

Oregon Health Policy Board 2009-2011 DRAFT Work Plan

The Oregon Health Policy Board serves as the policy making and oversight body for the Oregon Health Authority and all of the Authority's departmental divisions. Priorities for the 2009-2010 work plan are generally established within House Bill 2009.

Board responsibilities are categorized into its oversight role with subject matter-specific responsibilities in the following areas: Cost containment and quality; Population health; Access and delivery system reform; and infrastructure.

2009-2011 Activities and Deliverables

Oversight

1. Monitor the development of the Oregon Health Authority (OHA).
 - **Deliverable:** By June 30, 2011, all changes necessary to accomplish the transfer of functions in Section 19 of House Bill 2009, including the delivery of records and property and transfer of employees, shall be completed.
 - **Lead:** Board staff.
 - **Board role:** Review and receive progress reports from the Oregon Health Authority:
 - Budget, including budget and caseload forecasts.
 - Progress toward separating business functions of the Department of Human Services and the Oregon Health Authority.
 - Performance of health purchasing within the OHA as well as performance of health services contractors serving recipients of medical assistance, including reports of trends in health services and enrollee satisfaction.
2. Monitor and oversee health care purchasing within the OHA.
 - **Deliverable:** A systematic set of metrics which will allow the Board to monitor OHA progress toward goals of decreasing cost, improving health care quality and access to care and ensuring health equity within OHA programs/initiatives.
 - **Lead:** Board and committee staff.
 - **Board role:** Review and receive quality and cost "dashboards;" ensure policy development aligns with cost and quality goals.
3. Develop recommendations for legislative concepts to request measures necessary to carry out any of the Board's duties or to implement any of the Board's recommendations.
 - **Deliverable:** By March 15, 2010, Legislative Concepts finalized. By June, 2010, policy option packages (POPs) developed to support Board recommendations for 2011-2013 biennium.
 - **Lead:** Board and committee staff.
 - **Board role:** Develop work plan for 2011-2013; work with OHA staff to develop necessary budget and policy documents in support of recommendations.

4. Establish permanent standing committees as outlined in House Bill 2009.
 - **Deliverable:** Public Employers Health Benefit Purchaser and Health Care Workforce Committee established and charter completed.
 - **Lead:** Board and staff.
 - **Board role:** Solicit nominations from the community and confirm committee members. Work with committee chair and co-chair to develop charter. Approve charter. Review and receive progress reports and recommendations and determine appropriate actions of the Board to support accepted committee recommendations.

Cost Containment and Quality

5. Establish cost containment mechanisms to reduce health care costs
6. Establish and refine uniform, statewide health care quality standards for use by all purchasers, third party payers and providers as quality performance benchmarks
 - **Deliverables:** Implementation of cost and quality recommendations within the 2009 Oregon Health Fund Board report including:
 - **Implement smart purchaser strategies:**
 - Establish common contracting standards for public employers' health benefits. **(Lead: Purchasers' Committee)**
 - Establish pilot payment model(s) that reward comprehensive management of diseases, quality outcomes, and the efficient use of resources with appropriate metrics for monitoring and evaluation. **(Lead: Payment Reform Taskforce to develop model, Purchasers' Committee and other OHA programs).**
 - Establish statewide drug formulary. **(Lead: Purchasers' Committee, Director of Pharmacy Programs, other OHA programs).**
 - Conduct comprehensive reviews of comparative effectiveness research and disseminate findings to health care consumers, providers and third-party payers and to other interested stakeholders. **(Lead: Health Resources Commission (HRC) by statute).**
 - Establish evidence-based clinical guidelines for use by providers, consumers and purchasers of health care **(Lead: Health Services Commission (HSC) by statute).**
 - Public Employees Benefit Board (PEBB), Oregon Educators Benefit Board (OEBB), Department of Corrections and the Oregon Health Authority shall vigorously pursue purchasing strategies that implement these findings. Findings to also be adopted by public bodies that purchase health care or provide direct health services. **(Lead: Purchasers' Committee staff).**
 - Establish statewide health care quality standards for use by all purchasers of health care, third-party payers and health care providers as quality performance benchmarks. **(Lead: Cost and Quality Committee)**
 - Establish program of public reporting of quality and cost data for purchasers, providers, consumers and policy makers. **(Lead: OHPR).**

- Establish capital projects reporting program requiring hospitals and ambulatory surgery centers to publicly report capital projects and the purchase or lease of diagnostic or therapeutic equipment exceeding \$1 million in cost. **(Lead: OHPR by statute).**
- **Board role:** **Establish Cost and Quality Committee as a permanent committee of the Board.**
 - Solicit nominations from the community and confirm committee members. Work with committee chair and co-chair to develop charter. Approve charter. Review and receive progress reports and recommendations and determine appropriate actions of the Board to support accepted committee recommendations.
 - Review and receive regular committee reports and recommendations and determine appropriate actions of the Board.

Access and Delivery System Reform

7. Implement community “three share” initiatives, primary care and integration pilots.
 - **Deliverables:**
 - Establish regional patient-centered primary care homes pilots based upon standards developed within the patient-centered, primary care home standards program with appropriate metrics for monitoring and evaluation. **(Lead: Standards—OHPR; Pilots—OHA).**
 - Implement SB 862, which establishes the authority for OHPR to establish rules for the approval of community-based health care initiatives in up to three communities in Oregon between bill passage and June 30, 2013. Each initiative must report to the legislature on specified metrics by October 1 of each year. **(Lead: Rules—OHPR; Initiatives—selected communities).**
 - Establish addictions, mental and physical health pilots in x communities. **(Lead: Addictions and Mental Health program within OHA).**
8. Develop future strategies for access and coverage.
 - **Deliverable:** A comprehensive plan to provide and fund access to affordable, quality health care for all Oregonians to be delivered to the legislature no later than December 31, 2010, as outlined in HB2009, Section 9 (1) (b). Legislative concepts and policy option packages by June, 2010.
 - **Lead:** OHPR and OHA staff
 - **Board role:**
 - Review and receive information and reports regarding progress toward implementation and determine appropriate actions of the Board in support successful pilots.
 - Review and receive OHPR report and recommendations and determine appropriate actions of the Board, including necessary legislative concepts and associated budget development.

Population Health: State Health Improvement Program

9. Establish Statewide Health Improvement Program.

- **Deliverable:** Statewide Health Improvement Program, as outlined in HB2009, Section 1166.
- **Lead:** Public Health Division.
- **Board role:** Assign to Public Health Division (PHD) within the Oregon Health Authority and direct PHD to use the healthy places, healthy people framework as the basis for their program development. Review and receive PHD reports and recommendations and determine appropriate actions of the Board.

Infrastructure

Insurance Reform

10. Develop small group product(s) to provide a more affordable option for the small group market.

- **Deliverable:** Small group health insurance product developed and offered in the Oregon market.
- **Lead:** Department of Consumer and Business Services (DCBS), the Health Insurance Reform Advisory Committee (HIRAC) and OHPR.
- **Board role:** Review and receive product recommendations and determine appropriate actions of the Board.

11. Establish a basic health benefit plan to be used as the baseline for all benefit plans offered through the Oregon Health Insurance Exchange.

- **Deliverable:** A basic health benefit plan that will promote the provision of services through a patient-centered, primary care home model; require little or no cost-sharing for evidence-based preventive care and services; create incentives for individuals to actively participate in their own health care and to maintain or improve their health status; require a greater contribution by an enrollee to the cost of elective or discretionary health services and include a defined set of health care services that are affordable, financially sustainable and based on the prioritized list of health services developed and updated by the Health Services Commission (HSC).
- **Lead:** Health Services Commission (HSC) staff.
- **Board role:** Review and receive Commission report and recommendations and determine appropriate actions of the Board.

12. Prepare a report to the Legislative Assembly on the feasibility and advisability of future changes to the health insurance market in Oregon as outlined in HB2009, Section 9(m).

- **Deliverables:** A report delivered to the legislature no later than December 31, 2010 and annually thereafter.
- **Lead:** OHPR in close collaboration with DCBS.
- **Board role:** Review and receive OHPR report and recommendations and determine appropriate actions of the Board, including necessary legislative

concepts and associated budget development. Refer to legislature after Board review.

13. Establish uniform standards for health insurers licensed in Oregon.

- **Deliverable:** Uniform standards for health insurers licensed in Oregon, including, but not limited to eligibility verification, health care claims processes, and payment and remittance advice; including metrics for monitoring and evaluation of cost impacts of implementing standards.
- **Lead:** OHPR work group with implementation by Department of Consumer and Business Services (DCBS).
- **Board role:** Review and receive work group report and recommendations and forward to the Department of Consumer and Business Services (DCBS) to establish administrative rules.

14. In consultation with DCBS, review and recommend standards and methodologies to the Legislature for health insurance rate review.

- **Deliverable:** Standards and methodologies for a strengthened rate review process that includes review of administrative expenses of health insurers; approval of rates; and enforcement of rating rules.
- **Lead:** DCBS and OHA staff.
- **Board role:** Review and receive recommendations for standards and methodologies and determine appropriate action of the Board.

15. Develop a business plan for a health insurance exchange and a publicly owned health benefit plan.

- **Deliverables:**
 - A plan delivered to the legislature no later than December 31, 2010 developed in accordance with HB 2009, Section 17.
 - A plan for a premium assistance program to provide health insurance premium assistance to all low and moderate income Oregonians.
 - Legislative concepts and policy option packages by June, 2010.
- **Lead:** OHA staff, DCBS.
- **Board role:** Review and receive report and recommendations and determine appropriate actions of the Board, including necessary legislative concepts and associated budget development.

Workforce

16. Develop strategies to ensure that Oregon's health care workforce is sufficient in numbers and training.

- **Deliverables:**
 - An inventory of all grants and other state resources available for addressing the need to expand the health care workforce to meet the needs of Oregonians

- The Health Care Workforce Committee will develop strategies and establish goals to address Oregon's work force shortage, focusing on the demand that will be created by the expansion in health coverage, health care systems transformation, an increasingly diverse population and an aging workforce.

- **Lead:** Health Care Workforce Committee
- **Board role:** Review and receive committee reports and recommendations and determine appropriate actions of the Board, including potential legislative concept for an appropriation for the Health Care Work Force Strategic Fund, to support accepted committee recommendations.

17. Develop health care workforce database.

- **Deliverable:** Health Care Workforce database that includes demographics (including race and ethnicity), practice status, education and training background, employment data, primary and secondary practice data, anticipated changes in practice, and language spoken for physicians, physician assistants, occupational therapists, nursing and nursing assistants, dentists and dental hygienists, physical therapists, pharmacists, and dietitians.
- **Lead:** OHPR working with licensing boards
- **Board role:** Review and receive information and reports derived from the health care workforce database and direct the Health Care Workforce Committee to develop appropriate metrics from the data to monitor and evaluate the impact of Board workforce strategies.

Health Information Technology

18. Develop implementation plan for statewide adoption of Health Information Technology and health information exchange.

- **Deliverable:** Health Information Technology Oversight Council (HITOC) implementation plan to ensure statewide adoption of health information technology.
- **Lead:** HITOC members and staff
- **Board role:** Review and receive HITOC recommendations and determine appropriate actions of the Board.

Physician Orders for Life-Sustaining Treatment

19. Implement the statewide registry of Physician Orders for Life-Sustaining Treatment (POLST) with metrics for monitoring and evaluation.

- **Deliverable:** Effective, operating statewide POLST registry with appropriate metrics for monitoring and evaluation.
- **Lead:** POLST advisory committee, Public Health
- **Board role:** Review and receive updates regarding POLST registry operations and effectiveness.

Data Infrastructure

20. Establish All-Payer, All-Claims Database (APAC) to examine variations in cost and quality within the state.

Deliverable: Effective, accurate, timely and complete APAC database.

Lead: OHPR

Board role: Review and receive updates regarding APAC data collection and analysis.

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Acronyms

AMH: Addictions and Mental Health
APAC database: All-Payer, All-Claims database
DCBS: Department of Consumer and Business Services
HIRAC: Health Insurance Reform Advisory Committee
HITOC: Health Information Technology Oversight Council
HRC: Health Resources Commission
HSC: Health Services Commission
OEBB: Oregon Educators' Benefit Board
OHA: Oregon Health Authority
OHPR: Office for Oregon Health Policy and Research
PEBB: Public Employers' Benefit Board
PHD: Public Health Division
POLST: Physician Orders for Life-Sustaining Treatment

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