# Oregon Health Policy Board

**DRAFT AGENDA**

August 6, 2019

Portland State Office Building

800 NE Oregon St, Room 177, Portland, OR 97232

<table>
<thead>
<tr>
<th>#</th>
<th>Time</th>
<th>Item</th>
<th>Presenter</th>
<th>Purpose</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>8:30</td>
<td>OHPB Welcome, Minutes Approval</td>
<td>Carla McKelvey, OHPB Chair</td>
<td>Welcome &amp; Possible Vote</td>
</tr>
<tr>
<td>2</td>
<td>8:40</td>
<td>OHPB Liaison Updates</td>
<td>Carla McKelvey, OHPB Chair &amp; Board Members</td>
<td>Information &amp; Discussion</td>
</tr>
<tr>
<td>3</td>
<td>9:00</td>
<td>OHA Report</td>
<td>Jeremy Vandehey, OHA Health Policy &amp; Analytics Director</td>
<td>Informational</td>
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<tr>
<td>4</td>
<td>9:05</td>
<td>CCO 2.0 Update</td>
<td>Jeremy Vandehey, OHA Health Policy &amp; Analytics Director</td>
<td>Information &amp; Discussion</td>
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<tr>
<td>5</td>
<td>9:40</td>
<td>Legislative Update</td>
<td>Holly Heiberg, OHA Governmental Affairs Director</td>
<td>Information &amp; Discussion</td>
</tr>
<tr>
<td>6</td>
<td>10:05</td>
<td>OHPB Policy Priority Area Timeline</td>
<td>Jeff Scroggin, OHA Health Policy Analyst</td>
<td>Informational</td>
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<tr>
<td>7</td>
<td>10:20</td>
<td>Break</td>
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<tr>
<td>8</td>
<td>10:30</td>
<td>Public Testimony</td>
<td>Carla McKelvey, OHPB Chair</td>
<td>Information &amp; Discussion</td>
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<tr>
<td>9</td>
<td>10:40</td>
<td>2020-2024 State Health Improvement Plan</td>
<td>Cara Biddlecom, OHA Public Health Director of Policy and Partnerships; Christy Hudson, OHA Public Health Policy Analyst; Lillian Shirley, OHA Public Health Division Director</td>
<td>Information &amp; Discussion</td>
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</tbody>
</table>
| 10 | 11:25 | Health Equity
- Health Equity Committee Membership
- Health Equity Measure Update | Leann Johnson, OHA Office of Equity & Inclusion Director; Stacey Schubert, OHA Health Analytics Interim Director | Information & Possible Vote |
| 11 | 12:00 | Adjourn | | |

**Next meeting:**

September 10, 2019

Location TBD

Coos Bay
Everyone is welcome to the Oregon Health Policy Board meetings. For questions about accessibility or to request an accommodation, please call 541-999-6983 or write HealthPolicyBoard.Info@state.or.us. Requests should be made at least 48 hours prior to the event. Documents can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request a document in another format or language please call 541-999-6983 or write to HealthPolicyBoard.Info@state.or.us
### Oregon Health Policy Board

**DRAFT July 2, 2019**

**Yellowhawk Tribal Clinic**

46314 Ti‘mine Way, Pendleton, OR 97801

9:00 a.m. to 12:00 p.m.

<table>
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<tr>
<th>Item</th>
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<tbody>
<tr>
<td><strong>OHPB video and audio recording</strong></td>
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To watch the video of the OHPB meeting in its entirety click [here](#). Agenda items can be reviewed at time stamp listed in the column below. |  |
<p>| <strong>Welcome and Call to Order, Chair Carla McKelvey</strong> |  |
| <strong>Present:</strong> |  |
| Board members present: Vice-Chair David Bangsberg, Brenda Johnson, John Santa, Rosenda Shippentower, Kirsten Isaacson(phone), Zeke Smith, Oscar Arana |  |
| All Board members present voted to approve the minutes for June. |  |
| <strong>OHA Report, Patrick Allen, OHA</strong> | 00:02:15 |
| Pat discussed legislative matters related to OHA’s budget and noted a $10 million dollar cut that OHA will absorb. He shared the budget is $23.5 billion all funds dollars. He shared an update on policy option package which were adopted including support for housing supports, CCO 2.0 and Public Health Modernization. He noted the impact of the tobacco tax being referred by the legislature. The Agency proposed 30 pieces of legislation and most were passed. He said more information would be shared with Board members before the next Board meeting. He shared the timeline for CCO award announcement, with July 9th being the announcement date and a readiness review to follow. He shared information about how bed capacity will be increased for aid and assist civil commitment and issues related to aid and assist commitments |  |
| <strong>Metrics &amp; Priorities, Jeremy Vandehey, OHA</strong> | 00:22:53 |
| Jeremy reviewed the background behind the committee structure for measure development, he noted HPQMC’s role reporting to the Board in 2020. The Board discussed data completeness and the process for data. |  |
| <strong>Tribal Health Commission Background, Shawna Gavin, Yellowhawk Health Commission, Chair</strong> | 00:37:14 |
| The Board was briefed by Health Commission Member Shawna Gavin. The board discussed measures regarding THW implementation and dashboards, the group discussed the ability to provide snapshot assessments of Tribal health services. |  |</p>
<table>
<thead>
<tr>
<th>Meeting Topic</th>
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<tr>
<td>Public Health Division &amp; Yellowhawk Tribal Health Center Partnership, Tim Menza, OHA, Lillian Shirley, OHA</td>
<td>00:48:20</td>
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<td>Tim Menza presented STI data specific to the eastern Oregon public health modernization collaborative. He noted limitations to the data including misclassification of race/ethnicity and better matching tools to discern accurate rates. The Board discussed the value in population level health data and the potential for conveners to achieve better connections and coordination. Yellowhawk staff shared perspectives on data and utility.</td>
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<td>Public Health Accreditation &amp; Community Health Assessment, Courtney Stover, Yellowhawk</td>
<td>01:04:31</td>
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<td>Courtney shared background information regarding public health policy development processes. She shared the timeline for development of their strategic plan and specific initiatives that have been identified. She shared specific prioritized actions and shared a document summarizing the Community Health Assessment development process. She discussed the process used to develop action plans and improvement plans. She identified funding for accreditation and TA needs as challenges.</td>
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<td>Tribal Behavioral Health Strategic Action Plan, Julie Johnson, OHA</td>
<td>01:43:12</td>
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<td>Julie Johnson briefed the Tribal BH strategic action plan and the work done by the behavioral health collaborative. She discussed the process used to develop the plan and resources used and considered during development as well as the shared vision for Tribal best practices. She noted the actual plan itself is awaiting final approval from OHA leadership before publicization. She briefed specific strategic outcomes, including data systems, consultation policy, governance and finance and best practices. She noted the need for a tribal BH liaison to implement the plan. The Board discussed best-practice integration, e.g. the OHA transformation center. Julie noted the role of Tribal Elders and the need for flexible best-practice support.</td>
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<tr>
<td>Public Testimony</td>
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<td>None</td>
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<td>Adjourn</td>
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Next meeting:
August 6, 2019
Portland State Office Building
800 Oregon St., Room 177, Portland OR, 97232
8:30 a.m. to 12:00 p.m.
Public Health Advisory Board

In June, the Public Health Advisory Board held its meeting in conjunction with the Oregon Transportation Commission, at the Commission’s invitation. The meeting focused on a conversation between the Board and the Commission discussing the intersection of transportation, public health, and social equity. The workshop was facilitated by Charles Brown, a national leader in the intersections of health, social equity, and transportation.

Transportation is essential to quality of life and the economic health of our state. The public’s health (population health) is shaped by social determinants of health, including experience of adversity, trauma and toxic stress; institutional bias; access to stable housing; living wage jobs and having enough healthy food to eat. The work ODOT leads in Oregon connects people with the resources and opportunities they need to find meaningful work, keep their children in school, and access enough healthy food while maintaining stable housing and supporting people to increase their physical activity. The work contributes to Oregon’s population health goals. ODOT and OHA-PHD have a signed memorandum of understanding that structures the work done between the two agencies.

The boards discussed that data from both the health and transportation spheres describes severe and persistent disparities in health outcomes, and access to best-practice transportation infrastructure – things like complete streets and accessible sidewalks. The Board and the Commission agreed to look more closely at how we measure the outcomes of our partnership, and the co-work that the agencies undertake and seek to address these disparities through our memorandum of understanding.

The Chair of the OTC, Tammy Baney, the PHAB Chair, Rebecca Tiel, requested that ODOT and OHA-PHD staff develop a set of suggestions for how the Board and the Commission can pursue work together, as well as a proposed cadence and purpose of ongoing dialogue between the Board and the Commission.

COMMITTEE WEB SITE: https://www.oregon.gov/oha/ph/About/Pages/ophab.aspx
STAFF POC: Kati Moseley, Katarina.Moseley@dhsoha.state.or.us

Primary Care Payment Reform Collaborative

In July, the Primary Care Payment Reform Collaborative convened to discuss the next steps in the Primary Care Transformation Initiative. Lisa Dulsky Watkins, from the Milbank Memorial Fund provided a federal perspective on the future of primary care payment reform at the federal level. Additionally, Jeannette Taylor, from OHA provided highlights of legislation from the recent session impacting the work of the Collaborative.
OHA staff presented a draft workplan for the committee’s input, and staff will be making revisions based on the feedback.

The Metrics, Technical Assistance, and Implementation workgroups provided updates of their work and received recommendations from Collaborative members to further advance their efforts.

The workgroups will continue to convene monthly except during the month the full Collaborative convenes. The next Primary Care Payment Reform Collaborative meeting will take place on October 8th, 2019, from 9am to Noon in Portland.

COMMITTEE WEBSITE: http://www.oregon.gov/oha/Transformation-Center/Pages/SB231-Primary-Care-Payment-Reform-Collaborative.aspx.
COMMITTEE POC: Susan El-Mansy, SUSAN.A.EL-MANSY@dhsoha.state.or.us

Healthcare Workforce Committee
The Healthcare Workforce Committee met on July 10. Key items of note:

OHPB Updates:
Brenda Johnson provided an update on Board activity from June and July — including work on the Children’s Healthcare Model and the Health Plan Quality Metrics Committee’s process measures for 2020. Brenda noted that the July meeting was held in Pendleton and included a visit to Yellowhawk Clinic.

Primary Care Office Updates:
Marc Overbeck shared that 11 new sites were certified to become part of the National Health Service Corps, bringing the total in Oregon to over 350 whose clinicians may participate in federal loan repayment and scholarships. Many of the new sites offer Substance Use Disorder (SUD) treatment and will be able to participate in the new SUD Loan Repayment Program. Marc and his office are continuing to work on provider updates for the 99 Community Health Centers, Rural Health Clinics and Tribal Clinics whose HPSA scores will change later this year.

Presentation on Health Care Provider Incentive Program:
Joe Sullivan provided a summary of accomplishments and impacts of the first 18 months of the Health Care Provider Incentive Program, which began January 2, 2018. 83 providers have received loan repayment, including nearly 50 physical health professionals and 20 mental health professionals. Joe reported that primary care provider FTE has increased in six of the 16 lowest quartile service areas since the start of the program. It is estimated that more than 115 additional FTE years are able to be supported through these funds over the next three-year period. OHA will come back to the Board in October with further recommendations for allocating funds in the new biennium.

Presentation on HOWT Grant Program:
Shelly Ziegler of OHSU provided an update on activity and results of the first year of the HOWT Grant Program, which OHSU is administering for the OHPB and OHA. Four projects are underway and an additional six have been funded to begin later this year.

Legislative Update:
Jeff Scroggin provided a session wrap-up for the Committee and led a discussion regarding workforce-related legislation and other major topics of the 2019 Legislature.
Other:
The Committee adopted a Conflict of Interest Policy for its members which is aligned with the Board Policy.

COMMITTEE WEBSITE:  http://www.oregon.gov/oha/HPA/HP-HCW/Pages/index.aspx
COMMITTEE POC: MARC OVERBECK, Marc.Overbeck@dhsoha.state.or.us

Health Plan Quality Metrics Committee
At the July 11 meeting, the Health Plan Quality Metrics Committee (HPQMC) continued to focus on committee level-setting over the summer months (June-August). The July meeting was dedicated to committee orientation for new and returning members. Orientation included a general overview of HPQMC and essential committee materials, an overview of the primary stakeholders, and roles and responsibilities related to public meetings and public officials.

In the coming months, the committee will formally engage with its primary stakeholders with the purpose of enhancing collaborative opportunities and aligning priorities through measurement. The primary stakeholders are: Oregon Health Policy Board, Metrics and Scoring Committee, Public Employees Benefit Board, and Oregon Educators Benefit Board.

- **August:** Discussion with Oregon Health Policy Board and begin review of current measure selection criteria
- **September:** Measure users feedback panel, begin review of stepped (on-deck) measures, nomination of chair and vice-chair

The next meeting is Thursday, August 8, 2019 from 1:00pm – 3:30pm. To hear a recording of the meeting, visit the committee’s website.

COMMITTEE WEBSITE:  http://www.oregon.gov/oha/analytics/Pages/Quality-Metrics-Committee.aspx
COMMITTEE POC: Kristin Tehrani, Kristin.Tehrani@dhsoha.state.or.us

Metrics & Scoring Committee
At its July 19th meeting, the Metrics & Scoring Committee finalized the list of health care quality measures that will be included in the 2020 CCO Quality Incentive Program. These metrics will be the first set of pay-for performance measures included in the new CCO contracts beginning January 2020. The Committee chose to reduce the number of measures included in the program from 19 to 13. This included retiring 10 of the measures currently included in the program and adding four new claims-based measures.

Nine of the 10 retired measures are included in Oregon’s Medicaid Demonstration agreement with the Centers for Medicare & Medicaid Services, and as such, the Oregon Health Authority continue to track and publicly report performance on these measures to ensure Oregon Health Plan members continue to receive high quality care.

Two of the new measures are part of a multi-year strategy focused on the health sector’s role in preparing children for kindergarten (well-child visits for children ages 3-6 and preventive dental visits for ages 1-5). The other new
measures focus on immunizations for adolescents and ensuring those newly diagnosed with substance use disorders are able to access treatment.

This follows a six month process of reviewing the specifications and performance history of current and potential new incentive measures, evaluation of these measures against the Committee’s measure selection and retirement criteria, and consideration of recommendations from the Oregon Health Authority, direction from Governor Kate Brown, and public input in the form of a stakeholder survey and a significant amount of public testimony. The Committee will spend the next two months identifying targets for each of the measures included in the 2020 incentive measure set.

The full list of 2020 incentive measures is available here, and information on the Metrics & Scoring Committee, including past meeting materials and copies of written public testimony, is available here.

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

Health Information Technology Oversight Council

The Health Information Technology Oversight Council (HITOC) will be meeting on August 1, 2019. HITOC will hear brief updates on CCO 2.0, discuss next steps with its Strategic Plan for Health IT and Health Information Exchange, and discuss membership. HITOC will also cover the following in-depth topics:

HIT Commons Report
The HIT Commons is a shared public/private governance model designed to accelerate and advance Health Information Technology adoption and use across the state. It is co-sponsored by Oregon Health Leadership Council and OHA and responsible for overseeing two major initiatives: Oregon EDie/PreManage and Oregon Prescription Drug Monitoring Program (PDMP) Integration. The report is expected to focus on HIT Commons’ maturity, challenges, and accomplishments.

Social Determinants of Health Update
HITOC will hear an update on the HIT Commons’ exploration of an Oregon Community Information Exchange model, which could help connect health and social services to address the social determinants of health. The HIT Commons has been assessing the Oregon environment and share an update on its efforts. OHA will also provide a very brief update on OHA’s ongoing social determinants of health work, with a more extended update to follow in a future meeting.

Behavioral Health Health IT Workgroup Report
HITOC will hear an update on the draft Behavioral Health Health IT Work Plan, including a draft timeline, based on recommendations from behavioral health representatives in HITOC’s Behavioral Health Health IT Workgroup. HITOC chartered the group following OHA’s Behavioral Health Health IT Scan, which was conducted by OHA’s Office of Health IT in 2017 to gain a better understanding of the health IT landscape among behavioral health organizations, including their adoption and use of electronic health records (EHRs) and health information exchange (HIE).

Oregon Provider Directory Update
HITOC will hear an update on the upcoming launch of the Oregon Provider Directory (OPD) and watch a demonstration. The OPD is part of the Oregon Health IT Program, which is operated by OHA’s Office of Health IT, with oversight by HITOC. OPD will give providers, hospitals, payers, Medicaid coordinated care
organizations (CCOs), and others in health care a single, trusted place to find and connect with providers. It will support care coordination, health information exchange, administrative efficiencies, and serve as a resource for health analytics.

Committee POC: Francie Nevill, Francie.j.nevill@dhsoha.state.or.us

**Medicaid Advisory Committee**

The Medicaid Advisory Committee held a retreat on July 24 in Salem to welcome four new members, get acquainted, develop a shared understanding of the purpose and goals of the MAC, and begin strategy development and action planning for the next two years. The committee also heard presentations from Sarah Dobra and Ellen Pinney of the Ombuds Program; and met with Steve Allen, OHA’s new Behavioral Health Director.

COMMITTEE POC: Tim Sweeney, Timothy.D.Sweeney@dhsoha.state.or.us

**Health Equity Committee**

May meeting minutes were approved unanimously. There was no HEC meeting in June, but workgroups used that time to develop drafts of the work plan that would be presented in July.

Lori Kelley, OHA Social Determinants of Health Manager (HSD), presented an update on the Housing Health-Related Service (HRS) Guide for CCOs. In May, a draft version of the guide was circulated among the Health Equity members for feedback from a health equity perspective.

The HEC requested the addition of context around the role gentrification and displacement play in the housing crisis and associated health status. Definitions were added to appendices, and the impact of displacement and gentrification on health status was directly noted in the report.

HEC requested more clarity around bridging gaps between existing funding streams for housing issues experienced specifically by disabled populations. Language around bridging benefits already covered by DHS and current Medicaid included was added with the caveat that HRS could not cover services already within a Medicaid plan.

HEC raised concerns about running detailed systems through CCOs instead of elevating and funding community partners to do the work directly. Since CCOs have ultimate decision authority on how and when to utilize HRS OHA cannot mandate what they fund and by what mechanism. However, these concerns were shared directly with the Transformation Center to consider within Technical Assistance and administration of the program. Draft of the Housing HRS Guidance Document will be finalized on July 15th.

The Policy, Capacity/Technical Assistance, and Recruitment workgroups provided an overview of their draft work plans. The full committee provided feedback. Work on the proposals will continue offline, and each group will have the opportunity to present a final work plan version in the following months.
The Recruitment workgroup presented a **final set of candidates** to fill the two HEC seats that were vacant and two more that opened due to member resignations. The candidates that were brought forward for approval included:

- Ashley Harding, Tribal Health Project Director, Umatilla County.
- Kate Wells, Director, Wellness and Community Health Strategy, Deschutes County.
- Deb Morrow, Real State Administrator, Clatsop County.
- Rakesh Gadde, Dentist, Klamath County.

The candidate slate was approved unanimously, and the next step is to present it to OHPB in their August meeting for confirmation.

The meeting also included a health equity definition work session. The window to provide feedback closed on July 5th. Several organizations and community members had the opportunity to weigh in on the definition. A smaller group of HEC member will reconvene offline with the mission of finalizing a draft definition and presenting it to the full committee at the August meeting. The expectation is that a final version of the definition will be approved and potentially resented in front of OHPB in September.

**COMMITTEE WEB SITE:** [https://www.oregon.gov/oha/OEI/Pages/Health-Equity-Committee.aspx](https://www.oregon.gov/oha/OEI/Pages/Health-Equity-Committee.aspx)

**STAFF POC:** Maria Elena Castro  **maria.castro@state.or.us**

**Statewide Supportive Housing Strategy Workgroup**

The Statewide Supportive Housing Strategy Workgroups (SSHSW) Recommendations have been incorporated into the Oregon Housing and Community Services (OHCS) Five-Year Statewide Housing Plan (appendices document), released on February 11th, 2019. The report contains recommendations regarding principles to guide permanent supportive housing, recommendations to strengthen cross agency collaboration and coordination, recommendations to expand permanent supportive housing through new and existing housing and service resources and recommendations for training and technical assistance to build permanent supportive housing capacity.

**OHCS Statewide Housing Plan:** [https://www.oregon.gov/ohcs/pages/oshp.aspx](https://www.oregon.gov/ohcs/pages/oshp.aspx)

**COMMITTEE POC:** Kenny LaPoint,  **Kenny.LaPoint@oregon.gov**

**Measuring Success Committee**

The Measuring Success Committee of the Early Learning Council met on May 1. The committee completed its process of reviewing the proposed early learning system measures by mapping them across seven identified developmental domains, five sectors, and nine objectives of early learning system strategic plan, *Raise Up Oregon*. The committee determined that the proposed measures adequately covered the intended areas.

Over the course of the summer, staff will continue to document specific details of the measures and conduct a review to determine whether data can be analyzed by racial/ethnic groups. In addition, the ELD will consult with external stakeholders to conduct an equity review of the measures to determine potential bias in the measures. Further, a small workgroup will work in collaboration with OHA on the revision of the PRAMS-2 to
incorporate additional early learning system items. The committee is planning on submitting the measure set to the Early Learning Council in October for consideration.

COMMITTEE WEBSITE: N/A
COMMITTEE POC: Thomas George, Thomas.George@state.or.us
Metrics & Scoring Committee

2020 CCO Incentive Measures

1. Assessments within 60 days for children in DHS custody
2. Childhood immunization status
3. Cigarette smoking prevalence
4. Depression screening and follow-up plan
5. Diabetes: HbA1c Poor Control
6. Disparity measure: ED utilization among members with mental illness
7. Drug and alcohol screening (EHR–based SBIRT)
8. Oral evaluation for adults with diabetes
9. Timeliness of postpartum care
10. Well-child visits for 3-6-year-olds (kindergarten readiness) *NEW*
11. Preventive dental visits, ages 1-5 (kindergarten readiness) and 6-14 *NEW*
12. Immunizations for adolescents, combo 2 *NEW*
13. Initiation and engagement in drug and alcohol treatment *NEW*

Retired Measures

1. Weight assessment and counseling
2. PCPCH
3. Effective contraceptive use
4. Developmental screening in the first 36 months of life
5. Dental sealants on permanent molars for children
6. CAHPS composite: access to care
7. Ambulatory care: ED utilization
8. Adolescent well-care visits
9. Colorectal cancer screening
10. Controlling hypertension
CBO Incentive Measures Selection Process

Who is involved in the measure selection process?

Health Plan Quality Metrics Committee (HPQMC)
- Established by SB 440 in 2015
- SB 440 requires that HPQMC creates the Aligned Measure Menu from which the Metrics and Scoring Committee can choose from when selecting CCO Incentive Measures
- The Committee purpose is to align health outcome and quality measures used by state-funded health plans
- Members are appointed by the Health Policy Board for a two year term with an option to extend

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<tr>
<th>Current HPQMC Members</th>
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<tr>
<td>Name</td>
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<tr>
<td>Maggie Bennington-Davis</td>
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<td>Bhavesh Rajani</td>
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<td>Lynnea Lindsey</td>
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<td>Jeff Luck</td>
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<td>Melinda Muller</td>
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<td>Ana Quiñones</td>
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<td>Colleen Reuland</td>
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<td>Chiqui Flowers</td>
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<td>Jon Collins</td>
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<td>Shaun Parkman</td>
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<td>Tom Syltebo</td>
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<td>Charlene Maxwell</td>
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<td>Erik Carlstrom</td>
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<td>Ann Tseng</td>
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<td>Jim Rickards</td>
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Highlighted are the legislatively required CCO seats

For more information visit their website

Metrics and Scoring Committee (M&S)
- Established by SB 1580 in 2012
- SB 1580 requires that M&S choose CCO Incentive Measures from HPQMC’s Aligned Measure Menu
- Subcommittee of HPQMC
- Members appointed by the Director of OHA for two year terms
- Committee composition:
  - 3 members at large
  - 3 members with expertise in health outcome measures
  - 3 members representing CCO’s

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<th>Current Metrics and Scoring Members</th>
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<tr>
<td>Name</td>
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<tr>
<td>Will Brake</td>
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<td>Amit Shah</td>
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<td>Summer Prantl Nudelman</td>
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<td>Jennifer Clemens</td>
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<td>Krista Collins</td>
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<td>Steven Kassakian</td>
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<td>Daniel Porter</td>
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<td>David Ross</td>
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<td>Brian Sandoval</td>
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Highlighted are the legislatively required CCO seats

For more information visit their website

Measure Selection: A Public Process

M&S makes the final decision on which measures are incentivized

* Staffing assistance provided by OHA

For more information visit their website

Current as of 7/16/2019
How are the CCO Incentive Measures Chosen?

The Metrics and Scoring Committee (M&S) selects the CCO Incentive Measures from the Aligned Measure Menu set by the Health Plan Quality Metrics Committee. M&S then chooses a benchmark for each incentive measure.

The Metrics and Scoring Committee weighs the following when selecting the measures:

1. Committee Measure Selection Criteria
   - Agreed upon by M&S in 2014
2. Measure Retirement Checklist
3. The Governor’s goals for CCO 2.0
4. Measure performance in the past
5. Stakeholders survey input
6. CCO Metrics Technical Advisory Group (TAG) Input
7. Program goals in Oregon’s Medicaid waiver

Per its measure selection criteria, M&S also wants to ensure the overall measure set is:

1. Representative of the array of services provided by the program
2. Representative of the diversity of patients served by the program
3. Not unreasonably burdensome to payers or providers
August 6, 2019

Health Plan Quality Metrics Committee
421 SW Oak Street, Suite 850
Portland, OR 97204

Dear Vice-Chair Parkman and Committee Members,

On behalf of the Oregon Health Policy Board (the Board), I am writing to follow-up on Vice-Chair Parkman’s presentation to the Board on June 4, 2019. Thanks to your success in ensuring measures in Oregon are coordinated, aligned and evidence-based, Oregon continues to be a national leader in health system transformation. Your efforts to align health outcome and quality measures for the state-funded health plans have created a solid foundation for transformative work.

Vice-Chair Parkman noted in his June presentation to the Board that there is a tension in the Health Plan Quality Metrics Committee (HPQMC)’s work to consider and develop innovative measures that foster and measure greater transformation, while also ensuring measures are as rigorous as possible and minimize burden to providers. While addressing provider burden should continue to be an important priority for the HPQMC, an explicit priority of your work must also be to accelerate health system transformation by selecting measures that foster improved health outcomes for all Oregonians, especially for populations that have been historically marginalized and experience the greatest health disparities.

Governor Brown’s recent letter to the Metrics and Scoring Committee emphasizes the importance of innovative performance measures in driving health system transformation and urges the Metrics and Scoring Committee to establish transformational metrics that support the four CCO 2.0 key goals and prioritize children’s health.

- Improving the behavioral health system and addressing barriers to access to and integration of care;
- Increasing value and pay for performance;
- Focusing on social determinants of health and health equity; and
- Maintaining sustainable cost growth and ensuring financial transparency.

The Governor’s direction is clear that the metrics to be developed and adopted must ensure that we meet the goals of CCO 2.0. The Oregon Health Policy Board and the Oregon Health Authority are equally

1 https://www.oregon.gov/oha/HPA/ANALYTICS/MetricsScoringMeetingDocuments/Letter-from-Governor-Brown.pdf
driven by these priorities and the Board directs HPQMC to share this commitment and help drive the next phase of health system transformation in Oregon.

Specific guidance from the Board regarding HPQMC’s scope and charge in the coming years.

1. **Balance the need for nationally standardized measures with the need to be transformative by including innovative measures that target Oregon’s greatest needs through new concepts and methods that may not have a national standard or model.**

The Committee should continue to produce an aligned measure menu that is used by all state-funded health plans and meets rigorous standards for national and best practice measurement. New and innovative measures that are tailored to Oregon’s unique needs and priorities, like health equity and value-based-purchasing, but may not be in use nationally, are also critical to this work. We charge the Committee with developing a specific process and criteria to better evaluate new and innovative measures. The Committee shall recommend a process and evaluation criteria for the Board’s review and approval. OHA is directed to provide technical assistance to the Committee to develop this process and criteria.

2. **Include a health equity measure in the aligned measure menu and report measure demographic information.**

In alignment with the Governor’s priorities and the values of the Board and OHA, the Board charges HPQMC with considering measure(s) of health equity in the next measure menu. It is the Board’s clear expectation that at least one measure of health equity will be adopted by the Committee. OHA is charged with continuing to explore innovative ways to supplement and improve demographic data to enhance reporting on existing measures and support the development of a new health equity measure. OHA’s Office of Equity and Inclusion and Health Policy & Analytics Division are charged specifically with supporting HPQMC and with working collaboratively with those communities most likely to be impacted to develop a new measure of health equity.

3. **Produce an aligned core measure set that can be used by all health plans across Oregon.**

The HPQMC should continue to prioritize measure alignment which will ease administrative and provider reporting burden while increasing transparency and accountability. A core set of measures for all health plans across the state will promote greater alignment across plans, help to ease reporting burden, and is consistent with innovation across the national landscape.

The Oregon Health Policy Board requests the development of a core set of between six and 12 measures, directed toward health plans, that can apply to public and commercial carriers. The core set will be voluntary but should be developed collaboratively with stakeholders and build on measure alignment already in place. The HPQMC is charged with submitting a progress report to the Board regarding core measures annually, including information about adoption of the core set across all plans in the state. The report should be succinct and identify recommended actions that will improve utilization of the core set as well as barriers to adoption and utilization.
As HPQMC considers its work over the coming biennium, we also urge consideration of measures that align with the Governor's direction and priorities for developing measures that address quality for the implementation of SB 889 (2019), the health care cost growth benchmark program.

To remain on the forefront of health system transformation, Oregon must continue to inform the national conversation about what best-practice combined with innovation looks like. We urge the HPQMC to remain steadfast in pushing this frontline in your deliberations and actions. We recognize these are significant charges that will affect the HPQMC's work plan and we look forward to ongoing collaboration with the Committee as we continue to work toward our shared priority of better health for all Oregonians.

Sincerely,

Carla McKelvey, MD, MPH
OHPB Chair
CCO 2.0 Post-Award Update

August 6, 2019

Jeremy Vandehey, OHA Health Policy & Analytics
Director
Post Award Activities

- Service Areas & Awards
- Member Transition Planning
- Readiness Review
- Rules
- Contract Changes
- Rates
Key Dates

August: CCO 2.0 Rule Advisory Committees

August-September: Readiness review

Late September: Postcard to OHP members in areas with CCO choices

September 30: CCO 2.0 Contracts Signed

October 16: Letter to OHP members in areas with CCO choices

October 16-November 17: First opportunity for members to choose CCOs

Mid-December: Reminder letter to OHP member in areas with CCO choices

January 2020: New CCO contracts implemented

January - March 2020: Second opportunity for members to choose CCOs
CCO 2.0
Service Area & Award Review
Service Areas & Awards

OHA used a rigorous and objective evaluation process to ensure applicants can meet the higher bar set for CCO 2.0.

Applicants were rated six categories:

1. Care coordination and integration
2. Delivery system transformation
3. Community engagement
4. Clinical and service delivery
5. Business administration
6. Finance

The financial strength and viability of each applicant was evaluated by commercial insurance regulators from DCBS and OHA actuarial staff.
Service Areas & Awards

All evaluation and award documents posted publicly on OHPB website at: https://www.oregon.gov/oha/OHPB/Pages/CCO-2-0-Contract-Selection.aspx

- Summary of award decisions
- Awardees by County
- Updated draft contract
- Comparison with previous contract
- Summary of changes to CCO contract
- Applications from RFA
- Notification and evaluation reports
Service Areas & Awards

15 awardees

Every part of Oregon will have at least one CCO.

Several parts of the state will have more than one CCO to choose from.

Major Changes:

1. Trillium will start service in Multnomah, Clackamas and Washington counties.

2. PacificSource will start service in Lane, Marion, and Polk counties.

3. PrimaryHealth will exit the market

4. Willamette Valley Community Health will exit the market (did not reapply)
Service Areas & Awards

1 Year Contracts

Four CCOs have been selected for one-year contracts

1. AllCare
2. Cascade Health Alliance
3. Yamhill CCO
4. Umpqua Health Alliance
All applicants received deficiency letters on or before July 19, 2019.

OHA leaders visiting each of the four one-year awardees this week to review deficiencies in detail.

Each of the four receives CCO-specific guidance regarding their application and **actions to be taken** to move forward with a full 5-year contract.

Each CCO must demonstrate its ability to meet 5-year contract requirements through collaboration and remediation plans; **there are no guarantees**.
CCO 2.0

Member Transition Planning
Key values OHA has established to guide the CCO 2.0 OHP member transition:

1. Minimal disruption to member’s care
2. Honor member choice
3. Smooth and seamless process
If we do our work well, OHP members will:

✓ Understand the choices available to them
✓ Understand their OHP benefits are not changing
✓ Know how to compare their CCO choices
✓ Understand how to use the tools for making a choice
✓ Know where to go for help
✓ Not feel stressed about the change
✓ Feel respected and valued
Member Communication

OHA will use a combination of direct and indirect communications methods to provide members with the information they need during the transition.

**Direct:** OHA has three methods of directly contacting OHP members:

1. mail (primary method)
2. phone/text
3. email

**Indirect:**

- online communication (web and social)
- earned media
- paid media
- outreach to providers, community partners, DHS fields offices, etc.
Member Communication Timeline

**Early September**
CCO 2.0 call center begins

**Mid-September**
Raising awareness postcard, web content

**Mid-October**
Letter to members with choice or closure; comparison guide; social media

**Mid-December**
Reminder and transition of care letter; social media, robocall, text, email, web

**Mid-Oct/Nov**
Robocall, text, email, social media, web content

**Mid-to-late December**
CCOs send new member welcome letters
Mid-October member letters

Members who are in areas with changes to CCO choices will receive a letter that includes:

- List of household/case members
- Suggested/matched CCO for each person, based on care history
- List of all other CCO choices available to them
- Instructions on how to compare CCOs and tell us their choices
- Special letter ID number that they will use for the online webform
- A CCO comparison guide
Provider Communication

Providers play an important role in supporting patients and families in understanding health care changes and processes.

OHA will support providers by communicating:

1. How **OHA is communicating with OHP members** as we transition into new CCO 2.0 contracts.
2. How to support members **making a choice**
3. How to support members **during transitions**
Primary goal is **continuity of care** for OHP members

CCOs **work with one another** to closely coordinate services for members who are transitioning to a new CCO

Follow Transition of Care (TOC) process for all members who will experience transition

Create **data sharing agreements** as necessary to support transitions of care with other CCOs

Create single case **agreements with providers** as necessary to support transitions of care

Communicate clearly with members, providers, and other CCOs
CCO 2.0
Readiness Review
Readiness Reviews

OHA is conducting readiness reviews to ensure that federal, State, and contractual requirements are met by CCO applicants.

A readiness review is designed to evaluate a successful applicant’s ability to perform the operational requirements of the CCO contract by the contract effective date.

The assessment will determine whether the applicant has the resources, capacity, and systems in place to meet contract requirements.
Prioritization

**High priority** will be given to any function that *directly impacts* a member’s ability to access services

**Medium priority** will be given to functions where a Corrective Action Plan with clear milestones and deadlines would be appropriate for phased implementation and would be *least likely to directly impact* member access
### Readiness Review Activity Timeline

<table>
<thead>
<tr>
<th>RR Activity</th>
<th>Timing</th>
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<tbody>
<tr>
<td>Readiness Review instructional session</td>
<td>July 10, 2019</td>
</tr>
<tr>
<td>Documentation Submission</td>
<td>August 1, 2019</td>
</tr>
<tr>
<td>Desk review, remote sessions, and reporting of findings from Phase 1—Critical Areas Readiness Review</td>
<td>August - September 2019</td>
</tr>
<tr>
<td>Desk review, follow-up, and reporting of findings for Phase 2—Operations Policy Readiness Review</td>
<td>September - November 2019</td>
</tr>
<tr>
<td>Technical assistance to CCOs</td>
<td>December 2019</td>
</tr>
</tbody>
</table>
CCO 2.0

CCO Rulemaking
Changes to align with CCO 2.0 contracts

• OHA and DOJ analyzed the existing 141 rules to determine which requirements should be in the CCO contract or the contracts for other types of MCEs.

• In conducting the analysis, the following criteria were used:
  – Bilateral rights and obligations between the state and the CCO may be defined in the Contract. Third-party rights or obligations, however, should be defined in rules.
  – The high-level structure for OHP and the CCOs are set in rules.
CCO RAC Meeting Timeline

- August 1: SDOH RAC
- August 6: RAC 1 & 2
- August 7: RAC 3 & 4
- August 8: THW RAC, Financial RAC
- August 13: RAC 5
- August 14: RAC 6 & 7
- August 15: SDOH RAC, Financial RAC
- August 22: Financial RAC
CCO 2.0

Contract Changes
Throughout July & August, OHA is hosting a series of work sessions to **focus on the changes in each section of the contract** to ensure that CCOs understand the changes.

OHA will address comments/concerns in time for the contract to be finalized and submitted to CMS.

**Work session topics include:**

- Behavioral health & SDOH-HE
- Financial reporting & cost
- VBP, Health IT, Member relations
- Quality & accountability
CCO 2.0

CCO Rates
## CCO Rate Development Milestones

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Date</th>
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<tbody>
<tr>
<td>Post Award Conference</td>
<td>July 11, 2019</td>
</tr>
<tr>
<td>Questions from June Rates Work</td>
<td>July 19, 2019</td>
</tr>
<tr>
<td>July Rates Work</td>
<td>July 26, 2019</td>
</tr>
<tr>
<td>August Rates Work</td>
<td>August 28, 2019</td>
</tr>
<tr>
<td>August Individual CCO 1:1 Meetings</td>
<td>August 28-30, 2019</td>
</tr>
<tr>
<td>January 2020 Rates Completed</td>
<td>Goal: August 30, 2019</td>
</tr>
<tr>
<td>Final draft rates feedback due from CCOs to OHA</td>
<td>September 13, 2019</td>
</tr>
<tr>
<td>CCO 2020 Contracts Signed by CCOs</td>
<td>By September 30, 2019</td>
</tr>
<tr>
<td>Submit 2020 Rates and Certification to CMS</td>
<td>October 1, 2019</td>
</tr>
<tr>
<td>(Certification also shared with CCOs)</td>
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</tbody>
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Questions?
CCO 2.0 Contract Awardees: Frequently Asked Questions
Posted August 1, 2019

On July 9, 2019, the Oregon Health Authority (OHA) announced its intent to award 15 organizations with contracts to serve Oregon Health Plan members. Nearly 87 percent of Oregon’s 1 million OHP members are enrolled in coordinated care organizations (CCOs). Based on the awards, Oregon Health Plan members in every county in Oregon will have at least one CCO to coordinate their health care. New contracts with locally governed CCOs will build on the gains of the first six years of health transformation and address gaps and challenges that persist in the state’s health care system.

Which organizations received CCO 2.0 contracts?

OHA announced its intent to award five-year contracts to 11 applicants. These applicants successfully demonstrated their ability to meet the CCO 2.0 requirements:

<table>
<thead>
<tr>
<th>Awardee</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Columbia Pacific CCO, LLC</td>
<td>Clatsop, Columbia, and Tillamook</td>
</tr>
<tr>
<td>Eastern Oregon Coordinated Care Organization LLC</td>
<td>Sherman, Gilliam, Morrow, Umatilla, Union, Wallowa, Wheeler, Grant, Baker, Lake, Harney, and Malheur</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>Clackamas, Multnomah, and Washington</td>
</tr>
<tr>
<td>InterCommunity Health Network dba InterCommunity Health Network Coordinated Care Organization</td>
<td>Lincoln, Benton, and Linn</td>
</tr>
<tr>
<td>Jackson County CCO, LLC, dba Jackson Care Connect</td>
<td>Jackson</td>
</tr>
<tr>
<td>PacificSource Community Solutions - Central Oregon</td>
<td>Crook, Deschutes, Jefferson, and partial Klamath</td>
</tr>
<tr>
<td>PacificSource Community Solutions - Columbia Gorge</td>
<td>Hood River and Wasco</td>
</tr>
</tbody>
</table>
OHA announced its intent to award one-year contracts to four applicants. These applicants did not fully demonstrate their ability to sufficiently meet the CCO 2.0 criteria, but denying their applications would have left gaps in CCO coverage. These applicants will be placed on remediation plans and will have one year to show they can meet the higher expectations of CCO 2.0, with technical support from OHA. OHA will extend contracts beyond one year for CCOs that show they can meet the goals of CCO 2.0.

<table>
<thead>
<tr>
<th>Awardee</th>
<th>Service Area</th>
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<tbody>
<tr>
<td>AllCare CCO Inc.</td>
<td>Curry, Jackson, Josephine, and partial Douglas</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>Partial Klamath</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>Partial Douglas</td>
</tr>
<tr>
<td>Yamhill County Care Organization</td>
<td>Yamhill, partial Polk and Washington</td>
</tr>
</tbody>
</table>

Four applicants did not meet the requirements of CCO 2.0. One applicant (PrimaryHealth) was an existing CCO that did not pass financial stability reviews conducted by Oregon Department of Consumer and Business Services (DCBS) and OHA. They did not demonstrate they could remain solvent for the terms of the contract. Three applicants were newly proposed CCOs that did not meet CCO 2.0 criteria: Marion Polk Coordinated Care, Northwest Coordinated Care, and West Central Coordinated Care.

How long will CCOs receiving one-year contracts have to address their “remediation status”?

CCOs will have until spring 2020 to show they can meet the higher expectations of CCO 2.0 with technical support from OHA. Remediation plans will be developed based on deficiencies identified in their applications. The remediation plans will have specific objectives tied to milestone dates. To earn the additional four contracting years, CCOs will need to meet these objectives.
If a CCO does not receive a contract beyond year one, OHA will work with the local community to cover that service area through another CCO.

**What was the evaluation process for CCO selection?**

OHA reviewed applicants to ensure they can meet the higher bar set for CCO 2.0. The Oregon Health Authority reviewed 19 applications in a rigorous and objective evaluation process.

- Each applicant was rated on its ability to coordinate care, deliver clinical services, transform care delivery and contain costs (among other factors) by health care analysts from OHA.
- Applicants were required to demonstrate support from their local communities.
- The financial strength and viability of each applicant was evaluated by insurance regulators from DCBS and by OHA’s actuarial services unit.
- Each application was reviewed by teams of health care experts who have expertise in the different topics areas in which applicants were rated.
- Each application was “blinded” (i.e., all identifying information was removed from the application) to enhance the objectivity of the review process.

**What can members, providers, and other stakeholders expect from CCO 2.0 contract awardees?**

The CCO 2.0 contracts add new requirements and raise performance expectations for CCOs. New contracts will require CCOs to improve behavioral health, address barriers outside the doctor’s office that lead to poor health and health disparities, pay for better health outcomes and hold costs to a sustainable rate of growth.

- CCO 2.0 priorities were set by Governor Brown and the Oregon Health Policy Board.
- More than 2,500 Oregonians from all parts of the state echoed and affirmed these goals through public meetings held in 10 cities, online surveys and other opportunities for input.
- Rigorous new contract provisions give OHA new tools to ensure CCOs integrate behavioral health and physical medicine, target investments in social determinants and health equity, use evidence-based and efficient care and remain financially solvent.

**Which counties will have changes to CCO choices for members?**

**New CCOs added:**
- Multnomah, Clackamas, Washington counties
  - Current: Health Share of Oregon.
  - New: Trillium Community Health Plan.
- Lane county
Impact on CCOs

**Current: Trillium.**
**New: PacificSource Community Solutions – Lane.**

**Impacted by a CCO closure:**

- **Josephine, Jackson, and parts of Douglas counties, PrimaryHealth closure.**
  - Josephine county PrimaryHealth members will transition to AllCare.
  - Jackson county members in certain ZIP codes will have a choice between AllCare and Jackson Care Connect.
  - Douglas county members in certain ZIP codes will have a choice between AllCare and Umpqua.

- **Marion, Polk, parts of Linn, Benton, Yamhill, and Clackamas counties, Willamette Valley Community Health (WVCH) closure.**
  - New CCO PacificSource Community Solutions - Marion Polk.
  - Polk county members in certain ZIP codes will have a choice between the current CCO Yamhill and new PacificSource Community Solutions Marion Polk. Polk county members in the other ZIP codes will transition to PacificSource Community Solutions - Marion Polk.
  - Marion county members will transition to PacificSource Community Solutions - Marion Polk.
  - Members in parts of Linn and Benton counties enrolled in WVCH will transition to Intercommunity Health Network.
  - Members in parts of Yamhill county enrolled in WVCH will transition to Yamhill CCO.
  - Members in parts of Clackamas enrolled in WVCH will have a choice between Health Share of Oregon and Trillium.

**Will members who have changes to the available CCOs in their area be able to choose which CCO will serve them?**

In the public engagement process, OHA heard that keeping members with the providers they see now and not disrupting their care should be OHA’s main priority during this transition. It is also a core value of OHA’s that members have the opportunity to make choices about which CCO will serve them when a choice is available in their area. Members in areas with choices to make, either because of a new CCO in their area or because of a CCO closure, will have two opportunities to make choices about their CCOs: from October 16 to November 17 and from January 1 to March 31.

- Members will receive a postcard in September to let them know there will be different CCO choices in their area and to watch for a letter from OHP in October. The October letter will notify members of their CCO choices and a CCO that they will join if they do not make another choice. The letter will include a special letter ID number to use when making a choice, a guide to help them compare CCOs, a suggested “matched” CCO, a list of their CCO choices, and where to go to make a choice.
• Members can either keep their suggested matched CCO or choose a different CCO online, over the phone, or in person. OHA will have a special dedicated call center for members to call to make CCO plan choices and to address member questions. OHA is also developing an online form for members to use to make CCO choices. The form will be available in English and Spanish. The form will be able to be used by the OHP member or authorized representative, community partners, processing (call) center staff, and DHS field office staff.

• Members who choose a new CCO will be enrolled in that CCO starting January 1, 2020. From January 1 to March 31, members can try out their health plan and choose a different CCO for any reason.

What is OHA's process for “matching” members with CCOs?

To support continuity of care and minimize disruptions, OHA is matching members to a CCO based on the providers they have received care from in the past 12 months (behavioral health provider and then primary care provider). Members do not have to keep that matched CCO. They can choose from other CCOs in their service area.

What will happen in the communities with a CCO closure?

In January 2019 Willamette Valley Community Health (WVCH) announced its intent to close at the end of this year. PrimaryHealth is a CCO closure based on the evaluation process.

OHA is prioritizing the needs of OHP members first. OHA will work very closely with the closing CCO to help members transition to a new CCO and experience as little disruption as possible.

The closing CCO will submit a transition plan to OHA that will ensure a successful member transition, with a focus on providing continuity of care for all members, particularly people who are most vulnerable due to serious health problems or other needs. The receiving CCO and closing CCO will cooperate during a transition period to ensure that records and other information needed are effectively communicated. OHA will oversee these transitions.

A special dedicated call center set up for this transition will also be available to support members who have questions.

What is readiness review? Could awarded CCOs not pass readiness review and not receive awards?

During the readiness review process, CCOs that were awarded a contract will be evaluated for their readiness to deliver the services required under the contract. This review includes looking at whether the CCO has the resources, capacity, and systems in place to meet OHA’s requirements.
OHA has contracted with Health Services Advisory Group (HSAG), a national health care consulting firm, to take a deeper look at the operations and administration of the CCOs, how well they can meet the service delivery and case management requirements and ensure that systems are in place to appropriately monitor finances and claims data.

Readiness review for critical areas will be completed in September. The contractor performing readiness review will provide a report to OHA on any findings. OHA will determine whether these findings can be remediated or whether that CCO should not receive a signed contract. If a CCO does not receive a signed contract, OHA will announce plans for member transition in the CCO’s service area.

How can I participate in the CCO 2.0 rulemaking process?

In August OHA is convening a series of rule advisory committees (RACs) to help develop updated administrative rules for CCOs. At the meetings, which will take place Aug. 1-22, OHA will review proposed rules and collect public comment on the draft Oregon Administrative Rules that will take effect beginning January 1, 2020. The draft rules:

- Align with the 2020-2024 CCO contracts.
- Incorporate CCO 2.0 policy recommendations adopted by the Oregon Health Policy Board to improve the health of Oregon Health Plan members, address health disparities, control program costs, and continue Oregon’s health care delivery transformation.
- Expand CCO financial reporting requirements.
- Feature new rules outlining CCO responsibilities regarding traditional health workers, social determinants of health, and health equity.
- Streamline and improve the organization of the rules.

Draft rules, meeting dates and times, and additional information about the CCO 2.0 RACs can be found on the Health Systems Division Rule Advisory Committee page: https://www.oregon.gov/OHA/HSD/Pages/RAC.aspx.

All meetings are open to the public. A public comment period will be available at the end of each meeting. If you have questions or comments about the CCO 2.0 RACs, email cco2.0rulemaking@dhsoha.state.or.us.

Where can I find all the public documents related to the CCO 2.0 contract awards?

Documents related to the contract awards can be found on the CCO 2.0 website: https://www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx.
OHA has released: the 19 CCO applications, the full application evaluation reports, applicant notification letters, a summary of award decisions, awardee remediation letters, an updated service area map, and updated draft CCO contract terms.
Oregonians will experience improved health because of policies supported by the 2019 Oregon Legislature. OHA entered this legislative session with five major goals: sustainably fund Medicaid long-term, support CCO 2.0, expand behavioral health access, help newborns and families with a healthier start, and improve protections against disease outbreaks and environmental threats. Oregon legislators passed most of OHA’s highest priority bills, significantly advancing each of the five goals, as well as other important health-related bills. In the months and years ahead, OHA and our partners across the state will strive to transform the promise of these legislative mandates into meaningful improvements in the health of millions of Oregonians.

Goal 1: Close the funding gap in the state health budget and put Medicaid on a sustainable funding path

More than 1 in 4 Oregonians receives health coverage through the Oregon Health Plan, including 1 in 3 residents of many rural Oregon counties. Oregon’s Medicaid funding gap posed a challenge to Oregon’s rate of health coverage, the state’s cost-saving health reform efforts, and the strength of its economy. OHA supported the Governor’s Medicaid Financing Work Group to develop long-term mechanisms to sustainably fund Oregon’s share of Medicaid, which resulted in three bills to provide sustained funding. Two of the three measures passed, significantly closing the funding gap for years to come. OHA will continue to evaluate the third measure – an assessment on large employers who do not cover some portion of employees’ health care costs – for possible consideration in a future session.

- **HB 2010** updates existing assessments on health plan premiums and hospitals, and extends them for another 6 years, to ensure long-term funding.
- **HB 2270** increases the cigarette tax by $2 a pack, and extends the tax on other tobacco products to inhalant delivery systems (e-cigarettes). Of these revenues, 90% will fund OHP and 10% will fund culturally-responsive tobacco cessation and prevention services. This measure goes to a public vote in November 2020.

Goal 2: Support the transformation of health care delivery and reduce the cost of care through CCO 2.0

Oregon has pioneered innovative cost-saving transformations in health care delivery through Coordinated Care Organizations (CCOs). Based on lessons learned in our first round of contracts, the Oregon Health Policy Board recommended new components of the CCO delivery system in the next round of contracts, known as CCO 2.0.

- **HB 2267** puts the Oregon Health Policy Board recommendations into state law, including requiring CCOs to have at least two community representatives on their governing board, requiring CCOs, local public health authorities, and hospitals to partner to develop shared community health assessments and improvement strategies, and establishing tribal liaisons and a tribal advisory council for CCOs. OHA’s budget also includes 15 new positions to implement CCO 2.0, many of them focused on complaints and enforcement.
- **SB 1041** increases accountability and transparency in CCO finances based on best practices established by the National Association of Insurance Commissioners, and provides OHA with tools to identify when a CCO’s financial condition deteriorates – and to intervene if it does – to protect CCO enrollees from losing their access to health care.
Other bills that strengthen the overall health care system in several ways include:

- **SB 23** authorizes the collection of abstracted patient discharge records from emergency departments at Oregon’s 60 acute care hospitals, filling a critical data gap.
- **SB 770** establishes the Task Force on Universal Health Care, which is charged with recommending the design of a Health Care for All Oregon Plan.
- **SB 889** establishes the Health Care Cost Growth Benchmark program to control growth of health care expenditures across the entire health care market in Oregon.
- **HB 2040** adds new members to the Traditional Health Worker Commission, to help it better identify and address root causes of health problems.
- **SB 2265** is a housekeeping bill for Health Policy and Analytics Division, which adds optometrists to the list of professionals required to complete the Online Pain Management Module, clarifies appointments to the Health Plan Quality Metrics Committee, and more.
- **HB 3076** requires nonprofit hospitals write charity care policies that meet certain standards, and directs OHA to establish a community benefit spending floor.

**Goal 3: Help more Oregonians get the mental health and addiction treatment they need, in the right place at the right time**

Oregon faces serious challenges in behavioral health: suicide is the second leading cause of death for young adults in Oregon, one out of every ten Oregonians dependent on illicit drugs receive treatment, and only half of Oregonians who received mental health services were satisfied with the services they received. Below are key bills and budget priorities that were approved by the legislature and will help Oregonians find the help they need at the right place and time.

- **SB 1** is a product of the Children and Youth with Specialized Needs work group that was formed by the Governor, Senate President, and Chief Justice of the Supreme Court to address unique challenges faced by children with distinctive mental or behavioral health needs. It establishes the System of Care Advisory Council to improve state and local systems that serve youth, by centralizing statewide policy development and planning. The bill allows for OHA, OYA, and DHS to contract for interdisciplinary assessment teams to provide services to youth, increase statewide capacity, and prioritize evaluation, assessment, and stabilization services provided to youth.
- **HB 2257** is a product of the Governor’s Opioid Epidemic Task Force as a statewide effort to combat opioid abuse and dependency. It defines substance use disorder (SUD) as a chronic disease rather than an acute illness, and addresses access, payment, and affordability of treatment services among commercial and public payers.
- **SB 24** reduces the census at Oregon State Hospital and encourages the treatment of defendants in the community when appropriate. It modifies procedures related to criminal defendants lacking fitness to proceed in their own defense (known as aid & assist, or .370 defendants), so that patients are treated in the community unless a County Mental Health Program determines that a hospital level of care is required. Related to this bill, the legislature approved an additional $7.6 million for community treatment for aid and assist patients.
- **SB 25** streamlines and makes more effective forensic evaluations for defendants who may not be able to aid and assist during their trial.

The OHA budget includes several key investments in behavioral health, including:

- $10 million for suicide prevention and expansion of mental health access in schools. The need for mental health access is especially great at the elementary and middle school levels and supports prevention of suicide by providing earlier intervention when it is most urgent.
- $19.6 million for intensive in-home behavioral health services for kids. Due to a lack of intensive community-based services, many Medicaid-eligible youth are referred to residential care instead of
receiving treatment in their home community. Creating and funding new intensive care opportunities in the community would increase diversity of services available to Oregon’s Medicaid-eligible youth and provide alternatives to residential services.

- $4.5 million to support wrap-around behavioral services and rental assistance vouchers for 500 permanent supportive housing units. This is in addition to the existing rental assistance program.

Other important behavioral health measures include:

- **SB 22** requires OHA to establish standards for identifying behavioral health homes.
- **SB 26** directs OHA to discharge employee at facility under jurisdiction of authority if it has been substantiated that employee physically or sexually abused patient or client.
- **SB 134** requires CCOs to publish on their website documents to educate members regarding treatment options and support resources available for members who have mental illnesses or substance use disorders.
- **SB 138** reestablishes the Mental Health Clinical Advisory Group to continue development of evidence-based algorithms for prescription drug treatment of mental health disorders.
- **HB 3427** creates the Fund for Student Success, which includes behavioral health services in schools.

**Goal 4: Help more families give their children a healthier start in life**

Evidence shows that offering a universal, short-term, post-natal nurse home-visiting program for all newborns and their families is a valuable and cost-effective way to promote greater health and well-being for babies and families alike. Visiting nurses share support and guidance and help build connections between families of newborns and community resources.

- **SB 526** directs OHA to design and implement a voluntary statewide home visiting program for families with newborns up to six months of age and requires coverage by commercial health benefit plans.
- The OHA budget includes approximately $4.7 million to begin offering a universal newborn home visiting program to Oregon Health Plan members.

**Goal 5: Modernize public health to protect people against disease outbreaks, emergencies and environmental health problems**

The way that we live, travel, work, and recreate has created a series of new and increasingly complex public health issues. Toxic algae blooms contaminating drinking water, virulent diseases from distant continents that are an airplane ride away, diseases that travel with mosquitos as their habitat expands, wildfire smoke that has made the air dangerous to breathe, and even “traditional” health threats that still pose challenges have given us many indications that we need to modernize the public health system in Oregon.

- Building on the $5 million investment from the last biennium, the OHA budget includes an additional $10 million to modernize the public health approach to communicable disease, emergency preparedness and impacts of climate change on health. The budget also includes $5.5 million in state support for local public health.

Other important public health measures include:

- **SB 27** restructures water system fees to ensure the safety of public drinking water while creating fee equity across water systems.
- **SB 28** updates the fees for food, pool, and lodging inspections around the state.
- **SB 29** is a housekeeping bill for the Public Health Division, which replaces outdated terms and includes technical fixes to better align the work of public health.
- **SB 253** clarifies the process for transferring local public health authority responsibilities to OHA (as well as from OHA back to local public health authorities).

Updated 7.8.19
OHPB '19-'21 Policy Focus Area Timeline

**Policy Priority Area: Healthcare Cost Benchmark**

- Legislative action on cost benchmark program (SB 889)
- Implementation committee: benchmark methodology
- OHPB review & approval
- Legislative action on accountability component
- Stakeholder engagement
- Report on waste
- Initial report
- Data collection & analysis
- Implementation of accountability component

**Policy Priority Area: Children’s Health**

- InCK* Grant App
- Provide support around Children’s Health Complexity construct with Stakeholders & CCOs (OPIP)
- Spread Children’s Health Complexity best practices
- Roll out initial Kindergarten Readiness 2020 health aspect metrics (2)
- Develop additional KR (social-emotional health measure) for CCOs
- Develop individual socio-emotional measures and
- Convene committees across all SHIP priority areas
- Baseline data analysis
- Identify strategies across the lifespan within each SHIP priority area
- CCO Children’s Health VBP support & best practice spread
- Monitor CCO children’s health measure performance

**Policy Priority Area: Health Equity**

- Defining “Health Equity”
- OHPB definition approval
- REALD data collection quality improvement
- Healthcare interpretation measurement for CCO incentive measure
- DevelopConsider health equity CCO measures and health equity measurement strategy
- Engaging communities statewide, most impacted by social inequities and poorer health outcomes
- Technical assistance and training to implement Diversity, Equity & Inclusion policy and practice statewide and within OHA
- Monitoring, addressing and ensuring compliance with Civil Rights Title VI, Americans with Disabilities Act and Affordable Care Act Section 1557

**CCO 2.0**

- Draft & final RFA
- Application filed
- Application evaluation
- Readiness review
- Notice of intent to
- Contracts signed
- Member allocation
- State Health Improvement Plan (SHIP): Institutional Bias, Adversity/Trauma/Toxic Stress, Economic Drivers of Health, Access to Equitable Preventative Care, Behavioral Health
- CCO 2.0: Value Based Payment (VBP) targets
- CCO 2.0: Health equity/social determinants of health spending strategy
- CCO 2.0: Behavioral Health system improvement
- CCO 2.0: Sustainable cost & greater transparency

* Integrated Care for Kids Federal Grant opportunity - a child-centered local service delivery and state payment model aimed at improving outcomes and reducing expenditures
2020-2024 State Health Improvement Plan (SHIP)

Oregon Health Policy Board Meeting
August 6, 2019
Objectives

• Learn about the process for developing the 2020-24 SHIP
• Discuss opportunities to support CCOs, other partners and communities in the alignment between CCO community health improvement plans and the SHIP
• Discuss opportunities for greater collaboration on SHIP priorities across OHPB committees
What is a State Health Improvement Plan?

- Identifies our state’s health priorities
- Addresses unjust and unacceptable disparities
- Tool for collective impact with cross-sector partners
- Tool for aligning and aggregating existing efforts
- Key strategic document for Oregon Health Authority
- Required for National Public Health Accreditation
Who implements the SHIP?

- Oregon Health Authority
- Health system
- State legislators and other elected officials
- State and local public health departments
- Education (including early childhood, K-12, colleges and universities, and vocational programs)
- Employers
- Criminal justice and law enforcement
- Transportation
- Housing and human service providers
- Community based organizations
- Faith-based organizations
- Foundations and philanthropic partners
Role of the Public Health Advisory Board

• Provides oversight for the State Health Assessment and SHIP.
• Was represented on the State Health Assessment Steering Committee.
• Is represented on the PartnerSHIP, the entity tasked with leading the development of the 2020-24 SHIP.
2015-19 State Health Improvement Plan
2015-19 SHIP priorities

- Prevent and reduce tobacco use
- Slow increase of obesity
- Improve oral health
- Reduce harms associated with alcohol and substance use
- Prevent deaths from suicide
- Improve immunization rates
- Protect the population from communicable disease
2015-19 SHIP and 2020 CCO incentive measure alignment

- Childhood immunizations
- Adolescent immunizations
- Depression screening and follow up
- Cigarette smoking prevalence
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Preventive dental visits: ages 1-5 and 6-14
- Oral evaluation for adults with diabetes
- HbA1c poor control
- Initiation and engagement in treatment for drug and alcohol use
2015-19 SHIP alignment with CCO quality improvement initiatives

- CCO technical assistance is provided through the OHA Transformation Center and is directed at improving performance on population health measures:
  - Tobacco use prevalence
  - Childhood immunizations

- CCO Performance Improvement Projects have intentionally aligned with SHIP priorities.
Process for developing the 2020-24 SHIP
## Paradigm shift in health planning

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational planning</td>
<td>Strategic planning</td>
</tr>
<tr>
<td>Focus on the public health system</td>
<td>Focus on any system concerned about health</td>
</tr>
<tr>
<td>Needs assessment</td>
<td>Emphasis on assets and resources</td>
</tr>
<tr>
<td>Medically oriented model</td>
<td>Broad, upstream definition of health</td>
</tr>
<tr>
<td>OHA is responsible for health</td>
<td>Everyone is responsible for health</td>
</tr>
<tr>
<td>Equality</td>
<td>Equity</td>
</tr>
</tbody>
</table>

*Adapted from the National Association of County and City Health Officials*
# SHIP development process

| Part 1: State Health Assessment | Organize for success and develop partnerships
|                               | Develop vision
|                               | Conduct four assessments
| Part 2: State Health Improvement Plan | **Identify strategic priorities**
|                               | Formulate goals and strategies
|                               | Implement and evaluate

PUBLIC HEALTH DIVISION
Office of the State Public Health Director
Vision and values

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.

- Equity and social justice
- Empowerment
- Strengths-based
- Culturally responsive inclusion to achieve authentic community input
- Accountability to action, evidence base and population impact
Oregon’s State Health Assessment

Health Indicators

About the Indicators

- Indicators from the State Health Assessment are updated annually.
- Data tables for many of the indicators are also available by county

Select a topic below to view the indicators for that topic. You can then view the state profile or, where available, the county data tables.

- Social Determinants of Health
- Environmental Health
- Prevention and Health Promotion
- Access to Clinical Preventive Services
- Communicable Disease Control
Partnering to create the next SHIP

Core group (OHA staff)
- Collects and shares available data
- Supports PartnerSHIP
- Ensures a community-driven process is followed

PartnerSHIP
- Local and tribal public health
- CCOs, CACs, hospitals and health insurance
- Regional health equity coalitions
- Schools of public health
- Culturally responsive community based organizations serving affected communities

Community at large
- Online surveys
- Culturally responsive community based organizations
- Other interested agencies and organizations

PUBLIC HEALTH DIVISION
Office of the State Public Health Director
PartnerSHIP composition

• Mid-Columbia Health Equity Advocates
• Health Care Coalition of Southern Oregon
• Oregon Health and Science University
• Oregon Health Authority
• Linn-Benton Health Equity Alliance
• Hacienda Development Corporation
• Northwest Portland Area Indian Health Board
• Eastern Oregon Center for Independent Living

• Multnomah County Health Department
• Asian Health and Service Center
• Moda Health
• Coquille Indian Tribe
• Pride Foundation
• Advanced Health
• Immigrant and Refugee Community Organization
• InterCommunity Health Network CCO (CAC)
• Central Oregon Health Council
• Klamath County Public Health
Strategic issues identified by the PartnerSHIP and PHAB

- 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, ~1,500 respondents
- Mini-grants to community based organizations to solicit input from affected communities
  - 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 presentations
Themes and data

• Over 2,500 people provided feedback:
  • Representative of affected communities across Oregon
  • Areas outside of I-5 represented
  • More women then men
  • People with less education were under-represented
  • Youth response not present

• Consistent themes emerged on what is most important: **social determinants of health**
  • Recognition that issues are interrelated
  • Community members are grateful for opportunity to provide feedback and wary it will result in real change
<table>
<thead>
<tr>
<th>Community</th>
<th># of people engaged</th>
<th>Ranked priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with disabilities in rural/frontier Oregon</td>
<td>150</td>
<td>Housing, mental health, living wage, substance use, access to care, childhood trauma, food insecurity</td>
</tr>
<tr>
<td>Pacific Islanders and Micronesian community in the Willamette Valley</td>
<td>65</td>
<td>Housing, violence, living wage, food insecurity, climate change, access to care</td>
</tr>
<tr>
<td>Latinx and Native American communities in the Gorge region</td>
<td>137</td>
<td>Housing, living wage, mental health, ACEs, trauma and toxic stress, food insecurity</td>
</tr>
<tr>
<td>Federally-recognized tribes</td>
<td>215</td>
<td>Housing, mental health, substance use, childhood and lifelong adversity, living wage, obesity and suicide</td>
</tr>
<tr>
<td>LGBTQIA+ persons in the Portland metro area</td>
<td>219</td>
<td>Access to care, housing, mental health, institutional bias, ACEs, trauma and toxic stress, living wage</td>
</tr>
<tr>
<td>African American and Black community in the Portland metro area</td>
<td>54</td>
<td>Housing, living wage, violence, ACEs, trauma and toxic stress, substance use, mental health</td>
</tr>
<tr>
<td>Communities of color in Southern Oregon</td>
<td>164</td>
<td>Housing, living wage, mental health, ACEs and life experiences, climate change, access to care, institutional bias</td>
</tr>
</tbody>
</table>
The result: 2020-2024 SHIP priorities

- Institutional bias
- Adversity, trauma and toxic stress
- Economic drivers of health (including issues related to housing, living wage, food security and transportation)
- Access to equitable, preventive health care
- Behavioral health (including mental health and substance use)
SHIP Framework (draft)

Priority areas

- Institutional bias
- Adversity, trauma and toxic stress
- Behavioral health
- Access to equitable preventive services
- Economic drivers of health

Focus on priority populations
(People of color, people with low-income, people with disabilities, people who identify as LGBTQ+, and geographic disparities)

Strategies across the lifespan
(children and older adults)
PartnerSHIP subcommittees

- Subcommittees have been formed to further develop the plan associated with each of the five priorities
- Includes representation from 97 individuals and 62 distinct organizations
- Community-based organizations, state agencies and various health system organizations involved
PartnerSHIP subcommittee charge

- Identify goals, objectives and strategies within each SHIP priority
- Develop measures and identify data sources to track and measure progress
- Solicit feedback from the community on selected strategies
- Finalize plans for each area
### The 5 Conditions of Collective Impact

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1. Common Agenda | - Common understanding of the problem  
- Shared vision for change |
| 2. Shared Measurement | - Collecting data and measuring results  
- Focus on **performance management**  
- Shared accountability |
| 3. Mutually Reinforcing Activities | - Differentiated approaches  
- **Coordination** through joint plan of action |
| 4. Continuous Communication | - Consistent and **open communication**  
- Focus on **building trust** |
| 5. Backbone Support | - Separate organization(s) with **staff**  
- Resources and skills to **convene** and **coordinate** participating organizations |
Opportunity #1 – CCO 2.0 contract

The Contractor, through its CAC, shall adopt a CHA and a CHP with responsibilities identified in OAR 410-141-3145 and in compliance with ORS 414.627 and ORS 414.626. This includes, but is not limited to developing a CHA and CHP that:

(3) Includes in the CHP at least two State Health Improvement Plan (SHIP) priorities, based on local need and the statewide strategies being implemented;

(4) Includes SDOH-HE partners and organizations, counties, THWs, and tribes in development of the CHA and CHP;
Opportunity #2 – CCO 2.0 contract

Social determinants of health and equity spending programs plan must align with CCO community health improvement plans that are shared with local public health authorities and hospitals.
Discussion

What are some key opportunities to further collaborative work on institutional bias, adversity, trauma and toxic stress, economic drivers of health, access to equitable, preventive health care and behavioral health?
Discussion

Where do you see alignment between OHPB priorities and the 2020-24 SHIP?

In what ways would you like to see the Oregon Health Policy Board and its committees further collaborate on the SHIP?
Discussion

What additional supports should we put in place to successfully implement the 2020-24 SHIP?
Contact information

www.healthoregon.org/SHIP
HEC Membership Additions*

*Replacement members appointed to the remainder of the resigning member’s term and is eligible for reappointment at the discretion of OHPB and OEI.

8/06/2019

Health Equity Committee membership is inclusive of health equity professionals or individuals who have life experience in health equity policy advocacy and policymaking processes, community members, health equity practitioners, and individuals representative of communities experiencing health inequities.

Health Equity Committee membership is granted to the individuals that appear below and not to the organizations that employ them.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organizational Affiliation</th>
<th>Location</th>
<th>Term (Yrs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ashley Harding</td>
<td>Project Director</td>
<td>Tribal Health Clinic</td>
<td>Umatilla</td>
<td>3</td>
</tr>
<tr>
<td>2. Kate Wells</td>
<td>Director, Wellness and Community Health Strategy</td>
<td>Coordinated Care Organization</td>
<td>Deschutes</td>
<td>3</td>
</tr>
</tbody>
</table>

Description/Background:

Ashley has dedicated her career to working and advocating with tribal nations and communities across the nation regarding social justice, systems change, health equity and addressing social determinants of health. She has been a champion for health equity in every single one of her roles during her career as a home visitor, as a community coordinator, as a parent, as a consultant in tribal child welfare matters, and in her current role as a project director for a grant focusing on healing and wellness.

Kate has worked for several years on her organization’s internal and external efforts to build awareness of the social determinants of health, health equity and health disparities concepts. She is a 2013 DELTA program graduate. She has worked on many projects aimed to improve access and quality of care for population such as Latino and Native American communities. She has led organizational efforts of prioritizing Culturally and Linguistically Appropriate Services standards (CLAS) among CCO providers and had brought up the importance of health equity and social determinants of health through CCO governance committees and provider partnerships.
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organizational Affiliation</th>
<th>Location</th>
<th>Term (Yrs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Deb Morrow</td>
<td>Real State Administrator</td>
<td>Business</td>
<td>Clatsop</td>
<td>3</td>
</tr>
</tbody>
</table>

**Description/Background:**

Deb brings an important perspective to the HEC as a parent of child with disabilities, as an advocate for issues related to healthcare access, access to specialty care in rural areas and especially around poverty. Deb is on the board of her local CCO and is an active member of her Community Advisory Council. In addition, Deb is a member of her local school board.

| 4. Rakesh Gadde | Dentist | Health Clinic | Klamath | 3           |

**Description/Background:**

Rakesh has worked on issues related to health equity, social determinants of health disparities during his entire career. He is a 2013 DELTA graduate. In his work at a Federally Qualified Health Center in south central Oregon he has experienced firsthand the struggles his patients face to access dental care, and he has seen the impact that having access to equitable healthcare has in a person and in the person’s community.
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organizational Affiliation</th>
<th>Location by County</th>
</tr>
</thead>
<tbody>
<tr>
<td>JoAnn Miller</td>
<td>Community Health Promotion Director</td>
<td>Did not include</td>
<td>Linn-Benton</td>
</tr>
<tr>
<td>Carolina Castañeda del Rio</td>
<td>Chief Operating Officer</td>
<td>Community Development Corporation</td>
<td>Multnomah</td>
</tr>
<tr>
<td>Kim Lepin</td>
<td>Transformation Improvement Director</td>
<td>Community Non-for-profit</td>
<td>Multnomah</td>
</tr>
<tr>
<td>West Livaudais</td>
<td>Program Coordinator</td>
<td>Community Based Organization</td>
<td>Multnomah</td>
</tr>
</tbody>
</table>

**Description/Background:**

JoAnn is a graduate of OHA’s nine-month training on health equity leadership: Developing Equity Leadership Through Training and Action (DELTA). JoAnn has experience delivering training on cultural competency and health inequities. She is a member of the Linn-Benton Health Equity Alliance, a Regional Health Equity Coalition, and the IHN/CCO Transformation Team Health Disparities Workgroup. JoAnn also has strong ties to health care providers of color in Linn, Benton and Lincoln Counties, and she lives and works in rural Oregon.

Carolina has worked in direct service for 10 years supporting people in poverty, people with disabilities and people with behavioral health and other chronic conditions. Carolina is a mental health counselor and a member of the Southern Oregon Health Equity Coalition serving on the cultural agility committee and as chair of the steering committee. Housing, the recruitment and retention of a diverse healthcare workforce and decreasing the gap in teen pregnancy and prenatal care for Latinas are Carolina’s primary areas of concern and focus.

Kim has special interest in health literacy, language access, communication and patient-centered outcomes. One area of focused work is incorporating health equity into faculty and learner development. Kim is currently a doctoral student in the OHSU-PSU School of Public Health’s Health Systems and Policy program.

West founded the Oregon Spinal Cord Injury Connection non-profit, working to build community and access to resources for people impacted by spinal cord injury. West is an MPH graduate student in the OHSU-PSU School of Public Health. He is also...
focused on policy related to Race, Ethnicity, Language and Disability data and Community Health Workers in the disability
community, as well as health equity from a social justice perspective.

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Role</th>
<th>Organization</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Michael Anderson-Nathe</td>
<td>Chief Equity and</td>
<td>Coordinated Care Organization</td>
<td>Multnomah</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Engagement Officer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description/Background:**
Michael has dedicated his professional career to social justice and equity including 17 years in HIV prevention and more recently in health system transformation. Michael is a graduate of the Developing Equity Leadership through Training and Action (DELTA) and has expertise in organizational development and intercultural communication via a Master’s in Public Administration. Michael is interested in working collaboratively in shaping health equity policy and implementation across the state and CCO model.

| 6 | Ryley Hostetter             | Child Welfare            | Oregon Department of Human Services | Multnomah         |
|   |                             |                          |                                 |                   |

**Description/Background:**
Ryley has experience in health equity and the social determinants of health from both a scholarly perspective and in practical application. Ryley has worked in the behavioral health arena with focus on youth, communities of color and LGBTQ communities. Currently, Ryley’s work focuses on foster care and child welfare.

| 7 | Clarice Amorim Freitas      | Program Coordinator      | Community Based Organization     | Linn/Benton       |
|   |                             |                          |                                 |                   |

**Description/Background:**
Clarice is a first-generation immigrant from Brazil. She has dedicated volunteer, academic, and professional efforts to better understanding, connecting, and serving immigrant communities in the United States. Clarice as lived experience as a first-generation immigrant, has done extensive academic work in social inequities and community engagement. Clarice has dedicated volunteer, academic, and professional efforts to better understanding, connecting, and serving immigrant communities in the United States, particularly those of Latino ancestry.

| 8 | Carly Hood                  | Social Determinants of   | Community Based Organization     | Multnomah         |
|   |                             | Health Manager           |                                 |                   |

**Description/Background:**
Carly has masters’ degrees in Public Health and Public Administration with focus on policy development, evaluation and the way that social service, race and place impact health. Carly has published work on what physicians can do to impact the social
determinants of health to become health equity advocates. Her focus is on strengthening the link between social policy, systems change and health outcomes.

<table>
<thead>
<tr>
<th>9. Derick Du Vivier</th>
<th>Physician</th>
<th>Hospital System</th>
<th>Multnomah</th>
</tr>
</thead>
</table>

**Description/Background:**
Derik has been a practicing physician in Oregon for 15 years. He has worked with diverse patient populations including migrant workers, inner-city African Americans and immigrants from Africa, Eastern Europe and Central America. He combines his medical and policy related experience to provide more inclusive care and mitigate the damage of chronic diseases related to health inequities. He recently developed and implemented a curriculum to promote diversity and inclusion in his department and has studied health care policy in Japan.

<table>
<thead>
<tr>
<th>9. Stick Crosby</th>
<th>Network and Equity Manager</th>
<th>Coordinated Care Organization</th>
<th>Jackson</th>
</tr>
</thead>
</table>

**Description/Background:**
CCO Health Equity and Inclusivity Action Team. He lives in southern Oregon. Stick is an OHA/OEI DELTA graduate and has done extensive work on health equity and the elimination of health disparities in his service area. Stick brings to the committee experience in CCO health equity work, data and its application in rural Oregon.

<table>
<thead>
<tr>
<th>11. Amela Blekic</th>
<th>Psychiatrist</th>
<th>Hospital System</th>
<th>Multnomah</th>
</tr>
</thead>
</table>

**Description/Background:**
Psychiatrist born and raised in Bosnia and came to the United States as a refugee. She has lived experience as refugee and has worked extensively in healthcare as a physician and in mental health, as a psychiatrist, serving underrepresented communities, immigrants, refugees and veterans. Amela has a strong commitment to justice and equity.

**Demographic Information (including proposed additions)**

Race: 46% white non-Hispanic; 20% Asian or Pacific Islander; 13% African American/Black; 6% American Indian/Alaskan Native. 
Ethnicity: 13% members identify as Hispanic/Latino. 
Geography: 53% from Portland area; 13% Willamette Valley; 13% Southern OR; 6% Central OR; 6% OR Coast; 6% Eastern Oregon. 
Disability: 6%
Health Equity Measure Update

Leann Johnson, OHA Office of Equity & Inclusion Director
Stacey Schubert, OHA Health Analytics Interim Director

August 6, 2019
Background

- At the Board’s request OHA developed a measure of health equity regarding quality health care interpreter services.
- The measure was developed in collaboration with impacted communities and various measurement Committee members and experts.
- It measured the quality of CCO provided health care interpreter services from OHA qualified interpreters.
- HPQMC did not select the measure so it is ineligible to be selected as a CCO incentive measure.
Steps taken since July OHPB meeting

The CCO 2.0 contract requires CCOs to report information that would have been captured in the proposed CCO incentive measure.

“…Contractor shall collect and report language access and interpreter services to OHA. Contractor shall complete a self-assessment, and collect and report language access and interpreter services to OHA. The Language Self-Assessment shall be reported annually, and the language access data shall be provided to OHA quarter…Reporting required to be made in January shall commence with Contract Year two (2021). Reporting required to be made in April, July, and October shall commence in Contract Year one (2020).”

OHA will collect and report the data so local communities can transparently assess the effectiveness and quality of health care interpretation.
Next Steps: Timeline

July-Dec 2019:

- OHA will work through technical barriers in collaboration with CCOs, e.g. denominator issues.
- OHA will work purposefully and in partnership with communities most likely to be impacted by the measure.
- OHA will work with relevant Committees to move the measure forward as an eligible CCO incentive metric at the next opportunity, e.g. HPQMC, Metrics & Scoring Committee
- OHPB provides guidance to HPQMC regarding health equity measure adoption
Next Steps: Timeline

2020:

- OHA will collect and evaluate interpreter services data from CCOs.
- OHA will ensure the HPQMC measure selection timeline can accommodate consideration of the quality/qualified health care interpretation services.
Next Steps: Timeline

2021:

- The measure will be adopted as an incentive measure if HPQMC & Metrics & Scoring select it accordingly.

- OHA may release a “State of Equity Report” detailing Language Access Services.
Questions?