responsibility.
 - Bending the cost curve for a sustainable outcome
 - Realign incentives
 - Contain sufficient specificity so it is clearly understood.
 - Will allow for taking immediate advantage of federal match for the lowest income Oregonians.

- Affordable plan for employers and individuals (access and cost)
- Assumption that all Oregonians are included
- All stakeholders will understand how the reform will affect them during the changes and after.
- Compliance and controls, what measurability will be used and how to ensure continuous improvement.
- Real solution to catastrophic coverage.
- Acknowledgement some limitations on choice (of benefit/provider).
- Appropriate end-of-life care, patient involvement in care
- Plan is not made in isolation of federal actions
- Citizen centered system
- Short-term wins and long-term goals
- A sub-committee composed of Chair Thorndike, Co-Vice Chairs Jonathan Ater and Eileen Brady, and OHFB Director Barney Speight will group issues and summarize list and bring back to the Board.
- Key Elements of a successful process were listed by the group:
 - Increase understanding and knowledge to make good decisions.
 - Integrating the work of the committees.
 - Process needs to be fair and include hearing from stakeholders while balancing with the reality of costs.
 - Understanding and accepting tradeoffs.
 - Flexible interaction between committees and Board.
 - Adaptive to ideas including looking outside of the state.
 - Open, honest deliberations, ultimately speaking with one voice.
 - Collaborative relationship with staff and equally owning the product.
 - Timely feedback to committees and staff
- Definition of consensus, reaching consensus by rating and how to address issue when there is not a consensus.
- Discussion on the need to work toward consensus, complexity of the issue and minority reports.
 - Facilitator suggested identifying key issues that must have consensus.
 - Timeline discussed, public meetings after Labor Day and the need to have Board report by mid-July.
 - Concern stated regarding reaching consensus by agreement of lowest common denominator that would defeat the work.
 - Finding consensus, not compromising values and process for making decisions discussed.
- Decision-making process (**Provided handout**)
 - Levels of decision making process presented by facilitator.
 - Different ways and levels of approaching public input.
 - Agreement on model of consensus adding that everyone has a say, is understood and is fairly heard.
 - How groups make the best decisions.
 - Need valid information
 - Don't assume, test inferences, and take responsibility and time to understand each other.
 - Jonathan Ater and Eileen Brady (**Provided handout**)
 - With the many committee reports that will be submitted, there is a need for a sequence of decision making.
 - Organizing upcoming meetings addressed.
 - What order does the Board want to receive the material?
 - Handout overviewed and discussed, including integration/alignment of other work being done.

- Barney Speight related efforts to address the workforce issue by the legislature’s Interim Subcommittee on Healthcare Reform chaired by Senator Frank Morse and connecting its work with that of the Board.
- Further discussion on workforce issue and the delivery system.

Barney Speight distributed written **public testimony** submitted by OSPRIG. Future meetings, April through July, related.

**Chair Thorndike
Delivery Systems
Committee
Leaders
Board Members
Committee Chairs**

III. Update from Delivery Systems Committee & Discussion of Priority Cost Containment Strategies (See Exhibit Materials 2 and 3)

- Dick Stenson, Chair of the Delivery Systems Committee, overviewed the Committee’s goals and strategies as stated in the Progress Report.
- Dr. Jeanene Smith, OHPR Administrator and lead staff to the Delivery Systems Committee, summarized the Delivery Systems Reform diagram and Progress Report, including:
 - Integrated Health Home model, workforce issues and strategies for involving consumers in care decisions;
 - Cost containment;
 - Culture of health;
 - Public health and health reform;
 - Preliminary efforts of Quality Institute (QI) sub-committee related with recommendations to be presented to the Delivery Systems Committee in April; and
 - Regional data collection discussed.
 - It was noted that there are discussions between Washington Governor Gregoire’s Health Policy staff and Oregon staff regarding comparative assessments of new health technologies.
 - Collection, processing, and analysis of data discussed.
 - Development of uniform standards and avoiding duplication of reporting addressed.
 - Community coordination of the use of data.
 - Development of Accountable Care District (ACD) based on presentation to the Delivery Committee by Jon McConnell, PhD, on Accountable Care Organizations (ACOs) as designed by Elliot Fisher at Dartmouth is discussed, including cost containment implications. **(See Exhibit Materials 4).**
 - Reference to previous meeting presentation by George Halvorson, Kaiser Permanente, and setting health outcome targets that are linked to bending the cost of care is discussed. Recommendation to link specific “vehicles” of delivery system reform to outcome targets was made.
 - In response, it was related that Minnesota’s Health Reform had set a goal of 20% reduction overall with a plan for reaching the target. Staff related that those specifics from Minnesota are being sought for inclusion of the report to the Board.
 - The potential for cost reduction in the area of chronic disease management is related.
 - Areas of emphasis in medical schools were discussed, including incentives for primary care education, physician assistants, etc.

Chair Thorndike IV. Adjourn

The meeting was adjourned at approximately 4:00 p.m.

The next meeting for the OHFB is April 24, 2008, at the Holiday Inn Portland Airport.

Submitted By:
Paula Hird

Reviewed By:

EXHIBIT SUMMARY

1. **Agenda for 03/20/08**
2. **Progress Report from the Delivery Systems Committee**
3. **Delivery Systems Reform Diagram**
4. **Jon McConnell's, PhD, Power Point presentation as given to the Delivery Systems Committee on Accountable Care Organizations**

DRAFT