



**April 30, 2018**

**To:** All Oregon Health Authority employees

**From:** Patrick Allen, OHA Director

**Subject: Agency realignment**

If you attended one of my town halls earlier this month, you heard me say I would share a proposal to realign parts of our agency. The purpose of these changes is to align our structure, improve our business rigor and strengthen transparency and accountability in our agency.

First, I want to thank you for being patient. As I also said at the town halls, this work has taken longer than I anticipated, but it was important that we invest the time upfront to get it right. This proposal reflects the feedback I have heard from OHA employees, community partners, tribes and external stakeholders: I heard loud and clear from many of you (and many of our partners) that our organizational structure has been hard to navigate, makes it hard to collaborate and has separated important functions – such as Medicaid and behavioral health – that need to be better coordinated.

Second, I want to acknowledge this alignment will mean changes for some of our staff, but there are no position losses. Some teams will move to new divisions or have new managers. However, I appreciate your responsibility and commitment to our mission and understanding that these changes are meant to improve the way we serve Oregonians.

Here are my goals for the changes to [our organizational structure](#):

### **Consolidate Medicaid policy and operations**

- We are realigning Medicaid operations and policy as a distinct section in the Health Systems Division (HSD) that are currently spread between our Health Systems and Health Policy and Analytics divisions. This consolidation will bring more cohesion and accountability in the way we manage and operate our Medicaid program and improve services for Oregon Health Plan members.

### **Consolidate behavioral health**

- We are realigning behavioral health programs that are currently spread among our Health Systems, Health Policy and Public Health divisions. This change is designed to elevate behavioral health as a program area, make our behavioral health efforts and outcomes more transparent, and strengthen our accountability to tribes, consumers, communities and partners.

### **Strengthen the service we provide consumers and stakeholders**

- We are strengthening our relationships with CCOs, stakeholders, community partners and the people we serve through the Oregon Health Plan and the Oregon State Hospital, by consolidating and expanding important communication, service, support and outreach roles under the chief of staff.

Division directors met with all employees directly affected by this realignment last week. Some of the more technical aspects of how we put this proposal into effect will continue to be ironed out during the next few months. You can expect additional details soon.

The key changes you'll see in this high-level realignment are listed below. I want to add that these changes are not frozen in amber, because we would like to have your feedback first. Email me or come see me during my office hours this week (10-11:30 a.m., Wednesday, May 2, in my office in HSB, and at 2-3 p.m., Wednesday, May 2, in Room A2003 at the Oregon State Hospital in Junction City), or come to one of my input sessions and share your input. The two sessions are 2-3 p.m. Thursday, May 3, in Room 160 at HSB and 2-3 p.m., Friday, May 4, in the Suite 875 Conference Room at Lincoln.

In addition, I want to give the Medicaid director and behavioral health director, once they are hired, the opportunity to adapt this realignment to the way they'd like to organize their operations.

Before I get to the specifics, I want to take a moment and thank David Simnitt for his work as interim Medicaid director. David gets credit for continuing to effectively and efficiently run our Medicaid program during recent months. David also figured out how to bridge the funding gap for the Children's Health Insurance Program (CHIP), affecting the health insurance for 80,000 Oregon children and 1,700 pregnant women, after Congress failed to reauthorize funding. David has graciously agreed to remain in his interim role until the permanent Medicaid director is hired, and then he will become deputy Medicaid director in the new Medicaid program in HSD.

Here are the changes by division (the hyperlinks lead to new org charts):

## [Health Systems](#)

### [Medicaid program](#)

- The Medicaid director position will move from the Health Policy and Analytics Division (HPA) to the Health Systems Division (HSD) and will lead a Medicaid program area.
- This new Medicaid program will include:
  - Physical, Oral and Tribal Health
  - Quality Assurance and Hearings
    - The Quality Assurance and Hearings unit will move to the new Medicaid program.
    - Quality and Compliance remains a work unit in HSD, although we will continue to evaluate how we best structure this important work.
  - Provider Services (includes Managed Care Delivery Systems, Claims and Encounter Data, Provider Support, and Provider Clinical Support teams)
  - Medicaid Policy group
    - The Medicaid Policy team has moved from the Health Policy and Analytics Division to align with this work in HSD.
    - The Medicaid medical director, Renae Wentz, MD, will move from HPA to HSD.
- Business Information Systems
  - We are repurposing the Business Information Systems director position to a chief technology officer to act as head of the Business Information Systems and provide agency-level technology support services.

## **Behavioral Health Program**

- We will now have a Behavioral Health Program area within HSD, led by a Behavioral Health director.
- The new integrated Behavioral Health Program will include:
  - Child and Family Behavioral Health
  - Licensing and Certification
  - Adult Behavioral Health Services
  - Behavioral Health Policy
    - The Behavioral Health Policy unit will move from HPA to HSD.
  - A newly formed Office of Substance Use and Gambling Disorders
    - The Public Health Division's Alcohol and Drug Prevention and Education Program will align under the direction and strategy of the Office of Substance Use and Gambling Disorders but remain in Public Health.

I am pleased to announce that interim director Margie Stanton has accepted my offer to extend her limited duration appointment through December.

## **Health Policy and Analytics**

- The Behavioral Health Policy unit will move to the new Behavioral Health program in HSD. Royce Bowlin will partner with Mike Morris to lead this group.
- The Medicaid Policy team has moved to the new Medicaid program in HSD.
- Medicaid Medical Director Renae Wentz will move to the new Medicaid program in HSD.

I am pleased to announce that Jeremy Vandehey, who has served as interim Health Policy & Analytics director, will become the permanent HPA director when the proposed changes take effect. Jeremy has been a key member of the Executive Team and his leadership has been critical in launching CCO 2.0. I am honored Jeremy has accepted my offer to lead this important division as we improve our CCO model and continue to transform health and health care for Oregonians.

I am also pleased to announce that Chief Medical Officer Dana Hargunani, MD, has joined my Executive Leadership Team.

## **External Relations Division**

- The agency is looking to expand the ombuds program to better serve Oregon Health Plan members.
- Innovator agents will move from HSD to the External Relations Division (ERD) under the chief of staff to reflect my priority of having strong relationships with CCOs, our partners in health transformation.
- In addition, we are aligning other communications positions in divisions across the agency under ERD to keep Oregon Health Plan members, Oregon State Hospital patients and families, and the public informed of our work.

I am also pleased to announce that Communications director Robb Cowie has joined my Executive Leadership Team.

## **Fiscal and Operations Division**

- The current division, which has been functioning as two distinct divisions, will be formalized into the Fiscal Division and the Agency Operations Division, to strengthen our business rigor.

## **Process and your feedback**

I plan to take this proposed organizational structure to the Oregon Health Policy Board (OHPB) for their feedback at their meeting tomorrow, May 1, and for final approval at their June meeting. Before then, I am hosting two input sessions later this week to answer your questions and to gather input between now and May 15.

The two info sessions are 2-3 p.m. Thursday, May 3, in Room 160 at HSB, and 2-3 p.m. Friday, May 4, in the Suite 875 Conference Room at Lincoln. I'll also be available during my office hours (10-11:30 a.m., Wednesday, May 2, in my office in HSB, and at 2-3 p.m., Wednesday, May 2, in Room A2003 at the Oregon State Hospital in Junction City).

- What can we do to ensure this realignment meets our goals?
- How can we best foster collaboration in this realignment?
- What are the ways in which we can work to make this realignment successful?

I will be sending out a brief survey next week soliciting your input on how these structural changes meet our goals.

These proposed changes will be effective July 1, 2018, once the leadership team and I have had a chance to incorporate your feedback and we have received approval from the Oregon Health Policy Board. I appreciate all of your input, which helped guide these decisions. As always, feel free to email me with questions and ideas.

Pat