

## **Safety Net Advisory Council Highlights from November 21, 2006 Meeting**

**Safety Net Advisory Council's Charge:** *An on-going body that promotes understanding and support for safety net patients and providers in Oregon. SNAC provides policy makers and the Oregon Health Policy Commission with specific policy recommendations for safety net providers in order to ensure the provision of needed health services to vulnerable Oregonians.*

**Meeting Goal:** Welcome new member, confirm SNAC actions/strategies toward educating and influencing policy makers related to SNAC proposals and other issues concerning the health care safety net.

**Attendance:**

**SNAC Members** – Mike Leahy, Priscilla Lewis, Craig Hostetler, Jackie Rose, Scott Ekblad, Ken Provencher, Bill Thorndike (phone-in)

**Staff** - Gretchen Morley, Michael Stickler, Marian Blankenship

**Guests/Public** – Beryl Fletcher

**Welcome and Introductions:** Scott Ekblad from the Office of Rural Health was introduced as a new member. Scott gave a brief overview of the ORH.

**Sept. Meeting Highlights** – **SNAC approved.**

**Providence Health Plan/Grant Proposal:** Marian informed the group of the grant opportunity presented by Providence Health Plans and provided a brief sketch of the rationale for HSP's proposal. In the event Providence grants HSP's proposal, there will be a significant role for the SNAC in developing criteria and targeting proposals

**OHPC Update:** Gretchen reported that the OHPC is in the process of trying to settle on financing recommendations. The Commission will likely provide a few concrete options that are both policy focused but also feasible in the short term. They have lengthened the timeline r.e. public input. Ideally, there will be a full draft of the report on the OHPR website by the end of Dec.

Efforts continue to be made to highlight similarities between OHPC and other reform efforts.

**Oregon Business Council Update:** Bill provided the group with a sketch of what the OBC plan looks like at this point. It is still in draft form but will include six primary areas: 1) value-based purchasing that will drive quality and lower cost, 2) Investment in infrastructure, 3) Expand Medicaid population to reduce the # of uninsured, 4) Address reimbursement rate structure, 5) Some kind of health insurance mandate and 6) Mechanisms that would limit the ability for cost-shifting.

Most important is the recognition that everyone will have to take on more responsibility – see themselves as both part of the problem and part of the solution. OBC is looking at the possibility of a payroll tax.

There was discussion regarding whether Oregon has a unique opportunity to make tangible improvements. The group discussed the need to work toward comprehensive reform while making incremental progress along the way.

**SNAC proposals to the OHPC Update:** Ken reviewed the presentation to the OHPC. Suggested that there still appears to be some disconnect among some members of the Commission r.e. the ongoing need for the health care safety net, even in the event of universal access. Suggested that there is still quite a lot of education that SNAC needs to do to explain the long-term value of the safety net.

There was discussion surrounding how the SNAC might make it easier for the OHPC to connect these dots. Could the SNAC develop a road map for policy/decision-makers identifying the “strategic way-stations” along the way toward reform? *Craig and Priscilla volunteered to work together to create a first draft of the “road map”.*

There was also discussion r.e. Ken and Mike working with Vickie Gates from the Q&T workgroup to see if they can coordinate their EHR proposals. *Mike and Ken will connect with Vickie.*

The Group also revisited the Statement of Support issue. There was some confusion among the group, regarding what was being asked of them. Marian informed the group that DMAP’s response to the changes proposed

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by the FACHC workgroup was that opportunities for public involvement exist and that if the process were not working for safety net providers, they would be happy to discuss the issue. It was suggested that perhaps an administrative solution should be sought, rather than legislative. The group agreed that it is not prepared to add this as a fourth proposal at this time but would like more time to consider it and/or pursue alternate approaches to addressing the public input/impact issues.

**Update on Medical Malpractice Issue:** Scott reported that tightening up of the liability subsidy is being considered. It is the ORH that determines geographic eligibility and SAIF that administers the money for the subsidy. Rep. Jensen will be holding a hearing on the matter. There is some data that is pending from a study being done by Dr. Schmidt at OHSO utilizing data from SAIF r.e how much \$ is being spent and who is getting it as well as some qualitative data from a physician survey. Scott emphasized to the group that presently, the subsidy is being distributed exactly as it was written.

**Loan Compensation Proposal/ORH:** ORH's proposal makes the loan reimbursement program more effective and increases the allocation from \$400,000 to \$ 1 million. Workforce recruitment is an issue across the board for rural health. Loan repayment is an important tool for recruitment. Senate Interim Public Health Committee was favorable toward proposal and the Governor has taken it on. Uncertain if the budget increase will be supported. Scott is seeking endorsement of the proposal from the SNAC.

The group agreed that this proposal is an extension of the larger health manpower issue. The volunteer licensure proposal will be reframed to be more transformational and to incorporate the ORH proposal. *Scott will work with Mike and Priscilla on the language.*

**Next Steps/Other Business:** The Foundation for the Advancement of Community Health Centers will hold a reform/kickoff summit to roll out their proposals on Dec. 6<sup>th</sup> at the Convention Center.

## **NEXT SNAC MEETING**

**Jan. 16, 2007**

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**10-noon**  
**800 NE Oregon Street, Portland**  
**Room 120B**

**2007 Scheduled SNAC Meetings**

**3<sup>rd</sup> Tuesday, every *other* month**  
**10:00 a.m. – 12:00 p.m.**  
**March 20, 2007**

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## Safety Net Advisory Council Highlights from September 19, 2006 Meeting

**Safety Net Advisory Council's Charge:** *An on-going body that promotes understanding and support for safety net patients and providers in Oregon. SNAC provides policy makers and the Oregon Health Policy Commission with specific policy recommendations for safety net providers in order to ensure the provision of needed health services to vulnerable Oregonians.*

### Meeting Goal:

- A. Create an Action Plan with timelines for influencing policy and coordinating with other reform efforts.

### Attendance:

**SNAC Members** - Tom Fronk, Craig Hostetler, Priscilla Lewis, Ken Provencher, Connie Powell, Jackie Rose

**Staff** - Marian Blankenship, Laura Brennan, Gretchen Morley, Luis Caraballo, Joel Young.

**Guests/Public** – Nancy Abrahms

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

**Bruce Goldberg/LFO letter update-** OPCA, Office of Rural Health and HSP worked together to incorporate recommendations made by the Council at the July meeting. The letter was sent last month. There has been no response from the LFO. [See Attached.](#)

### Policy Proposals from other efforts-

**OHPC Update:** The LDSMW presented three proposals to the OHPC at their September meeting: Metrics, the Washington State bill and Payment Incentives. The LDSMW will convene a smaller group to look more closely at the payment incentives proposal, which was met with interest from the OHPC. The emphasis of the proposal will be on providing incentives for continuum of care/upfront care. OHPC is also favorable of the Metrics work that is being done to “winnow down” some access metrics that will feed into

the larger OHPC report. Doctor Wopat and Laura Brennan are continuing to do further research related to the Washington bill.

Gretchen presented a first public airing of proposals under consideration, to the Senate Commission. Models being considered include building a public-private insurance model, an individual insurance mandate and creating a central insurance exchange, which would function as a “smart purchaser” in the market, able to help small employers. The Senate Commission is considering the possibility of vouchers for health insurance.

NWHF is supporting a facilitator to work with the major reform efforts (the reform coordinating committee) to identify commonalities, coordinate where possible and determine where efforts might overlap with the Governor’s Kids Proposal.

**FACHC-directing \$\$ to Safety Net Update-** The Safety Net Workgroup has devised a three-point proposal to expand safety net capacity, with particular emphasis on the primary care medical home service delivery model. In addition, the proposal supports developing language to allow flexible and accountable managed care reimbursement for the medical home model. The proposal also incorporates the concept of patient responsibilities and rights – beyond monetary – to address criticisms that health care resources are not limitless.

The Council agreed that some level of financial explanation for the medical home proposal would be useful to take to the OHPC. *Craig will work with the safety net workgroup to develop cost estimate.*

The FACHC Safety Net Workgroup also took another look at the Statement of Support proposal. The workgroup added some administrative “teeth” to the proposal. *See Attached.* The question was posed whether SNAC is interested in recommending the proposal a second time. There appeared to be interest in revisiting the issue, however no formal decision was made.

## **Action Planning – preparing for Legislative session.**

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SNAC members discussed their role in the larger health policy environment. Questions arose surrounding SNAC's charge: to whom is SNAC advising? Is SNAC a proactive or a reactive body – or both? Members suggested that they need to have a better understanding of what the Governor's plan looks like, as well as the work of the Medicaid advisory committee.

There was also discussion around the article that the Oregonian published related to malpractice subsidies and who is benefiting. Members wanted more information pertaining to this issue – specifically- as well as a better understanding of what SNAC's response should be around identifying the impact of bills on the safety net. Joel identified a variety of communication/decision making strategies that the SNAC can elect to use to influence policy makers including: education, adopting positions and advise through OHPC, real-time updates on specific legislation, targeted communications with key legislators and inviting legislators and others to speak at SNAC meetings etc.

SNAC members stated that there are health policy forums where SNAC does not appear to have a presence. Although some SNAC members attend these forums (i.e. the health care reform coordinating committee) they are wearing other organizational hats. Members would like SNAC to have its own place in the larger dialogue.

### **Recruitment:**

Marian notified the group that they are looking for greater geographic and cultural diversity, as well as participation from more practitioners. Several rural physicians have been contacted, toward this end. None have been able to commit, as yet.

### **Next Steps:**

- ✓ *Marian will provide information on the Governor's Healthy Kids Plan.*
- ✓ *Marian will connect with the MAC and learn more about the MAC recommendations and work plan...share with the SNAC.*
- ✓ *Marian will clarify SNAC charge and disseminate language to SNAC members.*
- ✓ *Craig will work to identify a cost-estimate for the Medical Home Proposal.*
- ✓ *Marian will develop a letter highlighting who/what the SNAC and help define the "safety net niche". Craig will advise around the language.*

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- ✓ *Marian will develop SNAC documents that are readily accessible to SNAC members. (letter, policy proposal one-pager)*

**NEXT SNAC MEETING:**

**November 21, 2006**

**January 16, 2007**

**March 20, 2007**

**10-noon**

**800 NE Oregon Street, Portland**

**Room 120B**

**Scheduled SNAC Meetings**

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

## Safety Net Advisory Council Highlights from July 18, 2006 Meeting

**Safety Net Advisory Council's Charge:** *An on-going body that promotes understanding and support for safety net patients and providers in Oregon. SNAC provides policy makers and the Oregon Health Policy Commission with specific policy recommendations for safety net providers in order to ensure the provision of needed health services to vulnerable Oregonians.*

### Meeting Goal:

- A. **Develop a plan to influence policies that are supportive of Oregon's health care safety net.**

### Attendance:

**SNAC Members** - *Tom Fronk, Craig Hostetler, Jackie Rose, Bill Thorndike, Ken Provencher*

**Staff** - *Gretchen Morley, Michael Stickler, Joel Young, Mary Ann Evans, Sharon Hill, Marian Blankenship*

**Guests/Public** – *Beryl Fletcher, Amy Cooper, David Rosenfeld, Laura Brennan.*

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

*Handout: Highlights\_05\_16\_06\_SNAC*

**OHPC Update:** The Local Delivery System Models Workgroup (LDSMW) is continuing to narrow its recommendations to the Oregon Health Policy Commission.

The LDSMW has prioritized metrics and may tie-in some of the work of the Health Indicators Project (HIP), which is developing urban health indicators, similar to the rural health indicators.

The OHPC is interested in measurable goals and will review/consider the HIP work as it responds to the Governors charge.

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Gretchen alerted SNAC members that because there are many health reform efforts, the Northwest Health Foundation and the OHPC are co-convening these groups to identify points of coordination and ensure that they are not duplicating or working at cross-purposes.

## **Next Steps for influencing Policy:**

***Finalize letter to Bruce Goldberg and Legislative Assembly.*** Laura, Tom and Joel drafted a letter responding to Bruce Goldberg's letter to SNAC regarding questions posed by the LFO at the April 6, 2006, Emergency Board Meeting, *see Handout*. The draft letter responded to whether "FQHCs and RHCs provide better services, superior outcomes, or reduced expenditures" and was shared with the Office of Rural Health and the Oregon Primary Care Association. The OPCA had concerns that the letter did not sufficiently and directly address the questions posed by the LFO. Based on these concerns the letter was redrafted and shared with SNAC.

OPCA expressed continued concerns regarding the revised draft letter. ***SNAC recommended*** that OPCA provide some specific language to be inserted into the letter. ***Craig agreed to provide this content.*** ***SNAC agreed*** that the letter could be sent on to Bruce Goldberg without additional review, once this has occurred.

***SNAC advised*** that the letter be reduced in length and that the background information, while important, be provided as an attachment.

## **POLICY RECOMMENDATIONS:**

### **Direct dollars to Local/Regional Efforts.**

***SNAC advises*** the Oregon Health Policy Commission's Local Delivery System Models Work Group, LDSMWG to prioritize policies supportive to local/regional safety net/access efforts. While SNAC is invested in local/regional access efforts, SNAC determined their immediate charge is to focus specifically on health care safety net providers in its policy recommendations.

**SNAC discussed** the importance of the LDSMWG emphasizing the collaboration of community partners, e.g., local health departments, hospitals, Medicaid managed care organizations, and health care safety net clinics in its policy recommendations.

**Direct dollars to existing safety nets.**

Craig shared the draft meeting summary generated by the FACHC workgroup, dated June 20, 2006, *see handout*. **SNAC advised** that continued coordination between SNAC and the FACHC workgroup, is appropriate and valuable. *Laura and Joel or Marian will work with the FACHC workgroup to further refine this recommendation*

**SNAC requested** that this policy recommendation be compiled with as much specificity as possible and made available to SNAC members with time to substantively review for September meeting.

**EMR: see attached Handout.**

**SNAC confirmed** that in May, they agreed to move forward this policy recommendation.

Bill advised the group that the Oregon Business Plan, drafted by the Oregon Business Council, is promoting EMR. *Bill will try to ensure that there is a sentence in the plan, which specifically includes promoting EMR for safety net clinics.*

**Volunteer flexibility: see attached Handout.**

**SNAC confirmed** that in May, they agreed to move forward this policy recommendation with amendments that non-physician practitioners and continuing education/CMEs be included in the Volunteer flexibility recommendation.)

SNAC discussed the impact of the recent OHSU lawsuit and whether, in light of this, the environment may be changed for the Volunteer Flexibility proposal.

The point was raised that OHSU practitioners are not volunteers hence this may not impact SNAC's proposed recommendation. SNAC agreed that this is

an important issue to track and consider and one that will require a legal opinion.

SNAC's three policy priorities will be combined into a comprehensive document. *Ken will present SNAC priorities at the October OHPC meeting.*

### **Other action or steps to influence policy:**

SNAC identified the need to develop a coordinated strategy with other core drivers of health policy regarding the right legislative vehicle(s), communication/education, and determining what the appropriate role is for SNAC in these efforts.

The group determined the importance of building political will and identified the need to develop a multi-pronged approach to influencing policy. SNAC also agreed it is important to work/communicate with, yet be independent of, FACHC, OAHHS, OMA, fully capitated health plans and others. In the process of coordinating and linking with other efforts, it is important to ensure that the Safety Net's particular concerns are not lost in a larger bill.

SNAC reiterated the need to focus its immediate policy efforts on health care safety net providers.

### **Next Steps/Other Business**

#### **NEXT SNAC MEETING**

**September 19, 2006**

**10-noon**

**800 NE Oregon Street, Portland**

**Room 120B**

#### **2006 Scheduled SNAC Meeting Schedule**

**November 21, 2006**

**3<sup>rd</sup> Tuesday, every *other* month**

**10:00 a.m. – 12:00 p.m.**

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## Safety Net Advisory Council Highlights from May 16, 2006 Meeting

**Safety Net Advisory Council's Charge:** *An on-going body that promotes understanding and support for safety net patients and providers in Oregon. SNAC provides policy makers and the Oregon Health Policy Commission with specific policy recommendations for safety net providers in order to ensure the provision of needed health services to vulnerable Oregonians.*

### Meeting Goal:

- A. Further review and prioritize Policy Work Group recommendations

### Attendance:

**SNAC Members** - Tom Fronk, Craig Hostetler, Mike Leahy, Priscilla Lewis, Ken Provencher, Connie Powell, Carlton Purvis, Jackie Rose

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

**Guests/Public** – Derrick Dale, Tim Stumm, Beryl Fletcher, Andrew Morris, Anne Johnston Silverburg

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

#### Review and Finalize Policy Options

**Direct \$\$ to safety net** – Craig presented information on the efforts of the Primary Care Association in partnership with others to develop policy recommendations that will support and strengthen the health care safety net. **See attached.** Further development of such policy is needed and will occur at OPCA on May 30<sup>th</sup>.

**Electronic medical records** – Mike described a policy proposal that he has been working on in partnership with others that will direct state dollars/support to electronic health/medical records for safety net patients and providers. Systematically encourage safety net providers to commonly develop a high quality EMR whose data can be securely and confidentially

shared with hospitals and referral providers, including hospital emergency departments. **See attached.** SNAC recommended movement forward with this policy priority. Ken and Mike will meet with Bruce Goldberg and others re: this SNAC policy priority.

**Volunteer flexibility** – Priscilla created a presentation on this work group’s effort to address licensure/liability flexibility for volunteer practitioners who serve safety net populations (specifically the uninsured). **See attached.** The SNAC prioritized the need for such licensure flexibility, while also noting the need to not create a tiered or less than adequate system. Consequently, SNAC recommends that continuing education/CMEs be included in such policy. Also, it was recommended that non-physician practitioners, e.g. nurse practitioners and nurses, be integrated into this policy priority in order to offer similar flexible licensure.

The work group opted not to make policy recommendations related to malpractice/liability but to monitor the implementation of existing policies.

**Bruce Goldberg’s letter** – Dr. Bruce Goldberg, Director of the Department of Human Services asked SNAC to provide necessary information regarding the Legislative Emergency Board’s discussion pertaining to the costs and services of Oregon’s health care safety net, specifically RHCs and FQHCs. Tom and Laura will work together in order to respond to Bruce’s letter and the Emergency Board.

**OHPC Update:** Gretchen shared that the Local Delivery System Models work group has embarked on setting policy prioritize and will share with the entire Health Policy Commission in June or July.

**NEXT SNAC MEETING**

**July 18, 2006**

**10-noon**

**800 NE Oregon Street, Portland**

**Room 120B**

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## **2006 Scheduled SNAC Meetings**

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

**July 18, 2006  
September 19, 2006**

## Safety Net Advisory Council Highlights from March 21, 2006 Meeting

**Safety Net Advisory Council's Charge:** *An on-going body that promotes understanding and support for safety net patients and providers in Oregon. SNAC provides policy makers and the Oregon Health Policy Commission with specific policy recommendations for safety net providers in order to ensure the provision of needed health services to vulnerable Oregonians.*

### Meeting Goals:

- *Further develop 2006 work plan*
- *Review and prioritize policy work group recommendations*

### Attendance:

**SNAC Members** - *Tom Fronk, Craig Hostetler, Priscilla Lewis, Ken Provencher, Connie Powell, Carlton Purvis, Jackie Rose*

**Staff** - *Laura Brennan, Sharon Hill, Gretchen Morley, Michael Stickler, Jeanene Smith.*

**Guests/Public** – *Derrick Dale, Beryl Fletcher, Andrew Morris, ??*

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

#### **Federal Financial Participation**

In February 2006, SNAC convened a meeting with OMAP and FPA regarding Federal Financial Participation (FFP) options related to safety net sustainability. Tom and Joel represented SNAC in this meeting. The purpose was to identify opportunities; identify areas to avoid; identify next steps. The group agreed to continue to meet in order to further refine options and approaches and address organizational barriers to FFP. *See handout.*

#### **Review Policy Options**

Carlton reminded SNAC that in January, SNAC recognized the need to address **immediate** needs and strategies to strengthen and support the core safety net. Since January, Carlton Purvis, Tom Fronk, Craig Hostetler, Jackie Rose, and Laura Brennan met as a policy work group of SNAC. The work

group reviewed how other states support the health care safety net and created draft policy recommendations. While drafting potential policy recommendation, the work group considered:

- Feasibility;
- Cost savings;
- Improved health;
- What is most broken;
- Models that work/best practices;
- What concrete supportive policy(ies) could be included in Governor's budget/DHS budget/policy package; and
- What would private sector support.

SNAC reviewed efforts of the work group (see *Highlights\_02\_21\_06\_Policy*).

**Three policy options were prioritized, work groups assigned, and next steps determined to further develop the following priorities:**

### **Policy Priorities:**

(1) Direct dollars to existing safety net providers serving uninsured/underserved and communities in order to stabilize and build capacity to serve uninsured/underserved

- Access to medical (including public health and prevention, behavioral health, and dental services)
- Adequate and explicit expansion of medical home
- Emergency Department diversion
- Care Management/Enabling Services

**Work Group members = Carlton, Craig, Priscilla, and Laura. SNAC requests that a policy/white paper be drafted by staff re: the need for state safety net policy/support, using existing data. Such a paper must include the need for policy to address the uninsured (not just Medicaid).**

(2) Direct state dollars/support to electronic health/medical records for safety net patients and providers. Systematically encourage safety net providers to commonly develop a high quality EMR whose data can be securely and confidentially shared with hospitals and referral providers, including hospital emergency departments.

**Work Group member = Mike.**

(3) Licensure/liability flexibility for volunteer practitioners who serve safety net populations (specifically the uninsured). For example, a “limited volunteer license” category with minimal paperwork and minimal cost for retired physicians from out of state with active medical licenses.

Work Group members = Beryl Fletcher (Oregon Dental Association), Priscilla, Tracy Gratto (Coalition of Community Health Clinics), Dr. Ron Carver (Volunteers in Medicine Clinic in Bend), and Laura.

**Furthermore, SNAC recommend that OHPC address (or assure other groups address):**

- Provider tax
- Presumptive eligibility
- Explicit outreach, enrollment and eligibility rules/policies

**OHPC Update:** Gretchen shared the Governor’s request received by the Oregon Health Policy Commission in February 2006. *See attached.* The Governor requests that OHPC develop recommendations for incrementally moving toward a sustainable health care system that provides every Oregonian with access to affordable health care. The recommendations should set measurable goals for system change over the next five years and propose concrete reforms that will move the health care system toward meeting these goals. In addition to setting measurable goals and timeframes for achieving them, it is paramount that your recommendations address how to finance a sustainable health care system. Envisioning a health care system that will provide health care access to everyone isn’t the challenge; the hard work begins when we turn our attention to how to pay for it. The OHPC is to engage the employer community, health care providers, advocates, and others in a meaningful dialogue on reforms that will address both delivery system redesign and financing. Furthermore, the Governor requested that OHPC be a statewide convener to integrate as many different perspectives as possible into their recommendations.

**Other Business/Next Steps: Letters to Representative Richardson, Medicaid Advisory Committee, and others re: SNAC**

## **NEXT SNAC MEETING**

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**May 16, 2006**  
**10-noon**  
**800 NE Oregon Street, Portland**

**2006 Scheduled SNAC Meetings**

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

**May 16, 2006**  
**July 18, 2006**  
**September 19, 2006**

# **Safety Net Advisory Council**

## **Highlights from February 21, 2006 Policy Work Group Meeting**

### **Meeting Goals:**

- *Review and evaluate policy options that support and strengthen the health care safety net*
- *Reach preliminary agreement re: which options to recommend to SNAC at March 21 meeting*

### **Attendance:**

**SNAC Members** - *Tom Fronk, Craig Hostetler, Carlton Purvis, and Jackie Rose.*

**Staff** - *Laura Brennan.*

### **Policy Work Plan:**

1) Ask SNAC members, staff & others to submit promising models / concepts to Policy Work Group to consider;

2) Work Group members individually search through the plethora of 'models that work' with which we are each familiar, & develop personal 'short lists' for discussion;

3) Discuss evaluation criteria via email & reach conclusion by February 17th;

4) Convene on Tuesday morning, February 21st, 9a - 12p, to evaluate & reach preliminary agreement re: which models / concepts to recommend;

5) Conduct any necessary follow-up inquiries & develop brief rationale for each model / concept by March 10th;

6) Discuss & reach agreement via email on the 3 - 4 models / concepts that we would like to recommend to the SNAC...complete by March 17th.

7) Present recommendations to SNAC on March 21st.

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## **Policy Suggestions:**

### **Legislative Strategies**

- (1) Direct dollars to existing safety net providers serving uninsured/under-served
  - Access to medical (including public health and prevention, behavioral health, and dental services)
  - Emergency Department diversion
  - Care Management/Enabling Services
- (2) Direct dollars to communities in order to build capacity to serve uninsured/underserved
- (3) Direct dollars/support to electronic health/medical records for safety net patients/providers
- (4) Recommend that OHPC or other groups address
  - Provider tax
  - Presumptive eligibility
  - Explicit outreach, enrollment and eligibility rules/policies
  - Licensure/liability flexibility for volunteer practitioners
- (5) Determine policy priorities/efforts of HPC's Local Delivery System Work Group, i.e., Washington state legislation re: community health collaborative grant program

### **NEXT SNAC MEETING**

**March 21, 2006**

**10-noon**

**800 NE Oregon Street, Portland, Room 120C**

### **2006 Scheduled SNAC Meetings**

**3<sup>rd</sup> Tuesday, every *other* month**

**10:00 a.m. – 12:00 p.m.**

**March 21, 2006**

**May 16, 2006**

**July 18, 2006**

**September 19, 2006**

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## **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.

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**January 17, 2006**

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