

**Oregon Health Policy Board**  
**Planning Session**  
**January 6, 2015**  
**SUMMARY**

On January 6, 2015, the Oregon Health Policy Board held a planning session to:

- Review and affirm the role of the OHPB;
- Reach a shared understanding of the OHPB's priorities over the next 1-3 years;
- Discuss and reach agreement on the how the board will work together to accomplish its goals

All current Board members were present for the session.

**Priorities from the Governor**

Sean Kolmer, Health Policy Advisor to Governor Kitzhaber, shared the following priority areas that the Governor would like the Board to engage in over the coming year:

1. Integration of mental health and physical health systems.
2. Highlighting the success of PEBB (and soon, OEBC) in adopting the coordinated care model
3. Support in improving the behavioral health system and the community mental health system (both issues will be seen in the legislative session).

**OHPB Role**

The Board discussed its role and scope of its responsibilities. The Board is the policy-making and oversight body for the Oregon Health Authority. Through its policy-making role, the Board identifies and focuses on high-priority issues that require review, direction and insight. The board will seek to focus on issues of significant scope, magnitude and impact ("biggest worst first" and "burning platform"). The board's oversight role is focused on accountability – to determine, for example, whether policies are moving in the intended direction; to ensure that systems or programs are coordinating or aligned whenever possible; and that CCOs continue to make progress.

The oversight and policy-making roles are connected through a cycle of action. The Board first focuses on a priority issue, then initiates the policy-making process, which leads to the need for oversight and monitoring during development and implementation of that policy. The oversight that the Board provides allows for adjusting policies or programs midstream (e.g., providing feedback to staff or identifying potential areas of concern), as well as assessing the results of a fully implemented policy and identifying next steps (potentially restarting the cycle of action).

To bolster its effectiveness and focus, the Board will continuously strengthen relationships with the Director of the Oregon Health Authority, the Governor's office, and the Legislature in order to ensure alignment, coordination, efficiency and accountability.

## **2015 Board Meetings**

Staff will work with the Board to organize meetings that highlight questions for discussion and problem-solving on high priority issues. Presentations to the Board will be formatted for efficiency and timeliness, and will:

- Frame the question, challenge, or problem for the Board;
- Articulate the pros and cons of recommendations;
- Be transparent about point-of-view/position;
- Highlight the connections between different areas of work across the state and agency;
- Include information about other advisory or stakeholder groups working on the issue, and how Board consideration or action would contribute uniquely.

The Board also may identify issues that potentially warrant the Board's attention and ask staff for additional information.

## **Issue Prioritization**

In order to determine a work plan for 2015 (and for the future), the Board identified a number of principles to guide the prioritization process. When presented with an issue, risk, or challenge to potentially address, the Board will consider:

- The Triple Aim: How does this issue impact Oregon's goal of better health, better care, and lower costs?
- The governor's agenda: Does this align with the governor's priorities?
- Urgency and impact: What is the scope, magnitude, and timeliness of this issue? Is it a significant barrier to health care transformation? Does this issue affect a substantial number of Oregonians?
- Unique role: Are there other groups, agencies, or organizations already addressing this issue, or will the Board be able to offer a unique perspective?

## **Oregon Health Policy Board 2015 Priorities**

The Board identified three overarching priorities for 2015:

### **1. Health System Transformation Monitoring**

The Board will continue to monitor and track the successes and challenges of CCO implementation. In the coming year, efforts such as integration of behavioral health, oral health and physical health systems in CCOs and the implementation of alternative payment methodologies will possibly be a focus. Additionally, the Board will continue to support the spread of the coordinated care model principles into PEBB, OEBC, and the commercial market.

*Relevant work groups: Coordinated Care Model Alignment work group; Sustainable Health Expenditures work group (SHEW), All Payer All Claims Technical Advisory Group*

### **2. Behavioral Health**

Ongoing discussions about the behavioral health system in Oregon may lead to a variety of opportunities for the Board to engage, including integration efforts, enhanced community-

based services and supports, barriers that impede care coordination, performance oversight informed by data,, workforce issues, and legislation.

*Relevant advisory groups: Addictions and Mental Health Planning and Advisory Council, Children's Services Advisory Council, Oregon Consumer Advisory Council, and other ad hoc groups as convened by the Governor's office and OHA.*

### 3. Public Health

The Public Health Modernization process will be addressed during the 2015 legislative session. The Board will follow the legislation and be ready to act accordingly. Population health issues will be routinely included in relevant health system discussions.

In addition to these three priorities, the Board will continue to:

- Oversee alignment and integration between health care system transformation and early learning system transformation via the Early Learning Council/OHPB Joint subcommittee;
- Identify ways in which the Workforce Committee can support work in the priority areas;
- Monitor the implementation of health information technology and movement on the HITOC legislation.

#### **Next Steps**

- Staff will gather information that pertains to the role of the Board in relation to the behavioral health and public health systems in the state for future discussion, including:
  - Funding streams at the federal, state, and local levels;
  - Articulation of a specific role that the Board can play in each arena;
  - Expected or ideal timeline for achieving milestones or addressing issues;
  - Specific ask for a concrete list of current challenges in each area;
  - Definitions (e.g., "integration");
- Staff will connect with the Governor's office to further clarify ways in which the Board might be involved in conversations related to the spread of the coordinated care model.
- Further Board discussion at February meeting will center on:
  - Board decision-making process;
  - Advisory panels or subject matter expertise.

# Oregon Health Policy Board

## 2015-2016 Draft Implementation Plan

*This document was produced following the 2015 OHPB retreat. It outlines the roles, responsibilities, and priorities of the OHPB and OHA and details the activities and strategies that are in use by the OHPB or its committees to address a variety of goals within each OHPB 2015 priority. It has been updated quarterly.*

### OHPB Vision:

Significantly improve health and health equity in Oregon through a data-driven, consistent focus on the Triple Aim (better health, better care, lower costs).

### OHPB 2015-2016 Priorities:

- **Health System Transformation (HST):** monitor and track the successes and challenges
- **Behavioral health system:** policy development and oversight
- **Public health system:** policy development and oversight

### OHA 2015/2016 Priorities:

- **Financial sustainability:** Engineering a financially sustainable healthcare system that is efficient, compliant, and effective.
- **Quality care:** Identify and support best practice, outcomes-driven initiatives and systems to ensure Oregonians receive quality care at a reasonable cost.
- **Implementation/execution of policies by programs:** Successful implementation of the Coordinated Care Model through the proper regulatory and operational alignment with the new delivery system.
- **Address disparities** as it relates to service utilization.

### OHPB Duties and Responsibilities:

1. **Policy-making** on high-priority or urgent issues
2. **Health System oversight:** ensure that policies are moving in the intended directions; systems/programs are coordinating or aligned whenever possible; CCOs remain accountable.
3. **Cross-system transformation oversight:** monitor alignment and coordination between various areas of transformation in Oregon, including: public health modernization, behavioral health and oral health integration, health care transformation and early learning system transformation, including:
  - Metrics alignment
  - Workforce development and oversight
  - Service delivery
  - Access
  - Equity
  - Financial sustainability

# OHPB 2015-2016 Priorities and Strategies

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## **PRIORITY:** Monitor and track successes and challenges of Health System Transformation (HST)

*Vision: Ensure that (1) CCOs are held accountable to OHA's expectations and goals, and (2) that overall health system transformation is moving Oregon forward in improving care, improving health, and reducing costs.*

### Goal: Monitor CCO performance, system outcomes, and health equity

#### *Current strategies:*

- **Monitor:** Make use of quality and performance data for oversight purposes and to observe trends in order to create a system that has a balanced focus on “proving” and “improving.”
  - Data reports include:
    - All Payer All Claims database analysis used as needed
    - Health System Transformation biannual reports to OHPB provides opportunity to assess CCOs across 33 metrics
    - Hospital quality pool reports
    - State of Equity Reports
  - OHPB to communicate impact of trends at a high level (e.g., system level changes)
- **Strategic Data Plan:** OHPB to develop statewide strategic plan for collection and use of health care data due September 2016.
- **Metrics Committee (OHPB):** By September 1, 2017, creation of new health plan quality metrics committee under OHPB to adopt quality measures for CCOs, PEBB, OEBC, and QHPs.
- **Workforce:** HB 3396: Healthcare Provider Incentive Fund
  - OHA and the OHPB Health Care Workforce Committee will work together to study the effectiveness of the current incentives and establish and implement the Fund.
  - Interim progress reports are due to the legislature in November 2015 and February 2016 and the final report and recommendations are due September 1, 2016.

### Goal: Spread the Coordinated Care Model

#### *Current strategies:*

- OHPB serves as champion and messenger to other plans/businesses on the success of the CCM.
- **Coordinated Care Model Alignment Work Group:** Spread the model to PEBB, OEBC, and the commercial market.
  - Elements of the CCM are implemented in plans through voluntary, “good faith” efforts.

UPDATED 1/20/16

- Completed work includes: CCMA work group designed marketable “Purchasing Framework” in Feb 2015; reviewed OEBC RFP Phase 1 in early 2015; currently developing model contract language for distribution and use in early 2016.
- **Sustainable Health Expenditures Work Group (SHEW):** Incorporate the deliverables of the SHEW into the CCMA workgroup (2015).
- Consider exploring opportunities to independently validate the efficacy of the CCM.

Goal: Advance cross-system integration with health system transformation to achieve improved health outcomes

*Current strategies:*

- Track and monitor integration and implementation of behavioral health, oral health, and physical health services in CCOs
- Bring Health Information Technology Oversight Council (HITOC) under OHPB, July 2015.
  - HITOC to report to OHPB on HIT recommendations that support the CCM coordinated care model; OHA’s HIT efforts; local, regional, and statewide efforts in adopting and utilizing HIT; and federal policy changes that could impact HIT efforts in Oregon
- Early Learning Council/OHPB Joint Subcommittee: Ensure alignment between health system transformation and early learning system transformation.
  - Determine next steps for Child & Family Well-being Measure (February 2016)
- Support work stemming from SB 231 (concept originated from OHPB in 2014) to assess spending and payment reform needed to improve primary care in Oregon.

Goal: Respond to identified and prioritized challenges within CCOs, PEBB, and OEBC based on performance metrics and evaluation outcomes.

*Current strategies:*

- Regularly receive reports from CCOs and consumers on successes and challenges of health system transformation “on the ground.”

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## **PRIORITY -- Public health system: Policy development and oversight**

*Vision: Foundational public health services, responsibilities, and enforcement capabilities are consistent in quality and access across Oregon.*

Goal: Drive the development of the Modernization of Public Health Implementation Plan

*Current strategies:*

- Periodically receive reports and updates (including plans, timelines, and deliverables) on Public Health Modernization in Oregon
- Bring Public Health Advisory Board (PHAB) under OHPB, January 2016.

UPDATED 1/20/16

- Initial plan for establishing and operationalizing baseline metrics and foundational capabilities/programs would be completed by the PHAB, with support from local and state public health agencies. OHPB will oversee and approve final recommendations from the PHAB at each stage.
- OHPB could help develop plan for 2017 implementation.

Goal: Ensure alignment between public health modernization and transformation occurring in other areas of Oregon (oral health, behavioral health, and early learning)

Includes: metrics alignment, workforce development and oversight, service delivery, access, equity, and financial sustainability.

*Current strategies:*

- Utilize tools and periodic reports to closely monitor public health system improvements and challenges:
  - Public Health Strategic Framework updates and reports
  - Periodic updates on urgent and relevant public health issues in Oregon (e.g., vaccinations, measles, Ebola, etc.)
  - Review of legislative proposals and results
  - HST performance reports: focus on public health metrics (e.g., tobacco use, obesity, opioid use, dental sealants, etc.)
  - Transformation Center: currently driving innovation and establishing a focus on public health improvement strategies

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**PRIORITY -- Behavioral health system:  
Policy development and oversight**

*Vision: Physical health care (including oral health care) and behavioral health care (including mental health, substance use and addiction services) is seamlessly coordinated for Oregonians so that everyone is able to receive the right care, in the right place, at the right time.*

Goal: Create a culture of collaboration between persons, families, communities and providers whereby community needs and solutions are aggressively pursued and supported to promote collaborative care and wellness.

*Current strategies:*

- Respond to identified and prioritized challenges of integrating behavioral health and physical health within CCOs based on performance metrics and evaluation outcomes.
- Regularly receive reports from CCOs and consumers on successes and challenges of integrating behavioral health and physical health care systems “on the ground.” OHPB and OHA staff to address identified challenges.

Goal: Ensure all Oregonians have access to a sufficient range of behavioral health services when needed, within their own community.

*Current strategies:*

- Utilize **Health Care Workforce Committee** to assess various components of the behavioral health workforce in Oregon. Expected: mid 2016
  1. Provide a baseline look at Oregon's behavioral health workforce through deeper analysis of the information available on the workforce database (October 2015)
  2. Analyze the behavioral health integration pilots around the state and making recommendations on which models to adopt more broadly and how to scale them up
  3. Address any gaps in education and curriculum needed to train physical health and behavioral health providers to work in a team-based system.
  4. Determine policy changes needed to overcome barriers to behavioral and physical health integration faced by providers.
- Track and monitor integration and implementation of behavioral health, oral health, and physical health services in CCOs
- Utilize tools and periodic reports to closely monitor behavioral health system improvements and challenges:
  - Behavioral Health Mapping tool
  - Oregon State Hospital performance reports
  - Review of legislative proposals and results
  - HST performance reports: focus on behavioral health metrics
  - Transformation Center: currently driving innovation and establishing a focus on behavioral health improvement strategies.

UPDATED 1/20/16

OREGON HEALTH POLICY BOARD  
2015 Action Items and Accomplishments

Item	Action Taken	Result	Date
Support legislation for the 2015 session that would expand and improve primary care infrastructure.	Approved	Led to passage of SB 231.	JAN
Support legislation in the 2015 session that would establish the Oregon Health Information Technology Program and bring the HITOC under the oversight of the OHPB.	Approved	Led to passage of HB 2294.	JAN
Designate the Emergency Department Information Exchange (EDIE) Utility as a community-centered health initiative and OHA as a Sponsoring Organization of the Utility.	Approved		JAN
Support OHA in continuing work on sustainable health expenditures.	Approved	OHA/CHSE has continued work throughout 2015 to calculate health care spending for multiple years, including examining any inaccuracies, understanding caveats and validating estimates with existing known sources.	JAN
Policy statement and recommendations in support of vaccination in Oregon	Discussed language, voted to approve	Policy statement signed and sent to Legislature.	MAR
Stakeholder input	Travel to Astoria	Better understanding of behavioral health challenges and collaboration between public health departments and CCO.	APR
Development of draft work/implementation plan	Review of draft	Vision and goal statements added.	MAY
HITOC Membership proposed	Reviewed, requested changes	Creation of new membership roster template for all OHPB committees that includes demographic info.	JUL
SHEW 2.0 Charter	Rejected	Movement of SHEW work under the CCMA workgroup.	AUG

Item	Action Taken	Result	Date
Healthcare Workforce Committee charter and deliverables	Approved	Charged HCWF Committee with deliverables on behavioral health and report/recommendations required by HB 3396 (Provider Incentive Programs study).	SEP
Stakeholder input	Travel to Enterprise and Pendleton	Better understanding of PCPCH program and rural health care delivery challenges.	OCT
Coordinated Care Model Alignment workgroup Framework for Purchasing and Model Contract	Review and discussion	Tabled for discussion during retreat.	NOV
Sustainable health expenditures in Oregon (presentation by Milbank)	Review and discussion	Tabled for discussion during retreat.	DEC
Priorities for data collection and use (SB 440)	Review and discussion	Tabled for discussion during retreat.	DEC
Child & Family Well-being Measures	Review and discussion	Tabled for discussion during joint ELC/OHPB meeting (2/25)	JAN '16

## 2015 OHPB Calendar

Month	Focus & Action	HST Monitoring	Public Health	Behavioral Health
Jan 2015	<p><b>Focus: Retreat</b>  <b>Location: Kennedy School, Portland</b></p> <ul style="list-style-type: none"> <li>- Message from the Governor</li> <li>- OHPB history and scope</li> <li>- Discussion: Opportunities and possibilities for OHPB focus; review of existing work plan</li> </ul> <p><i>Action item: Establish plan for 2015 [Completed]</i></p>	X	X	X
Feb 2015	<p><b>Focus: Health System Transformation</b></p> <ul style="list-style-type: none"> <li>- Legislative update</li> <li>- Review of OHPB January retreat and next steps</li> <li>- HST Report [Lori Coyner, Lillian Shirley, Pam Martin]</li> </ul> <p><i>Action item: Approve OHPB retreat summary documents [Approved]</i></p>	X	X	X
Mar 2015	<p><b>Focus: Vaccinations; Spread of the Coordinated Care Model</b></p> <ul style="list-style-type: none"> <li>• Legislative update</li> <li>• OHPB policy statement on vaccinations</li> <li>• CCM spread/OEBB [Jeanene Smith, Denise Hall]</li> </ul> <p><i>Action item: Approve vaccine policy statement [Approved]</i></p>	X	X	
April 2015	<p><b>Focus: Local health system transformation</b>  <b>Location: Astoria, OR</b></p> <ul style="list-style-type: none"> <li>• Health System Transformation Panel</li> <li>• Public Health Panel</li> <li>• Behavioral Health Panel</li> </ul> <p><i>Action item: n/a</i></p>	X	X	X
May 2015	<p><b>Focus: OHPB Planning</b></p> <ul style="list-style-type: none"> <li>• Legislative update</li> <li>• OHPB work plan development and review</li> </ul> <p><i>Action item: Discuss, review, and approve work plan [Approved, with edits]</i></p>	X	X	X
June 2015	<p><b>Focus: Legislative Update [by phone]</b>  <i>Action item: n/a</i></p>			
July 2015	<p><b>Focus: Legislative impact to OHPB</b></p> <ul style="list-style-type: none"> <li>• Legislative wrap up</li> <li>• HITOC: HB 2294 [Susan Otter]</li> <li>• Public Health Modernization: HB 3100 [Lillian Shirley]</li> </ul>	X	X	

Month	Focus & Action	HST Monitoring	Public Health	Behavioral Health
	<ul style="list-style-type: none"> <li>Data Use/Collection and Metrics: SB 440 [Lori Coyner]</li> <li>OHPB Discussion: Work Plan</li> </ul> <i>Action item: Consider legislative impact on work plan [Completed]</i>			
<b>Aug 2015</b>	<b>Focus: OHPB Committee review [by phone]</b> <ul style="list-style-type: none"> <li>Review of Sustainable Health Expenditures Workgroup charter</li> <li>Review of HITOC charter</li> </ul> <i>Action item: SHEW charter [Not approved], HITOC charter [Approved]</i>			
<b>Sept 2015</b>	<b>Focus: Health System Transformation</b> <ul style="list-style-type: none"> <li>Healthcare Workforce Committee Charter</li> <li>HST 2014 Full-year Performance Report [Lori Coyner, Justin Hopkins, Katrina Hedberg]</li> <li>OHA six-year financial sustainability plan</li> </ul> <i>Action item: HCWF Committee chart [Approved]</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Oct 2015</b>	<b>Focus: Rural health challenges and successes</b> <b>Location: Pendleton, OR</b> <ul style="list-style-type: none"> <li>Health system transformation panel</li> <li>Public health panel</li> <li>Behavioral health panel</li> <li>Rural health panel</li> <li>Rural health and health IT [Susan Otter, Justin Keller, Kristin Bork]</li> </ul> <i>Board action: n/a</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Nov 2015</b>	<b>Focus: Oral health</b> <ul style="list-style-type: none"> <li>Public Health Modernization update [Michael Tynan]</li> <li>Coordinated Care Model Alignment Workgroup [Veronica Guerra]</li> <li>Oral health in Oregon [Dr. Bruce Austin, Melissa Freeman/OCF]</li> </ul> <i>Action items: n/a</i>	<b>X</b>	<b>X</b>	
<b>Dec 2015</b>	<b>Focus: Sustainable health expenditures</b> <ul style="list-style-type: none"> <li>Legislative update: home visiting measures</li> <li>Legislative update: SB 440</li> <li>Milbank Memorial Fund: Sustainable Health Expenditures</li> </ul> <i>Action items: n/a</i>	<b>X</b>	<b>X</b>	

OREGON HEALTH POLICY BOARD  
2016 Deliverables and Activities

Item	Action/Product	Due to:	Due Date
Provider Incentive Programs Study (HB 3396)	Interim Report: OHA staff and steering committee, with input from OHPB HCWF Committee, will prepare/present	Legislature	February
	Final Report and Recommendations	Legislature	Sept 1
Primary Care Spending in Oregon (SB 231 Report)	Determine if report should be produced annually (will impact legislative language)	Legislature	February
Child & Family Well-being Measures	Determine next steps for implementation	OHPB and Early Learning Council	February 25
Public Health Modernization (HB 3100)	Review/approve Public Health Advisory Board (PHAB) Charter	OHPB	March
	Review/provide feedback on assessment, report, and recommendations	Legislature	Review as needed; due Sept 1
HITOC Annual Report	Scan of HIT environment	OHPB & Legislature	July
	HIT Strategic Plan	OHPB & Legislature	2017
Statewide strategic plan for collection and use of data (SB 440)	Final report from OHPB	Legislature	Review as needed; due Sept 1

# Oregon Health Authority

## 2016-2017 Priorities

1. Eligibility, enrollment, and determination systems (ONE, MMIS, etc.)
2. Behavioral health system
3. Pharmacy and high cost drugs
4. Public Health Modernization
5. Marijuana
6. 1115 Waiver renewal
7. Health System Transformation 2.0
8. Health disparities and health equity
9. Financially sustainable budget
10. Employee empowerment

*+11 Legislative- or Governor-directed activities, as needed*