

Oregon Health Policy Board
DRAFT October 4, 2016
OHSU Center for Health & Healing
3303 SW Bond Ave, 3rd floor Rm. #4
8:30 a.m. to 12:00 p.m.

Item

Welcome and Call To Order, Chair Zeke Smith

Present:

Board members present: Zeke Smith, Brenda Johnson, Carla McKelvey, Karen Joplin, Carlso Crespo, Felisa Hagins, Oscar Arana and Joe Robertson

The Board voted to approve the September minutes with minor corrections.

Director's Report, Lynne Saxton, OHA

Lynne relayed her availability to work through policy issues with Board members as needed. She provided a brief update regarding the Behavioral Health Collaborative as well as a Clean Air Oregon update. Carla asked about healthcare workforce committee behavioral health work and the collaborative's work and Leslie relayed the coordinated staffing structure behind each effort to ensure alignment. Lynne gave an update regarding the CCO rate approval timeline and thanked CCOs and staff. She relayed that the CCOs have 23 days more than the statutory minimum for review. Lynne further relayed the state hospital director's intent to remain through a transition period and gave an update regarding the 370 population (individuals ordered by the courts for MH treatment to help them understand the criminal charges and assist in their defense) at the state hospital. She relayed Medicaid enrollment information regarding improved data systems and noted the CCO quarterly report's effect. Brenda asked for further info regarding CCO fiscal investments and Lynne responded by relaying intent to explore financial statements further and said the Board could weigh-in on options and that the work is ongoing to display further financial information. Zeke asked that additional information regarding CCO financial information as discussed at the previous meeting be briefed by CFO Mark Fairbanks in November or December. Carlos asked about the report's reception and feedback and Lynne relayed legislator approval. Zeke asked for an update on the Waiver and Leslie responded with information regarding the timeline and priorities like flexible services definitions and utilization as well as the hospital transformation performance plan; the components are targeted for completion via amendment before the end of the year. She noted the policy change for dual eligibles to opt-in is on track. Joe asked about the number of duals on "open card"/ fee-for-service (FFS) and Leslie relayed that the population is significant and represents 24% of the current FFS population/those not enrolled in CCOs. Leslie said that the waiver will not be renewed before the end of this calendar year therefore the community health partnership component will be discussed in the next year.

Primary Care Payment Reform Update:

Leslie reminded the Board of [SB 231's](#) charge; to collect primary care spending information annually. She relayed details regarding the definition of primary care that will be reported and noted the Board's previous discussion regarding carrier identification and transparency in the [primary care spending report](#). She shared information regarding the second component of the bill's charge, the primary care payment reform collaborative and noted Comprehensive Primary Care Plus (CPC+) varying roll among collaborative partners to help inform the payment framework of Oregon's model for all payers and providers including those who are not directly participating in CPC+. Joe asked about conflicts between CPC+ and Medicare rules regarding Accountable Care Organizations (ACO) and savings and benefits prioritization. Joe noted bifurcated incentives may drive participation issues and Leslie noted the need for a unified state forum to discuss and plan moving primary care from a fee-for-service system to value based models. She spoke about the collaborative's process and briefed the group's recommendations thus far. You can view the group's preliminary recommendations [here](#). Carla and Carlos asked about differing metrics by payers and how the collaborative can help. Zeke asked Leslie and the group to be as specific as possible regarding recommendations that identify barriers.

Behavioral Health Collaborative Update:

Leslie noted the fragmentation in incentives for care coordination and transitions of care, especially around behavioral health. Karen asked that the history leading to the carve out be part of the conversation so intent is understood and noted potential concern regarding the elimination of the carve out and the possibility of using other language and continuing the conversation. Leslie noted the robust and inclusive nature of the collaborative and relayed the group's discussion themes and workgroups. You can find more details regarding the workgroups and their goals [here](#). She passed on that the collaborative will report back to the Board regarding recommendations. Joe noted the need for improved integration between behavioral and physical health and relayed frustration he's heard from both patients and providers. Carla asked about the collaborative's work around integration directly and asked for membership details. Lynne noted the group reviewed four different integrated models recently and the discussion was robust, but the work continues and noted the state recognizes the importance of this work. Carlos asked if a single payer system is something that would eliminate the need for a carve out, Leslie relayed that there is analysis currently underway regarding single payer. Felisa asked about health disparities and noted a lack of goals or comments in the materials regarding health inequity, she asked that the Office of Equity and Inclusion be included in the work and Lynne said she would work to ensure the visibility of the issue is more apparent.

OHPB CCO Listening Session Discussion:

Zeke gave a midpoint update regarding the listening sessions and passed on information regarding the process and timeline. You can find more information regarding the listening sessions [here](#). He briefed details regarding the questions being asked and noted the Action Plan for Health strategies. Brenda relayed themes, like structural issues from overlapping CCOs, community input, more fiscal transparency and issues with public benefit becoming dividends. She noted the need for more primary care, wellness, and plan involvement, but a lack of hospital participation. Joe spoke about the long way the state has come and noted themes; lack of meaningful integration, segmentation of oral and behavioral health access, need for statewide formulary, capitalization structure (what's happening to the state's dollar) and access issues especially those relating to the social determinants of health and disability access. Zeke noted the need for specific recommendations before January for the 2017 legislative session and long term health system monitor and change processes. He noted the Board's role to issue a report detailing what has been heard and what the critical question themes raised are as well as what the opportunities are available for immediate and long term recommendations to address those

critical questions. Lynne noted the role of Regional Health Equity Councils and asked that they take accountability to ensure community voices are heard. Oscar asked if numerical goals for input had been set, and Zeke relayed they have not. The Board spoke about representation at the listening sessions and the nature of that input as qualitative. Carla asked about multiple CCOs in the same geographic area and asked if this process and feedback will help inform policy decisions and Zeke relayed it will and noted other potential areas the listening session may inform like, profit versus non-profit issues potential challenges with having 1 CCO in a geographic area. He relayed that the Board may respond to those particular issues directly by providing recommendations regarding structure.

HB 3396 Discussion:

Zeke noted Healthcare Workforce Committee membership needs and introduced the topic. Marc Overbeck briefed [HB 3396](#)'s implementation mandate. Felisa asked about rural and underserved cultural competency issues in the scope of the report. The Board discussed implementation steps and recommendations and Marc reviewed how specific components will be implemented. Karen asked about the "optimizer" and how it can adapt and Marc relayed it will have to be changed to meet needs as the tool is set up. Carla spoke about the committee's potential role to provide further recommendations to the legislature regarding rural provider recruitment and retention. Joe asked that alternatives and repercussions of varying types of implementation be considered, he noted that there are enough providers nationally and the issue may be around placement. Zeke noted the need for targeted recruitment that fits provider and community need as well as the need for a system that addresses specific and acute needs. Carlos noted the need to differentiate between long and short term goals and drive towards improvement as appropriate. Brenda asked about the development of healthcare professionals who can adapt and succeed in Oregon's transformation environment and how the state is teaching clinical leaders to improve and work in that space. Zeke relayed that staff will develop a memorandum for the legislature encompassing the direction and guidance given by the Board and that the memo will be turned in to the Legislature before the Board's next meeting.

Marc then relayed other healthcare care workforce committee deliverables. Felisa and Carla noted their support for a refreshed biennial report on the projected demand and supply of primary care physicians. Lynne asked for information regarding committee demographic make-up. Leslie and Carla discussed the Board's workforce committee and how it informs the behavioral health collaborative's workforce proposals. Marc discussed the future of the committee's charter. Carla spoke about the need for other types of provider recruitment and Brenda asked about oral health workforce; Leslie briefly described work being done around oral health access. Karen asked that an active marketing outreach strategy be included in the committee's work. Felisa asked that a diversified workforce be added to the committees charge and charter. She asked that the committees past charters be reviewed for unmet charges. Zeke agreed with Felisa around the need for the committee to address career growth path and improved workforce diversity. Lynne noted the role of educational institution participation and opportunity to improve diversity and build capacity, she spoke about Warner Pacific as an example. Joe emphasized that support at each step for recruits is vital to success and relayed information regarding where workforce opportunities and support might fit. Felisa again noted the need to train and educate the current health workforce. Marc ended by speaking about the committee's recruitment priorities. You can view the report [here](#).

Oregon Health Information Technology (OHIT):

Susan Otter, OHA OHIT Director, briefed OHIT's environment, planned work and membership; she noted Karen Joplin's new role as liaison from the Board to the Health Information Technology Oversight Council (HITOC). She presented on how health information technology (IT) supports CCOs

and the model. You can view the presentation [here](#). She briefed the goals of Health information technology for optimized health care and detailed OHA's health information technology priorities. Joe asked about common credentialing and Susan responded with information regarding the scope of the program, she noted that the common credentialing effort does not include establishing credentialing criteria, rather it provides access to credentials. Brenda asked about meaningful use electronic health records (EHRs) for behavioral health providers and Susan relayed there isn't broad adoption of qualifying programs and that historically behavioral health providers were not qualified to receive EHS incentives, but there may be new opportunities on the horizon. She briefed Health Information Exchange (HIE) & hospital event data regional demographics as well as varying options and models. Felisa noted the success of the Emergency Department Information Exchange (EDIE). Oregon's current health information technology (HIT) business plan is set through 2017 and will be adapted as driven by stakeholders, the new waiver and other changes. She noted new CMS HIE opportunities and resources and prioritizing Oregon's Medicaid providers with those new resources and opportunities as members of an HIE. Carla asked how patient data access is monitored, secured and reported for patients and providers and Susan responded with information regarding criteria requirements for HIEs including role and policy based solutions. Joe spoke about the nature of swift consequences for inappropriate HIE use. Felisa noted the sensitive nature of information regarding women's contraceptive care. Susan relayed feedback from patients which points to expectations for provider communication, but noted that some programs have different layers of transparency like the prescription drug monitoring program. Brenda asked about analytical capacity regarding data sharing and health information technology and Susan said that work is ongoing. Brenda asked that CCO support be a part of decision making process in HIE spread and that consumer voice be included as well. Zeke noted concern with patients not being the center of HIT activities given the sequence of priorities as presented- providers, systems, patients, he asked for more information regarding how patients fit. Susan noted that patients have the right to see their electronic health information when they visit a provider. She then reviewed HITOC membership gaps and needs.

Public Testimony

John Mullin from the Oregon Law Center spoke about the amount of complaints resolved as identified in the HST Quarterly report and non-emergency medical transportation complaint tracking as well as non-emergency medical transportation brokerage and provider issues.

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:

Nov 1, 2016

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3303 SW Bond Ave, 3rd floor Rm. #4

8:30 a.m. to 3:00 p.m.