

AGENDA

PUBLIC HEALTH ADVISORY BOARD

November 15, 2018

Portland State Office Building
800 NE Oregon St., conference room 1B
Portland, OR 97232

Join by webinar: <https://register.gotowebinar.com/rt/4888122320415752707>

Conference line: (877) 873-8017

Access code: 767068

Meeting objectives:

- Review PHAB membership, leadership; review PHAB Committee membership
- Update on State Health Improvement planning; implementation of modernization by local public health authorities; legislative issues
- Review Oregon's public health response to opioids

2:00-2:15 pm	Welcome and updates <ul style="list-style-type: none"> • Approve October meeting minutes 	Rebecca Tiel, PHAB Chair
2:15-2:30 pm	Member updates, committee member updates <ul style="list-style-type: none"> • Review PHAB member updates for expiring terms • Review committee member updates 	Rebecca Tiel, PHAB Chair
2:30-3:15 pm	Public health modernization implementation <ul style="list-style-type: none"> • Discuss progress towards implementing regional public health modernization initiatives 	Michael McNickle, Clatsop County (Clatsop/Columbia/Tillamook); Katherine Durate, Klamath County (Jackson/Klamath)
3:15-3:30 pm	Break	
3:30-3:50 pm	2020-2024 State Health Improvement Plan <ul style="list-style-type: none"> • Update on the 2020-2024 State Health Improvement Planning Process 	Christy Hudson, Oregon Health Authority
3:50-4:20	Oregon Opioid Response <ul style="list-style-type: none"> • Overview and discussion of Oregon's public health response to opioids 	Dr. Katrina Hedberg; Oregon Health Authority, PHAB member
4:20-4:30 pm	Public comment	Rebecca Tiel, PHAB Chair
4:30 pm	Adjourn	Rebecca Tiel, PHAB Chair

Public Health Advisory Board (PHAB)**October 18, 2018****DRAFT Meeting Minutes****Attendance:**

Board members present: Carrie Brogoitti, Jeff Luck, Muriel DeLaVergne-Brown, Tricia Mortell, Bob Dannenhoffer, Lillian Shirley, Jen Vines, Rebecca Tiel, Katrina Hedberg, Jeanne Savage, David Bangsberg, Eva Rippeteau, Eli Schwarz

Oregon Health Authority (OHA) staff: Kati Moseley, Julia Hakes, Sara Beaudrault, Dawn Quitugua

Members of the public: Morgan Cowling (Coalition of Local Health Officials), Amy Smith (Association of Oregon Counties)

Approval of Minutes

-Rebecca Tiel, PHAB Chair

A quorum was present. The Board moved to approve the September 20 minutes. All in favor.

Welcome and updates

-Rebecca Tiel, PHAB Chair

Kati gave some additional clarification on the contents of the September meeting packet. The September packet included an article: [Mortality and Morbidity in the 21st Century](#) at the request of PHAB members made during the July meeting. The packet also included documents from the OHA Health Measurement Committee Summit which will be discussed in greater detail during the current (October) PHAB meeting.

David shared that on Monday, October 15, [the Oregon Health Policy Board adopted final CCO 2.0 recommendations](#). David highlighted [Policy #8](#) that, "Require[s] CCOs to partner with local public health authorities, nonprofit hospitals, and any CCO that shares a portion of its service area to develop shared CHAs and shared CHP priorities and strategies."

State Health Improvement Plan Updates

- Karen Girard, Amy Umphlett, Oregon Health Authority

Amy Umphlett gave a presentation on the [State Health Improvement Plan: update on oral health](#). PHAB members noted that oral health needs to be integrated in all health policies, Eli highlighted how oral health and oral health providers play an important role in the opioid crisis. Amy shared preliminary data from the most recent SMILE survey, which should be viewed with caution as it is preliminary. The program will share final data in January 2020 via their website.



Public Health Advisory Board
Meeting Minutes – October 18, 2018

Karen Girard gave a presentation on the [State Health Improvement Plan: prevent and reduce tobacco use](#). Karen passed around examples of nicotine inhalant systems to the PHAB and highlighted how the tobacco industry has continued to innovate to circumvent current laws. Jeanne said working with CCOs is an opportunity to maintain urgency and progress in tobacco control. Jeanne recommended working directly with providers to maintain urgency in prevention and to address prevention fatigue. Jeanne encouraged public health staff to continue to push tobacco prevention.

OHA Health Measurement Strategy

- Shaun Parkman, Co-chair, Health Plan Quality Metrics Committee

On September 7, the Health Plan Quality Metrics Committee (HPQMC) convened a summit of committees and stakeholders involved in selecting metrics across Oregon's health and public health systems. The goal was to start a conversation about how metrics are governed, and ultimately to align metrics across committees and stakeholders. Jeff attend on behalf of PHAB. Katrina attended on behalf of the Public Health Division, and David attend as well.

Shaun Parkman gave [an overview of the Health Plan Quality Metrics Committee](#). Shaun highlighted some challenges that the HPQMC has experienced:

- HPQMC was not given nor did it develop specific set of health goals or health outcomes to pursue.
- Measures were considered largely on quality of the measures; not on the priority of health outcome.
- How would such a prioritization occur? Who would have the authority for establish such a thing?

The HPQMC was able to address these challenges by holding the metrics summit to identify how all Committees may collectively work together towards a shared vision and coordinated approach to selecting, developing, and using health and health care measures. A shared vision was not identified but the [State Health Improvement Plan](#) may be a means to agree to a common goal that aligns metrics towards common goals.

Bob noted that it may be possible to align efforts for specific populations but the larger the population the more difficult it becomes. Dr. Hedberg discouraged the PHAB from getting too hung up on the actual metrics and instead to focus on goals. Dr. Hedberg said she thinks it is feasible to use the SHIP as a roadmap to identify common goals for metrics.

PHAB Sub-Committees

- Sara Beaudrault, Oregon Health Authority

PHAB committees have been on hiatus over the summer. Work will pick up for both the Metrics Committee and the Incentives and Funding committee in January. Sara asked PHAB members to review [membership and key tasks for PHAB subcommittees](#) for 2019. Sara will follow up with the PHAB via email for any changes.

Legislative Update

Angela Allbee, Oregon Health Authority

The 2019 legislative session is a key moment in our efforts of public health modernization. Angie Allbee provided the PHAB with [an overview of OHA's policy priorities for the session](#). Bob asked who would implement the Universal Family Linkages and Home Visiting policy option package. Angie answered that it will be a private/public partnership. Eli asked if Angie believes OHA will secure a high level of funding in the Public Health Modernization policy option package. Angie said it is too soon to know what will happen with the Public Health Modernization policy option package.

Public comment

No public testimony was provided.

Closing

Eli requested that the opioid crisis be put on a future PHAB agenda.

The meeting was adjourned.

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2-5 PM
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If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Julia Hakes at (971) 673-2296 or Julia.a.hakes@state.or.us. For more information and meeting recordings please visit the website: healthoregon.org/phab

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OHPB Committee Digest

PUBLIC HEALTH ADVISORY BOARD, METRICS & SCORING COMMITTEE, HEALTH PLAN QUALITY METRICS COMMITTEE, HEALTH INFORMATION TECHNOLOGY OVERSIGHT COUNCIL, HEALTHCARE WORKFORCE COMMITTEE, HEALTH EQUITY COMMITTEE, PRIMARY CARE COLLABORATIVE, MEDICAID ADVISORY COMMITTEE, STATEWIDE SUPPORTIVE HOUSING WORKGROUP, MEASURING SUCCESS COMMITTEE, OPIOID INITIATIVE COMMITTEE

Public Health Advisory Board

During the October meeting, the PHAB heard and discussed updates and progress achieved on for the current State Health Improvement Plan. The PHAB advised the Public Health Division on implementation of the Public Health Block Grant, which supports development and coordination of the activities on the State Health Improvement Plan. The PHAB follow up on the September 7 metrics summit convened by the Oregon Health Authority, hearing an update and discussing potential next steps in the vision for better coordination across OHA committees that consider and define metrics. PHAB sub-committees, Metrics and Incentives and Funding, will reconvene in January to continue the next phases of work on public health accountability metrics and advise the public health system on the next phases of modernization effort. The PHAB heard an overview of OHA's legislative priorities for the coming session. Documents from this, and previous meetings, are available on the [PHAB website](#).

COMMITTEE WEB SITE: <https://www.oregon.gov/oha/ph/About/Pages/ophab.aspx>

STAFF POC: Kati Moseley, Katarina.Moseley@dhsola.state.or.us

Primary Care Payment Reform Collaborative

The Collaborative is developing strategies to implement the Primary Care Transformation Initiative, as directed by the Oregon Legislature in Senate Bill 934. Central to these strategies is a multi-payer primary care payment model that aims to standardize payment methodologies, increase investment in primary care, and reduce administrative burden for payers and providers. The payment model aligns with Comprehensive Primary Care Plus (CPC+), and the intent is broad implementation of the payment model across all payers and providers in Oregon. A related strategy is a payment model to support behavioral health integration (BHI) in primary care practices. Components of the BHI payment model include a revised contracting structure, an aligned set of fee-for-service billing codes, and a population-based payment to support integration. Two additional Collaborative meetings have been scheduled for 2018 as the members work toward finalizing the recommendations which will be submitted to the Oregon Health Policy Board and Oregon Legislature in December 2018. Upcoming meetings: November 2, 9am to 12pm and November 13, 9am to 12pm.

COMMITTEE WEBSITE: <http://www.oregon.gov/oha/Transformation-Center/Pages/SB231-Primary-Care-Payment-Reform-Collaborative.aspx>.

COMMITTEE POC: Amy Harris, AMY.HARRIS@dhsola.state.or.us

Healthcare Workforce Committee

The Healthcare Workforce Committee met on September 12; its next meeting is November 7. Key items of activity include:

Health Care Provider Incentive Program

The Committee will review a protocol for identifying how to redistribute money in the Health Care Provider Incentive Fund, subject to approval of the OHPB, and how to entertain ideas for new incentives that are brought to the Committee.

Healthcare Workforce Needs Assessment

The Committee will receive an update on the next Needs Assessment, due in February 2019. This report will be discussed at the OHPB meeting in November.

Bylaw Revisions; Chair and Vice Chair for 2019

The Committee will act on a proposal to add two ex officio members to the HCWF, which will be health professional “in training” (student) members. The Committee will also discuss the process to elect officers for 2019.

Charter for 2019-21

The Committee will discuss possible topics of interest to present to the OHPB to consider for the new Charter to be given the Committee.

COMMITTEE WEBSITE: <http://www.oregon.gov/oha/HPA/HP-HCW/Pages/index.aspx>

COMMITTEE POC: MARC OVERBECK, Marc.Overbeck@dhsaha.state.or.us

Health Plan Quality Metrics Committee

At the October Health Plan Quality Metrics Committee (HPQMC) meeting, the committee continued discussion on the upcoming 2018-2019 workplan. Also at this meeting, the committee reviewed the list of measures selected for 2019 from the aligned measure set, discussed recommendations for the health equity measurement workgroup, and heard from the Health Aspects of Kindergarten Readiness measure workgroup. In November, the committee will work on finalizing the workplan and hear from the behavioral health group.

The next meeting is Thursday November 8, 2018.

COMMITTEE WEBSITE: <http://www.oregon.gov/oha/analytics/Pages/Quality-Metrics-Committee.aspx>

COMMITTEE POC: Kristin Tehrani, Kristin.Tehrani@dhsaha.state.or.us

Metrics & Scoring Committee

In October the Metrics & Scoring Committee heard a presentation for Dr. Katrina Hedberg, State Epidemiologist and State Public Health Officer, and Lisa Bui, OHA’s Director of Quality Improvement, on

the state of public health in Oregon, and opportunities for incentive measures to aid in improvement. Slides from the presentation can be accessed here:

<https://www.oregon.gov/oha/HPA/ANALYTICS/MetricsScoringMeetingDocuments/2018-10-MS-Presentation-FINAL.pdf>.

In preparation for their recommendations to the Health Plan Quality Metrics Committee (HPQMC) regarding the HPQMC's 2020 aligned measures menu, and to aid in its workplan for 2019, the Metrics & Scoring Committee discussed the overall aims of the incentive measure set, and potential areas for exploration over 2019. The Committee also reviewed CCO performance on the State Quality Measures (measures included in the Medicaid waiver, but which are not incentivized by the Quality Incentive Program) compared to the incentive measures.

At its next meeting on 16 November, the Committee will hear the formal recommendations of the Health Aspects of Kindergarten Readiness Technical Workgroup, receive an update on obesity measure development, and discuss the developmental food insecurity measure.

COMMITTEE WEBSITE: <http://www.oregon.gov/oha/analytics/Pages/Metrics-Scoring-Committee.aspx>
COMMITTEE POC: Sara Kleinschmit, SARA.KLEINSCHMIT@dhs.oha.state.or.us

Health Information Technology Oversight Council

HITOC's October meeting materials are available at <https://www.oregon.gov/oha/HPA/OHIT-HITOC/Pages/HITOC-Meetings.aspx>. However, the planned October meeting was cancelled due to lack of quorum. The agenda items from that meeting will be distributed among future meetings. HITOC's next meeting is December 6th. HITOC will discuss its 2019 work plan, review the topics for its planned February report to OHPB, hear a report on its Behavioral Health Workgroup, get up to date on the CCO 2.0 process, learn about new federal opioid legislation, review Oregon HIT Program updates, and discuss membership issues.

COMMITTEE WEBSITE: <http://www.oregon.gov/oha/HPA/OHIT-HITOC/>
Committee POC: Francie Nevill, Francie.j.nevill@dhs.oha.state.or.us

Medicaid Advisory Committee

The Medicaid Advisory Committee met on October 24th. The meeting was primarily informational, and the committee received updates and overviews:

- Public Charge and Medicaid (OHA and Governor's Office); and
- A 101 presentation on the Long-term Services and Supports system administered by DHS Office of Developmental Disabilities Services (ODDS);

The Committee will monitor the OHA, DHS and state response to proposed federal changes to public charge and treatment of Medicaid benefits in consideration of immigration status and will consider making its own

comments. The development of the OHA/MAC health-related services guidance (housing-related supports and services) is still ongoing.

OHA and the Governor's office are currently reviewing almost two dozen applications received for the Medicaid Advisory Committee and looking to make several new appointments this fall.

COMMITTEE WEBSITE: <http://www.oregon.gov/oha/hpa/hp-mac/pages/index.aspx>
COMMITTEE POC: Amanda Peden, Amanda.m.peden@dhsoha.state.or.us

Health Equity Committee

HEC Co-Chairs sought clarification from OEI staff on the role the committee can have on the development of specific strategies for CCO 2.0 such as the health equity plan. The Committee expressed their desire to follow up with OHA policy team on feedback HEC provided by the HEC, and if the input was included. There was a particular concern for feedback on value-based payments and the potential for unintended consequences.

OEI staff shared with the Committee and that CCO 2.0 policy team and OHA leadership are working on comprehensive responses to committees and organizations that took the time and provided input on the process. The answers are being developed, and HEC should receive a letter from OHA Leadership in the next couple of weeks.

Allison Varga, OEI Community Engagement Coordinator, provided an overview of OEI's Community Advisory Council recruitment gap analysis developed to ensure a diverse representation of the populations and geographic areas of the State.

HEC recruitment workgroup member asked OEI staff to request OEI Director to be present at November's meeting to talk about recruitment outreach. The committee agreed that a discussion about strategies to follow to develop targeted recruitment to fill the two empty seats the committee should take place soon. Using the gap analysis developed by OEI community engagement team HEC will need to target two geographic areas for membership, the Coast and Eastern Oregon. Tribal representation should also be expanded.

HEC voted to approve three new members for the HEC that will be forwarded to the Oregon Health Policy Board for confirmation in the October 15 meeting. All HEC members present moved to approve the three new members.

Next meeting: Monday, November 5th

COMMITTEE WEBSITE: <https://www.oregon.gov/oha/OEI/Pages/Health-Equity-Committee.aspx>
COMMITTEE POC: Maria Castro, Maria.Castro@dhsoha.state.or.us

Statewide Supportive Housing Strategy Workgroup

The SSSHW is finalizing a set of recommendations on steps that should be taken in both the housing sector and the health care sector to expand permanent supportive housing options in Oregon. After November 2018 the SSSHW will release a report that includes a description of the need for permanent supportive housing; the role of the work group; a set of principles to guide expansion; and three categories of recommendations, including ways to strengthen cross-agency collaboration and coordination; expand PSH through new and existing housing and service resources; and offer training and technical assistance to build PSH capacity. Of interest to health care partners may be draft recommendations such as: provide additional guidance to CCOs regarding the use of health-related supports and services; develop and deliver housing navigator training; ensure providers know what Medicaid services can be used for tenancy supports; and other draft recommendations. The draft document (as of October 18, 2018) is at <https://www.oregon.gov/ohcs/DO/sshwg/meetings/10-18-18-Oregon-SSHSW-Framework.pdf>.

COMMITTEE WEBSITE: <http://www.oregon.gov/ohcs/Pages/supportive-housing-workgroup.aspx>.

COMMITTEE POC: Heather Gramp, Heather.Gramp@dhsosha.state.or.us

Measuring Success Committee

The Measuring Success Committee met on Wednesday, October 3, from 1 – 3pm at the Early Learning Division to review the Early Learning Strategic Plan. The Committee reviewed the three early learning system goals and their respective objectives and strategies in the draft Strategic Plan and worked to note possible alignment with the draft early learning system dashboard measures. The exercise helped reveal that additional clarity would be needed in order to make the dashboard a meaningful tool alongside the Strategic Plan. The Committee will further discuss the role of the dashboard in relation to the Strategic Plan at its next meeting.

COMMITTEE WEBSITE: N/A

COMMITTEE POC: Thomas George, Thomas.George@state.or.us

Oregon Opioid Initiative

HERC Chronic Pain Taskforce

- The Chronic Pain Task Force will meet again on Sept. 20, where members will help set the parameters of an evaluation that will be conducted by the Oregon Health & Science University. In particular, OHSU's Center for Evidence-based Policy will be conducting a deep dive into the available evidence regarding opioid tapering.

- The results of this deep dive will be available for consideration by the task force in the winter. This will give the members an opportunity to revise their proposal. After that point, the VbBS and HERC will have another chance to deliberate on the proposed changes.
- The best way to stay up to date on the HERC proceedings is to check the [website](#), where meeting schedules, agendas and materials will be posted. Written comments should be sent to herc.info@state.or.us. Verbal comments will be received in person at the meetings.

Oregon Acute Prescribing Guidelines

- OHA convened partners from clinical and health system organizations to develop opioid prescribing guidelines for acute care settings, with a focus on emergency and urgent care, dental care, and post-operative care. Draft guidelines (link below) will be discussed at the 3rd (and final meeting) on September 7. Public comment on the guidelines has been accepted throughout the process. Implementation and adoption of the acute prescribing guidelines will be through the community clinical, health systems and applicable professional organization and licensing boards. Additional information can be found here: <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/task-force.aspx>

COMMITTEE WEBSITE: N/A

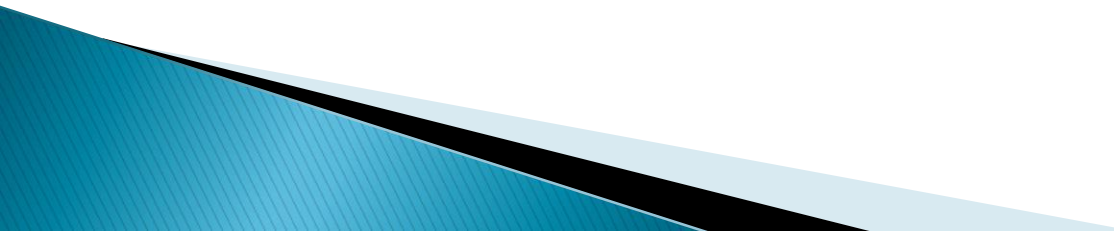
COMMITTEE POC: Lisa Bui, LISA.T.BUI@dhsoha.state.or.us

Clatsop County Public Health
Tillamook County Public Health
The Public Health Foundation of Columbia County

Capacity Building -- North Coast Region: A Public Health Modernization Program

Michael McNickle, MPH, MPA
Director, Clatsop County Dept. of Public Health

Topics

- ▶ Program Background
 - ▶ Accomplishments
 - ▶ Next steps
 - ▶ Q & A
- 

Program Staff

- ▶ Michael McNickle, Director, CCPH
 - Fiscal Agent for Grant
- ▶ Sherrie Ford, Director, TPHFCC
- ▶ Marlene Putman, Administrator, TCPH

Background

▶ Purpose:

- The development of a regional approach and partnerships to reduce spread of STD/STIs
 - Focus on gonorrhea, chlamydia and syphilis
- Funding utilized to pay for approximately 0.15 FTE of each lead staff's salaries and benefits to work on the project over 18 months

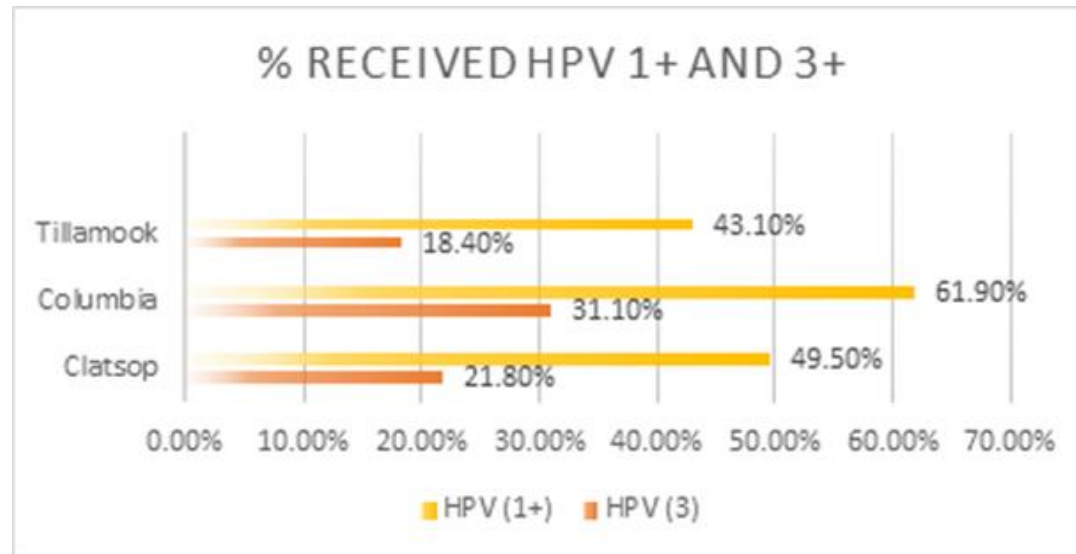
Background

- ▶ STI data trends in the 3 counties
 - Rates are reflective of the wider state and national trends of increased incidence of STD/STI's
 - Ex: The incidence of chlamydia by population is 420/100,000 of total population
 - For women aged 15–19 years incidence rates range from 1,753.5 to 2,516.7/100,000
 - For women aged 20–24 incidence rates ranges increase to 3,048.1–3,555.8/100,000

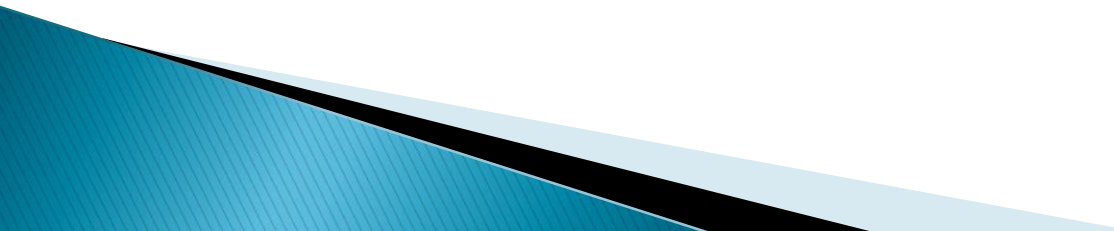
HPV Vaccine rates

In the region HPV vaccination rates are lower than State averages

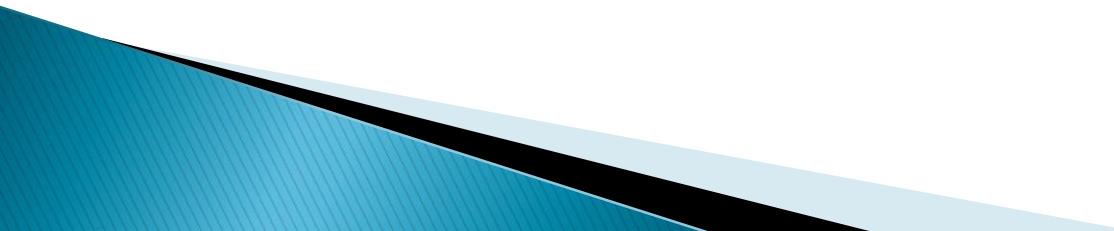
Those receiving first dose ranged from 43% to 62%, but dropped off dramatically to as low as only 18% reaching the third does.



Project Goals

- ▶ Create governance structure
 - ▶ Convene monthly meetings
 - ▶ Craft MOU between partners
 - ▶ Develop work plan with identified STIs as focus of future projects
 - ▶ Develop and roll-out performance management plan
 - ▶ Complete and send in reports as required
- 

Project Accomplishments To Date

- ▶ Meetings convened monthly
 - ▶ 4 party MOU completed
 - ▶ Work plan in draft
 - ▶ Performance Management Plan under development
- 

4-Party MOU

RECORDED
MAY 30 2013
Doc# 2018050037

**MEMORANDUM OF UNDERSTANDING
BETWEEN
CLATSOP COUNTY PUBLIC HEALTH,
THE PUBLIC HEALTH FOUNDATION OF COLUMBIA COUNTY,
TILLAMOOK COUNTY PUBLIC HEALTH AND COLUMBIA-PACIFIC
COORDINATED CARE ORGANIZATION**

I. Purpose of Agreement

To facilitate cooperation and sharing between Clatsop County Public Health (CCPH), Tillamook County Public Health (TCPH), the Public Health Foundation of Columbia County (PHFCC) and the Columbia-Pacific Coordinated Care Organization (CPCCO) to develop and operationalize a system for collected data, identifying solutions and implementing interventions to combat all sexually transmitted infections (STI) throughout the northern coastal region.

II. Scope of Agreement

The scope of the agreement will cover Clatsop, Columbia and Tillamook County – herein noted as the northern coast. The agreement will also cover all persons enrolled in the Oregon Health Plan in the northern coast.

Question?

Thank you!

Public Health Advisory Board Meeting

November 15, 2018

JACKSON – KLAMATH COUNTIES

REGIONAL MODERNIZATION GRANT



JACKSON COUNTY
Health & Human Services



Objectives

- Reduce hepatitis C rate
- Reduce rates of STIs
- Raise HPV vaccination rate for cancer prevention
- Health equity lens

Targeted Populations

- Illicit and intravenous drug users (IDU) and their partners
- Men who have sex with men (MSM)
- Latinx
- Klamath Tribes
- M/F, 18-45 yrs old
- M/F, 13-17 yrs old



JACKSON COUNTY
Health & Human Services



High Level Goals for 2017-2019 Biennium

- Health equity assessment and action plan
- HPV and STI/Hep C provider surveys
- Participation in Tribal events

Use of medical provider “champions” to increase buy-in

- Provider surveys
- AFIX
- Epic EMR systems change

Activities include:



JACKSON COUNTY
Health & Human Services



AFIX immunization QI tool to increase vaccination rates (HPV)

- Examining rates
- Reducing missed opportunities
- Data clean-up

Epic EMR Systems Change

- Klamath County MD champion building templates
- Well check templates: screening for STI risk factors
- Screening flag for hepatitis C risk factors
- Lengthy, complex approval and testing process

Partnership with American Cancer Society (ACS) for HPV vaccination

- “You Are the Key to Cancer Prevention” training
- Viewings: “Someone You Love” documentary
- ACS HPV Inventory at AFIX trainings

Community Partnerships

- LGBTQ+ Health and Wellness Summit
- Outreach to IDU residents

Regional Positions Building Capacity

- Grant coordinators: liaisons between counties, partners
- MD champions: facilitating provider buy-in, EMR work
- Regional Health Equity Coalitions (RHECs) and LPHA staff: health equity assessment



Challenges and Barriers

- Lengthy hiring process
- Governance
- Counties with unique populations, size
 - Program needs and capabilities
 - Medical system
- Geographical distance, natural borders

Setting the Stage for 2019 – 2021 Funding

- AFIX
 - Klamath - Follow-up AFIX visits
 - Jackson - Increase AFIX participation
- Dental providers: HPV vaccination outreach
- Increase outreach: rapid hepatitis C and syphilis testing
- Expand relationship with RHEC: LGBTQ+ and Latinx populations
- Epic EMR systems change cycle (Klamath)
- Possibility for Klamath to share Epic templates with Asante in Jackson



JACKSON COUNTY
Health & Human Services



Questions?



JACKSON COUNTY
Health & Human Services



Developing the 2020-2024 SHIP

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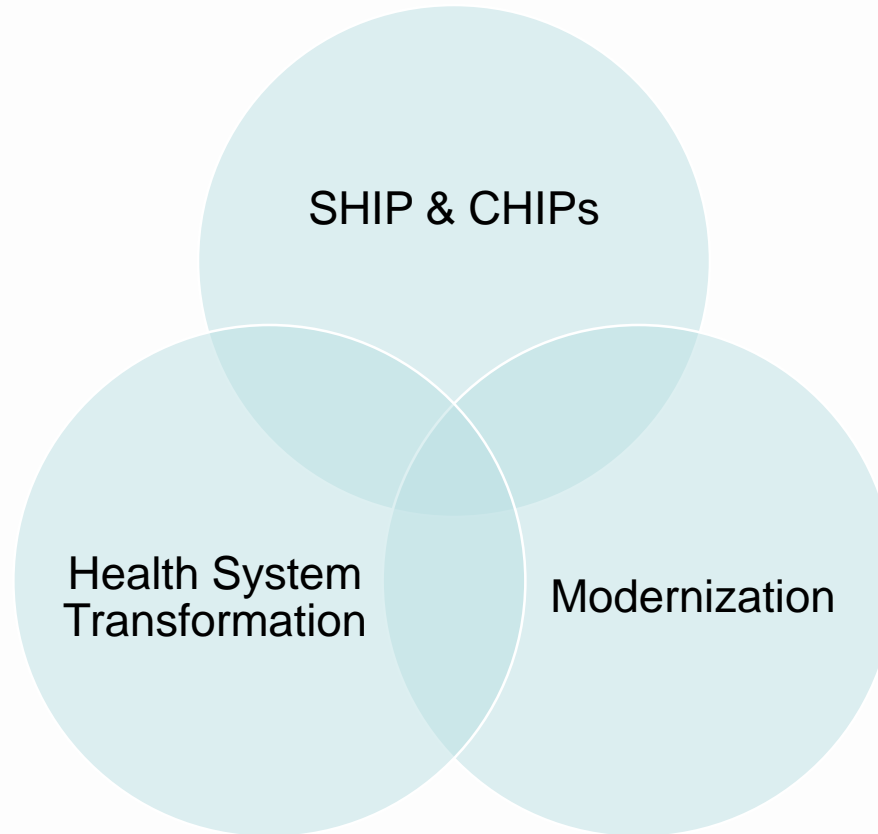
PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Vision

Oregon will be a place where health and wellbeing are achievable across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.

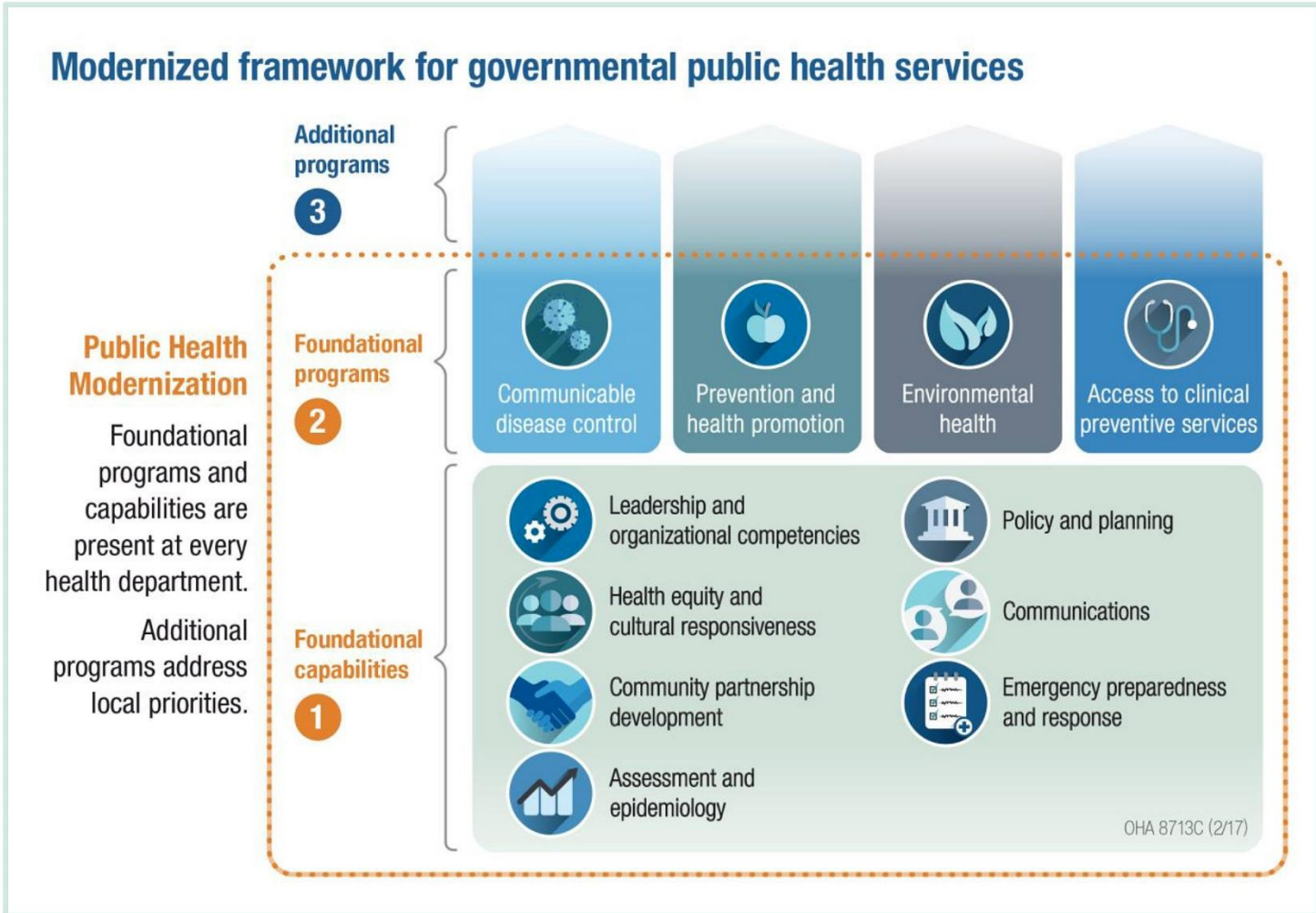
Improving Population Health



PUBLIC HEALTH DIVISION

Office of the State Public Health Director

SHIP & Modernization



PartnerSHIP

State and local public health authorities (Klamath, Multnomah and PHD)

Tribal public health (Coquille Indian Tribe & NWPAlHB)

Regional health equity coalitions (Southern Oregon, Linn/Benton, and Columbia Gorge)

Health care system (CCOs, Moda, OAHHS, CACs, HERC)

Culturally responsive, community based organizations (EOCIL, Pride Foundation, Asian Health and Services Center, IRCO, Hacienda Development Corporation)

Schools of public health (OHSU-PSU)

Strategic Issues

- ACEs/ALEs, toxic stress and trauma
- Safe, affordable housing
- Institutional bias across public/private entities
- Living wage
- Food insecurity
- Incarceration
- Climate change
- Violence
- Tobacco
- Obesity
- Substance use
- Access to mental health care
- Access to care
- Suicide

Community Input Process

- Online survey in English and Spanish
- Mini-grants to community based organizations
 - Eastern Oregon Center for Independent Living
 - Self Enhancement, Inc.
 - Next Door
 - Unite Oregon
 - Q Center
 - Micronesian Islander Community (of APANO)
 - Northwest Portland Area Indian Health Board
- Other community forums

Questions for PHAB

How do you see the 2020-2024 SHIP fitting into the modernization framework, especially given the likelihood of priorities focused on the social determinants of health?

[Healthoregon.org/2020ship](https://healthoregon.org/2020ship)

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, sans-serif font. A thin orange horizontal line is positioned above the "Health" text.

Oregon's Response to Opioids

Public Health Advisory Board | November 15, 2018



Katrina Hedberg, MD, MPH
State Health Officer
Oregon Health Authority

Prescription Opioids in Oregon: Scope of the Problem



Non-Medical Use of Prescription Opioids

- 6th in the nation in 2013-2014¹
- 5.3% of 12-17 year olds reported misuse of prescription opioids



Hospitalizations

- 330 hospitalizations for overdose; 4300 for opioid use disorder
- \$8 million in hospitalization charges in 2014



Death Rate

- 149 deaths (3.6 per 100,000 residents) for pharmaceutical opioid overdose in 2016

² Source: National Survey on Drug Use Health (NSDUH)¹, Oregon Health Analytics Hospital Discharge Dataset², Oregon Vital Records: Death Certificates³

Death Rates: White middle-aged Americans 2000-2015

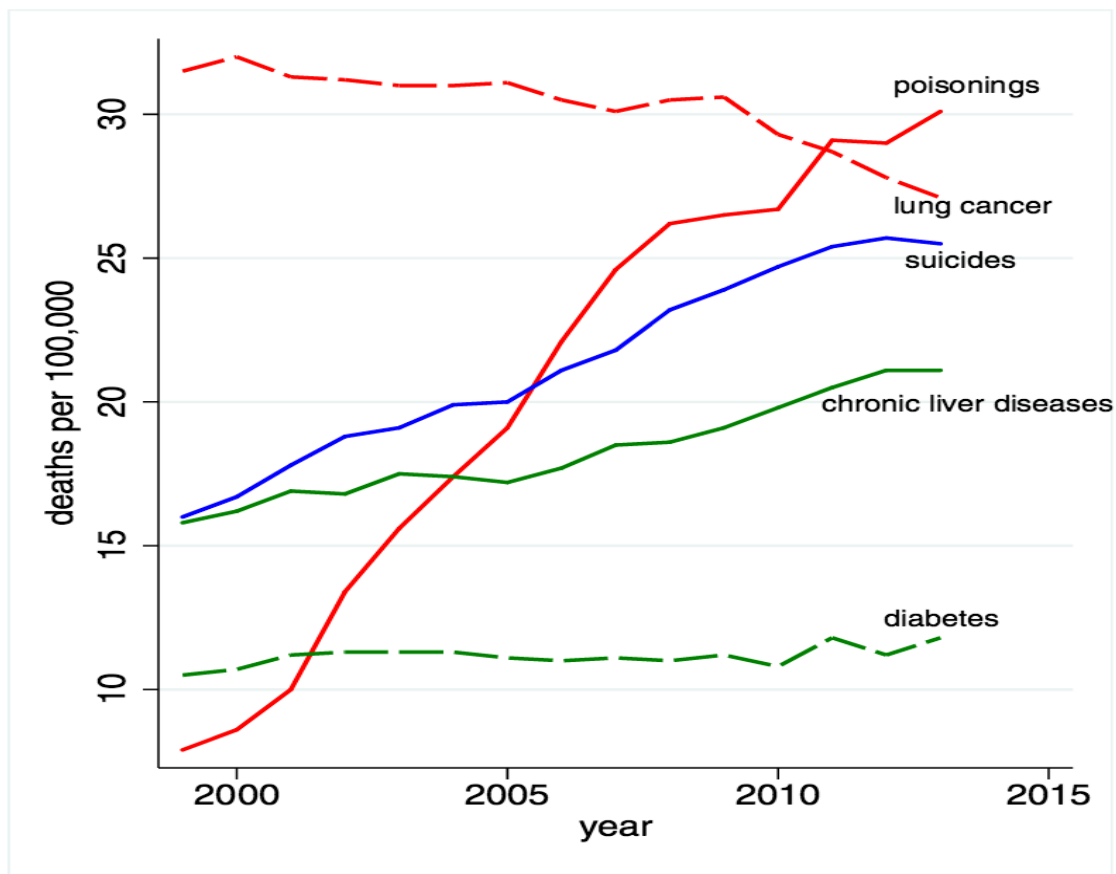
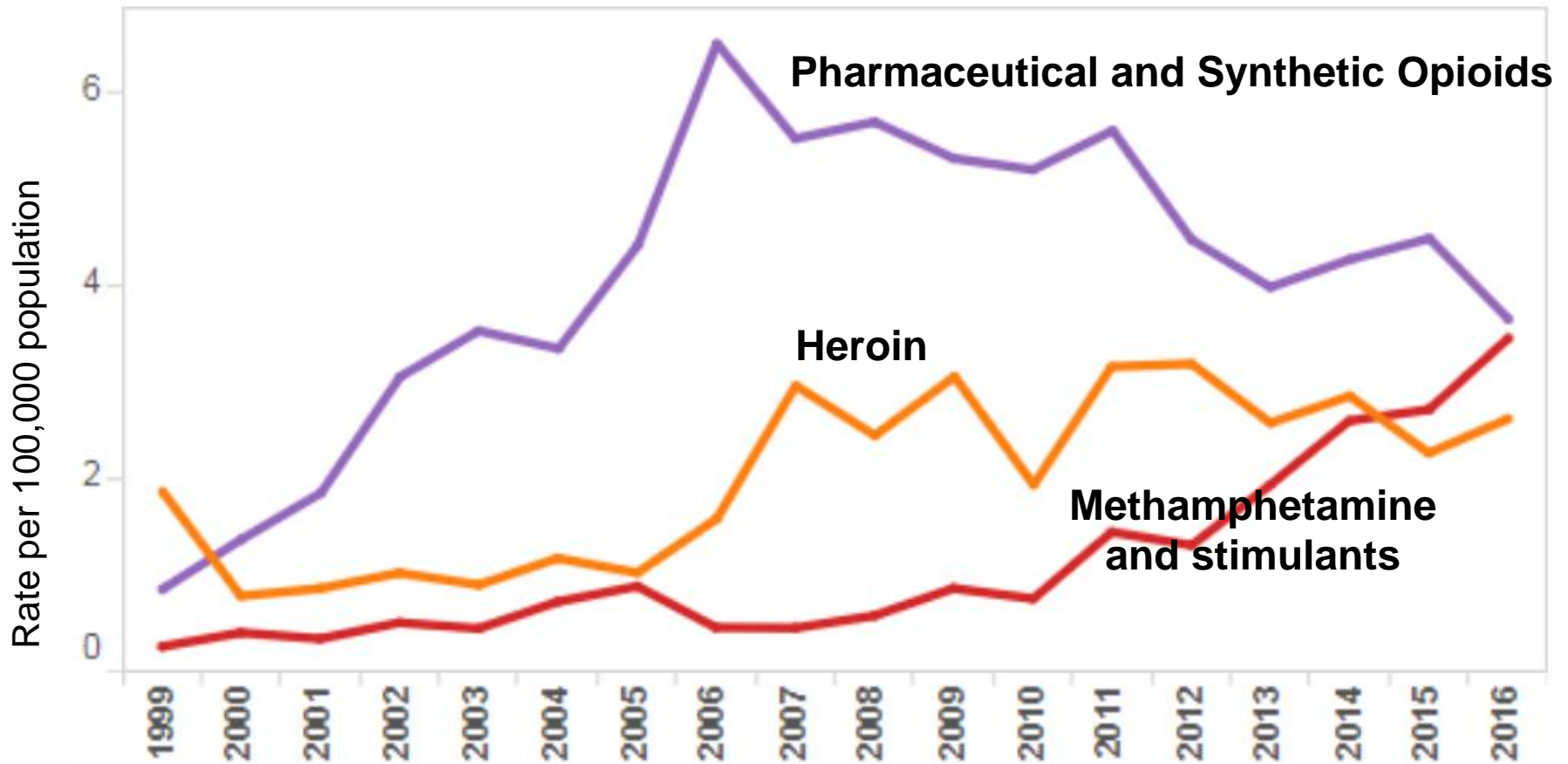


Fig. 2. Mortality by cause, white non-Hispanics ages 45–54.

Drug Overdose Deaths, Oregon 2000-2016

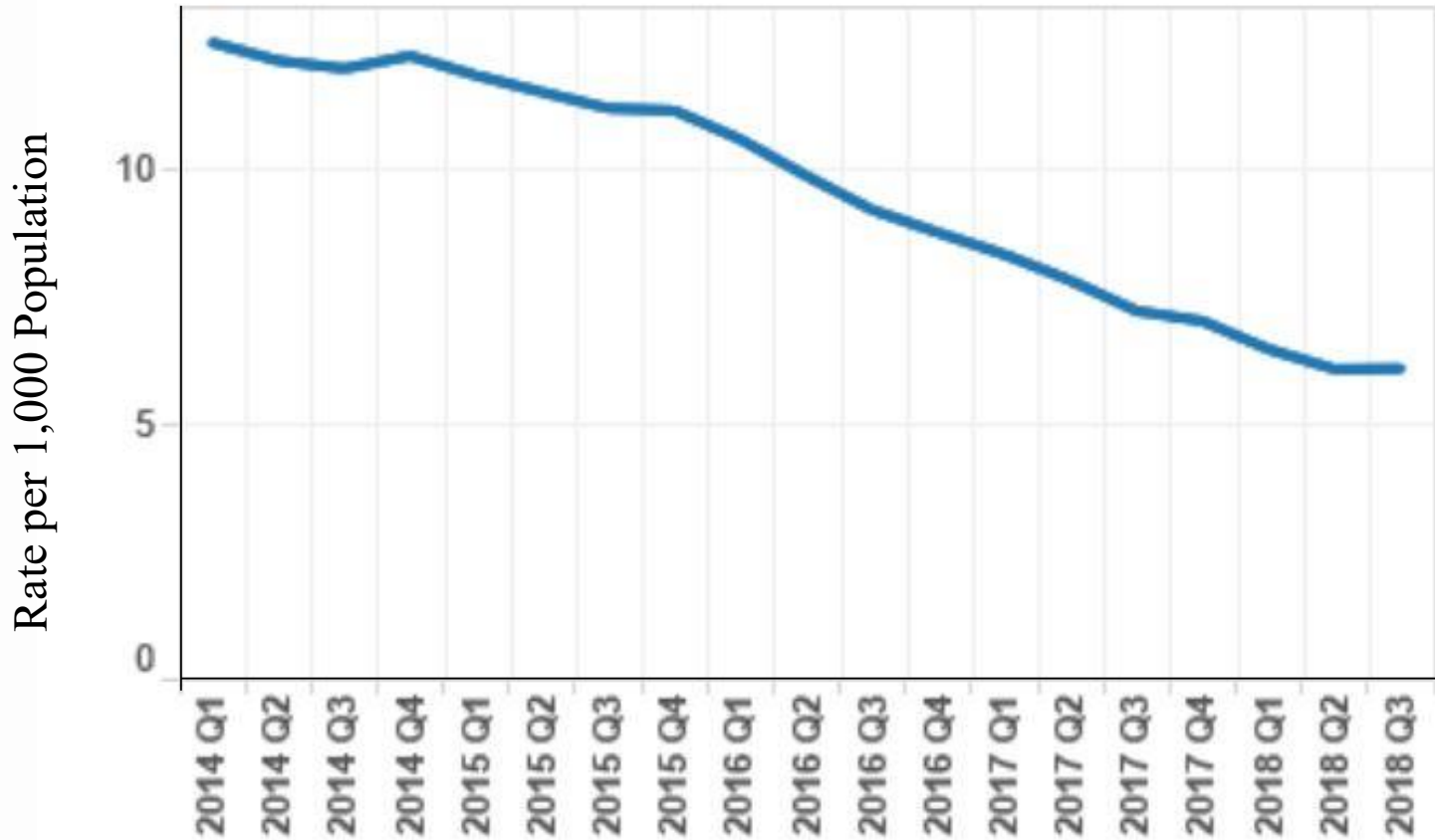


Age-adjusted drug overdose rates by state – 2010 and 2015



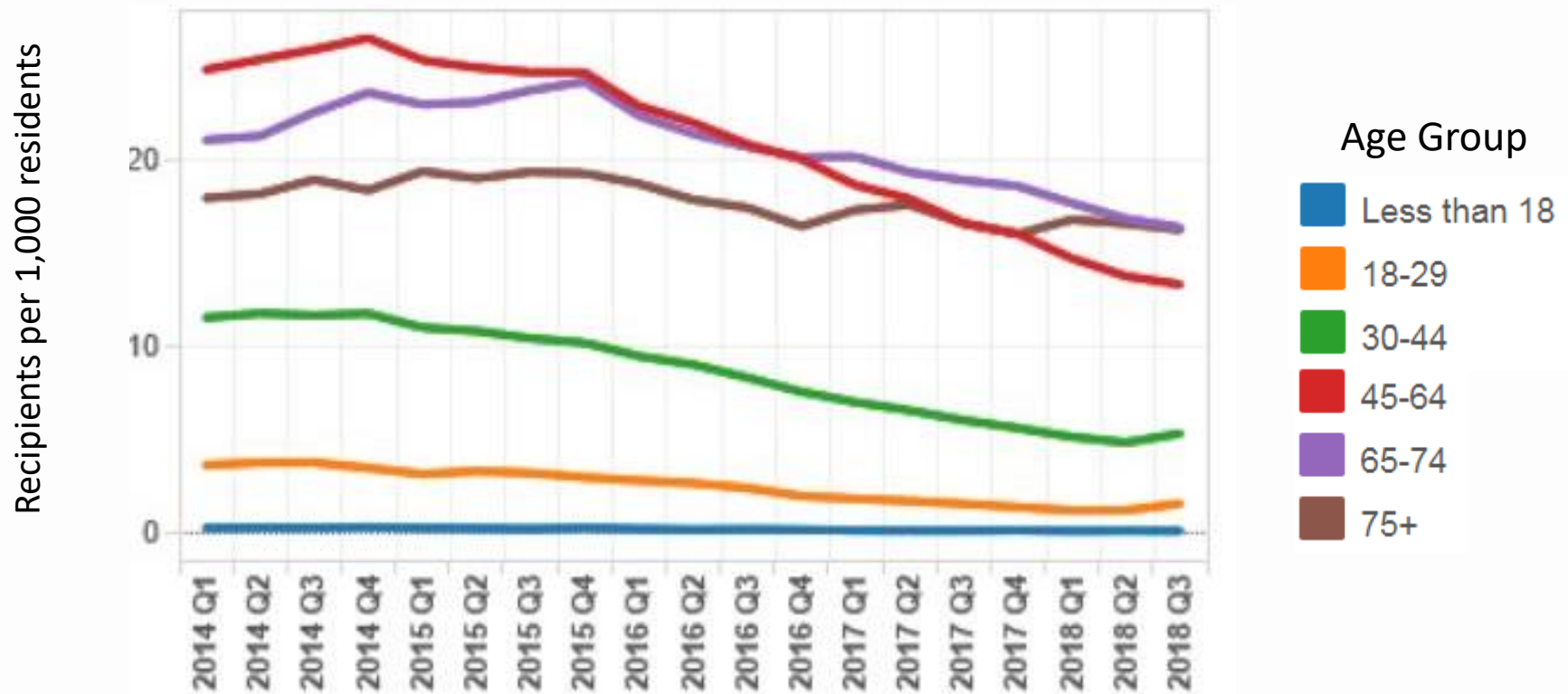
- Nationally, and in most states, drug overdose deaths increased from 2010-2015
- Overall drug overdose death rates fell slightly in Oregon from 2010-2015

Oregon Opioid Prescribing: Residents on > 90 MED



Oregon Opioid Prescribing by Age

Patients receiving a >120 MED opioid fill



The Oregon Opioid Initiative Framework

Aim: Reduce deaths, non-fatal overdoses, and harms to Oregonians from prescription opioids, while expanding use of non-opioid pain care

1
REDUCE RISKS TO PATIENTS BY MAKING PAIN TREATMENT SAFER AND MORE EFFECTIVE, emphasizing non-opioid and non-pharmacological treatment

2
REDUCE HARMS FOR PEOPLE TAKING OPIOIDS AND SUPPORT RECOVERY FROM SUBSTANCE USE DISORDERS by making naloxone rescue and medication-assisted treatment (MAT) more accessible and affordable

3
Protect the community by REDUCING THE NUMBER OF PILLS IN CIRCULATION through implementation of safe prescribing, storage, and disposal practices

4
OPTIMIZE OUTCOMES BY MAKING STATE AND LOCAL DATA AVAILABLE for informing, monitoring, and evaluating policies and targeted interventions

OHA Opioid Initiative Activity Summary

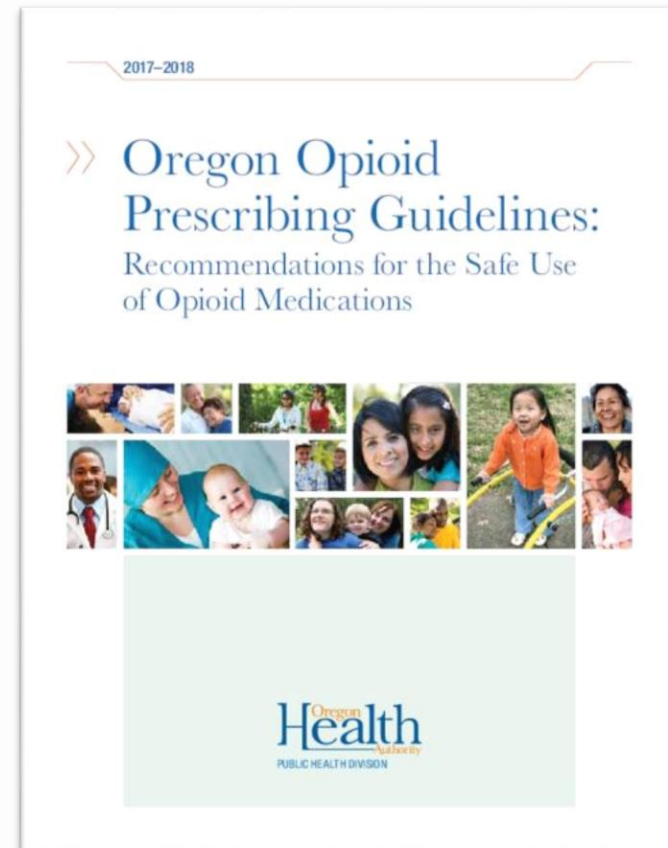
- **Prioritized List Back Condition Benefit Coverage (7/1/2016)**
- **Prescription Drug Overdose Grant**
- **Updated Pain Commission training**
- **Developing media campaign**
- **Statewide Acute & Chronic Prescribing Guidelines**
- **Statewide Dental Prescribing Guidelines**
- **Statewide CCO Performance Improvement Project (PIP)**
- **HB 4124: PDMP into EHRs**



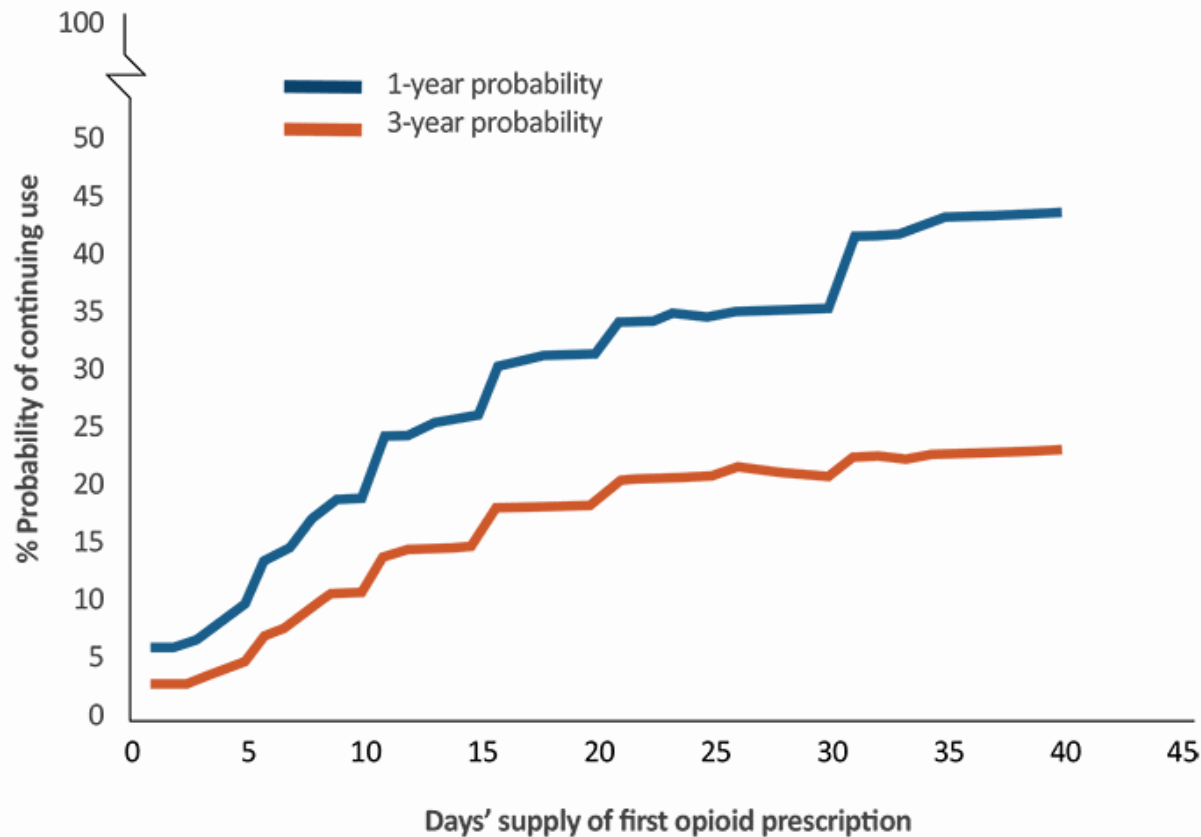
- **HB 4124 Naloxone Availability**
- **Collaboration with law enforcement and EMS**
- **Medication Assisted Treatment (MAT)**
- **HB 4143: pilots of peer-support to treatment**
- **STR Grant**
- **HB 3440: Web-based Tx provider directory**
- **Interactive opioid dashboard**
- **CCO PIP: ≥ 120 MED and ≥ 90 MED tracked**

Oregon Opioid Prescribing Guidelines⁵⁵ for Chronic Pain

- CDC guideline is foundation for opioid prescribing in Oregon
- Oregon-specific addenda:
 - marijuana use;
 - chronic (legacy) patients;
 - Naloxone
 - Prescription Drug Monitoring Program
 - OMB Material Risk Notice
- Finalized November 2016



Longer Initial Opioid Prescriptions are Associated with long-term use ⁵⁶



Source: Centers for Disease Control and Prevention, 2017

Acute Opioid Prescribing Guidelines

Opioids should NOT be considered first line therapy for mild to moderate pain, which can often be treated without opioids by recommending over-the-counter medications, and physical treatments, such as ice and immobilization

If opioids are deemed appropriate, then prescribe the **lowest effective dose for of short acting opioids for <3 days**; in cases of more severe pain limit the initial prescription to <7 days

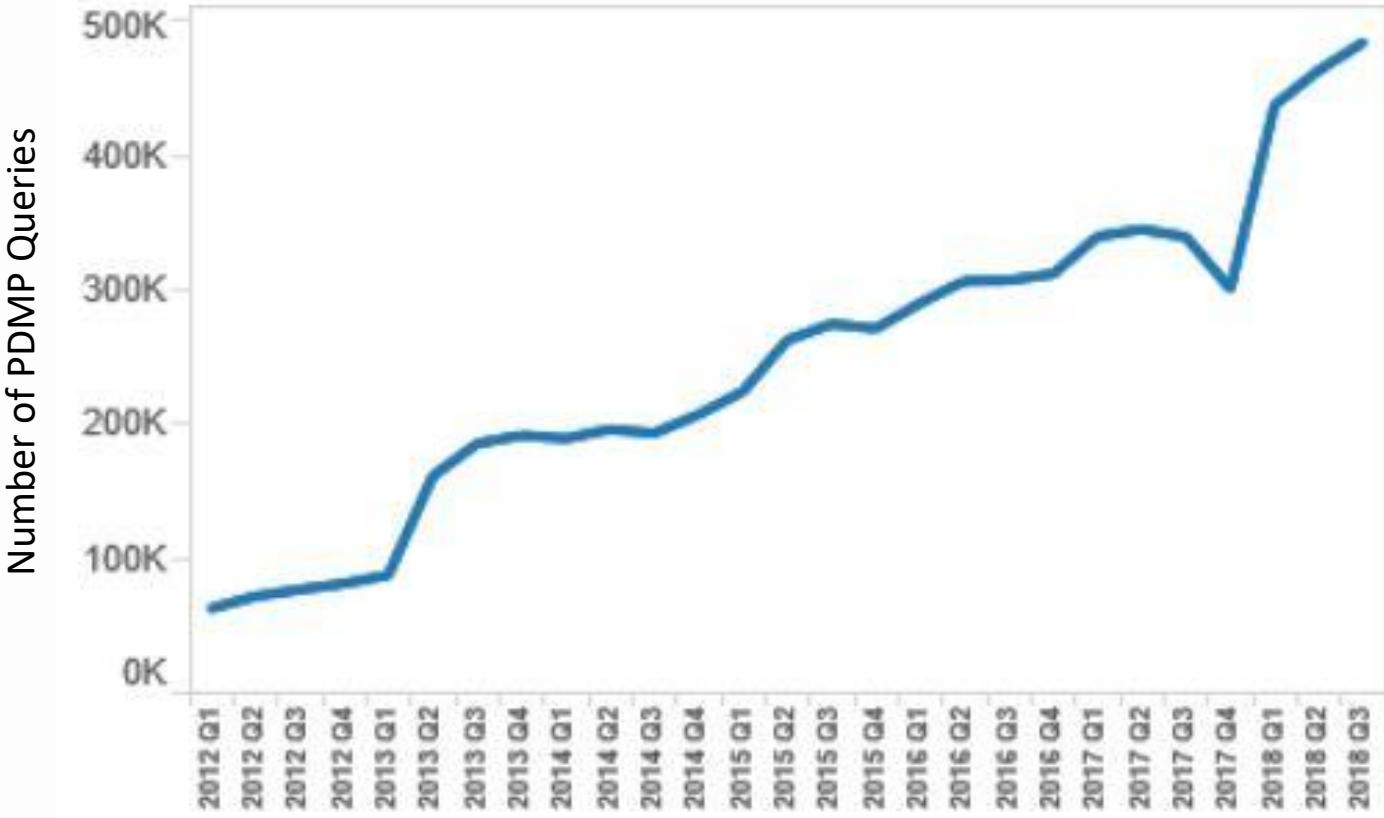
Oregon's Prescription Drug Monitoring Program

- Provide data on controlled substance prescriptions to improve patient safety and health
- Pharmacies enter data; authorized providers have 24/7 Web-based access to their patients' data

Recent changes:

- Clinical review subcommittee– high prescribers who can benefit from education
- Mandatory registration

Prescription Drug Monitoring Program Utilization



OHA opioid grant projects

CDC PDO Prevention for States

- Fund high-burden regions to coordinate prevention infrastructure
- Develop toolkit and training for implementation of opioid prescribing guidelines
- Pain Management Improvement Team providing TA and trainings to health systems and clinics
- Tele-Pain for rural providers
- Enhance OPC pain training module
- Regional opioid/pain summits

SAMHSA State Targeted Response 2017 - 2019

- Expands and enhances CDC PDO grant
- Increase MAT and OTPs in rural/frontier counties
- OHSU Project ECHO for rural providers
- Enhanced Coordination
 - Transition out of corrections; peer navigators
 - Individual and family support, housing for community transitions
- Collaboration with tribes
 - Needs assessment
- Public Education
 - Media campaign on safe, effective pain management

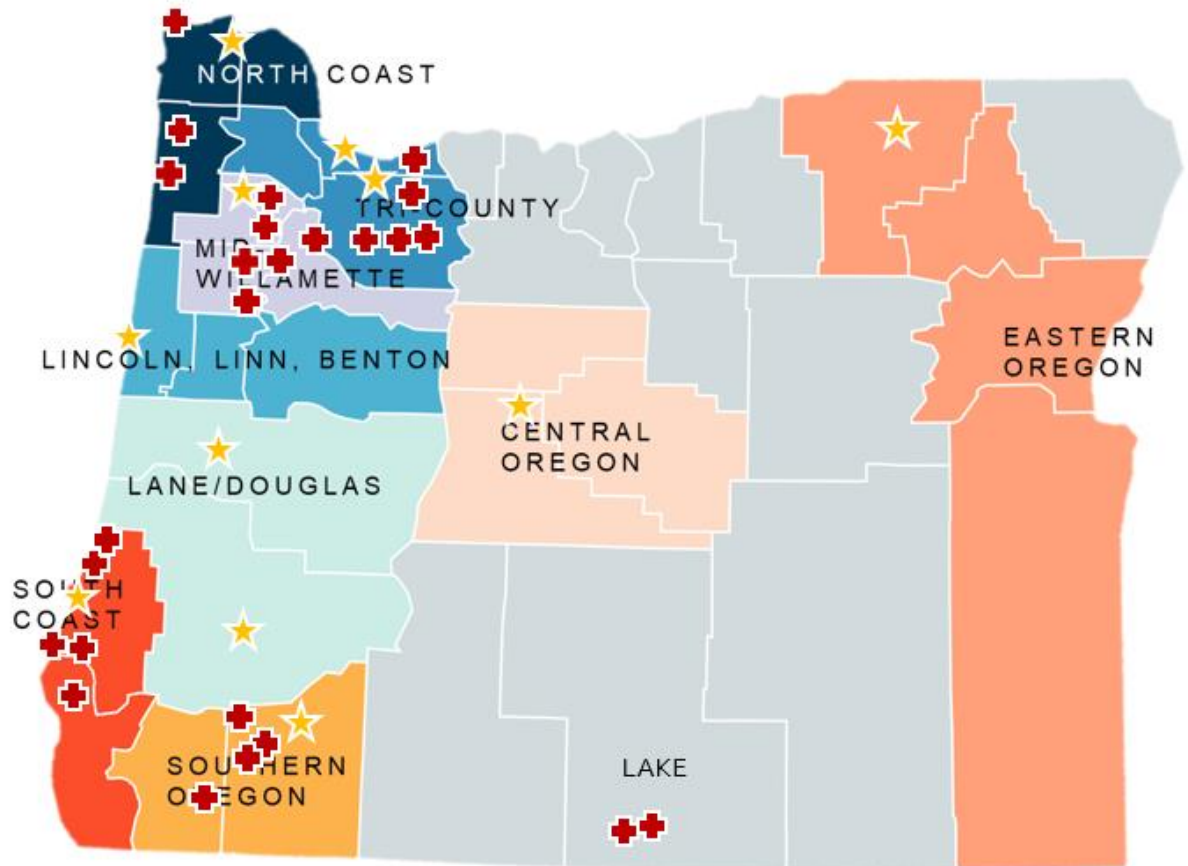
PDO Grant: Funded 9 High-burden regions

Based on prescribing data, opioid overdose outcome rates, and population

PDO Regions (Counties)

- North Coast (Clatsop, Tillamook, Columbia)
- Tri-Counties (Multnomah, Washington, Clackamas)
- Mid-Willamette Valley (Marion, Yamhill, Polk)
- Lincoln, Linn, Benton
- Lane & Douglas
- South Coast (Coos, Curry)
- Southern Oregon (Josephine, Jackson)
- Central Oregon (Deschutes, Crook, Jefferson)
- Eastern Oregon (Baker, Union, Malheur, Umatilla)

- ☒ Clinic receiving technical assistance
- ★ PDO Coordinator



OHA opioid grant projects

CDC Crisis Response Grant

- Shovel-ready infrastructure projects to support effective public health response
- \$1.7 million through August 2019 (no carryover)

- **Incident management:** table-top exercises
- **Jurisdictional recovery:** first responder resiliency, TruNarc field testing devices
- **Data integration:** surveillance across data streams
- **Communication:** Increase local capacity, public education
- **Countermeasures:** prevention & harm reduction, Rapid Response Teams, EMS & safety personnel training, HAN coordination, naloxone training for tribes

Reducing Chronic Opioid Use CCO ⁶³ Performance Improvement Project (PIP)

- **Overview**

- Began January 2016
- Required by the OHA 1115 waiver
- All CCOs participate in the chronic opioid use statewide PIP

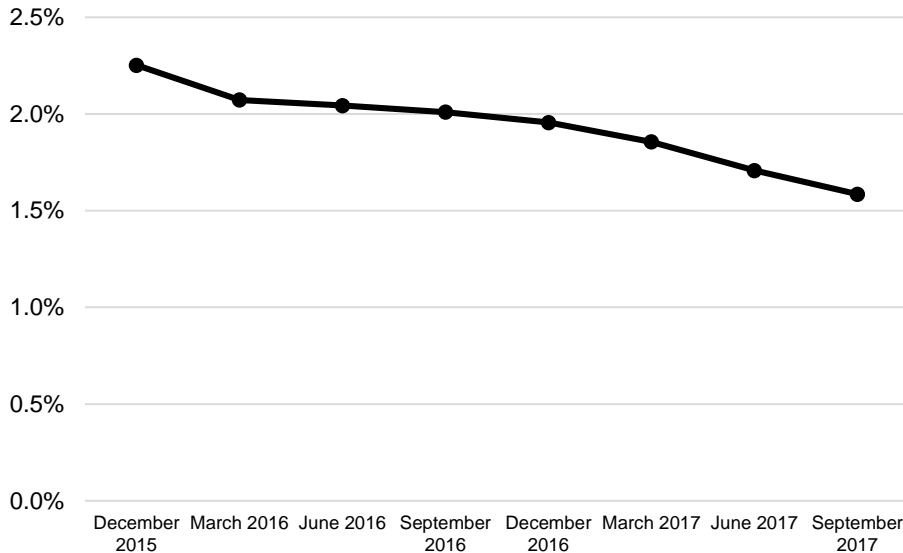
- **Measure**

- Monthly reporting of percent of OHP enrollees ≥ 12 years who filled prescriptions for opioid medications of at least ≥ 120 mg MED, ≥ 90 MED
- Aligning with CDC and Oregon Opioid Prescribing Guidelines, the 2018 measure reporting will be on ≥ 50 MED & ≥ 90 MED.

Reducing Chronic Opioid Use: CCO PIP Results

Outcomes

% of OHP members with ≥ 120 MED for consecutive 30 days

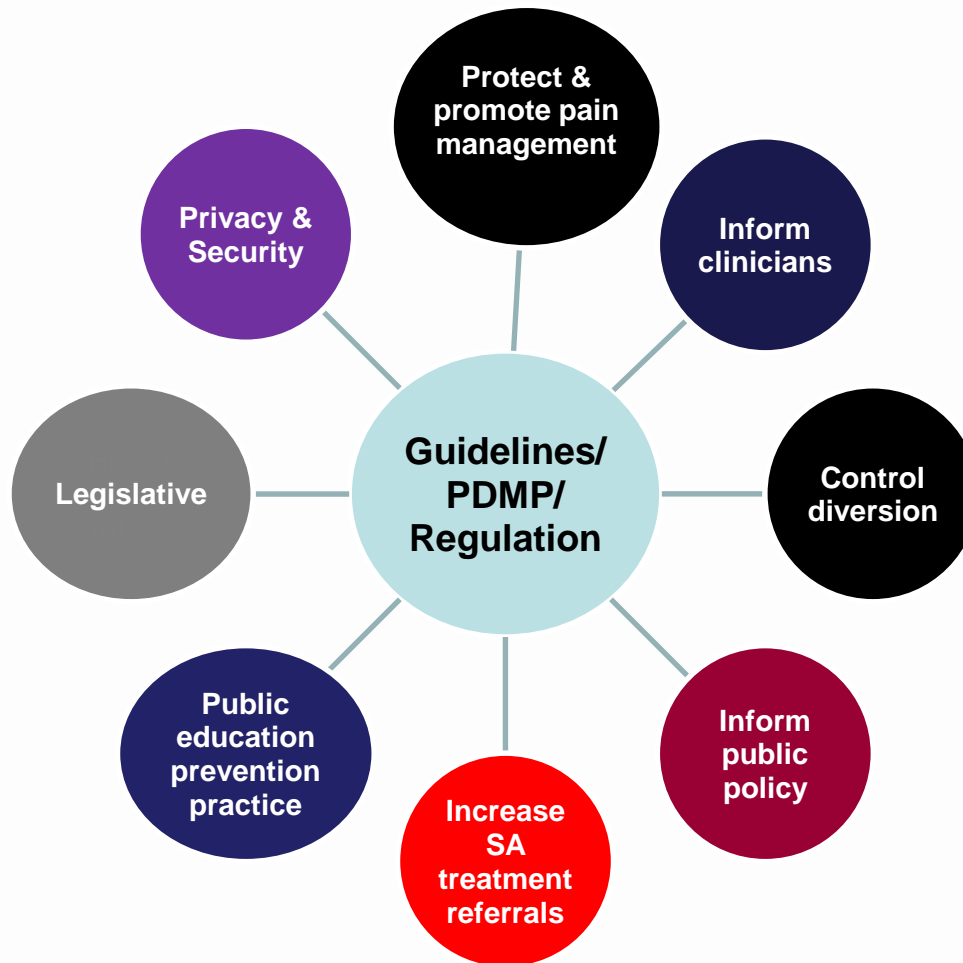


Age: 12+ years old
Source: MMIS claims data

Next Steps

- 2019-2021 Statewide PIP topic selection
- Potential Focus:
 - Acute to Chronic Opioid prescribing

Balance Needs



For More Information

- <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/index.aspx>