

**Oregon Health Policy Board Minutes**  
**January 12, 2010**  
**1:00 pm – 5:00 pm**  
**Market Square Building, Portland, Oregon**

**Item 1 – Call to Order/Roll Call**

Eric Parsons called the Oregon Health Policy Board (OHPB) meeting to order. All Board members were present. Oregon Health Authority (OHA) staff present were Bruce Goldberg and Tina Edlund. The Board thanked Dr. Robertson for making the facility available to the Board.

*Agenda – minutes of last meeting*, The December 8, 2009 minutes were reviewed. Changes to the Minutes were noted and will be made. Revised minutes will be posted to the web.

*2010 board schedule*. In addition to the meeting locations noted on the 2010 Board schedule, the Board will also meet in other locations during the year and those locations will be posted on the web.

*Final Charters for: Health Care Workforce Committee, Public Employers Health Care Purchasers Committee, State Health Improvement Committee, and Health Incentives and Outcomes Committee* – The Board suggested moving the Health Incentives and Outcomes Committee discussion to the February 9 meeting. Lillian Shirley moved to adopt the minutes with the noted changes and clarifications; Chuck Hofmann seconded the motion. There was no further discussion by the Board. The minutes were approved.

**Item 2 – Director’s Report**

Dr. Goldberg presented the Director’s report. A written report will be presented next month. The report outlines operations issues, budget and financial issues, performance metrics and policy issues.

*OHA Transition* – The first phase was completed on time and we are moving ahead as scheduled. Business processes between agencies will be completed on December 31, 2010. We will be doing work on the OHA organizational structure along with mission roles, and governance of shared services. We appreciate board comments.

*February session* - Dr. Goldberg said it is unlikely that substantive policy initiatives will be taken during February session. DHS and OHA will be rebalancing their budgets every six months and reporting to the legislature.

*Healthy Kids and OHP standards Update* - We have approvals from federal government. The big piece we were waiting on was the centers for Medicaid and Medicare. We received approval on December 24 to move forward. On the OHP standards side we have a waiting list and will decide how we will do outreach to get their name on the waiting list. We will draw a set number of names each month and will be re-populating the waiting list over the next several months. On Healthy Kids side, we have approval to expand and approval of health subsidized care. Families will have a choice. Kids are currently being enrolled and coverage begins February 1. We have 30,755 children enrolled at this time.

**Item 3 – Review and adopt Medical Liability Taskforce Charter**

The Board reviewed the Medical Liability Taskforce charter. The committee solicited information from stakeholders. The Board had no further questions. Eileen Brady moved; seconded by Joe Robertson. No further discussion. Motion carried by a unanimous voice vote.

**Item 4 - Membership confirmations and Chair Selections**

***Health Incentives and Outcomes Committee***

The Board suggested moving the Health Incentives and Outcomes Committee discussion to the February 9 meeting.

***State Health Improvement Program Committee*** - Tina Edlund explained the committee nominations spreadsheets provided by Jane Moore. There needs to be additional detail and outreach to businesses and more representation from corporate wellness, in addition to representation from outside the Portland metro area. Board member discussion indicated there were over 100 names and it was hard to provide the geographic diversity that is important for this committee. Many of the applicants wore more than one hat. The committee should continue to solicit for members. Chuck Hofmann motioned; Lillian Shirley seconded the motion. No further discussion. Motion was carried by a unanimous voice vote.

Lillian Shirley moved to nominate Tammy Bray as chair and Lisa Wickham as vice chair of the Committee. Carlos Crespo seconded the motion. The Board would like to know what counties the chair and vice chair reside in. Tina will furnish that information to the Board. No further discussion. Motion was carried by a unanimous voice vote.

***Medical Liability Taskforce*** - Membership confirmation still under consideration

**Item 5 – OHA Work Plan Consent Items**

***Insurance market reform Plan*** - The Board reviewed the four items on the plan. Staff from the Office of Health Policy and Research (OHPR) were available for comments. Chair Parsons asked the Board if they had any comments or questions. The Board asked OHPR to provide a chart that shows the Board's relation to the charter, and would like a work plan that has more detailed information relating to deliverables and intended outcomes. The Board would like the committee to look at cost reductions. OHPR staff will provide the information at the February 9 meeting.

***Comprehensive Coverage and Financing Plan*** – The Board reviewed the plan. There is a lack of specificity that makes it difficult to understand. There needs to be more definition of the information provided. OHPR will continue to provide the Board with additional information. The Board asked for clarification on the overview and directives. The Board also asked for a report on the access to kids and the mechanisms that are in place for cost containment and infrastructure. Then there needs to be a discussion about universal care program that may or may not involve a mandate. The deliverable needs to include estimates on number of people covered, projected costs. Major issues should be an objective.

***Essential Benefit Plan*** – The Board reviewed the plan. Staff will provide the Board with detailed background information from the task force.

***Administrative Simplification*** – The Board reviewed the plan and asked staff to provide an estimate on costs as part of the deliverables. Staff will provide the Board with estimated impacts. The Board applauded the work staff has done. Staff have provided work plans to begin implementation the work of the Board. We are at the starting line and have a road map to begin. Information should be put in a table that shows the deliverables and the outcome. All plans should follow the same format.

### **Item 6 - Progress Reports**

***Patient-centered Primary Care Standards*** – Jeanene Smith outlined the core attributes of this report. The language is from a patient perspective. The report includes detailed work and performance measures and distinct standards for framework. OHP and PEBB integrated timelines are noted in the key deliverables. The report also focuses on payment reform. OHP is also working with Medicaid laws and looking at other pilots and working with other partners to gather more information. Any model will involve a major change in culture. Staff are balancing tiers according to the measures, which could become a benchmark. The intent is to promote change and behavior but not have roadblocks to stop the change and behavior. The framework and players should agree on where those tiers should be. Supporting providers as part of formal evaluation and recommendations is how the culture can be changed.

***Health Information Technology Oversight Council (HITOC)*** - Carol Robinson provided a summary of the duties, goals and strategic plans of HITOC. The duties as set forth in HB 2009 include setting goals and developing a strategic HIT plan, coordination and leverage of existing resources, adopting standards for a purchasing collaborative for electronic health records (EHR), educating the public and providers of health care, supporting and overseeing the health records bank, and developing a reimbursement program for EHR use and HIT loan program. Board discussion included information on VICA grants and the absence of information about medical fraud prevention. Public health partnerships are needed to help close the gaps on health disparities. Also discussed were HIPAA laws and new the laws on electronic sharing of information when gathering information for the database.

### **Item 9 - All Payer All Claims Database Update (APAC)**

Sean Kolmer presented an update on the All Payer All Claims Database (APAC). An all payer, all claims data is a tool for better understanding of cost, quality, and utilization across Oregon's health care system, where the data comes from, how it is used and what has driven implementation of this database in other states. The Board asked about the three month timeline for implementation, and cautioned staff about spending wisely and selecting the correct vendor. Staff reported that HIT and APAC are on parallel tracks. Dr. Robertson asked to go on record that he is very optimistic about this process. APAC a strong tools to bend cost curves. Being exclusionary makes this tool less effective. This information can be formatted into information that health providers are used to looking at. We can establish the standard and practice of care with this tool.

### **Item 10 – All-Payer All Claims Data Invited Testimony**

***Tom Ashburne***, President of the Northwest Health Foundation, testified that it is important for the Board to know that in the HIE project planning process, it was the Oregon Hospital and health plans that matched with the Northwest Health Foundation that provided the infrastructure funding. If we need to fulfill our mission we must become involved with public partnerships to foster change. The Northwest Health Foundation is a supporter. The political and legal challenges for collecting data is phenomenal and very expensive. We need to standardize the

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data across the board to allow for a level playing field. Making data available to the people who deliver the care is critical. It is a shared public/private partnership. It is important to know how we use this data for public health and where the data is going. We have not heard this in the conversation today. A public and private partnership, along with the trust of the providers is critical. Data collection should be done on a regulatory basis instead of voluntary basis. Regulatory compliance is important in this process. Data should be used for population based health and for the health of Oregon. The information submitted by Medicaid managed health care plans indicate their willingness to be involved. They are concerned that data won't represent their particular situation for Medicare and Medicaid because of the different challenges they represent. They asked the Board to proceed with caution.

**Laura Etherton** – Testified as an OSPRIG health care advocate. Laura is advocating the public interest. OSPRIG provides professional research and organization with partners. OSPRIG is involved in the advisory committee and rule making process, which is a critical piece of the reform. We won't know details to solve the problems if we don't have the data. If we come up with solutions we won't know if they are working without the data. This is critical for individual consumers. How do we get America to have local health care at a price we can afford? It is important to keep this in the forefront. OSPRIG will be glad to have the data. We are here to help and encourage you to move forward with APAC.

**Denise Honzel** – testified she is an independent health care consultant. She is also working with health care leaders to address the issues to bring costs to a more affordable level. The health leadership task force supports the efforts of APAC – payment reform for the medical home to support medical imaging and quality improvement. We would like to tap into the database to get the medical home information, and we want it as soon as possible. If you aren't measuring it you can't improve it. Accountability will drive health care reform in the state. We encourage the Board to work with Quality Corporation. Their experience is critical to listen and tap into and may help to expedite the process. We are in partnership relationship with them. We need to start using that information. We are hopeful that we can manage the process both ways. We are cognizant of the issues that are raised.

**Nancy Clark** – testified that she is the Executive Director of Oregon Health Care Quality Corporation. Health care is okay in Oregon, but there is a huge variation and we would know a lot more if we work together. Those are the drivers for APAC. The drivers are a very important component. Comments we have seen potential – 3 things to keep in mind 1) build a shared community asset. We are into new territory to figure out legal, financial and technical challenges. 2) Staged implementation is another thing to think about and 3) Vendor procurement. Sean is working with Quality Corporation on this project, but it is important to have deeper conversation.

Board comments were that this data base is critical. It has been a very public process (legislative, committee hearings, rules process) and the Board needs to be engaged in the public processes that happen around the funding of this database. We should be advocates to be sustainable and do sustainable work. We need to measure and collect data. It is critical for cost containment. Having data justified. The Board indicates that Nancy's comment about procurement raise the issue of correcting things is the proprietary nature of what we do and asked staff it is possible to look at the open sources of technology that is not available today. The Board enthusiasm comes with caution. We need to make sure that this process is done correctly and with enough time and continued financial viability. The Board expressed optimism about the next intersection point

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and asked what are three things we want? We should put those together sooner than later. Tom Ashenburne's testimony also spoke to pieces of the questions we have in mind. The Board asked staff to provide the answer the questions at the February 9 meeting. Another intersection point is RFP and then when data comes in during the fall that's another intersection.

**Item 11 – Public Comment**

No public comment

No other business. Meeting adjourned. 4:53 pm.

**Next meeting**

**The Market Square Building**

February 9, 2010

8:00 am to 12 noon