

## **Safety Net Advisory Council Highlights from November 15, 2005 Meeting**

### **Meeting Goals:**

- (1) *Determine the goal(s) of gathering & organizing safety net financing streams data.*
- (2) *Review and discuss health care safety net financing streams gathered.*

### **Attendance:**

**SNAC Members** - *Tom Fronk, Ken Provencher, Carlton Purvis, Lupita Salazar Letscher, Priscilla Lewis.*

**Staff** - *Laura Brennan, Mary Ann Evans, Gretchen Morley, Michael Stickler, Joel Young.*

**Guests/Public** – *Ann Johnston Silverberg, Nicola Pinson,*

### **September Meeting Highlights – SNAC approved.**

**Elect Chair** –Ken Provencher, PacificSource & Chair of 100% Access Coalition of Lane County was elected chair of SNAC. The Chair will assist in the development of SNAC governance, help determine and lead the SNAC policy development work, and assist in the creation of SNAC agendas.

**OHPC Work Group Update:** Over the past five months, an inventory of community-created solutions that improve access was conducted thru key informant interviews. A document will soon be drafted and presented to OHPC at their January meeting. Five local/regional innovative delivery system efforts will be featured. Lessons learned and recommendations on how state policy makers and government officials can support such efforts will be included in the report.

**What Picture are we trying to create?** SNAC considered what message it would like to create that would gain financial support/stability for the safety net. It then further considered data needs. *See attached.*

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**Review and Discuss DHS Financing Data** – SNAC reviewed the data provided by the Office of Finance and Policy Analysis (FPA). Members discussed the need to gather more comprehensive baseline data, quantify in-kind services, compare Oregon’s state spending to that of other states. OMAP is unable at present to break down Medicaid dollars by type of safety net provider. This delay is due to internal changes and limited FTE to support this work. *See attached.*

**Next Steps** - Need to develop short, intermediate, and long term goals to further guide SNAC in its work. SNAC needs to fill 2 empty seats. SNAC will recruit public health and school based health clinic representatives.

**2006 Scheduled SNAC Meetings**

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

**January 17, 2006**

**March 21, 2006**

**May 16, 2006**

**July 18, 2006**

**September 19, 2006**

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## Safety Net Advisory Council Highlights from September 20, 2005 Meeting

### Meeting Goals:

- (1) *Review and discuss Department of Human Services (DHS) health care safety net financing streams*
- (2) *Identify safety net financing streams independent of DHS*

**Attendance: SNAC members** - Tom Fronk, Carlton Purvis, Lupita Salazar Letscher, Bill Thorndike, Karen Whitaker

**Others** - Laura Brennan, Mary Ann Evans, Beryl Fletcher, Charles Gallia, Bruce Goldberg, Laura Sisulak, Marcy ??, Jeanene Smith, Michael Stickler, Tim Stumm/Oregon Health Forum??.

**July Meeting Highlights** – **Approved.** See attached.

**DHS Finance Streams** – A DRAFT document was shared by the Department of Human Services (DHS) budget staff. *See attached.* SNAC and staff discussed that point of data gathering is to advise on how the state may potentially use resources more efficiently. SNAC needs to make policy recommendations that will better assure appropriate safety net funding & structure. Furthermore, SNAC needs to reconsider existing policy options and then advise the state. SNAC policy recommendations will aim to maximize existing/available funding and payment structure.

The DHS staff and SNAC members acknowledged data the state has access to provide a limited picture of financial stability, capacity and demand of the health care safety net. Furthermore, OHP and other state health related programs are only part of data needed to understand stability issue. SNAC reviewed DRAFT, provided input on if data items were meaningful/helpful in providing analysis of safety net funding. **SNAC recommended that long term care and mental health should be broken down. SNAC recommended uncompensated care needs to be included.**

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SNAC brainstormed about additional data that may assist in developing a clearer picture of amount of dollars going into Oregon's safety net. Non-DHS data and non-state data, it was determined, would further develop the picture. For example, getting JOBS Plus data as well as Oregon foundation/grant dollars going into safety net would be beneficial. The group discussed that when data is gathered it may benefit to compare to OHP fee-for-service costs and health outcomes. **SNAC members recommended the state consider the education investment analysis done for education by the Oregon Business Council. Also, SNAC recommended getting aggregate data from the Business Council and other entities to develop a more comprehensive picture.**

**Oregon Health Policy Commission (OHPC) Local Delivery System Work Group Update** SNAC members were reminded that the work group is conducting an inventory of Oregon community-created solutions to the health care/outcomes/access crisis. A document describing the community efforts, their collaborative process, lessons learned, and what the government can do to support their work will be completed by the end of 2005.

**SNAC Chair Needed** – SNAC members are asked to consider nominations for a chair. The Chair will assist in the development of SNAC governance, help determine and lead the SNAC policy development work, and assist in the creation of SNAC agendas. The SNAC Chair election will take place in November.

## **SNAC MEETINGS**

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## **Safety Net Advisory Council Highlights from July 19, 2005 Meeting**

### **Meeting Goals:**

- (1) *Review and discuss health care safety net financial stability recommendations*
- (2) *Identify safety net financing streams*

**Attendance: SNAC members** - Tom Fronk, Craig Hostetler, Mike Leahy, Priscilla Lewis, Ken Provencher, Connie Powell, Carlton Purvis, Lupita Salazar Letscher, Karen Whitaker

**Others** - Laura Brennan, Luis Caraballo, Mary Ann Evans, Beryl Fletcher, Tracy Gratto, Jeanene Smith, Michael Stickler, Tim Stumm, Joel Young.

**June Meeting Highlights** – **SNAC approved minor yet clarifying changes to Oregon’s health care safety net definition, which was based on input from the June SNAC meeting.** See attached.

**Financial Stability Recommendations** were reviewed to ensure all SNAC members shared a common understanding of Oregon’s NGA Health Care Safety Net Policy Team advice from 2004. SNAC inquired if the state has a commitment to the safety net, how the commitment manifests itself in money and policy. State staff reminded group that Governor’s office has convened SNAC to provide guidance on such policy matters.

**Financial Stability Data Gathering Plan** was shared by the Department of Human Services (DHS) budget staff and included an overview of funding source data available to the state. The DHS staff acknowledged data the state has access to provide a limited picture of financial stability, capacity and demand of the safety net. SNAC members emphasized that OHP and other state health related programs are only part of data needed to understand stability issue. **SNAC members recommended the state work w/ other entities to get data and develop more comprehensive picture. SNAC members also stressed the need to act now (not just collect and analyze data)** given they are acutely aware that Oregon’s safety net is not as

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financially stable as needed to serve the increasing demand for services.

**SNAC advised DHS budget staff to meet with OCHIN prior to next meeting to complement DHS's data of safety net funding streams. SNAC advised that data is needed beyond primary care services.**

**Oregon Health Policy Commission (OHPC) Local Delivery System Work Group Update** Some SNAC members expressed confusion about how their efforts fit into OHPC, legislative efforts, and the "OHP 3" planning process.

**SNAC recommended their involvement in the waiver application process in order to ensure the viability of safety net providers and populations. SNAC also asked for further clarification regarding their role in supporting policy makers.**

**Additional Next Steps –**

**(1) SNAC recommended that staff provide overview of 2005/73rd Legislative Assembly bills/laws that are related to safety net.**

**(2) SNAC recommended that staff provide information/paper regarding the cost workgroup led by Oregon Medical Assistance Programs' (OMAP) past director, Barney Speight.**

**(3) SNAC recommended that staff draft SNAC mission, principles, and policy strategy of SNAC, building off of initial discussions during the NGA Safety Net group's process.**

**(4) SNAC recommended Department of Consumer and Business Service (DCBS) involvement in SNAC efforts.**

## **NEXT SNAC MEETING**

**Tuesday, September 20, 2005**

**10:00 - 12:00**

**800 NE Oregon Street, 120C**

**Portland**

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## DRAFT

Specifically, 3<sup>rd</sup> prong change = *“These providers include a broad range of local non-profit organizations, government agencies, hospitals, individual providers”*. 4<sup>th</sup> prong change = *Core safety net providers are a subset of the larger safety net and especially adept at serving people regardless of their ability to pay.*

(2) SNAC reviewed the health care safety net capacity & demand data compiled during Oregon’s NGA effort.

SNAC acknowledged that (a) no rational system is in place to get, collect, and analyze health care safety net data, (b) that such a system will take a while to develop, and (c) that more is known about demand for safety net services when compared to the capacity of the safety net.

**SNAC advised** that tracking practice patterns, including collecting/analyzing discharge data would be beneficial.

**SNAC recommended** identifying components of a viable health care safety net AND the inter-relationship of those components with each other and the mainstream system. This would be used in order to support communities.

**SNAC advised** that the state (and others) must to be careful of imposing data collection on fragile providers.

**SNAC advised** that the state and others need to use the data and information available while working to improve data collection, analysis,...The data at present will point the state, SNAC, and others in the correct direction.

**Next SNAC Meeting:  
Tuesday, July 19 from 10-12:00  
Portland**

DRAFT

# HIGHLIGHTS

## Safety Net Advisory Council

### June 21, 2005

#### **Meeting Goals:**

- (1) Review health care safety net definition
- (2) Review capacity and demand data

#### **Attendance:**

**SNAC members** - *Craig Hostetler, Priscilla Lewis, Ken Provencher, Carlton Purvis, Bill Thorndike, Karen Whitaker*

**Others** - *Laura Brennan, Ellen Brown, Tina Edlund, Mary Ann Evans, Amy Fellows, Mike Leahy, John Lee, Tracy Gratto, Jeanene Smith, Joel Young.*

(1) SNAC members reviewed and discussed Oregon's NGA Policy Team health care safety net definition:

#### ***"Health Care Safety Net***

*The health care safety net is a community's response to meeting the needs of people who experience barriers that prevent them from having access to appropriate, timely, affordable and continuous health services.*

#### ***Health Care Safety Net Patients***

*Health care safety net patients often experience barriers to accessing services from other health care providers due to cultural, linguistic, geographic and financial issues. Safety net patients tend to be uninsured, underserved, Medicaid/Medicare enrollees, and other vulnerable/special populations.*

#### ***Health Care Safety Net Providers***

*Health care safety net providers in Oregon deliver services to persons experiencing barriers to accessing the services they need. These providers include a broad range of local non-profit organizations, government agencies, and individual providers.*

#### ***Core Health Care Safety Net Providers***

*Core safety net providers are especially adept at serving people regardless of their ability to pay. They have a mission or mandate to deliver services to persons who experience barriers to accessing the services they need. Core health care safety net providers serve a substantial share of Medicaid/Medicare enrollees, people who have no health insurance, as well as other vulnerable/special populations."*

Although the intent of this agenda item was not to change definition, lack of clarity was identified and thus **SNAC recommends** adding just a few words for clarification purposes.

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