

Oregon Health Policy Board
DRAFT September 6, 2016
OHSU Center for Health & Healing
3303 SW Bond Ave, 3rd floor Rm. #4
8:30 a.m. to 12:30 p.m.

Item

Present:

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

Welcome and Call To Order, Chair Zeke Smith

Zeke called attention to the CCO OHPB Listening Sessions flyer and briefly noted the Board's process and intent. You can find more info [here](#).

Zeke called for a moment of silence in honor of Senator Dr. Alan Bates, a founder of Oregon's health system transformation, who passed suddenly recently while fishing with his son in Southern Oregon.

The Board voted to approve the July and August minutes unanimously.

The Board voted to accept the Early Learning Council's report regarding metrics for home visiting with no opposition.

Director's Report, Lynne Saxton, OHA

Director Saxton thanked Bill Bouska for his long service to the state and then briefed the Agency's budget build status. She noted the Agency's role in the cleaner air Oregon process and gave a status update regarding the behavioral health collaborative. She passed on an update regarding the Agency's eligibility and enrollment systems and informed that the 45 day backlog has been cleared. She spoke about stakeholder input and outreach and plans going forward to identify points of contact. She relayed issues regarding state hospital referrals and the process to work with interested stakeholders to improve community based care. Finally, she passed on a note regarding youth education regarding marijuana and noted the Agency is using an aggressive communications strategy to ensure effective outreach to youth. Carla asked about a webinar for the board regarding marijuana strategies and Brenda asked what the behavioral health collaborative was studying in particular. Lynne passed on the collaborative makeup, process, timeline and goal working with county and system stakeholders to ensure data driven improvements and prioritized list of recommendations.

HB 3396

Carla introduced the HB 3396 agenda item and HealthCare Workforce Committee Chair, Dr. David Pollock and Vice-Chair, Dr. Robyn Dreibelbis presented final recommendations from the committee's report for the Board's approval as mandated by HB 3396 regarding recommendations for rural provider recruitment and retention strategies and methods. The report is available in meeting materials [here](#). Dr. Dreibelbis briefed the committee's timeline, process and recruitment and retention findings for programs. The committee's recommends:

- Enhancing data collection for all incentive programs
- Expanding awareness and ease of use for incentives among clinicians and employing sites
- Consolidating and restructuring programs for greater effectiveness and efficacy
- Including community support in statewide systems to encourage providers to practice in rural and non-rural underserved areas

The Committee recommended that the legislature continue to consider changes to make the credit more effective.

Carlos asked about team-based provider strategies and Karen asked about retaining effective strategies and how barriers to success will be addressed.

Lynne asked how future data could be used and Dr. Dreibelbis relayed the goals of data collection regarding hours per week devoted to primary care as well as the functionality of a calculator to estimate the needs of a rural community. Dr. Pollock spoke about payment reform's effect on rural provider recruitment and retention as well as primary care discipline scope of practice changes to work more efficiently and collaboratively. Brenda asked about community flexibility and Karen asked about operationalizing the incentive fund. Dr. Pollock relayed intent regarding increasing the ability of local communities to meet the needs of the community through community driven strategies as well as spreading best practices throughout local communities. Lynne spoke about how the behavioral health map may help inform needs. Zeke asked about recommendation effects on program funding and fund distribution and Carla said that piece remains but improved data, system efficiencies and other identified strategies such as a "Recruitment and Retention Collaborative" are the big changes and that future funding changes may be driven by recommendations in the future. The workforce committee recommends more resources for loan repayment and forgiveness programs.

The Board voted to accept the report as presented. Brenda and Zeke asked that the data be brought back to the Board in the future.

CCO Quarterly Report:

Leslie Clement, Director OHA Health Policy & Analytics Division and Mark Fairbanks OHA Chief Operating Officer and Chief Fiscal Officer briefed the OHA's first CCO quarterly report which can be found [here](#). Leslie briefed Oregon Health Plan demographic and enrollment statistics. She spoke about CCO metrics and a few specific incentive measures CCOs are excelling at and then spoke about areas of opportunity including disability ED usage, behavioral health ED overutilization and contraception use. Carlos and Carla asked about equal access to quality care and Leslie and Lynne relayed the diversity of need in Oregon and the nature of Oregon's many local CCOs. Leslie described the complaints and grievance statistics in the report and Brenda asked for more exploration around the percentage of members assigned to a CCO who have been seen in the last 12 months. Leslie then briefed the health disparity section of the report and relayed information about member engagement, health disparities and cultural competencies; CCOs established their own metrics and work plans for these areas. Brenda asked how aspirational these goals are and Leslie relayed some were aspirational but some were baseline, more

basic and preliminary. She relayed that OHA's Transformation Center and Office of Equity and Inclusion provided TA as requested by CCOs regarding these measures.

Mark then briefed the finance section of the report which shows the organization and ownership models of CCOs as well as operating margins, capitalization, medical loss ratio, medical services ration and other financial issues. He spoke about the different kinds of CCO organization and parent/owner relationships and briefed the operating and total margin section of the report and highlighted 2014 unexpected population effects on rates. Joe asked about non-operating administrative costs and details are for CCOs and Carla asked if OHA is analyzing operating models to make recommendations regarding those models. Brenda asked about shareholder wealth in financial reports and Mark relayed that the level of specificity follows the financial reporting in the income statement contained on CCO balance sheets. Zeke asked about variation in cost and spend and what appropriate risk might appropriate and Mark relayed that analysis is ongoing, that rate development is the calibrating mechanism for risk and that rate variability should be narrowing. Lynne noted the ongoing work contained in the waiver development effort regarding transformation and global budgets. Mark spoke about medical services and medical loss ratios (MLR) and explained the medical services ratio calculates cost of services medical and non-medical services, like flexible services as a percentage of total ratio. He relayed that all CCOs will have to meet an 85% MLR. He briefed the section of the report which details CCO MLR and medical loss ratio. Karen asked how variation can be explained in investments and MLR and asked about a standard. Mark relayed OHA can provide analysis and further noted the past MLR requirements to specific populations. Joe asked if risk based capitalization requirements are the same for CCOs as they are for plans sold on the exchange.

SB 440:

Leslie introduced the presentation of SB 440 findings and recommendations from Quality Corporation (Quality Corps/ Q corp). Betsy Boyd-Flynn briefed Quality Corps services and details regarding work product development and process. Their presentation is available for review [here](#). She then briefed key findings from the OHPB focus areas and most common themes. She then briefed the 10 most urgent recommendations related to implementation from Quality Corp's perspective. Joe asked about a social determinants of health index to serve as a foundation for data collection and analysis. Zeke asked about which recommendations to prioritize and Betsy relayed all of Q Corps recommendations should be considered for prioritization.

Leslie spoke about the recommendations and relayed how they connect with the Board's workplan and goals, she noted the role of an updated Action Plan for Health to drive recommendations and how the upcoming 1115 waiver connects with policy recommendations for data. The Board confirmed its intent to build on the 2010 Action Plan for Health. Brenda asked about long term goals and vision and Leslie responded with information regarding Oregon's USDOJ Performance plan to improve outcomes for adults with SPMI and the plan's aspirational nature. She noted progress in achieving aspirational goals tied to 2010 and asked the Board about the interplay between new aspirational goals and building on identified aspirational goals. Zeke spoke about understanding how goals helped move forward reform and how they might connect with outcomes going forward. Lynne spoke about uniting goals, implementation and budgeting as well as social determinants of health and the impact of multiple points in decision making. She further noted the HST Quarterly report's ability to connect with goals identified in the 2010 Action Plan for Health and asked the Board to consider infrastructure needs when setting aspirational goals. She noted public health's role driving health from the state health improvement plan. Leslie noted the need to include housing and education in a refreshed Action Plan as well as the need to build on the successes identified in 2010 because they still need more attention to be realized as envisioned. She noted the role of the health information oversight committee that reports to the Board

and the potential role of further coordination with that group by the Board. She mentioned 42 CFR as they relate to opportunities and barriers for improved data sharing. Lynne relayed information regarding OHA and DHS coordination around foster care children.

Leslie spoke to the 10 most urgent policy related recommendations. She addressed the coming committee charged with organizing and analyzing data and steps being taken to collaborate on technology solutions to advance transparency and the role of the Health Information Oversight Technology Committee and its role working to implement clinical quality metrics tool, provider directory, effective health information exchanges and common credentialing. She further noted the work being done to implement data collection around race, ethnicity, access, language and disability as well as the coming 1115 waiver's role to help with consistency. Carla noted the need for data system interoperability and Leslie noted complex systems as well as the need to improve access to data collection and reduced administrative burden for providers. Zeke asked the Board to accept the report and use an update action plan for health to make recommendations regarding data as well as creating a clear charge for the coming committee; he asked what's already being done and should be made visible to inform data plan reporting and recommendations. He asked for further details regarding opportunities to align public and private initiatives and resources and for the Agency to help inform the Board's recommendations regarding Quality Corp's report.

The Board voted to accept the report from Quality Corps.

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 and 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:

Oct 4, 2016

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