Access Work Group
Meeting Notes
Portland State Office Building
800 NE Oregon Street, Room 140
Portland, Oregon
August 12, 2004
1:00pm – 4:00pm

Members In Attendance: Vanetta Abdellatif, Rick Wopat, Ann Potter, Craig Hostetler, Karen Whitaker, Allan Dumma, and Ross Dwinell

Members Excused:

Staff In Attendance: Mike Bonetto, Laura Brennan, and Elizabeth Kurtz

Craig Hostetler requested financial issues to be addressed in an upcoming meeting. The concept of federal financial participation but more research is needed before a discussion is had.

Another request was made to look into Washington State's approach to their basic health plan in relationship to no federal funding, what the differences are and what the dollar issues are as well as how that is working.

I. Overall meeting Desired Outcome:

Vanetta discusses the outcome is to Review work from basic benefits subcommittee and come to agreement on overall conceptual structure. Review access data on urban centers and come to agreement about current crisis areas around the state

II. Review Work from Basic Benefits Subcommittee

Rick stated that at the last meeting the group decided to focus on access to prevention and primary care services. Goals of the subcommittee are as follows:

- Every person in the state of Oregon should have access to preventative services, reproductive health care, some out patient and in patient services.
- Above goals may apply not only to medical but also to dental and mental health services.
- Group discussion regarding long-term disease and how long it should be treated.

Mike Bonetto stated that the subcommittee really was trying to provide a framework that would be presented to the legislature, and the details of all of the things that is included in Basic Treatment and will be the ongoing process."

- Group discussion regarding cost effectiveness of treating dental health, mental health and physical health issues. An example of cost effectiveness is prevention.

Group discussion about what will be covered and what will not be covered. Look at the model of OHP. There are guidelines of covered services and there are decisions that are made on an individual basis as to what is and what isn't covered.

III. Review Access Data for Urban Centers

Karen Whiteaker presented data on the Urban city of St. Johns. The data available is poor and inconsistent. Some of the data could very easily be incorrect. It becomes clear that new data surveys and proxies are necessary to determine what is needed to achieve the end goal. We analyzed the county as opposed to zip code due to inability to obtain that information. The resources that can be tapped, tell us what types of practitioners are in the area and the demand for different services based on the federal information. Rick questions the information as possibly incorrect in regards to household salaries growing at an excessive amount. Rick asks if it is possible to blend the data of another area that is near by to help us determine if accessible treatment is 10 miles away or 100 miles away?

Other concerns with the data include medical facilities that cater to only particular patients such as Kaiser. If a Kaiser facility is in the area the data will prove to be distorted based on the fact that not all people will have access to those facilities. Just because there are an abundance of physicians, does not mean that all individuals have access to service.

IV. Identify Access Crisis Areas

Desired Outcome: Come to an agreement on identifying crisis areas around the state in regard to the work of the basic benefits subcommittee.

Laura Brennan gave a presentation. See handout.

Group discussion regarding next meeting

- Where we are with access steps?
- Consolidate data—trying to combine the rural and the urban into that format.
- Outline in order—what to recommend to legislature on the 13th
- Preventable hospitalization data
- Immunization data by county data

Next meeting: Thursday, August 26, 2004 1:00—4:00 p.m.

DRAFT

Access Work Group
Meeting Notes
July 8, 2004
800 NE Oregon Street, Portland
Room 120-B

In attendance: Vanetta Abdellatif, Rick Wopat, Laura Brennan, Tina Castañares, Ross Dwinell, Craig Hostetler, Denise Honzel, Senator Ben Westlund, Karen Whitaker, Anne Potter, Dick Stenson

Members excused: Paul Kirk, Carlton Purvis III

I. Call to Order/Introductions – called to order at 1:15 p.m.

Mike reported on the meeting of the Governor's newly formed OHP Task Force on Health Policy and outlined the group's 3-step process:

Phase I
Members include: Greenlick, Thompson, Westlund, Carter – Kerry Barnett, Vanetta Abdellatif, Erin Kelley-Siel, Mike Bonetto, Gary Weeks, Dr. Goldberg, Lynn Reed, Cindy Becker, George Naughton, John Britton. This group's charge is to identify needed health care policy.

Phase II
Take to stakeholders, providers

Phase III
HPC formal public process

Dick Stenson is introduced as a new member of the Access Work Group.

Vanetta explains today's agenda formation. Mike reports the urgency of developing a short-term process in preparation for co-chairs presentation to the legislature mid-September.

II. Overall Meeting Desired Outcome

III. Review Action Items from Previous Meetings

Mike comments on successful progress toward the GAP Analysis project. Laura Brennan presented rural data at the last meeting. Karen Whitaker reports 80% of data is loaded to create urban profiles, and this report is anticipated available within the month.

Jackie follows up with a question about which ED/Hospital data to include in Karen's dataset.

Vanetta asks for a timeline for completion of data collection.

Mike would like to invite representatives from the Mental Health Task Force to the next Commission meeting, in an effort to consolidate work group presentation.

Mike recommends members share agenda items with him prior to meeting time.

Rick asks whether the group wants to consider the number of providers per capita in the data collection. Craig has access to community health data. HMOs have data. Jackie recommends consolidating these data to assist in identifying gaps. Wrap-around services. Ratio of primary care to a population. Access to what?

IV. Review Mission and Goal Statements

Mike reports the charge to this work group is to incorporate goals the legislature has identified in this work group's Mission Statement.

Leverage existing resources. Are we maximizing what we currently have? How can we work 'smarter'?

What is essential access the State has to guarantee? More efficiency and collaboration among existing organizations. Reference the Harvard Business Review article. Incentivize.

Replace health 'care' with health 'services/systems'? More discussion to follow.

Wisconsin model. Saying our goal is to define essential services, recommending this to the legislature as our first charge.

V. Review Short-Term Goals of Access Work Group

This would be the data collection process. Identify access drivers. Prepare to present to the legislature's interim session mid-September.

It is stated as important that essential services be identified**.**

Identify a desired level of access.

Identify access drivers – Mike and Laura put something together.

VI. Break

VII. Prioritize Short-Term Goals

VIII. Discussion of Next Meeting Time and Agenda

Mike would like to invite representatives from the Mental Health Task Force to the next meeting, in an effort to consolidate work group presentation.

Karen will present urban data for the next meeting. Can data get to members prior to the next meeting – distill it down and summarize it for the next meeting.

Create a fifth goal statement.

Identify access drivers and rank them.
Identify access drivers – Mike and Laura put something together.

Identify essential services.

Define primary care – Craig (include federal definition?)

Mike suggests this process:
Identify essential services using Rick's 'Benefit Level' grid
Bring data into play – urban and rural.
Did you know of crises in your areas?
Constraints
Impacts on crises

Meet second Thursdays 1-4 at the PSOB
Sub work groups meet in the interim
Benefit Package sub-committee work group
Any other meeting times will be conference call

Elizabeth get dates out to the membership to determine upcoming meeting dates.

Federal-financial participation – which work group is responsible for looking at how the State should maximize FFP (Federal Financial Participation)?

IX. Adjournment

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Jackie's thoughts on paper -
?What are the identified constraints?
?What is the essential package? (for primary care)
?What can we impact today with public policy?
?What can we impact tomorrow?
?Who's lead?

Access Work Group Organizational Meeting
June 14, 2004
State Capitol Building
Hearing Room 350

In attendance: Vanetta Abdellatif, Rick Wopat, Laura Brennan, Tina Castanares, Ross Dwinell, Craig Hostetler, Denise Honzel, Senator Ben Westlund, Karen Whitaker, Anne Potter, Carlton Purvis III

Members excused: Paul Kirk

I. Call to Order/Introductions – called to order at 10:15 a.m.
Vanetta Abdellatif, Co-Chair

Laura reported on the Health Oregon's Healthcare Safety Net" a handout. What kind of data options can we present to the legislature? Policy option? Care Safety Net – "Monitoring

(I returned from making additional handout copies @ 10:45, recorder #200)

II. Overview/Brainstorm of Current Access Resources (Reports/Data/Sources/Assets)

I M P A C T	High Impact Low Difficulty	High Impact High Difficulty
	Low Impact Low Difficulty	
	DIFFICULTY	

Prioritize within this grid. Integrate access to mental health services and addiction treatment.

Add Limited Resources to this grid.

Distinguish urban from rural. Use existing service area definitions, and not create new ones for accurate historical data collection. Cost of purchasing data – Karen will research.

III. Break

IV. Access to what?

Jackie asks us to consider a blended picture, scope, layer. Look at the data and ask what can be accomplished based on decisions. Make access fit the data, not the other way around.

The membership discusses identifying the process, based on data, coupled with the collective professional knowledge and personal experiences of this group.

Darren Coffman and Alison Little discuss prioritization – a handout was distributed, "Overview of Possible Prioritization Options". There are 730 condition/treatment pairs, pared down from 1500 in 1990. OHP Standard. Cost-sharing. Insurance-based approach to. Mandatory services. Reduce coverage rather than eliminate the entire treatment. Insurance coverage versus medical coverage.

Identify the goal – is it to have health, or access to health-care services?

Establish goals. Define principles around which we work in terms of defining priorities. OHP had nine principles. OHP2 had principles.

Coordinate assets and available, public and private, resources. The greatest good for the greatest number.

V. Discussion of Next Meeting Time and Agenda

VI. Adjournment

Access Work Group
DRAFT Meeting Notes
May 27, 2004
Video-Conference
Salem, Oregon
Portland, Oregon
Corvallis, Oregon
Medford, Oregon

Video-conference begins at 1:15 p.m.

Members in Attendance: Rick Wopat, Vanetta Abdellatif, Tina Castañares, Ross Dwinell, Denise Honzel, Anne Potter, Karen Whitaker, Carlton Purvis III, Senator Ben Westlund, Jackie Gaines

Members Absent: Paul Kirk

Staff Present: Mike Bonetto, Elizabeth Kurtz, Laura Brennan

I. Call to Order/Commission Update

Asks for input from the membership with regard to this first work group meeting via video-conference. Wants to briefly summarize the work group's participation at the recent Commission Meeting on May 20. Wants to discuss short-term goals and what we know is available in terms of assessment and defining GAP Analysis application to this process. How do we identify and define services we think will be available, and their delivery?

Mike Bonetto describes the first opportunity the full Commission had to hear from the work group's and review what they have been doing. Each work group presented their initial findings and discussions. Access will be responsible for looking at the myriad ways of accessing reform, as it dovetails with the other work groups. The time-frame is to use the summer months to refine a legislative proposal by November. This will entail preparing drafts by June, and outlining strategies by September-October. The Governor will be invited to share his ideas and position.

Senator Westlund is pleased with the progress and momentum of the Access Work Group.

Mike Bonetto reiterates short-term goals; "assist Oregon communities in providing access to health care services". Refined Objective 1 to read, "Assess current access resources and barriers". Objective 2, "Identify the desired level of access" (are there benchmarks or national goals we should consider?) Objective 3, "Assess resources for access program planning.

The long-term goal is "To ensure access to appropriate health care services for all Oregonians". Identifying appropriate health care services is the current challenge of this work group. Using data to assist make this determination is suggested as a tool or resource

Karen Whitaker shares access to her office's current databases that consist of demographic, urban, and rural state-wide data. Some of these databases are computerized, or can be computerized for this work group. She also mentioned existing benchmarks. Community-based assessments. Community interviews.

II. Discussion of Access GAP Analysis

Tina Castañeras confirms existence of OPCA GAP Analyses for FQHS throughout the State. Laura Brennan explains this was presented by Bob DiPrete and Craig Hostetler during the early days of the Oregon Health Policy, and the information includes hospitals and facilities.

Jackie Gaines wants to ensure language be considered in these analyses and considered as barriers. She also cautions that wording or phrasing of interview questions be drafted not to skew or assume answers.

Oregon Atlas, published by an editor at OHSU, chronicles population demographics.

Rick asks for suggestions on additional tool/data sets.

Community Sight Development Process is mentioned by Laura to consider.

Rick recommends defining access before defining access to what? Suggests looking to Health Services Committee and the Prioritized List to assist in this process. Opens discussion to the members.

Carlton Purvis mentions 12 buckets of a planning process at HCCSO. Narrows them down to four focus areas:

1. Primary Care
2. Acute Care
3. Transitional Care
4. Long-Term Care
5. Healthy Choices was added as a component to Primary Care, completing a comprehensive cycle of health care.

He will provide copies to share with the work group, and agrees to update members as they progress.

Anne Potter reminds members not to neglect cost as a consideration of access.

Access to chronic-care management and prevention. Enabling services. Durable medical. Reimbursement issues. Program participation.

III. Discussion of Access Goals

IV. Discussion of Access Objectives

V. Discussion of Next Meeting Agenda

Mike will convene with staff to consolidate, synthesize, and coordinate existing data as it applies to current levels of service, and email to members prior to our next meeting. He asks Carlton to send what he has to date. And, Mike will meet with Darren Coffman of the Health Services Commission to go over the original 17 buckets, send them to members, ask input be returned to him between June 7-10, at which time he will compile these comments to include on the agenda for June 14 meeting.

Vanetta would like to have the web address with the link on it that includes the materials the work group can use.

VI. Adjournment

Next Meeting – Monday, June 14, 10:00 – 1:00 p.m. Portland State Office Building, 800 NE Oregon Street, Room 140.

DRAFT MEETING NOTES
Access Work Group Organizational Meeting
May 7, 2004
State Capitol Building, Hearing Room 350

Members present: Vanetta Abdellatif, Rick Wopat, Laura Brennan, Tina Castañares, Ross Dwinell, Craig Hostetler, Denise Honzel, Senator Ben Westlund, Karen Whitaker, Carlton Purvis III (conference call), Anne Potter

Staff present: Mike Bonetto, Elizabeth Kurtz, Bob DiPrete, Elizabeth Baxter

Members excused: Paul Kirk, Jackie Gaines, Mark Scott

I. Call to Order/Introductions – called to order at 1:15 p.m.
Vanetta Abdellatif and Rick Wopat, Co-Chairs

Review where this committee fits in with relation to other groups. The HPC is the umbrella to the four work groups. The charge is to develop and implement state policy as it applies to health policy. Details will be defined by the work groups. Interface with other standing work groups.

II. Complete Access Definition

Definition is accepted – ***Access is the timely availability of appropriate, quality and affordable health services.***

Access Components:
- Timely and needed health services
- Effective information, education, prevention, early diagnosis and treatment
- Culturally/linguistically competent services
- Affordable and effective care in an appropriate setting that responds to immediate needs as well as improves the health status of the population served

IV. Complete Initial Draft of Access Goals and Objectives

Short Term Goals:
Assist Oregon communities in providing access to health care services.
Objective 1 – Assess current access resources
Objective 2 – Identify the desired level of access (national goals/benchmarks)
Objective 3 – Assess resources for access program planning

Long Term Goals:
Ensure access to appropriate health care services for all Oregonians
Objective 1 – Identify appropriate health care services
Objective 2 –
Objective 3 –

How do we proceed? Identify specific points or areas of importance. Adapt existing models or components of existing models that apply to Oregon.

V. Break

VI. Identify Access Performance Measures

Distributed Maine's Health Care Performance Council. Cost, participation, and quality. Jumpstarting Oregon's process.

Set up a formula to assist in assigning a score – to determine the amount of contribution and type of health care granted to a community. Quality, measurable indicators of clinical outcomes. Workforce indicators.

VII. Discussion of Health Values Survey (Public Input Process)
Liz Baxter, HRSA Project Coordinator

Draft Public Input Process was distributed outlining a timeline, and samples of possible survey topics and questions. Suggested formats included random sample telephone surveys, community meetings, stakeholder meetings, and focus groups.

1. What does this group want to do with the information?
   Compare to existing availability. What is at issue? Provider-patient ratios. Why women in Jefferson County did not have the same birth outcomes in Clark County. Identify barriers to access.

2. Who is the target audience?
   Sen. Westlund's colleagues. Health-care curators. The members of this work group. Survey diverse individuals/groups in a community. Key informant interviews are one-on-one. Be sure to include hostile factions in the survey. Providers. Have's versus have-nots. Take time to select carefully. Paul McGinnis. CHIP Process examples. Faith-based.

3. What do you want to know from them?
   Some sense of what they want in order of priorities. Measure public value. What does the public value and in order of priority. Use it as information with which we make decisions. Empower them to feel included in the process and outcomes.

   Limit input. Identify who is not participating, and why. Structured to be a forced decision-making process. Frame within the context of what the voters want. Strive for utopia. Set the tone of a frank, realistic conversation.

   Do not blend numbers. Maintain community identities. Balance questions for those who have access and those who do not think they do. Identify the meaning of value

in health-care. Segregate barriers. Randomly selected populations. Be consistent. Balance personal needs versus community needs.

Use this survey to compare issues from previous surveys. Return with results, not the process.

VIII. Discussion of Next Meeting Time and Agenda

One hour conference-call on May 27. Meetings scheduled June 14, and July 8. Will second Thursday's 1-4 be a good time for a standing work group meeting? Poll the membership. Electronic distribution of documents.

IX. Adjournment

4:15 p.m.

HPC ACCESS WORKGROUP

April 12, 2004 **Oregon State Capitol Building, HR 350**
1:15 p.m. Tapes 1-2

MEMBERS PRESENT: **Rick Wopat, MD, co-chair**
Vanetta Abdellatif
Laura Brennan
Tina Castañares
Ross Dwinell
Craig Hostetler
Denise Honzel
Sen. Ben Westlund
Bob DiPrete
Karen Whitaker
Carlton Purvis, III
Anne Potter

MEMBERS EXCUSED: **Paul Kirk**
Jackie Gaines
Mark Scott

STAFF PRESENT: **Mike Bonetto, Oregon Health Policy Commission Director**
Elizabeth Kurtz, Health Policy Commission Assistant

ISSUES HEARD:

- **Call to Order/Introductions**
- **Overview of Group's Charge and Work Plan**
- **Defining Access**
- **Research and Community Projects**
- **Goals and Objectives**
- **Next Meeting Agenda**

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the tapes.

TAPE/#	Speaker	Comments
TAPE 1, A		
002	**Vanetta Abdellatif**	Introduces co-chair Rick Wopat, MD. Asks members to share their professional and personal reasons for volunteering to serve on the Access Work Group.
589	**Mike Bonetto**	Identifies the first task of laying out goals and objectives within four major areas - access, cost, quality, and health status. This will lay the foundation for the future of the Commission. Brings a legislative focus to solutions. Sees the importance of linking policy and research with politics. Wants to build on work that has already been done - does not want to reinvent the wheel. Identifies community solutions as viable resources. Would like to see more information from the public to include in the Health Survey.

TAPE/#	Speaker	Comments
TAPE 1, A		
		States the Commission charges each work group to look at specific components. The first task is in determining short and long term Goals and Objectives, and the Commission hopes to see these defined by the May or June meeting. Second will be Performance Measures; third will be Survey Questions, and fourth will be Strategies. Wants to build on the Health Survey - asks where this group would like to see more information from the public.
705	**Vanetta Abdellatif**	Refers to (**Exhibit C**), Access Definitions, Goals and Objectives. Asks for member's reactions or thoughts about defining access.
TAPE/#	**Speaker**	**Comments**
TAPE 2, A		
		Discussion continues regarding definitions of access.
586	**Laura Brennan**	(**Exhibit D**) Discusses Community Models, and highlights examples of strategies other states developed in organizing their health care systems. She describes their successes and suggests that we might want to adapt some of their ideas into our project.
TAPE/#	**Speaker**	**Comments**
TAPE 1, B		
090	**Vanetta Abdellatif**	Asks for discussion about short-term goals. Identifies three objectives: assessing, planning, and implementing. Asks how close are we to meeting these short-term goals? How might we do that? Are these objectives correct to get us to the goal?
126	**Membership**	Asks how we are going to pay for this? Asks how are we going to motivate participation and educate the need for this? Recommends setting up a structure first. Short-term goals are an integral component to long-term goals.
562	**Vanetta Abdellatif**	Reminds the date of the next Access Work Group meeting is May 7.
587	**Mike Bonetto**	Highlights topic for the next meeting - continue discussions around goals and objectives, finalize it. Present performance measures other states have done, particularly Maine- decide if there are any pieces this group wants to adopt. Brief discussion on the Health Values Survey Questionnaire to determine if there are any questions that need to be added. The main focus will be to finalize the Goals and Objectives.

Submitted By:

Elizabeth Kurtz
Health Policy Commission Assistant

Reviewed By:

Mike Bonetto
Health Policy Commission Director

EXHIBIT SUMMARY

A – Agenda
B – Oregon Health Policy Access Work Group Roster
C – Oregon Health Policy Access Work Group Definitions, Goals and Objectives
D – Oregon Health Policy Access Work Group Community Models