

**Public Employer Health Purchasing Committee
Meeting Summary**

March 1, 2010

1-4 pm

Wilsonville Training Center, Room 111/112

Meeting materials can be found online at
<http://www.oregon.gov/OHA/OHPB/committees/pub-hlt-bn-prch.shtml>

Committee Members in Attendance:

Cathy Bless	Lynn McNamara
Ronda Connor (via phone)	Steve McNannay
Caren Cox	Barbara Prowe
Joan Kapowich	Linda Shames
Diane Lovell	Madilyn Zike
Zue Matchett	

OHA Staff in Attendance:

Barney Speight (OHA)	Rob Stenger, MD (OHPR)
Kelly Harms (OHPR)	Amy Fauver (OHA)
Jeanene Smith, MD (OHPR)	Bobby Green (OHA)

Public Attendance:

10 members of the public were in attendance.

Meeting Summary:

Welcome and call to order

Meeting convened at 1 p.m. by Chair Steve McNannay. All members of the committee were present. Because of time constraints for the first two presenters, introductions were moved until later in the agenda.

Dr. Bruce Goldberg, director of the Department of Human Services and the Oregon Health Authority, welcomed and thanked the members for their participation on the committee. He noted that we have three overarching goals: to have the highest quality health care, to get it at the best price that is sustainable and affordable into the future, and that it makes us healthy. He spoke briefly on the role of the public sector to make policy and lead the way in aligning and coordinating the purchase of benefits.

Update on Patient-Centered Primary Care Home Projects

Denise Honzel of the Health Leadership Task Force gave a presentation on the work and progress of the Task Force, focusing on its High Value Medical Home initiative. They are working to identify plans, providers and purchasers willing to participate in a 2-year pilot project, and are hoping to launch the pilots in the third quarter of 2010. Please see meeting materials for a copy of the presentation.

Jeanene Smith, MD, presented a summary of the recommendations from the Patient Centered Primary Care Home Standards Advisory Committee. The Committee identified the following as the core attributes of a primary care home: access to care; accountability; comprehensive whole person care; continuity; coordination and integration; and person and family centered care. They also noted that there will be different levels of primary care “homeness”: basic primary care home, intermediate primary care home and advanced primary care home. Dr. Smith noted that the next steps for this work are sending the recommendations to the Oregon Health Policy Board’s Committee on Incentives and Outcomes Payment Reform subcommittee and finding opportunities for pilot projects. Please see meeting materials for a copy of the presentation.

Introductions of Committee Members

Chair McNannay asked each of the members and staff to introduce themselves and who they represent. Barney Speight introduced Bobby Green, who recently joined OHA as Director of Local Government Affairs.

Review and Discuss Committee Charter, By-Laws and CIS Presentation

Barney Speight discussed the materials provided to the committee, which included the statute, charter and by-laws. Speight discussed the statute and how it ties the work of the committee to the OHPB. He explained that the charter is a dynamic piece of work which can change as the committee sees new opportunities, or as the Board makes new assignments. He noted that the committee’s work is the beginning of the action-orientation of the Board, as the state will work to integrate the recommendations into purchasing decisions, and the committee members can take them to their own organizations to decide how to use the standards in their purchasing. Speight went over the by-laws, highlighting that these meetings are public meetings, materials (including recordings of the proceedings and minutes) will be posted online, and that most committees of the Board work on an informal and consensus basis. Staff will help develop agendas and materials for meetings, and are available between meetings to answer questions and provide information as requested.

Speight provided a copy of the presentation he and Dr. Goldberg made to the City County Insurance Services organization on the role of public purchasers. He highlighted the impact that public purchasers have in local markets, and opportunities that they have to help transform the health care system, for example around payment methodologies for medical homes. He emphasized that OHA is NOT trying to combine purchasing pools or benefits, or get a better price through cost-shifting. OHA is trying to reduce unnecessary utilization, improve accountability for resources, and reward efficiency and quality. He noted that the work of the OHA and its partners will be “health system-facing” and will introduce payment policies and purchasing standards that change local delivery systems.

Review and Discuss Role of Public Purchasers in Local Health Care Markets

Speight reviewed the materials provided to the committee, and explained what each column represented, and combined purchasing power of the various public entities. The Family Health Insurance Assistance Program or FHIAP is a model of an exchange that has been working in

Oregon for 12 years, but has been limited by a lack of funding. The Oregon Medical Insurance Pool or OMIP is the state's high-risk pool for people turned down for individual health insurance because of a medical condition. OEBC has roughly 90 percent of the K-12 education market, as well as community colleges. He explained that the chart uses the best guess estimates of the impact of local government impact using Employment Department information.

The next chart shows the regional impact of public entities which can be used during discussions with providers and health systems. Some health systems are already starting these conversations (efforts in Marion and Central Oregon were cited). Staff will keep the committee informed as more is learned about these efforts.

PEBB/OEBC Purchasing Visions and Principles

Joan Kapowich, administrator for PEBB and OEBC, presentation outlined the vision of the boards and how that aligns with the purchasing activities and decisions made. Many of their efforts focus on innovations, quality and outcomes which improve member health, but Kapowich noted that having good data is key. Please see meeting materials for a copy of the presentation.

Next meetings and next steps

Speight said that his office will be using "meeting wizard" to see which day of the month is best for meetings, and then will set up the next meetings for April, May, June and September.

Speight will be working with carriers, under the auspices of the OHA, to determine problems areas of performance (or where there is significant variation or the evidence is weak), and commission the OHSU School of Evidence-Based Practices to help develop a consensus around standards of care that can then be used by carriers as a standard for utilization management that can be used consistently across the industry. Staff will bring that information back to the committee to use within their own organizations.

Speight also asked the committee about what staff could do to take the work being done and constructively engage our partners in labor to have them help in the conversations with local health systems

Lovell thought that regional educational meetings with labor trust organizations to explain that these efforts would be a good idea. Many committee members noted that it's important to understand the dynamics of negotiated contracts with labor, include the concept that contracts are based on the status quo so any change may be viewed as a take-away, even if it is a positive step. Discussion centered around developing an education plan that shows a return on investment (ROI) for the individual members, and helping people understand why these efforts are important in their local area.

A request was made to have the evidenced-based group make a presentation to the group.

Chair McNannay asked if there was any further comments, and seeing none adjourned the meeting at 3:45 pm.