

Committees of the Board

Committee Digest

Volume: 2024 - Quarter 3

July – September

Submitted October 2024

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Summary

The Committee Digest (Digest) serves as a progress update for the Committees of the Oregon Health Policy Board (OHPB). The Digest summarizes key work accomplished by Committees and recognizes decisions and activities planned for the upcoming year. Committee information included in the Digest is provided by Oregon Health Authority (OHA) lead Committee staff and will be distributed to OHPB members following each quarter.

For additional information or questions, contact [Tara Chetock](#), OHPB Project Manager.

2024 OHPB and Committees Meeting Schedule*

JANUARY

s	m	t	w	t	f	s
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY

s	m	t	w	t	f	s
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MARCH

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31						

APRIL

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MAY

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26	27	28	29	30	31	

JUNE

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23	24	25	26	27	28	29
30						

JULY

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21	22	23	24	25	26	27
28	29	30	31			

AUGUST

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18	19	20	21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER

s	m	t	w	t	f	s
1	2	3	4	5	6	7
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

OCTOBER

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20	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER

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17	18	19	20	21	22	23
24	25	26	27	28	29	30

DECEMBER

s	m	t	w	t	f	s
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

	Cost Growth Target Advisory Committee		Health Insurance Marketplace Advisory Committee
	Health Care Workforce Committee		Health Plan Quality Metrics Committee (dates TBD)
	Health Equity Committee		Metrics and Scoring Committee
	Health Information Technology Oversight Committee		Medicaid Advisory Committee
	Primary Care Payment Reform Committee		Public Health Advisory Board
	Behavioral Health Committee		Oregon Health Policy Board

(*) Meeting dates are subject to change
See Committee websites for meeting logistics

Committee Work Addressing the OHA Strategic Plan

Below are some ways in which the work of the OHPB Committees intersects with [OHA's strategic plan](#) to eliminate health inequities.

Goal pillar 1. Transforming behavioral health

Health Information Technology Oversight Council (HITOC):

- HITOC supports the adoption and use of Community Information Exchange (CIE), a technology for social needs screening and referrals, which can be used by behavioral health organizations to connect people to services to address their social needs (Strategy 3)
- Electronic Health Records (EHRs), CIE, and other health IT solutions can make data collection and reporting easier. HITOC supports greater adoption of health IT for behavioral health providers, which have lower rates of EHR use than other provider types (Strategy 4)

Medicaid Advisory Committee (MAC):

- Network adequacy is a MAC priority and highlighted in Pillar 1 (Strategies 1 & 5)
- CCO Procurement, as it pertains to developing and utilizing an equitable funding distribution model that supports primary prevention and treatment service needs in a geographic and culturally responsive way and network adequacy, is a MAC priority (Strategy 3)

Primary Care Payment Reform Collaborative:

- Integrating behavioral health into primary care increases accessibility to behavioral health services, enables earlier identification of behavioral health issues, improves overall health outcomes, reduces stigma, allows better coordination of care, and can save costs, particularly for patients in low-income or rural areas who might only access behavioral health through their primary care provider. PCPRC supports increased behavioral health integration in primary care (Strategies 2,3,4)

Goal Pillar 2. Strengthening access to affordable care for all

Health Insurance Marketplace Advisory Committee (HIMAC):

- HIMAC has in its standard annual work plan to provide advice to the Oregon Health Insurance Marketplace in their work to enroll as many eligible Oregonians in private health insurance plans (Strategy 1)
- HIMAC has in its standard annual work plan to provide advice to the Oregon Health Insurance Marketplace for their outreach and enrollment programs, which includes a Marketplace Community Partner Program and a Marketplace Partner Agent Program (Strategy 1)
- HIMAC serves as one of the State Based Marketplace (SBM) Project's key shareholders and is consulted in a regular basis (Strategy 1)

Health Information Technology Oversight Council (HITOC):

- CIE adoption is one of HITOC's core priorities. HITOC recommends that partners across Oregon "Support, accelerate, and improve statewide community information exchange (CIE) efforts" - Strategy 4, Oregon Strategic Plan for Health IT 2024-2028. Link: <https://www.oregon.gov/oha/HPA/OHIT-HITOC/Documents/OregonStrategicPlanforHealthIT2024-2028.pdf>. (Strategy 3)
- Reducing administrative burden related to health IT is included as part of HITOC's Strategic Plan for Health IT 2024-2028. HITOC outlined various approaches that can reduce burden and will pursue supports as appropriate. For example, HITOC recommends that partners "Support policy and regulatory initiatives to improve the usability of EHRs and reduce provider burden" - Strategy 2, Activity 2a, Health IT Strategic Plan. (Strategy 3)

Sustainable Cost Growth Target Committee:

- Implement and enforce Oregon's Cost Growth Target Program, including health plan and provider organization accountability; increasing transparency and reporting on key health care cost drivers is Strategy 5, Action 2

Medicaid Advisory Committee (MAC):

- The MAC has Eligibility and Network Adequacy as two of their current priorities (Strategy 1 & 2)

- Non-Emergency Medical Transportation (NEMT) is a perennial MAC concern but not yet a specific priority (Strategy 3)
- Health-related social needs (HRSN) implementation is a MAC priority and 1115 Waiver oversight a required role (Strategy 4)

Primary Care Payment Reform Collaborative:

- One of the three charges of the PCPRC is to increase primary care spend. Increasing primary care spend can result in health issues being addressed earlier and with fewer costly emergency room visits and hospital admissions, saving money for employers, health plans and members.
- Traditional Health Workers (THWs) are trusted individuals from their local communities who may also share socioeconomic ties and lived life experiences with health plan members. THWs have historically provided person and community-centered care by bridging communities and the health systems that serve them, increasing the appropriate use of care by connecting people with health systems, advocating for health plan members, supporting adherence to care and treatment, and empowering individuals to be agents in improving their own health. PCPRC supports the integration of THWs into primary care (Strategy 2)
- Inherent in value-based payment models is data collection and reporting resulting in administrative burden. PCPRC supports efforts to align payment models across payers which can reduce administrative burden (Strategy 3)

Goal pillar 3. Fostering healthy families and environments

Health Information Technology Oversight Council (HITOC):

- Accessibility of health information is a priority for HITOC, related to clinical information available through health IT (such as patient portals attached to their provider's EHR). HITOC recommends that partners across Oregon strengthen accessibility of health IT by "Ensuring content is culturally relevant, available in plain language, multiple languages, and modes that are accessible for people with disabilities (e.g., braille, screen readers)" (Strategy 1, Activity 2a, Health IT Strategic Plan). HITOC will support this priority as appropriate.

- As part of HITOC's CIE strategy, HITOC recommends that OHA use policy levers, such as the 1115 Medicaid Waiver's HRSN services, to support/improve statewide CIE efforts (Strategy 4, Activity 2c, Health IT Strategic Plan). CIE adoption by local partners and contractors can make this work more efficient and aligned across efforts. (CIE Strategy 4, Health IT Strategic Plan). CIE supports screening and referrals for climate needs and other social needs. (CIE Strategy 4, Health IT Strategic Plan). (Strategy 2)
- HITOC recommends activities to support, accelerate, and improve statewide CIE efforts in their Health IT Strategic Plan, which can be used to help connect children, parents, and families to social services and resources. (Strategy 4, Health IT Strategic Plan) (Strategy 5)

Health Insurance Marketplace Advisory Committee (HIMAC):

- HIMAC has in its standard annual work plan to provide advice to the Oregon Health Insurance Marketplace for their outreach and enrollment efforts, including marketing and communications strategies (Strategy 1).

Medicaid Advisory Committee (MAC):

- MAC has required duties concerning CCO marketing tools (Strategy 1)
- Health-related social needs (HRSN) implementation and 1115 Waiver oversight is a MAC priority and role (Strategy 2)
- Network adequacy is a MAC priority (Strategy 3)
 - Health-related social needs (HRSN) implementation and 1115 Waiver oversight is a MAC priority and role (Strategy 5)

Public Health Advisory Board

- PHAB is responsible for monitoring progress of the governmental public health system toward improving health outcomes through accountability metrics. PHAB's current metrics align with activities and metrics for Pillar 3, including increasing immunization rates, reducing syphilis rates, and building community resilience for climate affects on health.

Goal pillar 5. Building OHAs internal capacity and commitment to health inequities

Health Equity Committee (HEC):

- HEC is supporting the Community Engagement Framework (Strategy 5)

Medicaid Advisory Committee (MAC):

- These actions relate to shared staff/volunteer/contractor work setting up the MAC-related Beneficiary Advisory Committee (Strategy 5)

Behavioral Health Committee (BHC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats
Maritza Herrera Andrea Boachie	Ana Day Nick Chaiyachakorn	Dr. Rosemarie Hemmings Peter Starkey	10 (voting) 5 (non-voting)	3 (voting) 0 (non-voting)

[Committee website](#)

[Email BHC](#)

Quarter 3 2024 Committee Update:

In the last three months, the Behavioral Health Committee members have been learning about metric development and the Community Mental Health Program (CMHP) County Financial Assistance Agreement contracts. Members were also introduced to the Oregon Health Authority Strategic Plan, specifically the goal of Transforming Behavioral Health and its strategies.

July 15, 2024, Derek Reinke, Quality Metrics, Surveys and Reporting Manager, and Manu Chaudry, Metrics and Scoring Vice Chair, provided an overview of the Coordinated Care Organization's (CCOs) Quality Incentive Program and a review of Senate Bill 966 findings and recommendations. Members learned about the County Financial Assistance Agreements. Christa Jones, Deputy Director Behavioral Health Service Delivery, and Jon Collins, Deputy Director Behavioral Health Operations and Strategy, provided an overview of the agreements, goals, and outcomes development. Committee members were asked to provide feedback and their input regarding access barriers, equitable outcomes, and which quality service areas are important to them.

August 19, 2024, Nick Chaiyachakorn, Co-chair, shared words of encouragement with the committee members. Nick shared his experience in joining a policy-level committee. He spoke about how he learned to speak up and elevate the voices of his peers and lived experience; encouraged members to lean into the work with humility and curiosity and lean into each other for support. Christa Jones and Jon Collins shared their takeaways from the member's feedback as they work on evaluating the behavioral health county contracts and how those dollars impact the communities.

September 16, 2024, Erin Macauley, Behavioral Health Quality Metrics Manager, presented on Metrics 101. Members learned about the life of a metrics and the five

development stages, (1) Concept, (2) Specification Development, (3) Testing, (4) Implementation and Utilization, (5) and Evaluation and Maintenance. Erin utilized the Social Determinants of Health metric as an example of metric development. Ebony Clarke, Behavioral Health Director, highlighted the importance of aligning the work of the Behavioral Health Division, with the Oregon Health Policy Board, and the Oregon Health Authority Strategic Plan. She shared three priority areas which include Coordinated Care Organization (CCO) 3.0, Measure 110, and the County Financial Assistance Agreements. Lastly, Ebony summarized her presentation by highlighting the importance of being intentional about improving outcomes and setting the requirements for metrics and reporting.

Upcoming Committee Work and Decisions:

Metrics:

The Behavioral Health Committee is charged with establishing:

- Quality metrics for behavioral health services provided by CCOs, health care providers, counties, and other government entities; and
- Incentives to improve the quality of behavioral health services.

Behavioral Health:

The quality metrics and incentives determined by the BHC will address and expand on the following areas of priority:

- Improve timely access to behavioral health care,
- Reduce hospitalizations,
- Reduce overdoses,
- Improve the integration of physical and behavioral health care, and
- Ensure individuals are supported in the least restrictive environment that meets their behavioral health needs.

CCO Procurement:

The quality metrics and incentives determined by the Behavioral Health Committee will have an impact on coordinated care organization procurement in addition to other contracts.

Upcoming recruitment needs:

To fill the following vacant representations:

- Metrics and Scoring Committee Chairperson
- Health Equity Committee Chairperson
- Tribal Government Representative

Upcoming 2024 meeting dates (if you have them):

The Behavioral Health Committee holds monthly meetings on the third (3rd) Monday of the month. January and February meetings will be held on the second Monday due to holidays. The meeting dates are listed below for 2024. The meeting time is from 10:05 to 11:55 a.m. in observance of the healthy meeting policy. Live Closed Captioning services have been prescheduled until the end 2024.

- Oct 21, 2024
- Nov 18, 2024
- Dec 16, 2024

Zoom meeting link info below:

<https://www.zoomgov.com/j/1605275690?pwd=aFg2NWpva3MyNGV1a1hIQVhldTREZz09>

One tap mobile:

+16692545252,,1605275690# US (San Jose)

+16468287666,,1605275690# US (New York)

Passcode: 532404

Sustainable Cost Growth Target (CGT) Advisory Committee

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Sarah Bartelmann	Felisa Hagins Jeremy Vandehey	Bill Kramer	20	0

[Committee website](#)

[Email CGT](#)

Quarter 3 2024 Committee Update:

The Cost Growth Target Advisory Committee met in July to [discuss known cost drivers](#) for payers and provider organizations and potential strategies to support payers and provider organizations in addressing health care cost growth drivers. The Advisory Committee August, September, and October meetings have been cancelled.

The Oregon Health Policy Board discussed the role of and potential modifications to the Cost Growth Target Advisory Committee at its October 2024 retreat.

Support or guidance needs:

Pending additional discussion with the Oregon Health Policy Board about future plans for the Cost Growth Target Advisory Committee.

Upcoming 2024 meeting dates (if you have them):

November 19, 2024

December 17, 2024

Links to webinars or educational opportunities:

The Cost Growth Target Program provided an educational webinar for OHPB, the Advisory Committee and the general public on cost growth target accountability on September 23. The webinar slides and recording are available [online](#).

Health Care Workforce Committee (HCWF)

Lead Staff	Chairs	OHPB Liaisons	Membership (#)	Vacant Seats
Neelam Gupta Rebecca Donell	Laura McKeane, chair Ian Strauss, vice chair	Brenda Johnson Melina Moran	19	

[Committee website](#)

[Email HCWF](#)

Quarter 3 2024 Committee Update:

The Health Care Workforce Committee (HCWF) activity included:

- Held July 10 committee meeting; topics and speakers included an Overview of the 2025 Health Care Workforce Needs Assessment by researchers at Oregon State University, a presentation on Washington’s Health Workforce Sentinel Network: Understanding Employer Workforce Needs in the Health Care Sector by the University of Washington Center for Health Workforce Studies and an Overview of Population Changes in Grants Pass and Health Care Provider Incentives Impacts by Robert Duehmig from the Oregon Office of Rural Health
- Held August 14 Educational Webinar, “Overview of Federal Health Professional Shortage Designation Processes in Oregon” by OHA Primary Care Office staff
- Held September 11 committee meeting; topics and speakers included Oregon Health Professional Regulatory Boards Licensing by the Executive Directors of Oregon State Board of Nursing, Oregon Board of Physical Therapy, Oregon Medical Board and other licensing boards, a report on CCO Network Adequacy: Standards, Processes and Future Direction by OHA staff, a report on Oregon’s Licensed Health Care Workforce Supply (2024) by OHA Health Care Workforce Reporting Program staff and a report on the Grants Pass Rural Medical Insurance Subsidy Program by OHA Health Care Provider Incentive Program staff.
- In August, OHA Director Dr. Sejal Hathi wrote a letter to the committee asking that it advise OHA and OHPB on ways to improve training, hiring and retention of Gender-Affirming Care (GAC) providers. In response to the letter, the

committee is forming a GAC provider workgroup that will provide preliminary recommendation to OHPB and OHA by the end of 2024, with plans for a presentation at the January 2025 OHPB meeting. Planning for the workgroup occurred in September and the first meeting will be held in October.

Upcoming Committee Work and Decisions:

Major work and decisions anticipated in 2024:

- Work and presentation around committee priority areas:
- Workforce wellness
- Workforce diversity
- Workforce development and retention
- Continue to convene committee educational webinars on priority areas and other topics of interest
- Review of 2024 Diversity of Oregon’s Health Care Workforce Report
- Review and approval of 2025 Health Care Workforce Needs Assessment
- (New) GAC Provider Workgroup will be meeting twice a month in October through December 2024.

Work around health care professional wellness should have a positive effect around affordability, potentially CCO procurement, and behavioral health-OHPB’s priorities. Review of the 2025 Health Care Workforce Needs Assessment touches on all the areas. Not all HCWF’s work may directly impact every one of OHPB’s priorities, HCWF is aligning its activity and focus with the adopted strategic framework – but HCWF leadership sees nearly all its discussions and projects have connections and supports for OHPB priorities.

Some related presentations are mentioned below.

Affordability:

OHA and Oregon Clinical and Translational Research Institute (OCTRI) staff will present on a report released October 2024 that summarizes key informant interviews

on the administrative processes and policies deterring dental providers from accepting Oregon Health Plan (OHP) patients. The presentation will take place at a HCWF Committee Educational Webinar on October 9.

Behavioral Health:

OHA Behavioral Workforce Incentives team will share a draft initial behavioral health workforce report required by House Bill 2235 (2023) at the November 6 committee meeting for input. The initial report to the Oregon Legislature is due January 15, 2025.

CCO Procurement:

OHA Medicaid Division presented on CCO network adequacy standards at the September 11 HCWF meeting.

Upcoming recruitment needs:

The committee recruitment opened for three to five new members in September 2024, including students-in-training. Applications were due in October. Committee staff and leadership will conduct interviews with applicants and present a slate for approval at the November HCWF Committee and December OHPB meetings.

Support or guidance needs:

At the January 2025 OHPB meeting of OHPB, the HCWF Committee will have two presentations:

- GAC provider workgroup preliminary recommendations related to training, hiring and retention of GAC providers, including an overview of workgroup activities and progress to date.
- 2025 Health Care Workforce Needs Assessment approval

Upcoming 2024 meeting dates:

- November 6 - HCWF Committee Meeting
- December 11 – HCWF Committee Meeting – Special Session

Health Equity Committee (HEC)

Lead Staff	Chairs	OHPB Liaisons	Members (#)	Vacant Seats (#)
Maria Elena Castro Alex Freedman	Bryon Lambert Katie Cox	Dr. Rosemarie Hemmings	15	1

[Committee website](#)

[Email HEC](#)

Quarter 3 2024 Committee Update:

Following its presentation of its Ombuds Program support and Gender Affirming Care support letters to the Oregon Health Policy Board in Q2, OHPB and HEC received a response from OHA’s director’s office with specific requests for action to move recommendations forward. HEC members are now participating in a Gender-Affirming Care Provider Recommendations Development workgroup, hosted by the Healthcare Workforce committee.

Upcoming Committee Work and Decisions:

HEC will host a virtual working retreat on November 14, 2024, to address several key focus areas in HEC’s 2024 strategic plan, including:

- Review of OHA’s Community Engagement Framework proposed “spectrum of community engagement”
- Planning for engagement in OHA’s agency-wide pilot of its Health Equity Impact Assessment tool suite
- Tribal Health and Government-to-Government Relationship
- 2025 HEC Strategic Planning

HEC members and OHA support staff are in preparation for an annual review process to take place in Q4 2024.

Metrics:

HEC received a presentation on the results of the PSU Medicaid member survey on engagement in the Quality Incentive Program. Further follow up on the results and recommendations may be requested by the Metrics & Scoring Committee in the future.

CCO Procurement:

The OHA Director's office has proposed that HEC and other subcommittees play a role in the engagement process for CCO procurement. Details of engagement planning will take place in Q4 2024.

Support or guidance needs:

HEC will likely have information, guidance and requests to present to OHPB in Q1 2024 on CCO procurement, public engagement strategies, HEC's annual review, and requests for support on specific HEC goals for 2025.

Upcoming 2024 meeting dates (if you have them):

Second Thursday of each month, noon - 2:00 pm.

Health Information Technology Oversight Council (HITOC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Laurel Moffat	David Dorr, Chair Amy Henninger, Vice-Chair	Vacant	13 members + 1 ex officio	2

[Committee website](#)

[Email HITOC](#)

Quarter 3 2024 Committee Update:

HITOC held one meeting this quarter on August 1. This meeting focused on OHA and CCO health IT efforts to support social determinants of health (SDOH), including community information exchange (CIE). HITOC members received updates on OHA's progress related to HITOC's CIE strategy in the Strategic Plan, cross-walking strategic plan activities with current work. OHA is procuring CIE to support Oregon Health Plan Open Card to meet the closed loop referral requirements for health-related social needs (HRSN) services under the waiver.

HITOC members also heard about health IT strategies that CCOs are using to support SDOH needs, as reported by CCOs in the 2024 CCO Health IT Roadmaps. At the end of the presentations, members reflected on how CIE and other health IT to SDOH impacts their roles and organizations.

Upcoming Committee Work and Decisions:

HITOC will begin to develop a workplan focused on the activities outlined in their Strategic Plan for Health IT (see link on next page). This includes looking at what actions can be taken across the six strategies, which focus on patients and consumers, electronic health records, health information exchange, community information exchange, interoperability, and governance. Throughout this work, HITOC members will center health equity and focus on providers that face additional barriers around health IT, such as those in behavioral health and rural areas.

Upcoming recruitment needs:

HITOC currently has two membership vacancies. One of these seats was vacated just this month and is for an oral health representative. HITOC plans to recruit for this seat

in 2025. The other seat remains open and reserved for a Tribal representative. Recruitment for this seat is managed through OHA Tribal Affairs and is at the discretion of the Tribes.

Support or guidance needs:

HITOC welcomes a future OHPB liaison after former OHPB liaison, John Santa, ended his second OHPB term in December 2023. HITOC would benefit from the oversight of an OHPB liaison as they begin discussion on their 2025 work plan and look to seek alignment with OHPB's priorities.

HITOC will likely need to come to OHPB in 2025 for approval for membership changes.

Upcoming 2024 meeting dates (if you have them):

December 12

Links to webinars or educational opportunities:

- [Oregon's Strategic Plan for Health Information Technology 2024-2028](#)

Health Insurance Marketplace Advisory Committee (HIMAC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Victor Garcia Dawn Shaw	Interim chair - Lindsey Hopper Interim vice chair – Nashoba Temperly	Bill Kramer	12	3

[Committee website](#)

[Email HI-MAC](#)

Quarter 3 2024 Committee Update:

- The committee provided feedback during the regular updates on the Marketplace’s ongoing work for our transition into a State-based Marketplace as required by SB972 (2023).
- During the July 18 meeting, the committee also held a work session to discuss the Marketplace’s community engagement, branding, and equity focus related to the SBM project.

Upcoming Committee Work and Decisions:

- Monitoring upcoming 2025 Legislative session that will affect the Marketplace.
- Informing the committee about 2025 Open Enrollment rates and plan offerings.
- Electing a new chair and vice chair positions during the Oct. 17 meeting.

Affordability:

- Continuing work on the OHP Bridge Marketplace impact mitigation and the transition of people losing OHP benefits due to the end of the Public Health Emergency Unwinding.

Upcoming recruitment needs:

We are needing to recruit Marketplace or private health insurance enrollee, a member of an American Indian / Alaska Native community, and a Marketplace community

partner organization representative or a community advocate. We do have a community partner candidate that was unable to make the last Senate confirmation hearing.

Upcoming 2024 meeting dates (if you have them):

No changes from previous.

Links to webinars or educational opportunities:

When: Oct 30, Jan 29, Apr 30 – 2 PM

Topic: SBM Project Listening Session: Assisters

Register in advance for this webinar: orhim.info/SBMLS-Assisters

When: Oct 31, Jan 30, Apr 24 – 2 PM

Topic: SBM Listening Session: Insurance Agents/Brokers

Register in advance for this webinar: orhim.info/SBMLS-Agents

When: Oct 31, Jan 30, Apr 24 – 3:30 PM

Topic: SBM Listening Session: Carriers

Register in advance for this webinar: orhim.info/SBMLS-Carriers

Health Plan Quality Metrics Committee (HPQMC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Katie Howard	Shaun Parkman, chair Maggie Bennington-Davis, vice-chair	Vacant	11	4

[Committee website](#)

[Email HPQMC](#)

Quarter 2 2024 Committee Update:

Due to the changes to the committee responsibilities under Senate Bill 966 (2023), OHA will keep the HPQMC on hiatus while the study of the CCO Quality Incentive Program is conducted. The enrolled bill automatically adds any measures from the Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Sets and allows for measures to be added by the Metrics and Scoring Committee.

Medicaid Advisory Committee (MAC)

Lead Staff	Chairs	OHPB Liaisons	Membership (#)	Vacant Seats (#)
Sarah Wetherson	Heather Jefferis, Caroline Barrett, MD	Peter Starkey Antonio Germann, MD	12	3

[Committee website](#)

[Email MAC](#)

Quarter 3 2024 Committee Update:

The MAC has met only one time since July 1, 2024. There have been no updates or changes during that time to strategic priorities or committee membership. However, the MAC's Advancing Consumer Experience subcommittee welcomed four new members recently. (The subcommittee includes members who are not members of the MAC.)

Upcoming Committee Work and Decisions:

The MAC approved its 2024-2025 work plan at the September 2024 meeting. The four priority areas of the work plan are:

- 1) the Medicaid Waiver
- 2) Eligibility
- 3) **CCO Procurement**
- 4) Network Adequacy

The MAC and its subcommittee are working with staff to stand up the newly forming Beneficiary Advisory Council (BAC), as mandated in recent CMS rule. Oregon has been chosen as one of seven states in a learning collaborative that the Center for Health Care Strategies is conducting to model how to set up consumer-based advisory bodies. CHCS is also providing one-on-one technical assistance and re-granting dollars to allow OHA to work with a community-based entity to conduct outreach with OHP members to co-create Oregon's BAC.

Upcoming recruitment needs:

Assuming that the Governor's office agrees with our recent recommendations, the MAC will have no immediate recruitment needs. However, the MAC is considering how to increase crossover membership with the newly forming Beneficiary Advisory Council, as mandated in recent CMS rule, and may recruit for an additional consumer member from among the existing membership of the subcommittee.

Upcoming 2024 meeting dates (if you have them):

- October 30
- December 4

Links to webinars or educational opportunities:

The MAC may host up to three education sessions in 2025, in March, July and August. Topics TBD

Metrics and Scoring Committee (M&SC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Milena Malone Allison Proud	Dr. Jorge Ramirez Garcia Vice-Chair is vacant	Kirsten Isaacson	8	1

[Committee website](#)

[Email M&SC](#)

Quarter 3 2024 Committee Update:

The Metrics & Scoring Committee (M&SC) is tasked with selecting healthcare quality measures for inclusion in the CCO Quality Incentive Program. Through this program, CCOs can earn hundreds of millions of dollars in bonus funds for improving care for OHP members. Since the last digest:

2025 Incentive Measure Set

The Metrics and Scoring Committee dedicated July through October to selecting CCO incentive measures and benchmarks for the 2025 measurement year. The Committee chose to continue 13 of 15 measures from 2024 to 2025. Final measures and benchmarks can be found on the [Quality Incentive Program Resources webpage](#). (Note: The Committee has one measure remaining to benchmark at its upcoming November 15 meeting.)

Committee Membership

Two new members were appointed for initial two-year terms to fill vacant “at large” committee seats:

- Hidayat Satu (Risen Community Organization)
- Sylvianna (Silver) Marquez (One Community Health)

Three members were reappointed for one-year terms:

- Jorge Ramirez Garcia (University of Oregon) – measurement expert representative
- Manu Chaudry (Capitol Dental Care) – measurement expert (since resigned)

- Courtney Whidden-Rivera (Umpqua Health Alliance) – CCO representative

One member (Manu Chaudry) resigned from the Committee in September, leaving a vacancy for a Quality Measurement Expert role. OHA staff will begin active recruitment to fill this vacancy in November.

Also during this quarter, the Committee held elections for Chair and Vice Chair. Jorge Ramirez Garcia was re-elected to serve as Chair. The Vice-Chair role remains vacant.

Upcoming Committee Work and Decisions:

Metrics:

Given the current timeline and requirements of the Quality Incentive Program, the Metrics and Scoring Committee typically dedicates the second and third quarter of each calendar year to formally selecting incentive measures and benchmarks for the upcoming measurement year. As a result, the winter and spring present an opportunity to engage in longer-term strategic thinking. While specifics of the upcoming winter-spring 2025-26 workplan are currently under development, there are a few key initiatives that will guide the Committee:

OHA Quality Incentive Program Study Findings

Senate Bill 966 (2023) directed OHA to examine the CCO Quality Incentive Program and develop recommendations for programmatic or structural changes to address health inequities. OHA contracted with the Regional Research Institute at Portland State University to study and make recommendations for the potential of the QIP to further progress toward OHA's goal of eliminating health inequities by 2030. The final [report](#) was released in September, and an OHPB Educational Webinar was held on September 17.

At the upcoming November 15 Metrics and Scoring Committee meeting, the committee will hear a presentation on the study findings and discuss topic areas it may wish to prioritize or explore further during the upcoming winter and spring.

Continue to explore equity-centered benchmarking and measure selection

During 2024, the Metrics and Scoring Committee continued to explore and build upon earlier efforts to identify 1) a framework for selecting measures (equity measures in particular) and 2) a methodology for choosing equity-centered benchmarks. Important

progress toward these goals was made in March with the release of the [Equity-Centered Benchmarking Data Feasibility Analysis](#).

Over the upcoming 7-8 months, OHA anticipates continuing to build on this work. This may include convening a limited-term workgroup (which will likely include representatives from the Metrics and Scoring Committee, among others) and possibly additional contracted support.

Upcoming recruitment needs:

- Vacant “measurement expert” role (recruitment anticipated to begin in November)

Support or guidance needs:

Senate Bill 966 directs OHA and OHPB to regularly evaluate the measures selected by the Committee. Inclusion of OHPB is new. In addition, the OHPB has selected metrics as a priority area. The Committee looks forward to working with OHPB on what this review and collaboration might look like moving forward.

Upcoming 2024 meeting dates:

Third Fridays of each month, 9 am – 12 pm.

Links to webinars or educational opportunities:

- OHPB Educational Webinar: [Senate Bill 966 Study Findings - 9/17/2024](#)

Primary Care Payment Reform Collaborative (PCPRC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Summer Boslaugh	Not applicable	Melina Moran	30	4

[Committee website](#)

[Email PCPRC](#)

Quarter 3 2024 Committee Update:

At the July 24 PCPRC meeting, members continued discussion regarding specific requests of the legislature that will increase primary care spending. The options discussed included studying the problem of underspending; aligning Oregon's definition and methodology for measuring spending closer to national standards; changing the spend target; and more sweeping changes such as a single administrative trust. Members decided they needed additional time to discuss the options and are aiming for a presentation during December legislative days.

Improving health equity is a goal of the primary care value-based payment (VBP) model developed and endorsed by the PCPRC in 2023. One of the four elements of the model is infrastructure payments that can be used to support collaboration and data sharing between primary care practices and social service organizations to address identified social needs, which is a way to support health equity. At the July meeting, members endorsed the addition of the newly established Patient-Centered Primary Care Home equity designation to the VBP model.

Upcoming Committee Work and Decisions:

At the October 9 meeting, members:

- Reviewed findings of the *2024 Primary Care Spending in Oregon* report.
- Learned about how primary care is defined and measured across the country and discuss options for Oregon.
- Learned about the impact of the corporatization of medicine on primary care and discuss options for Oregon.

- Learned about opportunities to reduce the impact of prior authorization on timely access to care

Discussed strategies to impact policy related to primary care.

An additional meeting was scheduled for November 6 to prepare for a presentation during December legislative days.

PCPRC Steering Committee members and staff have met with a prospective consumer member and look forward to her joining later this year.

Affordability:

The PCPRC reviewed findings of the [2024 Primary Care Spending in Oregon](#) report using 2022 claims data. Senate Bill 231 (2015, the same legislation that created the PCPRC) requires OHA and the Department of Consumer and Business Services to report on the percentage of medical spending allocated to primary care by commercial and Medicare Advantage carriers, PEBB, OEBC and CCOs.

Research indicates that availability of primary care providers is associated with improved health outcomes, including reduced mortality rates, reduced rates of low birth weight and preventable hospitalizations, and better self-rated health status. Improved health outcomes and reduced preventable hospitalizations can result in total cost of care savings.

Below are the percentage spending amounts for the last two years.

	2021	2022
Commercial	12.5%	11.5%
Medicaid CCO	11.1%	15%
Medicare Advantage	9.7%	13.9%
PEBB/OEBB	13%	changed to reporting the Boards separately PEBB: 13.3% OEBB: 11.3%

Behavioral Health:

Integrating primary care and behavioral health care is critical to providing patient-centered, whole person care. Up to 75% of primary care visits include mental or behavioral health components. Since the PCPRC was established by the legislature in

2015, one or more behavioral health treatment providers have participated to ensure actions to increase primary care spending and reform payment support integration. Over the last year the current behavioral health provider has retired, and we are recruiting for a behavioral health provider.

CCO Procurement:

The OHA Director's office has proposed that HEC and other subcommittees play a role in the engagement process for CCO procurement. Details of engagement planning will take place in Q4 2024.

Upcoming recruitment needs:

- Two consumers
- One employer
- One behavioral health treatment provider

Support or guidance needs:

The PCPRC is planning an educational webinar for OHPB in November or December about the importance of primary care to achieving OHA's strategic plan.

Upcoming 2024 meeting dates (if you have them):

- November 6

Links to webinars or educational opportunities:

[2024 Primary Care Spending in Oregon, Report to the Legislature](#)

Senate Bill 231 (Oregon Law 2015) requires the Oregon Health Authority and the Department of Consumer and Business Services to report on the percentage of medical spending allocated to primary care carriers, PEBB, OEBC and Coordinated Care Organizations (CCOs).

Public Health Advisory Board (PHAB)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats
Kirsten Aird Sara Beaudrault Steven Fiala	Veronica Irvin	Brenda Johnson	21 (18 voting members)	2

Quarter 3 2024 Committee Update:

PHAB has met twice since July. These meetings have been largely educational to discuss public health in rural Oregon and Tribal public health modernization.

PHAB workgroups continue to develop two statewide deliverables that will be completed by June 2025: a Public Health System Workforce Plan and a Public Health Equity Framework.

Two PHAB members met with the OHPB Health Equity Committee in August to discuss opportunities to align and coordinate work. PHAB requested information on any plans to review and update OHPB’s Health Equity definition.

Upcoming Committee Work and Decisions:

OHA will publish the 2024 Public Health Accountability Metrics Report later this year or early 2025. PHAB is responsible for selecting, tracking and updating accountability metrics, and monitoring the progress of the governmental public health system in making progress toward these statewide goals.

PHAB will complete the early phases of two statewide deliverables – the Public health System Workforce Plan and the Public Health Equity Framework – in early 2025.

PHAB will discuss the 2023-25 Public Health Modernization Evaluation and the 2025 State Health Assessment at their December meeting.

Upcoming recruitment needs:

PHAB is recruiting for two vacant positions:

- (1) A Local Public Health Administrator serving these counties: Clatsop, Columbia, Crook, Curry, Hood River, Jefferson, Lincoln, Tillamook, Union or Wasco County.

(2) A Local Public Health Administrator serving these counties: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa or Wheeler County.

PHAB will hold elections for a new Chair in Q4 2024.

Upcoming 2024 meeting dates (if you have them):

PHAB is holding an in-person day-long retreat on November 14. This is their regularly scheduled meeting day.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Tara Chetock at tara.a.chetock@oha.oregon.gov or 971-304-9917. We accept all relay calls.