

Oregon Health Policy Board

AGENDA

August 9, 2011

Market Square Building

1515 SW 5th Avenue, 9th floor

1:00 to 4:00 pm

Live web streamed at: [OHPB Live Web Streaming](#)

#	Time	Item	Presenter	Action Item
1	1:00	Welcome, call to order and roll call Consent agenda: 07/12/11 minutes	Chair	X
2	1:05	Director's Report	Bruce Goldberg	
3	1:30	Medical Assistance Program (MAP) Update	Jeanny Phillips	
4	1:45	PEBB/OEBB Update	Joan Kapowich	
5	2:00	Updates: Oregon Health Insurance Exchange Workforce Committee SB 204: Uniform price methodology HB 3650: Medical liability	Rocky King Lisa Angus Tina Edlund	
6	2:30	HB 3650 Health System Transformation Workgroup membership, charters, schedule and process: <ul style="list-style-type: none">• Coordinated Care Organization Criteria• Global Budget Methodology	Bruce Goldberg Tina Edlund	
	3:00	Break		
7	3:15	<ul style="list-style-type: none">• Outcomes, Quality and Efficiency Metrics• Integration of care for people dually eligible for Medicare and Medicaid	Bruce Goldberg Tina Edlund	
8	3:45	Public Testimony		
9	4:00	Adjourn		

Upcoming

September 13, 2011

Market Square Building

8:30 am to noon

Oregon Health Policy Board
DRAFT Minutes
July 12, 2011
8:00am – 1:00pm
Market Square Building
1515 SW 5th Ave, 9th Floor
Portland, OR 97201

Item
<p>Welcome and Call To Order</p> <p>Chair Eric Parsons called the Oregon Health Policy Board (OHPB) meeting to order. All Board members were present. Chuck Hoffman and Nita Werner participated by phone. Bruce Goldberg and Tina Edlund were present from the Oregon Health Authority (OHA).</p>
<p>Consent Agenda:</p> <p>Minutes from the June 12, 2011 meeting were unanimously approved.</p>
<p>Director's Report – Dr. Bruce Goldberg</p> <ul style="list-style-type: none">➤ The rate of uninsured children has been reduced from 11.3% to 5.6%, driven by Healthy Kids. The adult rate has stayed mostly the same. One in five adults does not have insurance. The Health Kids program is an indicator of the success the Health Insurance Exchange can bring to adults.➤ The OHA budget for the 11-13 biennium has been passed and will include reductions in payment rates to Oregon Health Plan (OHP) providers. <p><i>This report can be found here, starting on page 5.</i></p>
<p>PEBB/OEBB Update – Joan Kapowich</p> <ul style="list-style-type: none">➤ OEBB open enrollment is from August 15 to September 15 and members will be encouraged to sign up for a primary care home plan and to participate in wellness programs.➤ PEBB has expanded its evidence-based benefits and is working on a health engagement model. <p><i>This report can be found here, starting on page 9.</i></p>
<p>Medicaid Update – Judy Mohr Peterson</p> <ul style="list-style-type: none">➤ The new budget will result in 11% in provider rates. The focus is on preserving access to basic services and making sure the rate reductions are as equitable as possible.➤ The two largest OHP expenditures are pregnancy related costs and mental health costs.
<p>Review of HB 3650 – Bruce Goldberg and Mike Bonetto</p> <ul style="list-style-type: none">➤ We will work to establish details on Coordinated Care Organization (CCO) qualifications and criteria, the global budget, and quality standards and metrics, and will provide a report to the Legislature in February of 2012.➤ A delivery system model will be created for everyone in OHP and dually eligible individuals, and enrollment in the new model will be mandatory. <p><i>More information about HB 3650 can be found here, starting on page 17.</i></p>
<p>Board Action Plan Update – Tina Edlund</p> <p>Tina provided an update on the progress of the goals outlined in the Action Plan for Health.</p> <p><i>This report can be found here, starting on page 69.</i></p>
BREAK
<p>HB 3650 Workgroups: Selection Process and Timeline – Chair</p> <ul style="list-style-type: none">➤ Workgroup nominations are currently being accepted. All applications are due at 9:00am on July 25, 2011.➤ The four work groups are Medicare/Medicaid Integration of Care and Services, CCO Certification and Contracting, Global Budget Methodology and Outcomes, and Quality and Efficiency Metrics.➤ Staff will take proposals to workgroups, the groups will provide consultation and feedback, the staff will take that back to the Board and they will provide consultation and feedback that will be presented to the Legislature.
<p>Work Plan Development for the Health System Transformation – Chair, Bruce Goldberg and Tina Edlund</p>

This report can be found [here](#), starting on page 77.

Board input on the work plans included

- Including cultural competency from the beginning, as the Medicaid population is more diverse and needs culturally competent providers.
- Adding language under the Scope of Work section that makes it clear the workgroups are providing a draft statement of work to the Board.
- The Triple Aim needs to be addressed in the Quality and Efficiency Metrics group so that we can determine that the Triple Aim is being met.

Public Testimony

Betty Johnson – Health Care for All Oregon

Ms. Johnson thanked the Board for their work and for including a strong public engagement process in the work plans. She stressed the importance of consumer participation as the CCO criteria is developed and said she will work hard to recruit participants.

Adjourn 11:24 am

Next meeting:

August 9, 2011

1:00 – 4:30 pm

Market Square Building

1515 SW 5th Ave, 9th Floor

Portland, OR 97201

**Monthly Report to
Oregon Health Policy Board
August 9, 2011**

Bruce Goldberg, M.D.

PROGRAM AND KEY ISSUE UPDATES

Healthy Kids Program

Enrollment Update

- Through June 2011, **93,892** more children have been enrolled into Healthy Kids for a total child enrollment of **363,965**.
- **5,196** of these children are now enrolled in Healthy KidsConnect.
- This is 113.89% of our goal of 80,000 more children and a 35% increase in enrollment since June 2009 (baseline).
- *See the chart below for a more detailed look at Healthy Kids enrollment.*

Outreach Update

- Outreach Team has trained over 1,700 individuals statewide on Healthy Kids.
- There are 223 contracted partners with Healthy Kids.
- School fliers customized with our partners contact information on them will be sent to all 197 school districts across the state as part of the back to school campaign.

OHP Standard

- The 2011/2013 biennial goal is to have an average monthly enrollment of 60,000 individuals enrolled in OHP Standard. This goal has been carried over from the 2009/2011 biennium.
- As of June 15, 2011, enrollment in OHP Standard is now **70,347**.

House Bill 3650 Work Groups

Last week the Governor announced the appointed members of the Oregon Health Policy Board's four health transformation work groups for House Bill 3650:

- Coordinated Care Organization (CCO) criteria
- Global Budget Methodology
- Outcomes, Quality and Efficiency Metrics
- Medicare-Medicaid Integration of Care and Services

There will be much more to come on this during today's meetings and at Oregon Health Policy Board meetings over the next six months. You can also find all the information about the Work Groups by going to www.health.oregon.gov and clicking on Work Groups.

Upcoming

Next OHPB meeting:

September 13, 2011

8:30 AM to noon

Market Square Building

	OHP Net Enrollment	HKC Net Enrollment	Total Net Enrollment	Increase Over Baseline	Monthly net enrollment change	% of Goal Achieved
9-Jul	271,493	0	271,493	3,648	3,648	5%
9-Aug	276,712	0	276,712	8,867	5,219	11%
9-Sep	281,374	0	281,374	13,529	4,662	17%
9-Oct	289,015	0	289,015	21,170	7,641	26%
9-Nov	294,459	0	294,459	26,614	5,444	33%
9-Dec	298,600	0	298,600	30,755	4,141	38%
10-Jan	303,026	0	303,026	35,181	4,426	44%
10-Feb	305,785	205	305,990	38,145	2,964	48%
10-Mar	309,047	549	309,596	41,751	3,606	52%
10-Apr	312,191	923	313,114	45,269	3,518	57%
10-May	314,933	1,133	316,066	48,221	2,952	60%
10-Jun	316,891	1,338	318,229	50,384	2,163	63%
10-Jul	319,878	1,662	321,540	53,695	3,311	67%
10-Aug	322,694	1,948	324,642	56,797	3,102	71%
10-Sep	326,545	2,335	328,880	61,035	4,238	76%
10-Oct	331,837	2,700	334,537	66,692	5,657	83%
10-Nov	334,120	3,046	337,166	69,321	2,629	87%
10-Dec	337,498	3,441	340,939	73,094	3,773	91%
11-Jan	342,272	3,712	345,984	78,139	5,045	98%
11-Feb	348,660	4,081	352,741	84,896	6,757	106%
11-Mar	349,424	4,372	353,796	85,867	971	107%
11-Apr	353,526	4,732	358,258	90,329	4,462	113%
11-May	354,070	4,970	359,040	91,111	782	114%
11-June	356,645	5,196	361,841	93,892	2,781	117%

Workforce Committee Update

Prepared for: Oregon Health Policy Board Meeting, August 9 2011

The Workforce Committee has established four subgroups to address its major deliverables for 2011 and 2012. An update for each subgroup is provided below, based on reports given at a full Committee meeting on July 27, 2011.

1. The first group is tasked with **recommending staffing models and professional competencies appropriate to new models of care delivery**. To complement and provide an Oregon-specific perspective on national literature about new workforce models and professional competencies, the group plans to conduct approximately 30 interviews with key informants across the state during August and early September. The interviews will focus on consultants' recommendations for: a) workforce approaches and provider skills most likely to improve patient experience and make care delivery more effective; b) changes needed either in professional education or the practice environment to facilitate adoption of new workforce models, in particular the use of inter-professional teams for care delivery. The group aims to have a preliminary report from these interviews done in October and a final project report in December.
2. The second group will convene stakeholders to recommend **standard administrative requirements for student clinical rotations (SB 879)**, as well as a process for implementation and maintaining those standards (e.g. a student "passport" system). In September, this group plans to conduct an initial survey regarding current requirements and institutional objectives for clinical rotations; the collected information will serve as a baseline for a stakeholder meeting tentatively planned for October. The group is currently assembling a comprehensive list of contacts for both the survey and the large stakeholder meeting. The final deadline for this project is a June 2012 report to the Legislature.
3. The third group will work with interested parties to develop a **statewide strategic plan for recruiting primary care health professionals to Oregon (HB 2366)**. A review of best practices in Oregon and across the country will take place in August and September, to be followed by a stakeholder survey designed to engage Oregon's business, industry, labor, education, and other sectors in identifying resources and generating solutions about recruitment and retention. The group has proposed to convene a very broad range of stakeholders in January or February of 2012 to help develop and provide feedback on elements of a strategic plan.
4. The fourth workgroup is focused on clarifying the intent and application of the "adverse impact policy" used by the Office of Degree Administration in the required **review of newly-proposed public education programs or locations**. This project is a direct result of one of the Committee's 2010 recommendations so requires less information gathering than the other efforts described above. The next steps on this project include drafting an issue summary and meeting with the relevant staff within the newly-created Higher Education Coordinating Commission, which has inherited the duties and functions of the Office of Degree Administration.

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**Oregon Health Policy Board
Coordinated Care Organization Criteria Workgroup
ROSTER**

Co-Chair

Bruce Goldberg, M.D.
Director
Oregon Health Authority

Terry Coplin
Lane Individual Practice Association
Eugene

Co-Chair

Mike Bonetto
Health Policy Advisor
Office of the Governor

Bob Dannenhoffer, M.D.
Douglas County Individual Practice
Association
Roseburg

Oregon Health Policy Board Liaison

Eric Parsons
Chair
Oregon Health Policy Board

H. Ray Gibbons
Saint Alphonsus Medical Center
Baker City

Oregon Health Policy Board Liaison

Joe Robertson, M.D.
President
Oregon Health Sciences University

Alison Goldwater
Regence BCBS
Lake Oswego

Members

Bruce Abel
LaneCare
Eugene

Angela Gonzalez
Salud Medical Center
Portland

Thomas Aschenbrenner
Northwest Health Foundation
Portland

Marilyn Hartzell
Oregon Center for Children and Youth
with Special Health Needs
Portland

Tammy Baney
Deschutes County Commissioner
Bend

Sue Hennessy
Kaiser Permanente
West Linn

Don Bruland
Rogue Valley Council of Governments
Central Point

Sandra Hernandes
The Tree Institute
Portland

Paulina Cockrum
Columbia Memorial Hospital
Gearhart

Betty Johnson
Mid-Valley Health Care Advocates
Corvallis

Kelley Kaiser
Samaritan Health Services
Corvallis

David Labby, M.D.
CareOregon
Portland

Lisa Ladendorff
Northeast Oregon Network
La Grande

Daniel Lopez-Cevallos
Western Oregon University
Corvallis

Diane Lovell
American Federation of State, County and
Municipal Employees
Salem

Carmen Madrid
Center for Intercultural Organizing
Tualatin

Lynn McNamara
City County Insurance Services
Portland

Steve McNannay
Oregon Education Association
Salem

Mary Monnat
LifeWorks Northwest
Portland

Kelly Morgan
Mercy Medical Center
Roseburg

Melinda Muller, M.D.
Legacy Health
Portland

Eneida Nemecek
Oregon Health Sciences University
Portland

William Pierce, M.D.
Oregon Medical Association
Salem

Jim Russell
Mid-Valley Behavioral Care
Salem

Jill Sanders, N.D.
National College of Natural Medicine
Portland

Mike Shirtcliff, D.M.D.
Advantage Dental
Powell Butte

Loretta Smith
Multnomah County Commissioner
Portland

Barney Speight
ODS Health Plan
Vancouver

Dan Stevens
PacificSource Community Solutions
Bend

Bob Stewart
Gladstone Public Schools
Gladstone

Rita Sullivan
OnTrack, Inc.
Medford

Ginger Swan
Coos County Mental Health Department
Bandon

Kathryn Weit
Oregon Council on Developmental
Disabilities
Eugene

Michael White
Providence Health Plans
Portland

Helen Ying
Barney and Worth, Inc.
Portland

Denise Yunker
Oregon University System Chancellor's
Office
Eugene

Lead Staff

Bob DiPrete
Medical Assistance Program
Oregon Health Authority

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**Oregon Health Policy Board
Coordinated Care Organization (CCO) Criteria for Qualification
Work Group Charter**

Approved by OHPB on [date]

I. Authority

The Oregon Health Authority (OHA), under House Bill 3650, Section 13, is establishing a public process to inform the development of an Oregon Integrated and Coordinated Health Care Delivery System. This system will deliver integrated health care and services to Oregonians through a Coordinated Care Organization (CCO) model of care, beginning with Oregon Health Plan enrollees and with special attention to coordinating care and services for Medicare beneficiaries who are also on the Oregon Health Plan.

The goal is a health care system where Coordinated Care Organizations (CCOs) are accountable for care management and providing integrated and coordinated health care for each organization's members. CCOs will be managed within fixed global budgets and will provide efficient, high quality, culturally competent care aimed at reducing medical cost inflation. Additionally, Oregon's health care system will maintain regulatory controls necessary to ensure affordable, quality health care for all Oregonians, while supporting the development of regional and community accountability for health and health care equity.

As the policy-making and oversight body for OHA, the Oregon Health Policy Board (Board) establishes the Coordinated Care Organization (CCO) Criteria Work Group to provide input on statement of work and certification criteria that support delivery system innovation and transformation. The Work Group will be guided by House Bill 3650, the Board's 2010 report *Oregon's Action Plan for Health*, and by OHA's Triple Aim:

- improving the lifelong health of all Oregonians;
- improving the quality, availability and reliability of care for all Oregonians, and;
- lowering or containing the cost of health care so that it is affordable for everyone.

This charter shall expire on December 31, 2011 or when the Board determines that the charter has been fulfilled, whichever is sooner.

II. Scope

The CCO Criteria workgroup is charged with providing input on draft design and implementation considerations to the Oregon Health Policy Board for

1. the CCO statement of work; and
2. the CCO certification criteria.

Topics to be covered include:

- Benefits covered
- Population(s) to be enrolled
- Organizational structure and capacity, including governance that reflects the public's interest
- Access and availability across full spectrum of services, care (excluding long term care services) and health professionals and settings.
- Primary care and patient-centered primary care homes
- Alternative payment methodologies and shared savings approaches
- Patient engagement, care management, care coordination and transitions
- Improving health equity and reducing health disparities
- Utilization of health information technology and information exchange
- Quality improvement and performance reporting
- Financial management and risk management
- Dispute resolution process
- Patient rights and responsibilities

Criteria will be developed to assure CCO capacity to perform in the areas identified in the statement of work for the Oregon Health Plan and shall consider implications for including other populations including Public Employees Benefit Board, Oregon Educators Benefits Board and other public and private organizations.

OHA staff will provide workgroup members materials in advance of scheduled meetings in order to ensure adequate review time and meaningful input.

The Work Group will seek input from the Work Group on Medicare-Medicaid Integration of Care and Services on criteria relating to coordination of health care and long-term care services for dual eligibles and from the Outcomes, Quality and Efficiency Work Group on criteria related

to performance reporting. The group will not provide input on issues related to the establishment of global budgets.

The work group will not be asked to approve the final OHPB recommendations to the Legislature.

III. Timing/Schedule

The Workgroup will be complete in November, 2011.

IV. Staff Resources

Co-chairs: Mike Bonetto, Health Advisor to the Governor, and Bruce Goldberg, OHA Director

Staff: Bob DiPrete, OHA

V. Work Group Membership

CCO Criteria workgroup members are appointed by and will serve at the pleasure of the Governor.

(insert membership)

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**Oregon Health Policy Board
Global Budget Methodology Workgroup
ROSTER**

Co-Chair

Bruce Goldberg, M.D.
Director
Oregon Health Authority

Wee Yuen Chin
Willamette Dental
Portland

Co-Chair

Mike Bonetto
Health Policy Advisor
Office of the Governor

Aaron Crane
Salem Hospital
Salem

Oregon Health Policy Board Liaison

Lillian Shirley
Director
Multnomah County Health Department

Peter Davidson
PacificSource
Eugene

Oregon Health Policy Board Liaison

Nita Werner
President and Chief Financial Officer
Ornelas Enterprises Inc

Brent Eichman, MBA, CHFP
Douglas County Individual Practice
Association
Roseburg

Members

Dean Andretta
Mid-Valley Individual Practice Association
Salem

Laura Etherton
OSPIRG
Portland

Pamela Bauer
InterHospital Physicians Association,
Portland

Tom Fronk
Director, Administrative Services
Benton County
Corvallis

Jeston Black
Oregon Education Association
Portland

Joanne Fuller
Chief Operating Officer
Multnomah County
Portland

Kevin Campbell
Greater Oregon Behavioral Health, Inc.
The Dalles

Lawrence Furnstahl
Oregon Health Sciences University
Lake Oswego

Stanley Gilbert
Klamath Child and Family Treatment
Center
Klamath Falls

Gail Hedding
Mid-Rogue Individual Practice Association

Craig Hostetler
Oregon Primary Care Association
Portland

Mary Clair Jorgensen
St. Charles Health System, Inc.
Bend

K. John McConnell, PhD
Oregon Health Sciences University
Portland

Janet Meyer
Tuality Health Alliance
Lake Oswego

Alberto Moreno
Latino Health Coalition
Portland

William Murray
North Bend Medical Center
Coos Bay

Adam Nemer
Kaiser Permanente
Portland

Stephen Petruzelli
Consultant
Tigard

Fritz Rankin
CareOregon
Portland

Lynne Saxton
Youth Villages
Clackamas

Cesareo Texidor
Center for Women and the Family
Pendleton

Art Towers
Service Employees International Union
Portland

Mark Webb
Grant County Court
Mount Vernon

Ron Williams
Oregon Action
Portland

Lead Staff
Gretchen Morley
Oregon Health Policy and Research
Oregon Health Authority

Oregon Health Policy Board

Global Budget Methodology Work Group Charter

Approved by OHPB on [date]

I. Authority

The Oregon Health Authority (OHA), under House Bill 3650, Section 13, is establishing a public process to inform the development of an Oregon Integrated and Coordinated Health Care Delivery System. This system will deliver integrated health care and services to Oregonians through a Coordinated Care Organization (CCO) model of care, beginning with Oregon Health Plan enrollees and with special attention to coordinating care and services for Medicare beneficiaries who are also on the Oregon Health Plan.

The goal is a health care system where Coordinated Care Organizations (CCOs) are accountable for care management and providing integrated and coordinated health care for each organization's members. CCOs will be managed within fixed global budgets and will provide efficient, high quality, culturally competent care aimed at reducing medical cost inflation. Additionally, Oregon's health care system will maintain regulatory controls necessary to ensure affordable, quality health care for all Oregonians, while supporting the development of regional and community accountability for health and health care equity.

As the policy-making and oversight body for OHA, the Oregon Health Policy Board (Board) establishes the Global Budget Methodology Work Group to provide input on the development of methodology used to create global budgets beginning with Coordinated Care Organizations. The global budget methodology shall be scalable to additional populations including programs in the Oregon Health Authority. The Work Group will be guided by House Bill 3650, the Board's 2010 report *Oregon's Action Plan for Health*, and by OHA's Triple Aim:

- improving the lifelong health of all Oregonians;
- improving the quality, availability and reliability of care for all Oregonians, and;
- lowering or containing the cost of health care so that it is affordable for everyone.

This charter shall expire on December 31, 2011 or when the Board determines that the charter has been fulfilled, whichever is sooner.

II. Scope

The Global Budget Methodology workgroup is charged with providing input on draft design and implementation considerations for a global budget approach including:

1. Proposed methodology for calculation of a global budget that is applicable to different populations (i.e. Oregon Health Plan, PEBB, OEBC, etc.)
2. Proposed criteria for selecting programs, populations, and funding sources to be included in the Oregon Health Plan global budget and input for sequencing of additional components in subsequent years
3. Global budget risk adjustment or stratification options that could be included to address concerns regarding enrollment and other risk considerations that are applicable to different populations (i.e. Oregon Health Plan, PEBB, OEBC, etc.)
4. Analysis of approach for including Medicare funding stream for non-long term care costs of full dual eligibles.

OHA staff will provide work group members materials in advance of scheduled meetings in order to ensure adequate review time and meaningful input.

III. Timing/Schedule

The Global Budget Methodology Work Group will hold meeting which will begin in August 2011 and conclude in November 2011. The meeting sessions will serve as an opportunity for the work group to review and respond to proposals or alternatives that address the draft design and implementation considerations outlined in the Scope section above.

IV. Staff Resources

Co-chairs: Mike Bonetto, Health Advisor to the Governor, and Bruce Goldberg, OHA Director

Staff: Gretchen Morley, OHPR Acting Deputy Administrator, and Russell Voth, OHPR Policy Analyst

V. Work Group Membership

The Global Budget Methodology Work Group members are appointed by and will serve at the pleasure of the Governor. Please see following page(s) for a list of Work Group membership.

[insert membership]

DRAFT

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**Oregon Health Policy Board
Outcomes, Quality and Efficiency Metrics Workgroup
ROSTER**

Co-Chair

Tina Edlund
Chief of Policy
Oregon Health Authority

Tanveer Bokhari, MBBS
Portland InterHospital Physicians
Association (IPA)
Lake Oswego

Co-Chair

Sean Kolmer
Assistant Health Policy Advisor
Office of the Governor

Scott Bond
Oregon Cascade West Council of
Governments
Corvallis

Oregon Health Policy Board Liaison

Carlos Crespo
School of Community Health
Portland State University

Robert Brown
Oregon Health Action Campaign
Portland

Oregon Health Policy Board Liaison

Chuck Hofmann, M.D.
Valley Medical Clinic

Susan Chauvie
Oregon Community Health Information
Network
Portland

Members

Vanetta Abdellatif
Multnomah County Health Department
Portland

Mylia Christianson
Oregon Health Care Quality Corporation
Portland

Cynthia Ackerman
Mid-Rogue Individual Practice Association
Grants Pass

Jack Cioffi
Legacy Health
Portland

Heidi Allen
Center for Outcomes Research and
Evaluation
Portland

Jesse Gamez
FamilyCare Health Plans
Portland

Maggie Bennington-Davis
Cascadia Behavioral Healthcare
Tualatin

Mark Gibson
Center for Evidence Based Policy
Portland

Seth Bernstein
Accountable Behavioral Health Alliance

Robert Gillespie
Oregon Pediatric Improvement Partnership
Portland

Maureen Graham
Jackson County Mental Health Division
Medford

Megan Haase
Mosaic Medical
Bend

Tim Hartnett
CODA, Inc.
Portland

Elena Herrero Hernandez, M.D., Ph.D.
Portland State University, Center for Public
Service
Portland

Judy Hibbard, PhD
University of Oregon
Eugene

David Holloway, M.D.
Salem Health
Salem

Susan King, RN
Oregon Nurses Association
Portland

Robert Lieberman
Southern Oregon Adolescent Study and
Treatment Center
Grants Pass

Deborah Loy
Capitol Dental Care, Inc.
Keizer

Gary Oxman, M.D.
Multnomah County Health Department
Portland

Glenn Rodriguez, M.D.
Providence Health and Services
Portland

Carole Romm
Central City Concern
Portland

Maggie Rowland
CareOregon
Portland

Som Saha, M.D.
Oregon Health Sciences University
Portland

Ty Schwoeffermann
Urban League of Portland
Portland

Christine Seals, M.D.
Christine M. Seals, M.D., PC
Roseburg

David Shute, M.D.
Oregon Health Care Quality Corporation
Portland

Thomas Syltebo, M.D.
Kaiser Permanente Northwest
Portland

Michelle Taylor, M.D.
ODS Health Plan
Vancouver

Jean Yamamoto
Service Employees International Union
Lake Oswego

Joe Zaerr
We Can Do Better
Corvallis

Lead Staff

Lisa Angus
Oregon Health Policy and Research
Oregon Health Authority

Oregon Health Policy Board

Outcomes, Quality & Efficiency Metrics Work Group Charter

Approved by OHPB on [date]

I. Authority

The Oregon Health Authority (OHA), under House Bill 3650, Section 13, is establishing a public process to inform the development of an Oregon Integrated and Coordinated Health Care Delivery System. This system will deliver integrated health care and services to Oregonians through a Coordinated Care Organization (CCO) model of care, beginning with Oregon Health Plan enrollees and with special attention to coordinating care and services for Medicare beneficiaries who are also on the Oregon Health Plan.

The goal is a health care system where Coordinated Care Organizations (CCOs) are accountable for care management and providing integrated and coordinated health care for each organization's members. CCOs will be managed within fixed global budgets and will provide efficient, high quality, culturally competent care aimed at reducing medical cost inflation. Additionally, Oregon's health care system will maintain regulatory controls necessary to ensure affordable, quality health care for all Oregonians, while supporting the development of regional and community accountability for health and health care equity.

As the policy-making and oversight body for OHA, the Oregon Health Policy Board (Board) establishes the Outcomes, Quality & Efficiency Metrics Work Group to provide input on performance indicators for Coordinated Care Organizations. The Work Group will be guided by House Bill 3650, the Board's 2010 report *Oregon's Action Plan for Health*, and by OHA's Triple Aim:

- improving the lifelong health of all Oregonians;
- improving the quality, availability and reliability of care for all Oregonians, and;
- lowering or containing the cost of health care so that it is affordable for everyone.

This charter shall expire on December 31, 2011 or when the Board determines that the charter has been fulfilled, whichever is sooner.

II. Scope

The Outcomes, Quality & Efficiency Metrics Work Group is charged with providing input on performance indicators and standards that can be used to help assess whether Coordinated Care Organizations (CCOs) are improving health, making quality care accessible, eliminating

health care disparities, and controlling costs. The Work Group will advise OHA on: a) performance indicators and data sources for both short and long term; b) appropriate methods for setting performance targets; and c) an effective process for introducing and retiring indicators

The Work Group will seek input from the Work Group on Medicare-Medicaid Integration of Care and Services on performance indicators relating to coordination of health care, and long-term care services for dual eligibles. The group will not provide input on issues related to the establishment of global budgets, including risk adjustment, or on contractual criteria for CCOs beyond those related to performance measurement.

OHA staff will provide workgroup members materials in advance of scheduled meetings in order to ensure adequate review time and meaningful input.

The work group will not be asked to approve the final OHPB recommendations to the Legislature.

III. Timing/Schedule

The Workgroup will be complete in November, 2011. The current schedule proposes meetings with topics including.

- Performance indicators
- Benchmarking methodology
- Implementation staging and planning framework

IV. Staff Resources

Co-chairs: Tina Edlund, OHA Chief of Policy, and Sean Kolmer, Assistant Health Policy Advisor to the Governor

Staff support: Lisa Angus, Office for Oregon Health Policy & Research

V. Work Group Membership

Members of the Outcomes, Quality & Efficiency Metrics Work Group are appointed by and will serve at the pleasure of the Governor.

(insert list)

**Oregon Health Policy Board
Medicare-Medicaid Integration of Care and Services Workgroup
ROSTER**

Co-Chair

Judy Mohr Peterson
Director, Medicaid Assistance Program
Oregon Health Authority

Megan Caughey
Cascadia Behavioral Health
Portland

Co-Chair

Trisha Baxter
Chief Operating Officer
Seniors and People with Disabilities
Department of Human Services

Shannon Conley
Lane Individual Practice Association
Eugene

Patrick Curran
CareOregon
Lake Oswego

Oregon Health Policy Board Liaison

Felisa Hagins
Political Director
Service Employees International Union
Local 49

Joel Daven
Douglas County Individual Practice
Association
Roseburg

Members

Amy Anderson
Consumer, retired
Portland

Jeanne Farr
Albertina Kerr Centers
Portland

Mahin Asgari-Sereshki
City Center Parking
Portland

Ellen Garcia
Providence ElderPlace
Portland

Rick Bennett
AARP Oregon
Lincoln City

Ruth Gulyas
Oregon Alliance of Senior and Health
Services
Lake Oswego

Rhonda Busek
PacificSource Health Plans
Sweet Home

Jennifer Hahn
Peace Health Medical Group
Eugene

Jim Carlson
Oregon Health Care Association
Portland

Mary Rita Hurley
Oregon Center for Nursing
Portland

Bob Joondeph
Disability Rights Oregon
Portland

Michael Kaplan
Cascade AIDS Project
Portland

Glenn Koehrsen
Retired
Mulino

David Komeiji
Retired
Portland

Robert Law, M.D.
Dunes Family Health Care
Reedsport

Ruth McEwen
Oregon Disability Commission
Salem

Kay Metzger
Senior and Disabled Services
Springfield

Del Murray
Retired
Baker City

Eddie Perse
FamilyCare Health Plan
Milwaukie

Veronica Sheffield
MVP Health Authority
Jefferson

Abigail Solomon
Service Employees International Union
Portland

Rachel Solotaroff, M.D.
Central City Concern
Portland

Lee Strandberg, R. Ph., Ph.D.
Samaritan Health Services Pharmacy
Corvallis

Teri Strong
Cascade Health Solutions
Eugene

Michael Villanueva
Southern Oregon Neuropsychological
Clinic
Medford

Crucita White
Association of Oregon Counties Mental
Health Programs
Salem

Lead Staff

Lynn-Marie Crider
Oregon Health Policy and Research
Oregon Health Authority

Oregon Health Policy Board

Integration of Care for Individuals Eligible for both Medicare and Medicaid

Work Group Charter

Approved by OHPB on [date]

I. Authority

The Oregon Health Authority (OHA), under House Bill 3650, Section 13, is establishing a public process to inform the development of an Oregon Integrated and Coordinated Health Care Delivery System. This system will deliver integrated health care and services to Oregonians through a Coordinated Care Organization (CCO) model of care, beginning with Oregon Health Plan enrollees and with special attention to coordinating care and services for Medicare beneficiaries who are also on the Oregon Health Plan.

The goal is a health care system where Coordinated Care Organizations (CCOs) are accountable for care management and providing integrated and coordinated health care for each organization's members. CCOs will be managed within fixed global budgets and will provide efficient, high quality, culturally competent care aimed at reducing medical cost inflation. Additionally, Oregon's health care system will maintain regulatory controls necessary to ensure affordable, quality health care for all Oregonians, while supporting the development of regional and community accountability for health and health care equity.

As the policy-making and oversight body for OHA, the Oregon Health Policy Board (OHPB) establishes the Work Group on Integration of Care for Individuals Eligible for both Medicare and Medicaid to provide input on issues relating specifically to those who are dually eligible for OHP and Medicare. The Work group will be guided by House Bill 3650, the Board's 2010 report *Oregon's Action Plan for Health*, and by OHA's Triple Aim:

- improving the lifelong health of all Oregonians;
- improving the quality, availability and reliability of care for all Oregonians, and;
- lowering or containing the cost of health care so that it is affordable for everyone.

This charter shall expire on December 31, 2011 or when the Board determines that the charter has been fulfilled, whichever is sooner.

II. Scope

The Work Group is charged with providing input on draft recommendations, relative to delivery of care and services to dual eligibles that to the extent possible support the social model of care,

1. Criteria for coordinated care organizations and contractual requirements of CCOs;
2. Performance metrics relating to integration of health care and long-term care services for dual eligibles;
3. Recommendations for alignment of Medicare and Medicaid requirements for CCOs to reduce administrative cost and enable CCOs to offer a single integrated program to dual eligibles.
4. Recommendations to mitigate the cost shift between the acute care and long-term care systems

This group will not provide input on issues relating to establishment of global budgets for CCOs.

OHA staff will provide workgroup members materials in advance of scheduled meetings in order to ensure adequate review time and meaningful input.

The work group will not be asked to approve the final OHPB recommendations to the Legislature.

III. Timing/Schedule

The work group input as it relates to the work outline in HB 3650 will be complete by November, 2011.

IV. Staff Resources

Co-chairs: Judy Mohr Peterson, Director, Medical Assistance Program; and Patricia Baxter, Chief Operating Officer, Seniors and People with Disabilities.

Staff: Lynn Marie Crider, Office for Oregon Health Policy & Research

V. Work Group Membership

Members of the Work Group on Integration of Care for Individuals Eligible for both Medicare and Medicaid are appointed by and will serve at the pleasure of the Governor.

(insert membership table)

Oregon Health Policy Board HB 3650 Work Group Meeting
Times and Locations

CCO Criteria Work Group:

Cherry Avenue Training Center
3414 Cherry Avenue
Suite 150 - Mt. Mazama Room
Keizer, OR 97303

All meetings 6 p.m. to 9 p.m.

Thursday, August 18
Wednesday, September 21
Tuesday, October 18
Tuesday, November 15

Metrics Work Group:

Clackamas Community College
Wilsonville Training Center
29353 SW Town Center Loop East
Room 111/112
Wilsonville, Oregon

All meetings 9 a.m. to noon.

Monday, August 22
Monday, September 26
Monday, October 17
Monday, November 14

Global Budget Work Group:

Cherry Avenue Training Center
3414 Cherry Avenue
Suite 150 - Mt. Mazama Room
Keizer, OR 97303

All meetings 6 p.m. to 9 p.m.

Wednesday, August 17
Tuesday, September 20
Monday, October 17
Monday, November 14

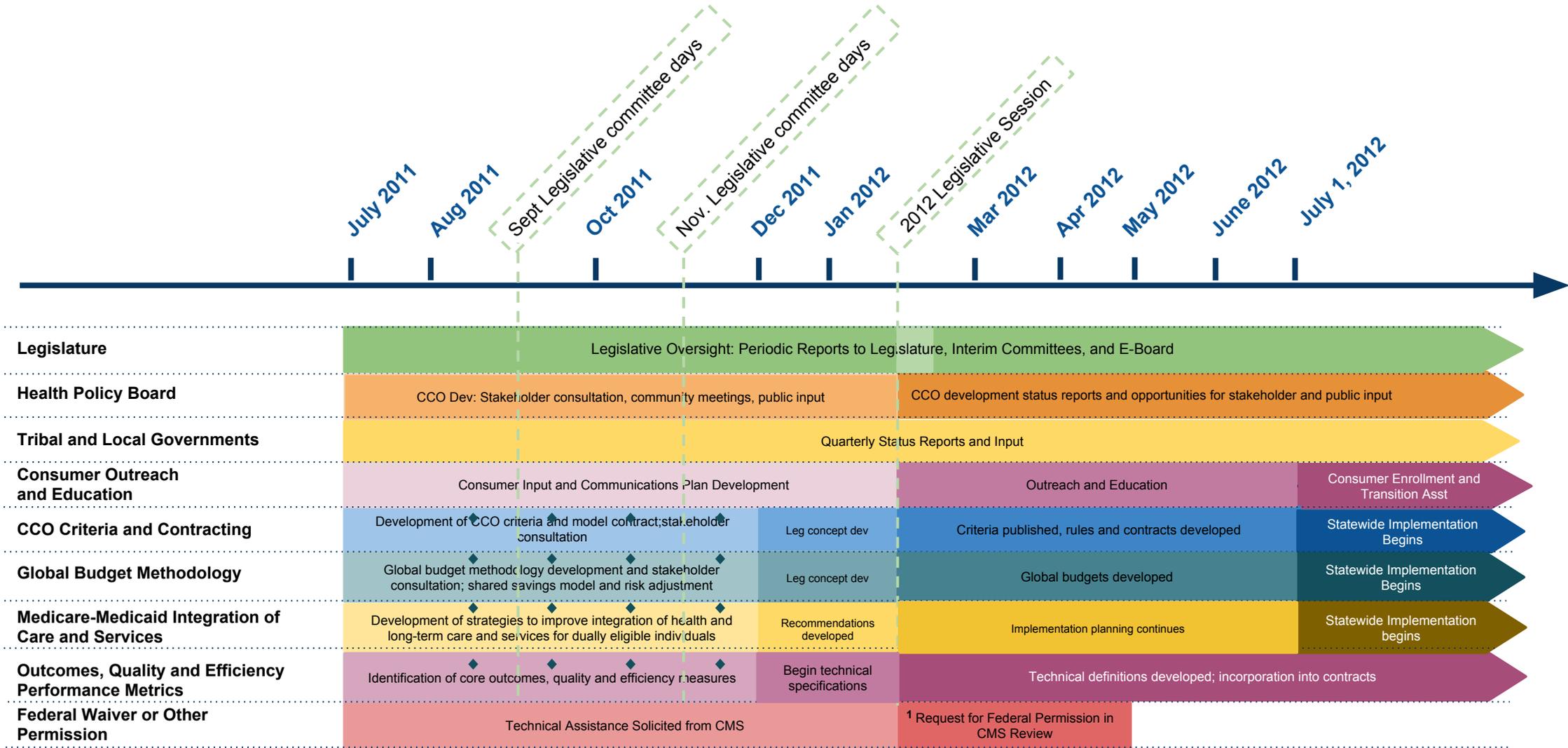
Medicare-Medicaid Work Group:

Cherry Avenue Training Center
3414 Cherry Avenue
Suite 150 - Mt. Mazama Room
Keizer, OR 97303

All meetings 6 p.m. to 9 p.m.

Tuesday, August 16
Thursday, Sept. 22
Wednesday, October 19
Thursday, November 17

HEALTH SYSTEM TRANSFORMATION TIMELINE



¹ Federal permission would be sought for global budgeting, combining Medicare funding for dual-eligibles beneficiaries with Medicaid, and payment reform.

◆ Stakeholder group consultation

Upon legislative approval, CMS request submitted

Request Approved

Health Information Technology Oversight Council

Report to OHA Director, August 5th, 2011

Below is a summary of HITOC and related workgroups, panels and stakeholder meetings from July 1st through August 5th, 2011. Full meeting summaries are available through the Office of Health Information Technology (OHIT).

July 6th, Labs: Staff and group members reviewed a draft Labs Plan, describing OHIT's tactical approach to increasing the adoption and use of electronic laboratory data exchange in Oregon. Members concluded that it is difficult to determine the level of demand for Direct Project lab exchange interfaces from large hospitals or health systems with EHRs which already have interfaces in place. The group also agreed that smaller hospitals and clinics that do not have EHRs or lab results portals would benefit considerably from low-cost low-tech lab results interfaces. Staff will make agreed upon changes to the Labs Plan and send to the group for one final round of editing before submitting the plan to HITOC for review and approval at HITOC's September meeting.

July 7th, HITOC: Staff announced the upcoming release of its RFP for core health information exchange (HIE) services. Staff presented updates on the September 14th, 2011 AIM Conference including the announcement of National Coordinator for Health IT, Farzad Mostashari, as the keynote speaker. Staff briefed members on the statewide HIT/HIE long-term care survey, and on the rulemaking process for Oregon's HIE consent policy. Staff presented Oregon's e-prescribing plan which outlines the goals and objectives for increasing electronic prescribing in Oregon. Staff presented the results of a consumer survey on HIT and HIE showing consumer support for EHRs and information sharing between doctors. Assistant Health Policy Advisor, Office of the Governor, Sean Kolmer updated the Council on CCO legislation and State delivery system reform efforts. The Council determined that the HITOC workgroup structure/schedule moving forward would be for the groups to continue to meet periodically as needed. Members also discussed key considerations and challenges for potential HIE financing strategies based upon further analysis of the May 2011 State Medicaid Directors' Letter. The Council will receive input on financing options for HIE services from the Finance Workgroup at the September 8th HITOC meeting.

July 20th, Consumer Advisory Panel: Staff presented the results of a consumer survey on HIT and HIE. Survey findings show that rural and urban Oregonians favor encouraging medical providers to adopt Electronic Health Records and they believe it is important for doctors to share information electronically. Staff provided an overview of Oregon's HIE consent rulemaking process and how consumers can participate. Staff presented an overview of federal proposed rulemaking that would modify HIPAA to allow patients to know who has accessed their personal health information. Panel members received instructions on how to submit comments individually during the federal public comment period.

August 4th, HITOC: The August HITOC meeting was cancelled.

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Public Input for the Oregon Health Policy Board

July 17, 2011 – August 8, 2011

Doc #	Summary	Comment Type	Writer
1	Oregon should alter the parameters for the Oregon Health Plan slightly so that people who are not on the edge of destitute would still qualify.	Email Submitted 7/17/2011	Gwen Heineman
2	Invitation to Town Hall meetings to gather feedback for National and State plans to address Alzheimer's disease. (See attached.)	Email Submitted 8/4/2011	Jon Bartholomew

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Action Alert!

what: Town Hall meetings to gather feedback for National and State plans to address Alzheimer's disease

when: August 11th, 15th, 16th, 18th, 24th and 25th

Has Alzheimer's disease impacted you personally?

Do you work with people living with Alzheimer's or their families?

Are you concerned about the effect Alzheimer's has on our communities?

We want to hear your thoughts about how the federal government and the Oregon state government should address the growing crisis of Alzheimer's disease.

[Join us at town hall meetings](#) to share your ideas for both a national and an Oregon Alzheimer's plan. The recommendations and comments expressed during these input sessions will inform the creation of an Oregon state plan for Alzheimer's and will be shared with federal officials charged with developing a national plan to address the escalating public health crisis, caused by the growing number of individuals diagnosed with the disease.

The Town Halls will be held at:

Eugene – August 11th, 4-6 PM, Campbell Senior Center, 155 High Street

Portland – August 15th, 4-6 PM, East Portland Community Center, 740 SE 106th Ave (near Mall 205)

Beaverton – August 16th, 4-6 PM, Beaverton Community Center, 12350 SW 5th Street

Salem – August 18th, 4-6 PM, 50+ Center, 2615 Portland Rd NE

Medford – August 24th, 4-6 PM, Smullin Center, 2825 E. Barnett Rd (at Rogue Valley Medical Center)

Thank you!

As an advocate, your voice makes a difference for our lawmakers.

Questions?

Contact Jon Bartholomew, Communications & Policy Director at the Alzheimer's Association Oregon Chapter, at 503-416-0202 or jon.bartholomew@alz.org.

Bend – August 25th, 4-6 PM, Bend Senior Center, 1600 SE Reed Market Rd

Oregon residents, including those living with Alzheimer's, their care partners, representatives from the state and local government, the research community, and health systems and long-term care facilities are invited to come and share their ideas about what essential elements need to be addressed to help those impacted by Alzheimer's disease.

Members of Oregon's Congressional delegation have been invited to speak at these events. A panel of local experts on issues related to Alzheimer's will provide background for the conversation.

Please help spread the word about these events to everyone you know who shares our vision of a world without Alzheimer's disease. Sharing your experience and opinion is critical to the development of a comprehensive plan for Oregon and our nation.

Event details can be found online at <http://tinyurl.com/alztownhalls>.

These town hall meetings are coordinated by the State Plan for Alzheimer's Disease in Oregon (SPADO) Task Force, which is a project of numerous community partners in Oregon who are concerned about the impact of Alzheimer's disease on our communities. SPADO Task Force members include state legislators, non-profit organizations, state government agencies, scientific and academic researchers, memory care providers, individual caregivers, and others.

Don't forget:

[Reply to this e-mail >>](#)

(let us know you've taken action)

[Forward this message to family and friends >>](#)

Background

The National Alzheimer's Project was created in January 2011 when President Obama signed the National Alzheimer's Project Act into law, after unanimous passage in both the U.S. House and Senate. If you can't attend one of these input sessions, submit comments for consideration about the National Alzheimer's Project Act at www.alz.org/napa.