

Oregon Health Policy Board
DRAFT June 7, 2016
OHSU Center for Health & Healing
3303 SW Bond Ave, 3rd floor Rm. #4
8:30 a.m. to 12:30 p.m.

Item

Welcome and Call To Order, Chair Zeke Smith

Present: Chair Zeke Smith called the Oregon Health Policy Board (OHPB) meeting to order. Board members present: Zeke Smith, Carla McKelvey, Karen Joplin, Joe Robertson, Carlos Crespo, Brenda Johnson, Stacey Dodson, Oscar Arana and Felisa Hagins

The Board approved the May '16 minutes unanimously.

Zeke introduced new Board members Oscar, Stacey and Brenda and each spoke for a moment regarding their background.

Zeke briefed his legislative day's testimony and relayed a request from Rep. Greenlick to look closely at the future of CCOs and provide guidance to the Legislature and OHA. He recalled the 2010 Action Plan for Health and requested the plan be updated. Zeke will relay a timeline for an update after consultation with the Governor's Office. Joe requested further thought about how the Board will engage during the legislative session. Lynne spoke about the coming July System Transformation Quarterly Report and its importance informing a refreshed action plan.

Director's Report, Lynne Saxton, OHA

Lynne relayed that OHA is engaged in a national search for a new Oregon State Hospital Superintendent. Oscar asked about communities of color and women as part of the hiring process and Lynne relayed her personal goal to increase diversity of leadership staff and resultant success, she welcomed members of the Board to be a part of the process. Leslie re-introduced Leanne Johnson, OHA's director of the Office of Equity. Lynne then gave a tribal update regarding access and specialty care, an agency budget update, a member services update and an 1115 Waiver update. Felisa requested a summary of submitted Waiver comments and changes as a result of comments. Commissioner Joplin requested more information about tribal access and federal medical assistance percentages (FMAP) and Oscar asked about external participants on the taskforce. OHA will prepare a briefing regarding tribal taskforce work and waiver comments. Lynne relayed Jackie Mercer's role, tribal participation and internal tribal staffing updates. Lynne briefed a reduction in state hospital referrals for misdemeanors as a result of collaboration and work with 6 Oregon counties, the judiciary and law enforcement. She then briefed Oregon's performance plan for Oregonians a result of USDOJ negotiations to support those with severe and persistent mental illness (SPMI) and the state's behavioral health collaborative. Felisa asked what might happen if metrics from the USDOJ plan aren't met and Leslie informed that USDOJ will be looking for progress and demonstrated effort in recognition that outcomes are aspirational.. Lynne spoke about the behavioral health mapping tool and statewide listening session as well. Felisa asked about structural issues and access in regards to the behavioral health system and Lynne cross-walked that issue with language in the collaborative charter. Karen asked which agency has responsibility for metrics in the coming USDOJ plan and Leslie relayed OHA is responsible.

Lillian Shirley briefed the Board regarding the Public Health Division work on Cleaner Air Oregon, lead in drinking water, childhood marijuana prevention pilot and Cascadia Rising. She emphasized the Division's is ensuring environmental issues are informed with a health lens and that rulemaking will continue; official public notice and comment period ended at the end of May. She relayed a second

release of monitoring information is coming and that this work will continue. She briefed communication structure codification and rapid responses designed to deal with emerging issues more quickly. OHA is working with local school districts, state education department and early childhood infrastructure regarding recommendations about lead in water. OHA will provide technical assistance and implementation support and show how to test, where to get tests analyzed, how to shut off the tap, how to communicate results and how to mitigate problems. Carla asked if Lillian had received reports showing elevated lead levels in children. Lillian replied that there is clinical evidence and reports to OHA of elevated lead. Lillian briefed a change in the benchmark for lead tests, 5 parts per billion versus 10. She reported paint dust is responsible for 80% of positive tests for lead. Carla asked for inclusion of local healthcare providers in the process and recommendations. Lillian will ensure local healthcare providers are included in the process and passed on that this is being addressed statewide. Lillian then briefed the childhood marijuana prevention pilot. Carla relayed her concern and Joe agreed regarding children and marijuana prevention. Zeke asked for a copy of the webinar prepared by Public Health for the Board regarding medical marijuana and Felisa asked that department of education and department of human services be included and that lessons learned from the anti-smoking campaign be adapted. Oscar asked about targeted education for specific communities and various language. Finally, Lillian briefed Cascadia Rising, a coordinated functional exercise simulating complex responses and procedures to an earthquake and/or tsunami and OHA's physical and mental health responsibilities.

Workforce Committee Update

Carla briefed HB 3396 2015 regarding Board recommendations for provider recruitment and retention and the progress to date. She relayed issues with related data and briefed listening session plans. Felisa asked if listening session information had been passed to licensing boards and OHA staff responded that it would be. Joe asked about recruitment and retention beyond incentives and Carla relayed the Board is responsible for recommendations as well.

Value Based Payments Discussion

Marge Houy of Bailit Health Purchasing presented on value based payments, the presentation is available in [meeting materials](#). Carla spoke about a risk determination system to identify medical and/or social risks and noted it hasn't been used in payment systems. She noted that bundled and integrated service's data should be captured and prioritized before setting a benchmark. Carlos noted population health metrics were important and asked how many CCOs have a comprehensive community health improvement plan and what stage they are at. Joe said he appreciated the review and need for continued innovation, he noted concern with provider burnout and how the provider should be supported in practice change. He mentioned the quadruple aim, the fourth element being provider satisfaction. Felisa relayed her surprise and concern with the lack of CCOs implementing VBPs, she noted where CCOs have the most flexibility to negotiate they have more VBPs but where they have less power to negotiate they have less VBPs. She mentioned hospital and pharmaceutical costs and need to empower CCOs to implement VBPs in that space. She recalled the Board's Medford trip and bifurcation in payment models where multiple CCOs exist. Brenda advocated for long term trajectory thinking to enable delivery system success, she asked about total cost of care issues around interventions and data as well as integrated plan design. Karen asked about how to use data as presented, she recalled 2 CCOs in supplemental payment design and asked what the obstacles were to the other CCOs. She asked for an analysis regarding why other CCOs are doing what they're doing to implement VBPs. She emphasized asking questions to find out what's producing presented data. Carla noted the industry standard is still fee-for-service and issues documenting VBPs as opposed to intervention codes. She asked if the state's data collection systems penalize VBPs. Lynne noted CCO infrastructure needs for a stable financial model and previous challenges with rate development and data challenges originating from data

systems. Zeke noted the sequence of VBPs as presented as a continuum and talked about making sense of data regarding CCOs and VBPs. He remarked on the role the state has to hold the right amount of tension regarding supporting continued movement towards VBPs. Marge noted the most challenging link is moving from fee-for-service to pay for performance and discussed models on the continuum which support advanced VBPs. She noted the number of providers and primary care providers incented to cooperate and collaborate is crucial. When discussing the role of the state she relayed the importance of the state collecting and analyzing data to help CCOs move forward with VBPs. She advocated for consistency across payers so benefits of transformation are clear and adequately financed. She spoke about technical assistance for CCOs from the Transformation Center for providers that aren't early adopters and who need assistance as well as the opportunity for alignment through the state's sizable purchasing power.

Value Based Payments Panel

Bill Guest & Dean Andretta of Willamette Valley Health CCO presented first, followed by Christi Siedlecki of Grants Pass Clinic and Will Brake of AllCare.

Dean presented on 4 risk groups and risk adjusted sub-capitation paid on rate group category as well as case rates they use. He shared info on embedded behaviorists and sub-capitation agreements with the local county mental health provider and 4 local dental care organizations (DCOs). Bill noted mental health access issues and legacy DCO agreements. Dean spoke about quality incentive alignment at the provider level and the challenge of using claims and encounter data to drive VBPs. Bill raised concerns with measures and lack of payment for improvement if benchmarks aren't reached. Dean said the big challenge is specialty care because their OHP book of business isn't large enough to motivate VBPs, he noted the opportunity with PEBB & OEBC and need for community wide health delivery system change.

Christi briefed VBPs used at Grant's Pass clinic to include supplemental payments, shared savings and risk and sub-capitation. The local CCO and patient centered primary care home (PCPCH) both helped drive the adoption of these VBPs. She noted challenges with payer alignment and the need for data to do VBPs. The number of patients and specific support offered by payers are key criteria used to decide which VBP to utilize. She relayed a key lesson learned is to not chase money but focus on improving care across the continuum. She noted the need for reduced administrative burden and payer alignment as well long term financial support to plan around as well as provider and staff recruitment. She advocates for enhanced primary care support as well as building relationships. Felisa asked if the clinic had reached out to payers and asked for alignment on metrics. Christi said they haven't done that; they have about a dozen direct payers.

Will briefed VBPs used by AllCare, his presentation and further material is available in the [meeting materials](#). Will relayed they have an adjusted capitated model similar to the state's methodology for Josephine county and use fee-for-service for the other two counties they serve. He noted specialty, oral and behavioral health VBPs were a challenge and they engaged heavily with the community. AllCare sub-capitates with four DCOs and contracts directly with one. He noted challenges with shared saving models for specialty care around selecting measures. He said everything outside primary care requires innovation to use VBPs and that more time should be allowed before standardization is pursued. He noted the value of community relationships. Felisa asked about provider contract retention and Will said they have had no provider drop out of VBPs. Brenda asked how focusing on social determinants of health will interface with VBPs and the CCO. Will responded with some examples of local programs and shared that there is ongoing internal and community discussion to bring forward measures based on social determinants of health.

Christi noted that screening for social determinants of health is a challenge because there's not a clear next step after the screening, and Carlos said they need to be measured. Karen asked Bill how WVCH is rewarding and incenting follow-up mental health screening and Bill replied that two members of the CCO board of directors are county mental health representatives. He spoke about a few process measures in place and continuing dialogue to make improvements. Karen asked Christi how she pays for behavioral health integration and Christi said they give space to the county mental health provider and the effort is supported by the local CCO. Carlos asked about sub-capitation and asked where community health improvement would fit in shared savings priorities. Bill said that model was the intent, but that's not what's being implemented given CMS' needs for actuarial soundness. Leslie will follow-up with a medical and social service spending report. Zeke asked the panel what one thing they'd like to see to create more space for VBP adoption. Bill said the state needs consistency and time for system change once an incentive is introduced. Dean spoke about the potential of CPC+ because of the improved alignment at the practice level beyond OHP. Christi advocated for CPC+ and supporting CCOs at the local level. Will noted when the state makes a decision about measures there's months' worth of work needed at the practice and provider level and asked for patience. Brenda asked Bill if the waiver has flexibility for a global budget to address the concerns he raised. He spoke about the need for local flexibility and innovation as well as spreading best practices through the Transformation Center. He noted concerns with the waiver which may force less integration and asked barriers be removed from true dental and mental health integration.

Felisa asked about next steps in this work. Leslie relayed that the Board has a couple legislative placeholders that may be used after a statutory barrier analysis is completed. Lynne noted the Agency's workplan is inclusive of this conversation and passed on the mission of the state behavioral health collaborative to make recommendations. She asked the Board to consider how oral health recommendations might be addressed. Zeke noted four opportunities for action for the Board including legislation regarding value based purchasing, SB 440 data plan, SB 231 recommendations regarding primary care spending and providing guidance to the legislature and OHA about the future of CCOs. Felisa spoke about local payment alignment and opportunities in local communities where the majority of payers are public and proposed the Board engage in helping enable pilots around local community payment type alignment. Carla asked if the Board can make recommendations to SB 231 collaborative or receive recommendations and Leslie said it's a partnership and the collaborative will report back. Lynne asked that Board members receive the SB 231 collaborative schedule.

OHPB Priorities Discussion

The Board discussed their priorities and the role they can play to engage and move those priorities forward. Felisa expressed a preference for a process that engages committees beforehand and Karen noted the coming priority briefings will inform the conversation. Dr. Robertson spoke about the coming legislative session and framing conversations and context for health policy issues likely to be legislated, like the future of CCOs. The Board's priorities are ongoing but the future of CCO conversation is timely. Zeke posited questions about what the Board can impact and influence in the next 6 months related to CCOs and the Board's priorities and noted the difference in roles developing policy between OHA and the OHPB. Felisa noted a role for the Board taking positions on coming legislation before September. Carlos spoke about SB 440 metrics which will inform gaps and priorities. Joe noted the Board could agree on principles and the "spirit" of transformation, e.g. common data set. The Board affirmed its role regarding defining what a CCO is as well as its legislative role. Zeke recalled the Board's responsibility to represent and listen to consumers and solicited future feedback from Board members regarding input and engagement in the legislative process and long term priority planning.

<u>Public Testimony</u>
John Mullin provided comments regarding the Board's charge and the 1115 Waiver. He supported Felisa's request to receive the waiver comments and OHA's responses.
OHPB video and audio recording
To view the video, or listen to the audio link, of the OHPB meeting in its entirety click here .
Adjourn

Next meeting:

August 2, 2016

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