

Oregon Health Policy Board
DRAFT Minutes
October 1, 2013
1:00 p.m. to 5:00 p.m.
Market Square Building
1515 SW 5th Ave, 9th Floor
Portland, OR 97201

Item
<p>Welcome and Call To Order Chair Eric Parsons called the Oregon Health Policy Board (OHPB) meeting to order. All Board members were present except Dr. Joe Robertson.</p> <p>Tina Edlund and Bruce Goldberg were present from the Oregon Health Authority (OHA).</p> <p>Consent Agenda: The meeting minutes from September 10, 2013 were unanimously approved.</p> <p>The November OHPB meeting will be held in Hood River, Oregon</p>
<p>Director's Report – Bruce Goldberg</p> <p>Dr. Goldberg announced Lillian Shirley is the State Public Health Director for the Oregon Health Authority.</p> <p>Dr. Goldberg provided context regarding the significance of Oct. 1, and the opening of Cover Oregon and OHPB's role in laying out the policy and legislation for the health exchange. While the goal is to provide coverage, it is also about providing a sustainable system that keeps people healthy.</p> <p>OHPB Call for Nominations can be found here. The deadline to apply is November 1.</p>
<p>HIT-HIE update – Susan Otter, OHA</p> <p>Health Information Technology is working on identifying the next steps for health information technology infrastructure and efforts for Oregon to support health system transformation in the state. The prior strategic plan is being reviewed; changes and modifications are being identified to monitor and adapt. The HIT Task force was established to develop a multi-year strategic plan, focusing on the longer-term and critical elements needed to facilitate and support health system transformation and work that needs to be done at the state level to enable it.</p> <p>The task force will report back to the Board in December or shortly thereafter with recommendations to OHA.</p> <p>The task force has proposed to the 16 CCOs interim, near-term foundational services that can be offered at the state-wide level that can facilitate and wrap around local services and facilitate where no services are available. With the approval of all of the CCOs, the task force is pursuing development and implementation of near-term services and will include a state-wide provider directory.</p> <p>Oregon's Health Information Technology (HIT)/Health Information Exchange (HIE) Planning to Support Health Systems Transformation document can be found here, starting on page 6.</p>
<p>Update on PEBB Request for Proposal and coordinated care model alignment work group – Sean Kolmer, Governor's Office</p> <p>Sean Kolmer updated the board on the PEBB request for proposal (RFP). The RFP should be distributed this week, with responses received back by mid-November and a final decision hopefully being announced early in the second quarter of 2014.</p> <p>The CCM workgroup is made up of board members from Cover Oregon, PEBB and OEBB appointed by Dr. Goldberg. Conversations around alignment both through contracts, RFPs, organizationally and how resources are shared and leveraging has been a highlight for the workgroup. The CCM will meet at the</p>

end of October, and adopt their recommendations to the Board.

Draft measurement framework and All Payer All Claims data – Gretchen Morley, OHA

Gretchen Morley reviewed Oregon's All Payer All Claims Database (APAC), which was authorized in HB 2009 to

- Determine the maximum capacity and distribution of existing resources allocated to health care.
- Identify the demands for health care.
- Evaluate the effectiveness of intervention programs in improving health outcomes.
- Compare the costs and effectiveness of various treatment settings and approaches.
- Provide information to consumers and purchasers of health care.
- Evaluate health disparities, including but not limited to disparities related to race and ethnicity.

This is the only source of health care payment and utilization data across lines of business with claim level data representing an estimated 97% of the privately insured market. There are three years' worth of data to provide baseline and trend development (January 2010 through March 2013) and provide the foundation for regular quarterly monitoring and reporting of expenditure and utilization trends. APAC provides the opportunity to track ACA implementation and Oregon's health system transformation with quarterly dashboards, annual reports and topical briefs on population health, cost trends, and quality.

Morley reviewed the measurement framework dashboard prioritization matrix that includes data elements that reflects various areas of data that may be tracked over the next few years. The matrix included data to be tracked and the ways the data can be broken out. The Board was asked to provide input to the process by October 4.

View the APAC Transparency presentation [here](#).

View the Measurement Framework Dashboard Prioritization Matrix [here](#)

Feasibility and effectiveness of cost containment strategies – David Cusano, Senior Research Fellow, Georgetown University Health Policy Institute; Joel Ario, Manatt Health Solutions

Joel Ario, provided context briefly discussing the 10 draft elements for potential straw model development. David Cusano further discussed the memorandum for feasibility and effectiveness of cost containment strategies. Its purpose is to provide an analysis of the effectiveness and feasibility of the 10 elements, plus one additional element that was raised at the September 10 Board meeting.

There are eleven elements, each addressing four specific areas identified below.

Accountability & Measurement

1. Utilize All-Payer All-Claims (APAC) database to enhance transparency to stakeholders and the public through a "dashboard" with 10-12 key measures that provide an overall perspective on the impact of Oregon's reforms and the Patient Protection and Affordable Care Act (ACA).

Cost Containment

2. Decrease the total cost of care by increasing emphasis on evidence-based primary care.
3. Identify key outcomes and develop benchmarks that can be used to measure progress toward achieving those outcomes through PCPCH and/or other health home model expansion.
4. Promote wellness incentives and expand to individual market.
5. Identify potentially unnecessary regulatory burdens and streamline and simplify rate review process through administrative simplification mechanisms.
6. Growth rates of total cost of care expenditures that are reasonable and predictable (moving toward a fixed rate of growth strategy).

Transparency

7. Enhanced communication tools for consumers (e.g., rate comparison charts, pre-service pricing disclosure).
8. Enhanced bad debt/charity care analysis and timely reporting.
9. Enhanced disclosure of hospital and/or provider pricing.

Quality Improvement

10. Promote alternative payment methodologies (APMs) and collect relevant data to support APM development.
11. Incent or set goals to promote value-based benefit designs.

View the Feasibility and Effectiveness of Cost Containment Strategies Memorandum [here](#), starting on page 8.

Board Discussion on 1st DRAFT Straw model proposal – Diana Bianco, Artemis Consulting

Diana Bianco facilitated a conversation regarding the OHPB draft Straw Model first draft, Aligning ACA implementation with Health System Transformation. Laura Cali, Oregon Insurance Commissioner joined the conversation to assist in facilitation of questions.

Spread Triple Aim (Better Health, Better Health Care, and Lower Cost) goals across all markets; provide recommendations to that end to the Governor and Legislature, by the end of the year, possibly statutory and regulatory.

Make recommendations to:

- a. move marketplace toward one characterized by
 - i. models of coordinated care,
 - ii. growth rates of total health care that are reasonable and predictable
- b. mitigate cost shift, decrease premiums, increase transparency and accountability
- c. enhance Oregon Insurance Division (OID) rate review process
- d. align care model attributes within Public Employees Benefit Board (PEBB), Oregon Educators Benefit Board (OEBB) and Cover Oregon Qualified Health Plans (QHPs)

There were five key Components discussed during the facilitation:

Straw Model Component #1: Transparency- Develop measurement framework for ACA implementation and Oregon health system transformation

Straw Model Component #2: Sustainable fixed rate of growth concept

Straw Model Component #3: Expand and improve primary & preventive care infrastructure

Straw Model Component #4: Administrative simplification & meaningful communication tools

Straw Model Component #5: Coordinated Care Model (CCM) alignment in PEBB, OEBB and Cover Oregon

The board asked for clarification around each component, including clear accountability and timeframes. OHA staff will present a revised document at November's meeting.

The OHPB Straw Model #1: Aligning ACA implementation with Health System Transformation can be viewed [here](#), starting on page 13.

Invited Testimony

Two panels of presenters were invited to provide comments on the proposed Straw Model.

The first panel consisted of carrier plan representatives from Kaiser, Pacific Source and Regence.

Sujata Sanghvi, Executive Vice President and Chief Operating Officer of Pacific Source addressed two key points: Transformation, un-intended consequences and a strong insurance market with high competition.

Alison Goldwater, Regional Director of Contracting Strategy, Regence Health System Contracting and

Canby Health Solution, addressed three key points: Cost containment, Transparency and Alternative payment methods.

Bill Ely, Executive Director of Actuarial Services for the North West region of Kaiser Permanente addressed two key points: The use of APAC and possible shortfalls and the future of hospital contracting.

The second panel consisted of three consumer representatives from OSPIRG, Hawthorne Auto Clinic and AARP.

Jesse O'Brien, Health Care Advocate, OSPIRG, introduced a memorandum which outlines the role of health insurance rate review, specifically in health care transformation. He addressed two key points: rate review, and provider networks.

Jim Hauser, Co-Owner, Hawthorne Auto Clinic, discussed at the start of his business thirty years ago, he provided full insurance coverage to his employees and families. From 2001-2009, they incurred a 120% increase in insurance premiums which was unsustainable. Mr. Hauser addressed two key points: rate review and CCO Metrics and standards and incorporation into the rate review process.

Jerry Cohen, Oregon State Director, AARP, focused on consumer responsibility and addressed three key points: transparency, measures and public reporting and aligning payment methods and incentives to support a delivery system of reform and quality outcomes.

View OSPIRG's Health insurance rate review [here](#)

View AARP's Transparency for Better Care, Health Outcomes and Lower Costs [here](#), starting on page 19

Public Testimony

Public testimony was heard from 2 individuals

Jesse O'Brien, Healthcare advocate with OSPIRG

Jesse O'Brien, presented 24,000 petitions signed by Oregonians calling for greater accountability for health insurance companies and supporting the work of the Board, at the request of the Governor, to recommend reforms to contain costs, improve care and increase transparency in Oregon's Commercial Health Insurance market. O'Brien also recognized the efforts of the OSPIRG outreach team.

Aaron Crowley, Owner, Crowley Granite Concepts

Mr. Crowley spoke to his experiences with health insurance over the past 12 years. He has provided health insurance to his employees at no cost to his employees, without a mandate, and will not drop his employees on to the exchanges, and wanted to speak on behalf of other employers. Mr. Crowley's recommendation would be not to make any changes for the next year due to uncertainty in the marketplace and review the impacts of the OBAMA Care Act.

Adjourn

Next meeting:

November 5, 2013

8:30 a.m. to noon

Hood River Inn

1108 E Marina Dr.

Hood River, OR. 97031