

Public Health Advisory Board (PHAB)

November 17, 2017

Draft Meeting Minutes

Attendance:

Board members present: David Bangsberg, Carrie Brogoitti, Bob Dannenhoffer, Muriel DeLaVergne-Brown, Katrina Hedberg, Rebecca Pawlak, Kelle Little, Jeff Luck, Eva Rippeteau, Akiko Saito, Lillian Shirley, Teri Thalhofer, Tricia Mortell, and Jen Vines

Oregon Health Authority (OHA) staff: Sara Beaudrault, Cara Biddlecom, Julia Hakes, Royce Bowlin, Danna Drum

Approval of Minutes

A quorum was present. The Board moved to approve the October 19 minutes with all in favor.

Welcome and updates

-Jeff Luck, PHAB chair

Jeff welcomed two new members to the PHAB: Tricia Mortell, Public Health Division Director in Washington County, and Kelle Little, Health Administrator for Coquille Indian Tribe. This is Tricia's first meeting; Kelle joined remotely in October. Jeff thanked Safina for her service as a member of the PHAB. Jeff shared that work is underway to identify a new coordinated care organization representative to be appointed to PHAB when Safina's seat is vacated in January.

Cara shared that awards have been made to eight regions of the state that are implementing modern approaches to communicable disease control with an emphasis on reducing communicable disease-related health disparities. Cara shared a map of awardees and a brief description of the partnerships. Funds to these regions are effective December 1, 2017 and will go through June 30, 2019. OHA is in the process of finalizing work plans and budgets over the next three weeks.

Bob asked if the eight regions awarded aligned with the 2013 bill that led to the creation of the PHAB and called for eight public health regions in Oregon. Cara said that was ultimately not the intention of the Task Force on the Future of Public Health Services and regions were not prescribed by the state.

Eva shared that this RFP was challenging because of the quick turnaround and the limited funds awarded. Eva noted that there is a wide range of staff capacity across the state to apply for funds. Some local health departments have allocated grant writing staff whereas others do not. Eva made the suggestion that the Public Health Division be clearer in the writing of future RFPs and to also allow for more time for submission.

Tricia commented about the ceiling for what they could apply for and asked if OHA is able to share what, if any, proposals went unfunded for this RFP. Cara stated that all proposals received funding but that the request for funding far exceeded the available \$3.9M budget.

Teri shared that these funds are supporting the public health system, which includes the role of the state health department in supporting local work. Teri created a rapid partnership to submit her region's proposal and is very excited for the funding going to her region.

Muriel shared that the application was the best collaborative process for her region and facilitated bringing regional partners together.

David requested to see the abstracts of the proposals that were funded. Cara said she will send out abstracts after work plans have been finalized.

Jeff asked the PHAB to think about what they can do a year from now to capture the work done by the eight awarded regions and present to the legislature to make the case for additional funding. Jeff recommended the Board reconvene to put something together in summer 2018.

Cara shared that OHA is coordinating the development of the evaluation plan with the grantees and would like feedback from the PHAB.

Jen asked if the funding formula will be reexamined if modernization efforts are awarded less than \$10M. Jeff answered that if the funding was less than \$10M the funding formula does not apply.

OHA staff would like to know what is preferred by PHAB members: livestream or webinar for viewing PHAB meetings remotely. Either is sufficient to meet the requirements of a public meeting. All PHAB members voiced they preferred webinar. All meetings in 2018 will be viewable remotely through webinar.

Behavioral health collaborative update

- Royce Bowlin, Oregon Health Authority

Royce Bowlin (joined by phone), OHA Behavioral Health Director, [provided an overview](#) of the Behavioral Health Collaborative and PHAB discussed the implications of the Behavioral Health Collaborative recommendations on the public health system.

Jeff asked if regions can self-select the three priority areas they will focus on. Royce answered they are still deciding and will make a decision in the next month.

Muriel said that when looking at the [health status slide](#), public health is not called out even though public health is often taking the lead. Royce explained that the intention of the work is to call out all collaborators in behavioral health work.

Tricia agreed with Muriel and said many local health departments have done community assessments and collected data on behavioral health within their communities. Tricia asked Royce if he is considering bringing community health assessment data and other locally collected data into this work. Tricia asked if the regions are already organized. Royce said no, the regions have not been organized and they are planning on going to regions when invited and discussing who should be at the table but they are leaving the decision up to the region.

Bob asked if there is funding for bringing together these health collaboratives. Royce said no, they are currently trying to reduce administrative burden in some areas.

Teri expressed concerns over capacity for local public health departments to do this work if it is unfunded. Eva shared that the Early Learning Council is looking for similar funding. Royce suggested that we align our work to maximize funding.

Rebecca stated that sharing who is accountable for what outcomes would be very helpful from an outside perspective.

Jen said that if this work can also support early childhood interventions it would also be taking an upstream approach.

Bob asked how OHA plans to implement this work on the non-Medicaid side. Royce said OHA plans to partner with the Department of Consumer and Business Services to look at private insurance.

Akiko asked if the Behavioral Health Collaborative has looked at metrics similar to public health modernization. Royce said yes, they have just started a work group to create a menu of behavioral health metrics to present to the Metrics and Scoring Committee.

Lillian said she will make sure to give Royce suggestions on how his slides can reflect the role of public health. She also asked the PHAB for patience in this work as it is incredibly complex and involves many stakeholders.

Katrina asked if there is any overlap between behavioral health and addictions and substance use in the collaborative. Royce said this overlap is mentioned several times within the collaborative. Unfortunately most resources are not allocated toward prevention and upstream approaches. Substance use and addiction are rolled into the definition of behavioral health.

Teri asked about the level of involvement with the Association of Community Mental Health Programs (AOCMHP) and CCO partners. Royce has communicated this information to the CCOs. AOCMHP has been involved in the governance and finance workgroups and there have been monthly meetings. Lillian said ongoing information will be shared out through OHA's Health Administrator listserv.

PHAB positions in 2018

Jeff Luck, PHAB Chair

PHAB chair and co-chair positions would be two-year terms, effective January of each even-numbered year assuming the terms are completed.

Jeff would like to step down from the chair role at the end of his term. Rebecca Pawlak has been nominated as chair and Carrie Brogoitti has been nominated as co-chair.

All in favor for Rebecca Pawlak as chair and Carrie Brogoitti as co-chair for the PHAB. None opposed.

Cara reviewed membership and 2018 work plans for the PHAB subcommittees. If you are interested in joining the Incentives and Funding and/or the Accountability Metrics subcommittee(s) for the PHAB please contact Cara. Roles and responsibilities are [outlined here](#).

PHAB bylaws

Cara Biddlecom, Oregon Health Authority

Cara walked PHAB members through the November 2017 draft of the PHAB bylaws.

Comments: PHAB members would like to add in requirement for training in Article III. No other proposed changes. The bylaws were moved forward for adoption with this change. All in favor.

Preventive Health and Health Services Block Grant Evaluation Framework

Danna Drum, Oregon Health Authority

Danna Drum (by phone) shared the CDC Block Grant Evaluation Framework, which may be of interest to PHAB in that it aims to measure investments made that are flexible in nature. For example, the local public health modernization investment was made in communicable disease broadly; local public health authorities were able to identify what disease(s) or condition(s) they wanted to focus on based on local needs. Danna explored the applicability of this work to Oregon's public health modernization effort.

Bob asked how much money is this for Oregon. Danna said it is about \$1.1M dollars.

Rebecca said this work is very similar to conversations she is having on the healthcare side around flexible funds and measuring value.

Jeff asked Danna to share Oregon's evaluation responses.

Accountability metrics updates

Sara Beaudrault, Oregon Health Authority

Jeff Luck, PHAB Chair

Jeff presented the PHAB outcome measures to the Health Plan Quality Metrics Committee. This follows the PHAB discussion with Shaun Parkman in September where PHAB members identified the importance of this committee's work in identifying upstream population health measures. The Health Plan Quality Metrics Committee is responsible for setting the pool of incentive measures to be used by all public health plans in the state, so it functions differently than the Metrics and Scoring Committee, which will choose from this pool of measures exactly what CCOs are responsible for improving on over the course of a year.

Rebecca asked for more clarification around what Jeff means by health plan. Jeff answered that the measures could be used as incentives for Medicaid, PEBB and OEBC plans.

Teri expressed concern about language where local public health and CCOs are "encourage[d] to partner" because there is no funding tied to it.

Sara shared a summary of adopted local public health process measures. Sara anticipates she will bring back additional process measures for the PHAB to review in January. OHA has also been working with local public health authorities through CLHO to identify the existing funding that we do have that lines up with these areas. Myde Boles from OHA is collecting data for all of these metrics and is working to set the benchmarks and operationalize these measures. These tasks are working toward the first public health accountability metrics report. The report should be available early 2018.

Action plan for health debrief and next steps

Jeff Luck, PHAB Chair

Jeff led the PHAB in a conversation about the PHAB's priorities for public health work with CCOs. The PHAB will be providing an update to the Oregon Health Policy Board on December 5.

PHAB members discussed the option of doubling incentives for CCOs if they meet a metric and collaborate with local public health. Eva asked what measurement of a partnership would look like. Teri explained that the community health assessment is the only partnership in current CCO contracts.

Bob made the following suggestions:

Suggested contract requirement	Background
CCOs must contract with and support LPHA clinical activities, including reproductive health and immunizations, at terms that are not worse than those terms offered to other providers	Some LPHAs have had difficulty entering into a contract with CCOs. In other cases, their contracts with the LPHAs are not equal to those of other providers in the community.
CCOs must support public health during a public health emergency, such as a mass vaccination effort	During the mass vaccination effort for Meningitis B, the CCOs were critical in reimbursement for vaccine costs among their members.
CCOs must pay for specialty clinical services for its members, including STD services and TB	CCOs have sometimes denied payment for services provided to their members because they assume that the LPHA will pick up all costs, such as nursing visits for direct observed therapy and medications for TB.
CCOs must require that immunization providers enter data into ALERT	There is no current requirement, impeding our ability to gather accurate immunization histories.
CCOs must be required to have public health representation on both the governing board and community advisory committees.	This has been very variable, but without a requirement, public health has not been included.
CCOs must include public health on their governing board and community advisory council	This has been variable, but it is critical to have a public health perspective on the CCO governing board.
CCOs must support the state public health lab	Some CCOs have made contracts for outside laboratory services and have excluded the state public health lab.
CCOs must share the incentive pools with public health for the part that public health plays in meeting their metrics.	Public health plays a pivotal role in the achievement of some measures, including contraceptive care and immunizations, but does not benefit from incentive payments. For example, if public health provides 40% of the immunizations in a community, they should be eligible for up to 40% of the incentive.

Action Item: Jeff to synthesize PHAB feedback and put into his December 5 presentation.

Public Comment Period

No public testimony was provided.



Closing

The meeting was adjourned.

The next Public Health Advisory Board meeting will be held on:

**January 18, 2018
2-5 PM
Portland State Office Building
800 NE Oregon St Room 1E
Portland, OR 97232**

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Julia Hakes at (971) 673-2296 or Julia.a.hakes@state.or.us. For more information and meeting recordings please visit the website: healthoregon.org/phab