

**Oregon Health Policy Commission  
Delivery System Models Work Group**

**2006 Meeting Notes**

**January 17, 2006 1-3pm, 800 NE Oregon St Room 221, Portland**

**April 18, 2006 1-3pm, 800 NE Oregon St Room 120C, Portland**

**May 16, 2006 1-3pm, 800 NE Oregon St Room 120C, Portland**

**June 20, 2006 1-3pm, 800 NE Oregon St Room 918, Portland**

**DRAFT**

**Oregon Health Policy Commission  
Delivery System Models Workgroup  
December 20, 2005  
800 NE Oregon St, Room 221  
Portland, Oregon**

**Members Present:** Rick Wopat, Tina Castañares, Ross Dwinell, Craig Hostetler, Lisa Ladendorf, Jennifer Pratt, Ken Provencher, Carlton Purvis, Peter Reagan, Dick Stenson, Karen Whitaker

**Members Excused:** Vanetta Abdellatif, Chuck Kilo

**Staff:** Gretchen Morley, Director, Oregon Health Policy Commission (OHPC)  
Laura Brennan, Health Services, DHS  
Jessica van Diepen, Assistant, OHPC

**Guests:** Chris DeMars, Beryl Fletcher, Joel Young, Diane Lund

**I. Call to Order: 1:16 p.m.**

**II. Top Priorities**

- A. Create/explore payment systems to foster 100% access
- B. Identify & evaluate laws and regulations which pose barriers
- C. Develop legislative concepts
- D. Establish mechanisms for collaboration
- E. Identify metrics
- F. Develop criteria for selection of demo sites
- G. Health Enterprise Zones
- H. Engage OHPC and other policy makers to prep for '07 legislative session
- I. Identify fragile/stalled delivery systems (this requires metrics)
- J. Invest in community-based leadership development (e.g. volunteer clinic in The Dalles via OSU extension program)
- K. Macro approach to changing the environment statewide:
  - Define metrics and then measure
  - Define health enterprise zones
  - Outline payment system with rational incentives

***Discussion***

- This group might be an appropriate vehicle for advising the OHPC, and in turn the Legislature, on state policy regarding payments systems and support of local innovation of mental health service delivery
- Pilot model should be restricted to a smaller universe, e.g. mental health, to make it less vulnerable to being co-opted by special interests.
- The conversation that needs to happen now is one that achieves consensus on local governance of community healthcare; it needs to include all stakeholders (health plans, providers, citizens).

**III. Next Steps**

- A. Subcommittee to flesh out recommendations to Legislature on supporting community innovation:
  - a. Initial ideas for actionable recommendations
  - b. Identify who is interested/appropriate to continue this work

Adjourned 3:07 p.m.

**Next meeting:** February 14 subcommittee meeting (Jennifer Pratt, Ken Provencher, Laura Brennan, Rick Wopat, Vanetta Abdellatif)

**Exhibits:** I. Agenda II. Next steps worksheet

**Oregon Health Policy Commission  
Delivery System Models Workgroup  
April 18, 2006  
800 NE Oregon St, Room 120C  
Portland, Oregon**

**Members Present:** Vanetta Abdellatif, Rick Wopat, Tina Castañares, Ross Dwinell, Craig Hostetler, Chuck Kilo, Ken Provencher, Carlton Purvis, Peter Reagan, Dick Stenson

**Members Excused:** Lisa Ladendorf, Jennifer Pratt

**Staff:** Gretchen Morley, Director, OHPC; Jessica van Diepen, Communications, OHPC; Laura Brennan, Health Systems Planning, DHS

**Guests:** Chris DeMars, David Rosenfeld

**I. Call to Order: 1:11 p.m.**

**II. Safety Net Advisory Committee Update**

- A. Policy Options Subcommittee is meeting with the goal of presenting a package of recommendations to the OHPC at its June meeting.
- Priorities: direct support and/or funding for the existing safety net and for communities interested in creating a safety net; electronic health records; flexibility on licensure and malpractice liability for volunteer providers (Tracy Grotto, Ron Carver, Beryl Fletcher, and Priscilla Lewis are helping with the development of this; the subcommittee is looking into existing laws in this area and how effectively those are being implemented.)

***Discussion***

- Does data exist to suggest or prove that increased access results from greater flexibility in licensure and liability for volunteer providers?
- The subcommittee is researching the experience of other states, e.g. S. Carolina, in this area.

**III. Proposed Work Plan (Exhibit III)**

***Discussion***

- Short-term work plan: Identify specific local access reforms for recommendation to the OHPC
- On recommendations to develop metrics: need to incorporate work currently underway in the state to avoid duplication (e.g., Work highlighted at April OHREC meeting). Does this plan address the lack of access to specialty care and the involvement of hospitals? These can be included in the metrics as they are developed.
- On recommendations to reform the payment system: how can we incorporate what we know about cost drivers? Do not forget about vulnerable providers when considering pay-for-performance ideas. Get specific by addressing the broken pieces of the system, e.g. rural access to pharmacy, case management, and specialty care.
- Initial discussion of long-term role for the group: morphing the workgroup into an advisory and community collaboration vehicle.

**IV. Next Steps**

- Short-term portion of work plan approved with minor changes to wording; long-term portion to be further discussed at May meeting.
- Three subcommittees will meet before the May 16 workgroup meeting:
  - Payment System Reform: Vanetta Abdellatif (organizer), Peter Reagan, Craig Hostetler, & Carlton Purvis will meet to identify proposals for aligning payment incentives.
  - Metrics: Rick Wopat (organizer), Chick Kilo, Dick Stenson, & Laura Brennan will connect with Heidi Allen on the Health Indicators Project and other work already underway.
  - Community Collaboration: Ken Provencher will poll attendees of the Bi-State 100% Access Summit for specific ideas around collaboration.
- Agenda for May 16 meeting: 1) forum for vetting ideas generated by the subcommittees and 2) further discussion of long term advisory/collaborative role of group.

Adjourned 2:57 p.m.

**Exhibits:**

**I. Agenda      II. Draft Meeting Notes      III. Work Plan Draft**

**Oregon Health Policy Commission  
Delivery System Models Workgroup  
May 16, 2006  
800 NE Oregon St, Room 120C  
Portland, Oregon**

**Members Present:** Vanetta Abdellatif, Rick Wopat, Tina Castañares, Ross Dwinell, Craig Hostetler, Jennifer Pratt, Carlton Purvis, Peter Reagan

**Members Excused:** Chuck Kilo, Lisa Ladendorf, Ken Provencher, Dick Stenson

**Staff:** Gretchen Morley, Director, OHPC; Jessica van Diepen, Communications, OHPC; Laura Brennan, Health Systems Planning, DHS

**I. Call to Order: 1:10 p.m.**

**II. Safety Net Advisory Committee Update (Laura Brennan)**

A. Priorities:

- direct dollars to existing safety net providers and providers who are interested in providing safety net services
- support electronic health records
- provide regulatory flexibility to volunteer doctors and others (e.g. nurse practitioners); perhaps provide continuing education to volunteers

*Discussion*

- Currently underserved areas (according to the National Association of Health Practitioners and the Office of Rural Health) are the south coast and the southeast (Fossil); rural and especially frontier areas in general are underserved
- Has there been any consideration of dental providers? Yes, they already have the kind of flexibility we are working toward for medical practitioners

**III. Recent and Upcoming State and National Legislation**

**A. HR 5171 (Communities Building Access Act)**

- would allocate \$30 million to fund a multi-share health care coverage project to coordinate organizations coming together to insure working individuals, grants for volunteer specialty provider networks, clearinghouse for information on community-initiated projects to provide health care coverage to uninsured individuals

*Discussion*

- This is a project that is designed within the framework of the current system but which does not stand in the way of system change.
- How can this group support this kind of legislation and the national and state level?
- This bill was drafted in response to the de-funding of the Health Resources and Services Administration's Healthy Communities Access Program (HCAP) grant
- This legislation ties the federal dollars to models that have already proven to be effective and sustainable (whereas HCAP funded some efforts that did not prove to be effective and sustainable).
- Proposal: ask the OHPC to communicate support for this legislation to our federal delegation

**B. State of Washington legislation**

- resulted from last fall's Bi-State 100% Access Summit; allocates \$3 million to community and local health system collaboratives that strengthening the health care safety through public/private partnerships.

*Discussion*

- Proposal: ask the OHPC to draft state legislation comparable to Washington's

#### **IV. Review of Subcommittee Recommendations**

##### **A. Payment System Reform Subgroup (Vanetta Abdellatif)**

- payment incentives for providing the whole continuum of care; pay for the right things
- support information technology that would allow this

##### **B. Metrics Subgroup (Rick Wopat)**

- Health Indicator Project (HIP)'s metrics are data sets that are currently available either statewide, regionally. Some require oversampling that isn't currently being done which would provide county-specific data. Healthy People 2010 encompasses everything on the HIP list, plus a metric for % of individuals with an identifiable medical home.
- Handout #6: access-related measures taken from the above. 6 categories: Urban/Rural measures, Primary care capacity measures, Primary care utilization measures, Outcome or process measures of maternal child health, Process measures for pediatric care, Outcome or process measures of general care (adult, pediatrics, and maternal child health). *Do we want to add the medical-home measure or increase the specificity of the prenatal care measure to read "first trimester"? We would need to define "medical home."*
- *What about a chronic care management measure (at least at MCO's)?*
- *Dr. Wopat will look into dental and mental health (not just depression) indicators and email those to the group.*

##### **C. Community Collaboration Subgroup**

- Conducted an email poll of Oregon's collaboratives which asked them to rank in order of importance the six recommendations from the "Survey: Community-Created Healthcare Solutions in Oregon, January 2006" report
- Four rose to the top: support and strengthen the health care safety net, support community-created solutions at these local health system collaboratives, create flexible policy, assure technical assistance to communities for improving access and health outcomes
- Recommends: supporting Oregon legislation similar to Washington's to support community collaboratives that increase access to care and strengthen the safety net; supporting HR 5171.

#### **V. Proposal to Change Workgroup Charter (Handout #5)**

- There is not consensus; we will revisit this topic at a later meeting and staff will update the workgroup on the OHPC's ongoing access work.

**Adjourned 3:14 p.m.**

#### **Assignments:**

- Staff will email literature on HR 5171 and the text of the State of Washington bill along with Laura and Rick's analysis, comparison, and recommendations of the Washington bill.
- Payment System Reform Subgroup will look more into the "shared risk and benefit for use of evidence-based care" model (as in Oklahoma) and PEBB's continuum of care efforts.

**Next Meeting: June 20, 2006**

#### Handouts

1. Agenda
2. April 18 Draft Notes
3. 2006 proposed workgroup
4. HR 5171 (Communities Building Access Act)
5. Quarterly "Learning Institutes" Proposal
6. DRAFT Health Indicators
7. Notes of Payment System Reform Subgroup meeting

# DRAFT

**Oregon Health Policy Commission  
Delivery System Models Workgroup  
June 20, 2006  
800 NE Oregon St, Room 918  
Portland, Oregon**

**Members Present:** Vanetta Abdellatif, Rick Wopat, Tina Castañares, Craig Hostetler, Chuck Kilo, Jennifer Pratt, Ken Provencher, Peter Reagan, Dick Stenson

**Members Excused:** Ross Dwinell, Lisa Ladendorf

**Staff:** Gretchen Morley, Director, Oregon Health Policy Commission (OHPC)  
Jessica van Diepen, Communications Coordinator, OHPC  
Heidi Allen, Project Director, Oregon Health Research & Evaluation Collaborative

**Guest:** Beryl Fletcher, Oregon Dental Association

**I. Call to Order: 1:12 p.m.**

**II. Founding principles for any future delivery model recommendations**

- Payment incentives for providing the whole continuum of care and paying attention to, for example, positively influencing health outcomes
- Enabling acquisition of infrastructure that helps us do this, for example, increase the reimbursement for those providers with an information technology infrastructure

***Discussion***

- There is agreement among the workgroup on these

**III. Metrics for Access, Handout #5 (Rick Wopat and Heidi Allen)**

- How do we measure improved access and delivery of services? How do we know when systems reforms are effective? Handout #5 is a selection of measures taken from the Office for Oregon Health Policy and Research (OHPR)'s Health Indicators Project that are most likely to capture useful health care access information
- Use mental health and dental health measures that are already in use by the professional associations (fit well in parallel with primary care capacity measures)
- History of HIP measures:
  - goal was to identify as many measures as possible which would define capacity, access, and demand (or to act as a proxy for those if the actual data was not available)
  - data sources and levels of specificity are varied (some are state measures, county measures, etc)
- Measuring at the county or ESD level would be the most helpful and allow comparative analyses
- Oversampling: it is less expensive than conducting separate surveys at the city/local level and often is nearly as informative. Drawback is the inability to get specific information about subgroups like children or ethnic/racial minorities.
- This list was pared down from the HIP project to target primary care access measurements across the continuum of income

***Discussion***

- Tie rural provider tax credit, for example, to ongoing surveillance of practice capacity and payor mix (and/or any additional metrics we decide on), including mental and dental providers and specialists (tax credit would be withheld from providers who fail to complete and submit the survey)
- *Measurement of access to health care must include measures of: provider capacity, insurance coverage, health outcomes, demand for chronic care, and child population (demand for pediatric care)*

## DRAFT

- PEBB's measures include infrastructure (information technology, etc), clinical processes, clinical outcomes, overall health and population productivity. *Should this workgroup focus only on the first two of these?*

#### IV. Discussion: Recommendations to the OHPC

- 1) Enlist key Oregonians to write letters to our Congressional delegation in support of HR 5171
- 2) Mandate a licensed practitioner databank (based on regular ongoing surveillance to track service capacity, payor mix, insurance status of patients, etc) including mental, dental, specialty care
- 3) Create state matching grants for local health care access collaboratives. This is intended to "prime the pump" for collaboration, not fund services. Parameters we might include: demonstrate that the project is collaborative (public/private partnerships), increases capacity and/or access, aligns resources, is sustainable, promotes development of information technology infrastructure, provides a continuum of care, etc (look to this workgroup's March 2005 Report).
- 4) Support pay-for-performance efforts at the Public Employees Benefit Board and the Office of Medical Assistance Programs

**Adjourned 2:50 p.m.**

#### Assignments:

- For July: Be thinking about the elements for fleshing out the above policy proposals to the OHPC

**Next Meeting: July 18, 2006**

#### Handouts

1. Agenda
2. May 16 Draft Notes
3. 2006 work plan
4. Washington State 2006 SB 6459
5. DRAFT Health Indicators
6. Notes of Payment System Reform Subgroup meeting