

Public Health Advisory Board (PHAB)

October 19, 2017

Draft Meeting Minutes

Attendance:

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

Oregon Health Authority (OHA) staff: Sara Beaudrault, Cara Biddlecom, Myde Boles, Danna Drum, Julia Hakes, Holly Heiberg, Luci Longoria, Britt Parrott, and Angela Rowland

Guests: Morgan Cowling, Kari McFarland, Tricia Mortell

Approval of Minutes

A quorum was present. The Board moved to approve the June 15, 2017 and September 5, 2017 minutes with all in favor.

Welcome and updates

-Jeff Luck, PHAB chair

- New board membership:
 - Kelle Little, Tribal representative
 - Bob Dannenhoffer, Local Health Administrator representative
- Board member transition: Tricia Tillman is no longer the health administrator for Multnomah County and will no longer serve on the PHAB, we appreciate her service.
- Julia Hakes is the new staff support person for the PHAB.
- The State Health Assessment community meetings are almost complete.
- The cross-sector partnerships case studies handout is located here:
<http://www.healthoregon.org/modernization>.

PHAB reappointments and chairs

- Jeff Luck, PHAB chair

Eva has applied for reappointment to the PHAB. Safina is not reapplying. A new CCO representative member of the PHAB will be needed beginning January 1, 2018.

The Board chair and co-chair terms end in December 2017. The PHAB bylaws will need to be drafted based on guidance from Oregon Health Policy Board staff. Also, the subcommittee membership will be revisited at the beginning of 2018 to ensure proper representation on each subcommittee.

Action Item: Please let Cara know if you would care to volunteer as chair or co-chair.



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Tobacco funding update

-Karen Girard, Oregon Health Authority

Karen discussed the upcoming changes in the state's Tobacco Prevention and Education Program (TPEP) funding. The legislature cut the budget by 20%, from \$20M to \$16.3M per biennium. The state TPEP program used the Centers for Disease Control and Prevention (CDC) best practices for tobacco control as a guide for budget allocation. The Tobacco Reduction Advisory Committee and the Conference of Local Health Officials (CLHO) worked on funding decisions for local public health departments. OHA will work with CLHO for the next 18 months through two workgroups. The workgroups will look at accountability metrics, and how the funding formula may need to be changed in the 2019-21 biennium. Currently the funding formula has a base and per capita distribution.

Eva stated there is a county currently on strike that includes public health, and that counties can no longer do more with less. Karen stated that in order to preserve local base funding for tobacco prevention, the Strategies for Policy and Environmental Change (SPaRC) and Sustainable Relationships for Community Health (SRCH) grants were eliminated as well as technical assistance programs.

Muriel suggested leveraging Medicaid dollars and CCOs by looking at different improvement strategies with the whole system in mind.

Rebecca is interested in the amount of funds that have been leveraged, also she sees the TPEP workgroups are in parallel with the two PHAB subcommittees. She inquired if the PHAB will play a role in the tobacco funding formula and accountability metrics. Muriel stated that there are PHAB members who serve on CLHO and could help cross walk the subcommittee's work.

David mentioned his discussion with the Oregon Health Policy Board (OHPB) about developing shared metrics. The CCO contract negotiation has been delayed a year to design contracts for upstream impact on health and to look at a population perspective. There is a letter from the Governor to endorse that mission. PHAB could play a role to help inform CCO contract negotiations. Teri recommended that CCOs collaborate with governmental public health.

Eli stated that the PHAB could provide a formal proposal to the OHPB using the approved guiding principles for health care and public health collaboration document as a frame. PHAB should look at one or two issues that are relevant.

Katrina stated that tobacco use prevalence is a CCO incentive measure. Public health can provide tools to encourage the public health CCO partnership.

Bob stated that there are some challenges with CCOs not wanting to use the Oregon State Public Health Lab. He added that the value of tobacco cessation could save the system millions of dollars including other programs as well including immunizations.

Lillian indicated that the landscape among CCOs is complex and David can help bring the PHAB perspective forward. There is a whole series of public health issues, including communicable disease prevention, to package for the OHPB to provide policy direction inform the contracts.

Katrina stated that the State Health Improvement Plan (SHIP) has a section on what the health system can do and serves as a start to this conversation.

Muriel recommended creating a crosswalk on how to improve health through public health and CCO partnership.

Rebecca said that the tobacco program funds the whole system and not just the Medicaid population. She recommended using the PHAB incentives and funding subcommittee and discuss how that formula was created.

Action Item: Cara will follow up with subcommittee members to identify a volunteer to serve on the appropriate TPEP workgroups.

Public Health Accountability Metrics

-Myde Boles, Oregon Health Authority

The CLHO committees developed the public health accountability process measures to reflect local public health activities in conjunction with state public health to achieve the health outcome measures approved by PHAB in June. The slate presented today was reviewed by CLHO and presented to the PHAB accountability subcommittee.

Recommended measures:

- *Percent of Vaccines for Children clinics [that serve populations experiencing vaccination disparities] that participate in Assessment, Feedback, Incentives and eXchange (AFIX) program*
- *Percent of gonorrhea cases that had at least one contact that received treatment*
- *Percent of gonorrhea case reports with complete priority fields (pregnancy status, HIV, most recent test date/status, gender of sex partners, proper treatment of gonorrhea)*
- *Percent of community members reached by local [tobacco retail or smoke-free] policies*
- *Percent of top prescribers enrolled in the Prescription Drug Monitoring Program (PDMP)*
- *Number of active transportation partner governing or leadership boards with LPHA representation*
- *Number of water systems surveys completed*
- *Number of water quality alert responses*



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- *Number of priority non-compliers resolved*
- *Number of local policy strategies for increasing access to effective contraceptives*

Eli expressed concern about a non-standardized approach to LPHA data reporting. Jeff remarked it doesn't apply to the recommended measures. Eli suggested removing the LPHA footnote on page 51 of the [packet](#).

Katrina recommended being clear with definitions when measuring policies by indicating if it is a local policy or an ordinance being passed. David mentioned that there are good policies and bad policies. Rebecca recommended that with community outreach it might be hard to demonstrate working toward policy change.

Cara stated this is the start of a full public health modernization systems change and these measures are only one piece of the puzzle. They will need more work to be operationalized. OHA will be working with CLHO to update Program Elements to cross reference where current funds are available and potentially add additional performance measures that would be monitored as a part of the OHA contract with LPHAs.

Bob asked about the tipping point effect on topics like local tobacco policy. Myde stated that a baseline must be established to develop criteria for success.

Alejandro stated that there is a challenge in the issue of enforcement and tracking as a part of the policy process.

David asked if the Prescription Drug Monitoring Program (PDMP) is evidence-based. Katrina stated that the PDMP measure is a part of a multi-pronged process that includes upcoming legislation that may require this proposed measure to be updated.

The Board questioned measuring *number of local strategies for increasing access to effective contraceptives*. Bob recommended operationalizing the One Key Question intervention. Alejandro asked if access ensures use. Katrina suggested measuring the number of school based health centers (SBHCs) or Planned Parenthood clinics available. Teri stated that in her county, public health is working with local health systems to set up referral process so patients get contraceptives immediately. If women have more access they will increase use of contraception. Eli recommended a collaboration between public health, health providers, and the CCO. He continued to state that many metrics are overlapping with CCO incentive metrics. Jen suggested using the gonorrhea measure to measure access.

The subcommittee recommended not to adopt the any dental visits process measures at this time. Eli commented that LPHAs are rarely involved in dental care, therefore he would like to keep this as an "on deck" measure.

David made a motion to adopt all recommended measures except *effective contraceptive use*. Katrina clarified that this means to recommend not adopting any measures in the clinical preventative services foundational program.

All in favor.

Oregon Action Plan for Health

-Steph Jarem, Oregon Health Authority

The first Action Plan for Health was a charge from legislature to the Oregon Health Policy Board in 2009 to create a comprehensive health reform plan for Oregon. It was guided by Oregon's Triple Aim for better health, better care, and lower costs. After five years of health system transformation the Board felt a need to update the Action Plan while maintaining the overarching principles that still apply to Oregon's work. The goal with the Action Plan update was to establish a roadmap for continued innovation, building upon best practices, evidence, data, and stakeholder experience. The Board set foundational strategies within seven areas. Cara and Steph identified areas of current PHAB engagement or what the PHAB could engage in in the future. The key actions section is the true work of the Action Plan and is dynamic. The actions help to track how far the state has come, including the effects to population health.

The next steps involve a public dashboard report in mid-January 2018 and alignment with CCO 2.0 contracting. There is an internal analysis of the first stage of health system transformation underway, with further discussion about the next round of CCO contracts at the January 2018 OHPB retreat. In 2018 there will be a vast public input process both in OHPB committees and externally.

The Action Plan for Health refresh has been posted on the Oregon Health Policy Board website at <https://apps.state.or.us/Forms/Served/1e9963.pdf>. The 2010 Action Plan for Health website is <http://www.oregon.gov/oha/Pages/Action-Plan-Health.aspx>.

Jen recommended distinguishing health care metrics from public health metrics and the difference in timelines since public health outcomes are slow.

Public Comment Period

No public testimony was provided.

Closing

The meeting was adjourned.

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



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**November 17, 2017
9AM – 12PM
Human Services Building Room 137 C-D
500 Summer St. NE,
Salem, OR 97301**

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