

Oregon Health Policy Board
DRAFT Minutes
March 3, 2015
OHSU Center for Health & Healing
3303 SW Bond Ave, 3rd floor Rm. #4
8:30 a.m. to 11:30 a.m.

Item

Welcome and Call To Order

Chair Zeke Smith called the Oregon Health Policy Board (OHPB) meeting to order. Board members present: Zeke Smith, Joe Robertson, Lisa Watson, Felisa Hagins, Carla McKelvey, Brian DeVore and Carlos Crespo. There were no absent members.

Zeke provided a reminder that the April meeting will be held in Astoria, Oregon.

Leslie Clement and Lynne Saxton were present from the Oregon Health Authority (OHA).

Consent Agenda:

- The meeting minutes from the February 3, 2015 OHPB meeting were unanimously approved. Motion to approve by Carlos Crespo and seconded by Lisa Watson.

Director's Report – Lynne Saxton, OHA

Lynne provided an update on her first thirty days with the Oregon Health Authority.

- Approximately three weeks prior to today, the call wait time for the Oregon Health Plan enrollment processing center was 49 minutes per person, with many calls resulting in the system hanging up on the caller due to technology limitations. As of today, the call wait time is 2-3 minutes per person; the technology was restructured with additional training being provided to the workforce. We will be moving to the software the state of Kentucky uses and one of the ways they made it work was by keeping it simple. Leaders within the OHA are convening with stakeholders to make this happen.
- We have been working on structural initiatives to align ourselves successfully with the CCO structure. The agency is making adjustments and alignments and those will accelerate as we move forward in the next 60 days.
- Rate structure issues for 2015 with the CCOs are being reviewed internally. A debrief has taken place and there will be a work session with the CCOs on March 4. There are three proposals that will be presented to the CCOs to discuss 2015 rates but also identifying the timeline and process for the 2016 rate adoption process. A mutually agreed upon rate setting calendar will be established to help with efficiency and effectiveness.
- We are tracking a number of legislative issues. Lynne's confirmation was postponed but should be scheduled within the next week.
- Lynne has been touring the Oregon Health Authority departments, the Oregon State Hospital and meeting with the workforce bargaining units. We are looking forward to results and implementation and the workforces' enthusiasm toward it.

Zeke Smith relayed that Sean Kolmer will remain in Governor Brown's office as the Health Policy liaison. Zeke is in the process of composing a letter to the Governor's office reviewing the January OHPB retreat and ensuring the alignment of work with Governor Brown's office.

Committee Updates

Workforce Committee – The Workforce Committee has met their deliverables. They are seeking guidance from the OHPB on their next steps and what the focus should be. This will be placed on a future Board meeting agenda.

Joint Early Learning Council Health Policy Board – There has been good discussion on how to bring early learning to the health policy board and how to bring health work to the early learning council particularly focused on metrics. There is a desire to move forward on kindergarten readiness on the health side. The Health Policy Board and the Early Learning Council would like to discuss in the future with the Board the charge of the joint policy board and how they will move forward.

Coordinated Care Model – Lisa Angus will present on the workgroups efforts and provide the Board an opportunity for input. An update will be shared for the calendar on OEBC's move to incorporate those elements of the Coordinated Care Model. The 2015 calendar that reflects behavioral health, population health and public health has begun to be drafted and will be brought in front of the Board before May.

There is continuing work under the health authority and the OHA is working on the best way of informing the Board of that on-going work.

Legislative Update – Courtney Westling, OHA

Courtney provided an update on certain Bills with direct references to the Oregon health Policy Board or its Committees which are listed below. Full details can be viewed [here](#), starting on page 6.

- HB 2294 – passed the house last week and is headed to the Senate
- SB 289
- SB 440 – Bill has been postponed for a hearing
- SB 532

The following are measures related to Oregon Health Policy Board priorities:

- HB 2202
- HB 2420 – Been part of a work group, many bills affect this population. There is likely to be an end of March hearing that affects the Oregon State Hospital population
- HB 2421
- HB 2785
- HB 3100 & SB 663 – scheduled for a public hearing within the next week
- SB 1 – passed and moved to Governor
- SB 119
- SB 231 – SB 231 and SB 609 have similarities and could possibly merge
- SB 442 – hearing has been cancelled and will be rescheduled
- SB 609
- SB 665

Ways and Means for the Oregon Health Authority will start the week of March 9.

OHPB policy statement on vaccinations – Lillian Shirley, OHA; Dr. Paul Cieslak, OHA

Zeke introduced the draft policy statement on vaccinations, an item that was discussed at the last meeting. Between the two meetings, Zeke sent a letter to Senator Steiner Hayward for the Senate Health Committee outlining the interest from the group in making a policy statement surrounding vaccinations. The intent today is to discuss the statement, hear public comment, take a vote and then take action.

Lillian Shirley and Dr. Paul Cieslak provided background for the policy statement on childhood immunizations in Oregon. Immunizations have helped to eliminate diseases such as small pox and have led to a decline in many other diseases. Many diseases still persist within the United States causing children that are not vaccinated to be vulnerable. All states require vaccinations of students prior to entering Kindergarten. Oregon allows students to receive an exemption to the vaccination requirement due to medical reasons or because of a philosophical belief. The vaccine exemption rate in Oregon is the highest in the nation and has risen steadily over the last decade.

The Policy Statement from the Oregon Health Policy Board “supports policy efforts to increase vaccine rates among children in Oregon. The board supports strengthening the state’s school vaccination law so that exemptions are only allowed for medical purposes. Under current law, Oregon allows parents with a personal belief of objection to receive a non-medical exemption from the state’s school vaccine mandate”. View the OHPB policy statement on vaccinations [here](#), starting on page 8.

Action will be taken on the following recommendations listed in the policy statement.

Additional Recommendations

The Oregon Health Policy Board encourages the adoption of additional proven practices and increased efforts by healthcare providers and insurers on strategies to increase vaccination rates. The board further recommends:

- The Oregon Health Authority (OHA) Metrics & Scoring Committee creates an incentive metric for vaccination rates for Coordinated Care Organizations and state employee insurance plans (PEBB, OEBC).
- OHA identify under-vaccinated groups based on social, racial and geographic disparities and provide outreach and training to providers with high levels of children with vaccine exemptions.
- Increase efforts by private insurance plans to encourage providers to work to increase vaccination rates among their patients.
- Increase efforts that started in Oregon for the 2014-2015 school years to educate parents claiming non-medical exemptions. There have been positive results from similar activities in Washington and California. These education efforts are targeted at changing individual behaviors, the policy we support protects the community as a whole.

Felisa Hagins moved the policy statement be accepted and the motion was seconded.

One amendment was recommended.

Amendment 1:

- The third bullet under rationale currently reads:

- The Oregon Health Policy Board supports continuing all current efforts to improve vaccination rates in the state. These activities are financially and administratively resource intensive and based on current trends in exemption rates, insufficient to fully protect the community; and would be changed to:
- The Oregon Health Policy Board supports **increased** efforts to improve vaccination rates in the state. These activities are financially and administratively resource intensive and based on current trends in exemption rates, insufficient to fully protect the community and move the statement under additional recommendations as the 5th recommendation.

Amendment 1 was moved by Felisa Hagins and seconded by Dr. Joe Robertson. A vote was cast and all were in favor of this amendment.

Public Testimony for the policy statement: Dr. Jim Lace, Pediatrician, Salem.

Dr. Lace addressed two items:

- If SB 442 passes, there will be an impact on schools and daycares to figure out how to register these students. There will need to be supplemental money or outreach and system reorganization to determine who is/isn't vaccinated.
- Strengthen laws to protect children against those that are not vaccinated.

Roll Call vote from the Board of Policy Statement:

Carlos Crespo – support and comment

Brian DeVore - support

Felisa Hagins - support

Dr. Carla McKelvey - support

Dr. Joe Robertson - support

Lisa Watson - support

Zeke Smith – support and comment

The policy statement passed; staff will take it and begin work on key recommendations and it will be forward to the Senate Health Care Committee as they deliberate on SB 442.

Spreading the Coordinated Care Model, Lisa Angus, OHA and Denise Hall, OEBC

An update was provided on the activities of the Coordinated Care Model Alignment Work group. The Board will be asked for input and next steps and activities for the workgroup. The goal of the workgroup is to spread the model across all healthcare markets.

The workgroup was charged to spread the CCM to the private market (commercial side), including purchasers and carriers. It consists of many different members and targeted audiences resulting in products such as environmental scan, framework for contracting and procurement, model RFP questions, scope of work for contracts and communications tools and resources.

The committee has the following questions for OHPB:

- Suggestions to further engage carriers and purchasers in a conversation about the model
 - What is important to them that we need to consider?
- Are there other audiences that we should target when thinking of spreading the model?
- What other supports, tools and resources should OHA develop to encourage the spread of

the model?

Denise Hall provided information on OEGB. The Oregon Educator Benefit Board created in 2007 and was developed by the legislature to provide a pool for school and education service districts in the state of Oregon. They have about 190 of 197 school districts that are participating in OEGB, 20 educational districts, 14 community colleges and charter schools bringing them to 147,000 covered lives.

OEGB is going out for their first request for proposal (RFP), scheduled to release it in June and looking for coverage effective date of October 2016. The goal is to spread the CCM health plans. The asks within the RFP will be based on better health, better care and lower costs and based on using best practices to manage and coordinate care.

View the Coordinated Care Model Alignment Workgroup presentation [here](#), starting on page 10.

Public Testimony

Jody Daniels works in state government affairs for GlaxoSmithKline. She spoke about SB 440, which she believes is a sleeper bill that would have a huge impact. This bill puts the scoring and metrics committee under the policy board and could have an impact in moving them from pay for procedures to pay for performance. GlaxoSmithKline is working with a number of states that are coming up with a statewide set of measures to measure health care across the state. The most recent effort is with Washington state where a bill was passed similar to that of SB 440. The success of that effort had three points that Jody highlighted:

- Diverse group of stakeholders
- Very public process
- The committee struggled most with the difference between what an outcome measure and a process measure are.

Adjourn

Next meeting:

April 7, 2015

Astoria City Hall

1095 Duane St.

Astoria, Oregon 97103