

Oregon Healthcare Workforce Committee
January 6, 2016 9:30 am – 12:30 pm
at Wilsonville Training Center
Meeting Summary

Committee Members in Attendance:	Patrick Brunett Jeff Clark Jeff Papke (by phone) Robyn Dreibelbis (Vice-Chair) Janus Maybee Alisha Moreland Shilena Battan	David Nardone (by phone) David Pollack (Chair) Daniel Saucy Annette Fletcher Kate Lee Tawna Sanchez Troy Larkin
Committee Members not in Attendance:	Lita Colligan (Maria Lynn Kessler attended in place of Lita Colligan)	
OHA staff, OHWI, OCN	Stephanie Jarem, OHA Marc Overbeck, OHA Margie Fernando, OHA Oliver Droppers, OHA	Mike Morris, OHA Chad Johnson, OHWI Jana Bitton, OCN
Others	Carla McKelvey, Oregon Health Policy Board liaison	

1	Welcome
	David Pollack, Chair, welcomed everyone to the committee, especially the new members, who were confirmed by the Oregon Health Policy Board at its meeting on Jan 5, 2016.
2	Approval: Nov 4, 2015 Meeting Summary
	Meeting summary for Nov 4, 2015 meeting was approved with no changes.
3	Election of Vice-Chair
	David Pollack noted that the Bylaws of the Committee call for a Chair and Vice-Chair, and that for some time the position of Vice-Chair has been vacant. He then proposed that Robyn Dreibelbis be appointed as Vice-Chair. Proposal was approved without objection.
4	Updates
	<u>OHPB Updates</u> Carla McKelvey updated the Committee on the Oregon Health Policy Board meeting held on Tues Jan 5, 2016.

The main update was that the Board formally appointed seven new members and reaffirmed the full membership and charter for the Committee. Carla also spoke about the briefing the Board had from OHA Director Lynne Saxton and the reorganization of OHA. The new Leadership Team is now in place. A copy of the high-level organization chart was distributed.

Carla also noted that there is a strategic planning meeting in February for the Health Policy Board to set their goals and priorities for the year.

OHA Updates

Steph updated the committee on the 10 priorities that OHA Director Lynne Saxton shared with the Health Policy Board that represent the Leadership Team's priorities for 2016 through 2017. These are:

1. Eligibility, enrollment, and determination systems (ONE, MMIS, etc.)
2. Behavioral health system
3. Pharmacy and high cost drugs
4. Public Health Modernization
5. Marijuana
6. 1115 Waiver renewal
7. Health System Transformation "for real"
8. Health disparities and health equity
9. Financially sustainable budget
10. Employee empowerment

+11 Legislative or Governor-directed activities, as needed

Staff will distribute this list to the committee as part of follow-up to the meeting..

Other updates

David and Marc updated the full Committee on the orientation that was held earlier today for the new members. The group discussed the history and mission of the Committee, its Charter, and deliverables—both past and upcoming. New members were given the opportunity to ask questions.

Marc also provided a written update from the Office of Equity and Inclusion on the Traditional Healthcare Worker Program. Of note is that the Commission that oversees the program is looking for members.

Patrick Brunett updated the committee on the GME consortium. There were no new updates since the last meeting, but for the benefit of the new members he explained what the GME consortium was about. Robyn added that it was a big achievement to see how the concept and conversation about GME originated with the Committee and is now at the stage where a Consortium has been established and has been launched.

5	Update on HB 3396 Provider Incentives Study Timeline
	<p>Marc and Oliver provided a brief overview of the history of HB 3396, which calls for a study and recommendations to the legislature on provider incentives in Oregon. Specifically, HB 3396 directs the Oregon Health Policy Board to study and evaluate the effectiveness of the financial incentives offered by the state to recruit and retain providers in rural and medically underserved areas and make recommendations to the Legislature. The Board has asked the Committee to act on its behalf and come back with a report in the summer.</p> <p>Since the last meeting OHA has selected a vendor, The Lewin Group, to analyze the program data needed for an evaluation of the effectiveness of existing programs. In addition, OHA will organize focus groups and stakeholder meetings to include viewpoints from the community, from agencies and from the direct beneficiaries of the incentives themselves.</p>
6	Multnomah County’s Behavioral Health Integration Efforts
	<p>Julie Oyemaja from the Multnomah County Health Department was scheduled to provide information to the Committee but was unable to attend due to a conflict. David Pollack and Marc informed the Committee that they would look for another date at a future meeting for Julie to brief the Committee on her work.</p>
7	OHA Transformation Center’s Behavioral Health Integration Efforts
	<p>Chris DeMars, Director of Systems Innovation and Summer Boslaugh, Transformation Analyst from the OHA Transformation Center presented an overview of the Transformation Center, the Center’s Strategic Plan, their Behavioral Health deliverables and their workforce-related activities. Chris and Summer took questions from members.</p>
8-9	Break up of committee into 2 groups to discuss Provider Incentives and Behavioral Health
	<p>The Committee split into two groups for approximately an hour. One group discussed Behavioral Health Integration work and the second discussed the HB 3396 Provider Incentives work. The groups were asked to meet and develop plans, milestones and timetables for how the work in the Committee Charter is to be accomplished.</p> <p>a) Behavioral Health Integration work The group decided to appoint Dr. Steven Levy and Dr. Alisha Moreland as Co-Chairs of this project. The group decided to address the three deliverables as follows:</p> <ol style="list-style-type: none"> 1. Bringing successful behavioral health integration pilots statewide: Conduct an environmental scan of successful pilots and programs; Develop a survey for clinics and providers; Utilize results to identify best practices for recommendation. 2. Addressing any gaps in education and curriculum needed to train physical health and behavioral health providers to work in a team-based system: Define the key functions/competencies of team-based, integrated care; Survey education

	<p>programs in Oregon on training opportunities for those competencies; identify gaps through survey results and other research.</p> <p>3. Policy changes needed to overcome barriers to behavioral and physical health integration faced by providers: Review previous presentations and research policy changes, including alternative payment methodologies, process of work issues, and mental health carve-outs.</p> <p>Mike Morris and Steph Jarem will support the group to work out a timeline for when this work needs to be completed. It was agreed that the initial deadline of July 2016 is not feasible for this large a task set.</p> <p>b) HB 3396 Provider Incentives work The group largely spent its time understanding the current thoughts from OHA staff on organizing the work and ensuring that all stakeholders can be heard in the process. The members in this group determined that three Committee members would participate in the Steering Group for this effort, and they would take responsibility for keeping others informed. Jeff Papke will lead efforts on this topic for the Committee. Members expressed their desire to see “town hall”-type forums in different parts of the state in addition to reaching out to a larger group of external stakeholders to get input, which would include people and organizations who directly benefit from provider incentives. OHA staff will identify potential dates for these meetings.</p> <p>Once the vendor, the Lewin Group has completed their data analysis, it will be sent to the Steering Committee and on to the full Committee. The group will work within the timeline proposed by OHA staff in order to complete the work before September 2016.</p> <p>Staff in OHA will coordinate all the meetings and work with the vendor.</p>
10	Public Comment
11	<p>There was no public comment.</p> <p>Meeting was adjourned at 12:35. The next meeting will be on March 2, 2016.</p>