# OREGON HEALTH FUND BOARD – Health Equities Committee Meeting

**April 22, 2008**
**1:00 pm – 4:00 pm**
**Digitally Recorded**

**Northwest Health Foundation, Bamboo Room**
**221 NW Second Ave Ste 300**
**Portland, Oregon**

**MEMBERS PRESENT:**
**Ella Booth, Ph.D., Chair**
**Michelle Berlin, MD, MPH**
**Yves Lefranc, MD**
**John Duke, MBA**
**Scott Ekblad**
**Maria Michalczyk, RN, MA**
**Bruce Bliatout, Ph.D.**
**Noelle Wiggins, MSPH**
**Joe Finkbonner, Co-Vice Chair**
**Tricia Tillman, MPH, Co-Vice Chair???**
**Jackie Mercer**

**MEMBERS EXCUSED:**
**Melinda Muller, MD, FACP**
**Ed Blackburn**
**Laurie Powers, Ph.D., MSW**
**Holden Leung, MSW**
**Honora Englander, MD**

**STAFF PRESENT:**
**Heidi Allen, Lead Staff**
**Nate Hierlmaier, Policy Analyst**

**ISSUES HEARD:**

- **Call to Order/Approval of April 8 Minutes/Introductions**
- **Approval of Health Promotion and Chronic Disease Prevention in Vulnerable Populations Recommendations**
- **Approval of Benefit Recommendations**
- **Discussion and Approval of Data and Quality Initiative Recommendations**
- **Discussion and Approval of Recommendations for Incentivizing Healthy Behaviors**
- **Final Report Wrap-Up**
- **Public Testimony**

**(Digitally Recorded)**

**Vice Chair Tillman** **I. Call to order/Approval of April 8 minutes /Introductions (see exhibit B)**

- Meeting was called to order. There was a quorum.

**Motion** to approve the minutes is seconded. Motion passed unanimously.

**Heidi Allen** **II. Approval of Health Promotion and Chronic Disease Prevention in Vulnerable Populations Recommendations**
**(See Exhibit Materials C)**
Staff summarized changes incorporated from Committee discussion at the April 8 meeting, including:

- **Recommendation 1** - Planning, competing, noncompeting and emerging issue grants.
    - Add low literacy and illiteracy to the list of vulnerable populations is suggested.
    - Will address specific recommendations for health illiteracy later in the meeting.
- **Recommendation 2**
    - First unbolded paragraph, inside the parentheses listing vulnerable populations, include low literacy and illiteracy.
    - Health literacy is related and will also be included.
    - Suggestion to draft a final statement relating that principals should be extended beyond the listed recommendations.
- **Recommendation 3 –** List of services discussed.
    - Noted that Community Health Workers is not a service but a category of health professionals
    - Essence of recommendation, need to be reimbursing a wider range of providers and a wider range of services.
    - Discussion on general language vs. specificity.
    - Language Suggested: *"Accountable health plans must reimburse a broader range of health professionals including, but not limited to, community health workers, and a broader range of services including, but not limited to, peer-led disease management support groups in culturally specific programs to maximize the health and function of individuals, families and communities."*

**Motion** to approve the Policy Recommendation on Preventing Health Disparities as amended is seconded. **Motion passed unanimously.**

**Nate Hierlmaier** **III. Approval of Benefit Recommendations (See Exhibit Materials D)**

Staff related that changes had been incorporated and opened up the document for discussion.

**Recommendation 4**

- Recommendation contains two messages (description of the Health Resources Commission (HRC) and its usefulness and HRC to analyze traditional Chinese medicine) and is cumbersome.
    - Reduced the HRC description.
    - Language Suggestion: *"The Oregon Health Fund Board (OHFB) should retain and utilize the Health Resources Commission (HRC) to analyze the cost effectiveness and cost of medical technologies. The HRC should analyze the cost effectiveness and health equities' benefits of including complementary and alternative health services, such as traditional Chinese medicine, in benefit design of publically sponsored health programs."*
- **Add a Recommendation #5**
    - Providers should be encouraged to develop a package that has complementary medicine, providers and therapies paid for.
    - It was noted that apart from the OHP, other benefit packages will be driven by market forces.
    - Must be financially applicable.
    - Language Suggestion: *"Insurers participating in the exchange should be encouraged by the Board to offer a robust and economical complementary and alternative health services benefit package as an option for individuals to receive primary care in these locations and by thee providers."*

- Strategic approach to recommendations is suggested. (37:30)
- "Each contractor must have an alternative medicine benefit package in the scope of services they provide."
  - Complications of requiring each insurer to offer a complementary packaged is discussed.
  - Is this industry wide or only within the exchange?
- Packages produced by the Massachusetts Connector are related.
- Language suggestion: "The Board shall assure access to affordable alternative and complementary medicine."

**Recommendation 3**

- Language Suggestion: "Support direct reimbursement of Community Health Workers (CHWs) for publicly sponsored health programs. Community Health Workers, also known as Outreach Workers, lay health advisors and promotoras/es are trained members of underserved communities who work to improve community health outcomes. Community health worker programs have proven effective in teaching disease prevention, reducing barriers to care, improving patient-provider communication and improving community health. Oregon can stimulate these programs by providing a variety of funding sources for Community Health Worker programs including direct reimbursement. Establishing direct reimbursement may involve developing a certification system for Community Health Workers. Any certification system should be designed and governed by Community Health Workers and Community Health Worker advocates."
- Remove reference to California funding.
- Discussion on rationale of certification being controlled by CHWs.

**Recommendation 2 –** Add patient education and health literacy. Strike question mark.

**Recommendation 1 –** no comments.

**Motion** to approve the Benefit recommendations as amended is seconded. **Motion passed unanimously.**

## IV. Discussion and Approval of Data and Quality Initiative Recommendations (See Exhibit Materials E)

Staff reviewed rationale for collecting data to identify disparities.

- Quality Institute Recommendations noted **(See Exhibit Materials H).**
- First bullet, first sentence - Add "age-appropriate sexual orientation, gender, disability status . . ." to list of data related areas.
- Second main bullet, first hollow bullet, 2nd sentence – Change to "This will ensure consistency and comparability among data sources, increase cultural competency and will additionally reduce provider . . discomfort . .."
- Second main bullet, second hollow bullet - change "multi-cultural" to "health disparities," replace "agenda" with strategy.

**Motion** to approve the Data and Quality Initiative Recommendations on Preventing Health Disparities is seconded. **Motion passed unanimously.**

## V. Discussion and Approval of Recommendations for Incentivizing Healthy Behaviors (See Exhibit Materials F)

- Remove second paragraph under bulleted points.
- Discussion on providing child care while participating in a wellness plan activity.
- Add bullet for wellness program.
- Dissenting opinion that this has been covered earlier through the document relating contracting with community based organizations to provide culturally competent care.
- Discussion on accountability of providing incentives for healthy behavior.
- Providing incentives that will pay for involvement in healthy behaviors discussed, including other states that have similar programs and opportunity for Medicaid federal matching funds.
- Suggestion for use only in subsidized product.
- Discussion on including/excluding separate recommendation regarding incentives.
- Suggestion to condense recommendation and not discuss process.
- Staff related that the Benefits Committee is working in this area also.
- Consensus that first bullet will include incentivizing recommendation, remove second bulleted paragraph and second paragraph under bullets.

**Motion** to approve Incentive Recommendations as amended is seconded. **Motion passed unanimously.**

**Heidi Allen** **VI. Final Report Wrap-Up**

- Chair Booth related that she and staff will be presenting report to the Board at the meeting on Thursday, April 24. Chair asked for any additional concerns the Committee members had that have not been addressed.
  - Concern expressed over lack of feedback before the Committee disbands.
  - Encountered cynicisms related.
  - Discussion on continuation; however staff resources will be refocused to support Board.
  - Staff related areas of continued engagement and planning conversation including ideas of more interaction. It was related that there has been discussion about reconvening the Committees in the fall to keep engaged.
  - Reports will be given to the Board and will be on the website.
  - Marketing and communication person will be hired to assist in informing the public and eliciting public response.
- All Board meetings, thus far, have been public.
- Blog and public meetings related. Public meetings will not be presentations of a final recommendation but to obtain public opinion.
- Committee for outreach is discussed and the importance of including various representatives of populations at the meetings. There will be Spanish speaking only meetings.
- Abstract to a diversity conference on the work of the Committee will be presented in Minnesota at conference.
- Staff asked for input on compilation of final report.
  - Social determinants of health misconceptions and to put in conclusion that it goes beyond getting people into the clinic door.
  - Workforce issues and suggestion that there may be a need for a separate committee on this issue.
  - Best solutions come from within the community.
  - What access issues the community identifies.

**Chair Booth** **VI. Adjournment**

Meeting was adjourned.

Submitted By: Paula Hird Reviewed By:

**EXHIBIT MATERIALS:**

A. Agenda
B. April 8th Minutes
C. Draft Health Promotion and Chronic Disease Prevention in Vulnerable Population Recommendations
D. Draft Benefit Recommendations
E. Draft Data and Quality Initiative Recommendations
F. Draft Incentivizing Healthy Behavior Recommendations
G. State Innovations in Prevention and Wellness Programs hand-out
H. Quality Institute Workgroup Recommendations to the Delivery System Committee electronically: http://www.oregon.gov/OHPPR/HFB/Health_Equities_Committee.shtml
I. Final Report Outline

**OREGON HEALTH FUND BOARD – Health Equities Committee Meeting**

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**1:00 pm – 4:00 pm**
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**221 NW Second Ave Ste 300**
**Portland, Oregon**

**MEMBERS PRESENT:**
**Tricia Tillman, MPH, Co-Vice Chair**
**Yves Lefranc, MD**
**John Duke, MBA**
**Holden Leung, MSW**
**Scott Ekblad**
**Honora Englander, MD**
**Maria Michalczyk, RN, MA**
**Bruce Bliatout, Ph.D.**
**Laurie Powers, Ph.D., MSW (arrived at approximately 1:20 p.m.)**

**MEMBERS EXCUSED:**
**Ella Booth, Ph.D., Chair**
**Michelle Berlin, MD, MPH**
**Melinda Muller, MD, FACP**
**Noelle Wiggins, MSPH**
**Joe Finkbonner, Co-Vice Chair**
**Jackie Mercer**
**Ed Blackburn**

**STAFF PRESENT:**
**Heidi Allen, Lead Staff**
**Nate Hierlmaier, Policy Analyst**

**OTHERS PRESENT:**
**Darren Coffman, Director Health Services Commission,**
**Lead Staff to Benefits Committee**

**ISSUES HEARD:**

- **Call to Order/Approval of March 4 Minutes/Introductions**
- **Public Health Proposal**
- **Health Promotion and Chronic Disease Prevention in Vulnerable Populations Recommendations**
- **Report from Benefits Committee**
- **Discussion: Draft Recommendations to Benefits Committee**
- **Public Testimony**

**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 recordings.**

**(Digitally Recorded)**

**Vice Chair Tillman** **I. Call to order/Approval of March 18 minutes /Introductions (see exhibit B)**

- Meeting was called to order. There was not a quorum.
- Action item to approve minutes is delayed until quorum is reached.

**Joel Young** **II. Public Health Proposal (See Exhibit Materials 3)**

Presentation by Joel Young, Oregon Public Health Division (OPHD), overviewed the Community-Centered Health Initiative (CCHI) proposal.

- Articulates roles for local communities, public health at local level and state level, and local delivery systems.
- Builds on existing public health, delivery, and community structures.
- Emphasizes primary and secondary prevention.

- Under-resourced Public Health programs and creation of a CCHI fund.
- Three areas (buckets) related:
  - County and local community prevention efforts (Community Centered Health Care) (Bucket 1)
    - Clarification that last bullet point of this category proposes that 50% of the 1% will focus on reducing health disparities.
    - Infrastructure in place to prioritize needs in local communities.
  - Health Care Delivery System entities receiving Medicaid funding with expectation of focus on primary and secondary prevention and relating to community partners. (Bucket 2)
  - State Level Core Infrastructure, including standard setting, coordination, implementation, and evaluation. (Bucket 3)

**Discussions/Questions**

- Suggestion to be more specific on which healthcare transactions would contribute 3% that would fund CCHI (page 1).
  - Finance Committee is considering a Healthcare Services Transaction Tax for funding healthcare reform also.
- Actual dollar cost was discussed.
- Bucket 3 (page 2): Discussion on <u>State Level Core Infrastructure</u> and entity that would identify and set priorities.
  - Either create a new entity or use one of the existing entities.
  - Priority setting at state-wide level and at community level.
  - Rural health is represented.
- Bucket 2: <u>care delivery system entities</u>, last bullet, suggestion to expand on "track and analyze."
- Focus on disparities need to be woven in across the proposal.
- Difficulty related in obtaining outcomes and the need to show effectiveness for funding discussed.
- Interpretation of the division of the money (1% for each bucket) would translate to a fraction of 1% going to any county and community based organizations. Where would the money actually be going?
  - First bucket: There are 36 counties (34 operating from PH perspective). Commitment would be to get money to local level.
  - Second bucket: Another set of criteria and framing to ensure that money is not spread too thinly.
  - Discussion on percentage distribution and ensuring that the maximum amount reaches communities.
  - Suggestion to decrease state percentage to include just enough to fulfill its role.
- Administrative costs that would be incurred by the local community would need to be considered.
- Include issue of health disparities in all of the buckets.
- Strategic approaches to outreach and education discussed.
- Discussion on level of support for the proposal from HEC.

**Heidi Allen**

**III. Health Promotion and Chronic Disease Prevention in Vulnerable Populations Recommendations (See Exhibit Materials D)**

- Staff overviewed recommendations and possible relations with the Public Health proposal.
- Recommendation 3: Offers alternative to contract by providing for direct reimbursement.
- HEC recommendations and Public Health proposal complements:
  - Areas of recommendation that could be accomplished with grants.
- Recommendation 1:

- Commonalities with OPHD proposal identified.
- Uninsured population would receive care through this recommendation.

- Recommendation 1: Discussion on use of grants:
  - Population based as opposed to clinical based.
  - Length of grant cycle.
  - Possible use of regional collaborative to identify recipients of funds on an ongoing basis. Relationship with some entity that would use data and community members to shape priorities to ensure change in response to needs of community.
  - Suggestion that moving away from competing on a grant basis would result in focus on outcomes.
  - Difficulty in proving cost savings as sometimes results are not evident for several years.
  - Concern that renewable sources would result in same groups receiving funding. Is there a mechanism more dependable than grants but is more of a grass roots approach?
  - Other grant types include planning and emerging issues grants.
  - Suggestion to develop two kinds of assessments:
    - small grants for pioneer projects that are reviewed annually;
    - grants to sustain programs.
  - Noncompeting grant with continuation funds and every five years may open to a competing grant with continuation of funds.
  - What entity that would set the priorities? Would it be public health?
- Recommendation 2:
  - Examples of contracted services discussed.
  - Goal of contracting was to avoid creating additional infrastructure.
  - How contracting would work and experience related where grants and contracting were used successfully in obtaining additional funds to do culturally specific care in conjunction with clinical services and in relationship with community based organizations.
  - Health Resources and Services Administration (HRSA) grants explained.
- Staff related there was one meeting left and discussion of completion of tasks at next meeting.

**Darren Coffman** **IV.** **Report from Benefits Committee (See Exhibit Materials E)**

Darren Coffman reported on the work of the Benefits Committee (BC) and the prioritized list of health services. The Committee voted that the essential benefits package would be based on the list.

- Background of the prioritized list as the responsibility of the Health Services Commission (HSC) was provided.
  - The list places more emphasis on prevention and chronic disease management than in the past. Previously, focus had been on individual health while new emphasis is on population health.
  - In 2006, HSC developed new methodology for prioritizing list.
  - Described processes, approval and uses of list
- Methodology of prioritizing the line items of the list by BC is explained. (page 2, figure 1)
- Population and Individual Impact Measures (pages 3-4, figure 2) related prioritization within a category.
  - First five are additive.
  - Formula for "Need for Service" and Effectiveness factor is related.

- Discussion on shift of covered services as a result of reordering of the prioritized list, e.g. mental health and obesity moved up.
- Difficulties in communicating list to providers were discussed.
- BC looking at cost-sharing as a mechanism. Items at top of list are more important and should be funded to a higher degree and require less individual contribution than those further down the list. Below funding line would not be covered in the proposal.
    - "Value-based" services: early treatment's impact on reducing future hospitalization is added and will require less individual contribution.
    - This process is likely to not have a significant impact on OHP.

**RETURN TO ITEM III.** Quorum was achieved with the arrival of Laurie Powers at approximately 1:20 p.m.

**Motion** to approve the minutes is seconded. **Motion passed unanimously**.

**Motion** to approve Health Promotion and Chronic Disease Prevention and Management Policy Recommendation 1 amending with more specificity in recommendation 1 regarding grants and to include regional planning grants, competing and noncompeting grants with continuation and ability to be prepared to respond to emerging issues. Recommendation 2 as written and recommendation 3 to include promote and maximize function. **Motion passed unanimously.**

**Motion** to support the nature, concept and framework of the Public Health Proposal as directionally correct is seconded. **Motion passed unanimously**.

Joel Young related he will incorporate feedback from Committee into the proposal.

**Nate Hierlmaier**

**V. Discussion: Draft Recommendations to Benefit Committee (See Exhibit materials F).**

Staff reviewed the three recommendations developed in the Policy Recommendations on Benefit Design that Reduce Health Disparities document.

- Recommendation 1: Promote equitable and fair sharing of health care costs.
    - Change wording from " . . . hurts minority patients' ability to obtain needed care . . " to ". . . hurts low-income patients' . . ."
    - Use data to indicate if thresholds are realistic. Add to Bullet 3. Staff suggests using: "Evaluate cost sharing thresholds to determine when and if costs become a barrier to accessing in care." Suggestion to eliminate co-pays for low-income and cost share to be in the premium.
    - Eligibility and Enrollment (E & E) Committee put emphasis on premium in cost sharing over co-pays. Suggestion that there be no co-pay at a relatively high FPL level.
    - Evidence to show that cost-sharing is used successfully to drive individual's behavior.
    - Suggestion to include that no one under 300% FPL shall be refused due to inability to pay. Individuals who are subsidized will not be disenrolled due to lack of premium payment. Debt will be accrued and forwarded to the Department of Revenue (DOR) for

collection is suggested. Dissenting opinion that in implementing universal healthcare should not involve accrual of debt.
    - Remove "At a minimum" from second to last sentence.
    - Hours of accessibility discussed and use of the emergency room due to not being able to get appointment to see doctor.
        - Suggestion that contracting options include that.
        - Alternative service delivery such as co-located urgent care clinic.
        - Transitions of care discussed.
    - Add bullet point to Recommendation 1 of Health Promotion and Chronic Disease Prevention in Vulnerable Populations Recommendations (Exhibit Materials D) for renewable contract mechanism for accessibility. "To remove any financial barriers increase reimbursement for preventative services, chronic disease management, patient education program, and after-hours and walk-in primary care."
- Discussion on recommendation of an alternative medicine benefit package to BC and encouraging health plans to develop market products that includes alternatives: "There should be a market product design in the exchange for those that want to get complementary alternative medicine."
- Recommendation that Health Resources Commission (HRC), which reviews technologies and treatments, looks at all of the treatments that for which acupuncture has demonstrated to be effective is included on the prioritized list.
- Recommendation that there is a cultural accessibility benefit for other cultures for alternative medicine and these treatments need to be reviewed. John Duke will submit language. Suggestion that it needs to be coupled with the evidence.

Quorum was lost. Changes to recommendations will be amended and voted on at next meeting.

**Vice Chair Tillman VI. Adjournment**

Meeting was adjourned at approximately 4:00 p.m.

**Next meeting is April 22, 2008, 1:00 p.m. at the Northwest Health Foundation.**

Submitted By: Paula Hird    Reviewed By:

EXHIBIT MATERIALS:

A. Agenda
B. March 18 Minutes
C. Public Health Community Centered Health Initiatives Proposal
D. Health Promotion and Chronic Disease Prevention in Vulnerable Populations Recommendations
E. Overview of the 2006 Biennial Review of the Prioritized List
F. Draft Recommendations to Benefits Committee

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**Ed Blackburn**
**Tricia Tillman, MPH, Co-Vice Chair**
**Maria Michalczyk, RN, MA**

**STAFF PRESENT:**
**Heidi Allen, Lead Staff**
**Nate Hierlmaier, Policy Analyst**
**Barney Speight, Director, Oregon Health Fund Board (OHFB)**

**OTHERS PRESENT:**
**Darren Coffman, Director, Health Services Commission (HSC), Lead Staff for Benefits Committee**

**ISSUES HEARD:**
**Call to Order/Approval of March 4 Minutes/Introductions**
- **Q & A with Barney Speight**
- **Final Approval of Language Access Recommendations**
- **Discussion: Health Promotion and Chronic Disease Prevention in Vulnerable Populations**
- **Public Testimony**

**(Digitally Recorded)**

**Chair Booth**

**I. Call to order/Approval of March 4 minutes /Introductions (see exhibit B)**

Meeting was called to order. There was a quorum.

**Motion to approve** minutes from March 4, 2008, is seconded. **Motion passed unanimously.**

**Barney Speight**

**II. Q & A with Barney Speight,**
- Late April – Mid May OHFB will be receiving reports from committees.
- Highlighted activities of other committees, including the Federal Laws Committee work that follows up on this committee's recommendations concerning proof of citizenship requirements in Medicaid. Barney Speight also related:

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- Flexibility under Medicaid, current waiver of up to 200% of Federal Poverty Level (FLP), however state matching funding has not been appropriated.
    - Medicaid proof of citizenship policy's negative effect on vulnerable populations and how it adds to bureaucratic cost.
    - He discussed interest by many committees in transforming the old delivery, claims-based payment system.
    - John McConnell, OHSU Economist, presented to the Delivery Systems Committee a model developed by Elliott Fisher of Dartmouth on developing a system for an accountable healthcare organization at the community level and viewing data on a community basis.
- Q: Who could benefit from not changing the system when there is supporting data that the number one trend threatening the country's financial health is health care costs?
    - 50% of the healthcare spent is for six chronic diseases.
    - A more aggressive primary health care delivery system, including reimbursement, negotiations between insurance companies and hospitals and the impact on market behavior is discussed.
    - Everyone seems to agree that the current system is unsustainable.
    - Difficulty comes from not knowing what the new environment will look like.
- Q: Have you experienced any surprises either with the process or the recommendations or what you've heard from public testimony?
    - A: There is innovation although some ideas have been discussed in the past, but were not acted upon or have only been done on a smaller scale.
- Q: Democrats were in control when this bill passed. What is the process in place to keep the Republican leadership apprised of what is going on to prevent it from being torpedoed?
    - A: We've had discussions about focusing on some key legislators. Communications plan and presentations to every committee was given during the special session.
- Q: What are the opportunities for getting the word out so public can understand what it means?
    - Working with a group of organizations, including the Northwest Health Foundation in May and early June that will be used as listening sessions for the Board to hear from the public concerning their healthcare values and priorities. There will be 3 or 4 meetings in Portland, and meetings in Salem, Astoria, Newport, Eugene, Medford, Klamath Falls, La Grande, and Ontario. All to be held in the evening from 7:00 to 9:00.
    - Extended timeline granted by the legislature discussed.
- Q: How will the complicated issue of healthcare be made more understandable to more people.
    - A: Assistance from Herndon Alliance that uses extensive polling and focus groups to understand the language needed to make a Health Policy concept more understandable, e.g. instead of cost containment, talk about affordable health care.
- **Darren Coffman, HSC Director and Lead Staff to the Benefits Committee**, provided an overview of that committee's activities, including the prioritized list. In relation to health equities he related:
    - Committee recommendation that materials/benefit information be available in appropriate formats and languages and recommendations concerning language access, based on recommendations from the Health Equities committee.

- Incentivizing desired services.
- Mental health, transportation, and diagnostic services.
- Will look at cost containment strategies.

- Committee member addressed transgender care and related positive results that reduce overall expense.
- Q: What range of services (e.g., transportation, chronic care, self-management) are going to be covered that are not well supported in the current delivery system? And have any specific funding mechanisms been identified?
  - A: There has been discussion on the types of services that we would expect to see coming out of the delivery system's integrated health home model. Specific discussions on funding are ongoing.
- Staff related that HEC will address benefits at a future meeting.

**Chair Booth**

**III. Final Approval of Language Access Recommendations (See Exhibit Materials C)**

- Staff overviewed amended Strawperson for Language Access as directed by the Committee from the last meeting including adopting the recommendations by the Women with Disabilities Health Equities Coalition. ORS 415-056-005 definition of cultural competence was included and will be on all future recommendations as well.

**Motion to approve** language access recommendations is seconded.
**Motion passed unanimously.**

**Chair Booth**

**IV. Discussion: Health Promotion and Chronic Disease Prevention in Vulnerable Populations (See Exhibit Materials D)**

Staff presented an overview including Joel Young's presentation from meeting on 03/04/08 which described promoting health and wellness, integrating public health and "upstream" funding sources.

- Points 1 and 2 are overviewed.
- How to pay for community health workers and how to get money to various organizations that improve population health is addressed.
- Discussion on grants, claims-based reimbursement as possibly creating a problem for health focused community based organizations.
- Goal was to strengthen mid-stream connection between delivery services and services that improve population health.
- Point 2's objective was to pay the clinic a rate for a certain number being served.
- Both points address separate needs and are not an either/or choice. (#1 targets public population health and 2 is targeting the mid-stream connection between delivery systems and community.)
- Clarified opening statement to #1 that 1% of the health care dollar would not go solely to health disparities but instead would go to a population health fund for grants to improve all of Oregonians' health and a portion of that would be for health disparities.
- Contracting with a community based organization (CBO) discussed.
- The meaning of "effectiveness" on last line of page 1
  - Suggestion that it should be accomplished in steps with, first, the organization demonstrating capacity to provide the service, and secondly, followed by evidence of effective outcomes.
  - Suggested it state: Organizations will be accountable on measures of process and outcomes.

- Discussion on block grant time limitation, including the pilot program, and limitations due to time.
  - Suggestion to change to renewable contracts
  - 2bi to reflect: organizations will be accountable on measures of process and outcomes that will reflect holistic timelines in improving population health.
- Discussion of the 1% of the healthcare dollars and its use.
- Suggestion to add to #1 that it is related to the involvement of culturally specific social service organizations and outreach efforts. Add a 4 under 1b.
  - Funding priorities by regions, outreach to communities for input as to what is needed in their area.
  - Communities will have different infrastructures.
  - Bringing communities together at the end of every grant cycle (and during) to see what is working and what is not: "A learning collaborative."
- **Katherine Bradley, Public Health Division**, addressed the integration of public health.
  - Need intentional link with Public Health System.
  - Involves more than just the system:
    - Involves a larger collaborative: Community resources, development, tech assistance, standards, quality improvement framework, data systems, and evaluation, not just about data collection and evaluation at the end.
    - *"Overall, 89% of our funds at the State level go to counties, and local partners."*
    - Development of school-based health services.
    - Work with communities to develop local coalitions needed in order to apply for funds.
    - Nationally recognized credentialing system is enabling discussions with DMAP on how to manage different levels of reimbursement.
    - Local level: full control, decision-making about target community, partners.
    - Local people can help create their own solution.
  - Public Health Division underfunding is noted.
  - Discussion of the role of Public Health in health reform.
  - Katherine Bradley stated that Public Health has a state-regional-local perspective and related an integrated approach to reform is needed and that the community clinic delivery system is a part of Public Health.
- Staff will incorporate recommendations into the Prevention of Health Disparities draft and return it to the Committee.
- It was asserted that complex reimbursement systems places a burden on smaller clinics while larger organizations are more able to adapt and related 50% of cost is not going to healthcare but to overhead.
- Committee was encouraged to email their comments to Heidi.

**Presentation** **V. Safety Net Advisory Council (SNAC) Report (See Power Point Presentation)**

Craig Hostetler and Priscilla Lewis presented background and recommendations on electronic health record adoption, workforce, funding, and the delivery systems for safety net clinics.

- Discussion from Committee that electronic records value is not in cost savings.

- Priscilla Lewis related that true savings comes from interoperability.

Presentation continued.

- Q: How does the safety net model fit into the primary care home.
    - A: Community health center models are more than medical, and include mental health integration, wrap around services and breaking down barriers to care. Safety net has been responsive to recognizing the social determinants and their impact on healthcare.
- Discussion on the IHS, Alaskan model, systems and communities, and invoking telemedicine. Concerned expressed about safety net providers in the current reform and suggested asking for more than the requested $3 million.
- Effect on the payer mix if there is a 95% insurance rate.
- Requiring insurance companies in the exchange to contract with safety net clinics is discussed.

**Chair Booth** **VI. Announcements**

- Five scholarships to committee members for registration fee for Kinsman conference in Medford. Michelle will be facilitating a discussion on the Health Equities Committee.
- Chair Booth will be absent from the April 8 meeting.

**Chair Booth** **VII. Adjourn**

Chair adjourned the meeting at approximately 4:00 pm.

**Next meeting is April 8, 2008, 1:00 p.m. at the Northwest Health Foundation.**

Submitted By: Paula Hird Reviewed By: Heidi Allen

EXHIBIT MATERIALS:
A. Agenda
B. March 4 Minutes
C. Final Recommendations on Language Access
D. Draft Prevention Recommendations

**OREGON HEALTH FUND BOARD – Health Equities Committee Meeting**

**March 4, 2008**
**12:30 pm - 3:30 pm**
**Digitally Recorded**

**OHSU Biomedical Building**
**3181 SW Sam Jackson Park Rd.**
**Portland, Oregon**

**MEMBERS PRESENT:** **Ella Booth, Ph.D., Chair**
**Tricia Tillman, MPH, Co-Vice Chair**
**Michelle Berlin, MD, MPH**
**John Duke, MBA**
**Maria Michalczyk, RN, MA (by phone)**
**Melinda Muller, MD, FACP**
**Noelle Wiggins, MSPH**
**Yves Lefranc, MD (by phone)**
**Laurie Powers, Ph.D., MSW**

**MEMBERS EXCUSED:** **Holden Leung, MSW**
**Bruce Bliatout, Ph.D.**
**Scott Ekblad**
**Honora Englander, MD**
**Jackie Mercer**
**Ed Blackburn**
**Joe Finkbonner, Co-Vice Chair**

**STAFF PRESENT:** **Heidi Allen, Lead Staff**
**Nate Hierlmaier, Policy Analyst**

**ISSUES HEARD:**

- **Call to Order/Approval of February 21 Minutes/Introductions**
- **Approval of Medical Home Recommendations**
- **Linguistic and Cultural Access Recommendations**
- **Upstream Interventions to Reduce Health Disparities: Staff Review Panel on Financial Stability in the Context of Health Reform**
- **Public Testimony**
- **PATHWAYS model presentation**

**(Digitally Recorded), Note: Recording was cut-off mid-way into meeting.**

**Chair** **I. Call to order/Approval of February 21 minutes /Introductions (see exhibit B)**

Meeting was called to order. A quorum was reached after technical difficulties with the polycom were resolved.

**Motion to approve** minutes from February 21, 2008, is seconded.
**Motion passed unanimously.**

**Chair** **II. Approval of Medical Home Recommendations (See Exhibit Materials E.)**

No discussion.

**Motion to approve** Medical Home Recommendations, is seconded.
**Motion passed unanimously.**

**Chair** **III. Approval of Linguistic and Cultural Access Recommendations (See Exhibit Materials F.)**

(Technical difficulties experienced with polycom).

Invited testimony on recommendations from Women with Disabilities Health Equities Coalition (WowDHEC)

***Discussion***
- Adopt WowDHEC recommendations to committee
- Adopt definition of cultural competence from OAR 415-056-005(5) and include in all future documents to the Board.
- Document title: Delete "and Cultural"
- Move number 5 to Final Workforce Recommendations
- Staff will update and return document with changes.

**Presentations** **IV. Upstream interventions to Reduce Health Disparities: Staff Review Panel on Financial Stability in the context of Health Reform**

Grant Higginson, MD, MPH, presented. (See Power Point Presentation)

***Discussion and Questions***
- Asked to specifically link info with health equities. Information originally presented to the Delivery Systems Committee and related the need for healthcare through the state.
- Best practices and health equities.

Joel Young presented information from the Health Equities Committee Staff Review Panel. Broadly, the three approaches discussed so far have been either: 1) Community Focused;
2) Working with Health Systems on Population Based Intervention; and
3) Reimbursement for Prevention and Health Promotion Services.

- Presentation focused on the first approach: Community Focused
- Diagram linking ideas, basic descriptors; discussing primary, secondary and tertiary prevention. **(See handout.)**
- Various models built around aggressive health promotion exist and the need to obtain information from these.
- Proposal addresses role of communities and community groups in the process.
- Infrastructure at the community level using a lot of the existing community based organizations.
- Reducing disparity through prevention.

**Chair** **V. Public Testimony**

Sherry Whitehead, Oregon Healthcare Workforce Institute, conveyed support of the Committee's recommendations. Written testimony submitted.

Onofre Contraras, Oregon Primary Care Association, testified briefly Federally Qualified Health Centers (FQHC). He will coordinate with the Safety Net Advisory Council (SNAC) to address the special needs of FQHCs at the next meeting.

**Presentation** **VI. PATHWAYS model**

Laura Brennan, Pacific Source, Community Development and Policy Director, introduced Dr. Mark Redding of the Community Health Access program whose presentation "Changing the Focus to Outcomes" overviewed care coordination, care coordination contracts, the Alaska model, and using community hubs in care coordination. **(See Exhibit Materials 3.)**

- Ability to identify where individual is in the process or "pathway" with a coordinated approach to care.
- Breaking the process into steps.
- Paying for achieving steps and for outcomes.
- Navigating HIPAA across agencies and strategies for simplification including individual consents.
- Working toward a national network.

**Chair** **VII. Adjourn**

Chair adjourned the meeting at approximately 3:30 pm.

**Next meeting is March 18, 2008, 1:00 p.m. at the Northwest Health Foundation.**

Submitted By: Paula Hird Reviewed By: Heidi Allen

EXHIBIT MATERIALS:

A. Agenda
B. February 21 Minutes
C. Dr. Redding presentation: C*hanging the Focus to Outcomes*
D. Public Health & Health reform presentation
E. Medical Homes Final Recommendations
F. Linguistic and Cultural Access Recommendations
G. Available at: http://www.cjaonline.net/AnAmerican.htm
H. Available at: http://www.aap.org/member/spotlight-redding.htm

**OREGON HEALTH FUND BOARD – Health Equities Committee Meeting**

February 21, 2008
1:00 pm - 4:00 pm

Northwest Health Foundation
221 NW Second Ave, Suite 300
Portland, Oregon

**MEMBERS PRESENT:**
Ella Booth, Ph.D., Chair
Joe Finkbonner, Co-Vice Chair
Tricia Tillman, MPH, Co-Vice Chair
Michelle Berlin, MD, MPH
Ed Blackburn
John Duke, MBA
Honora Englander, MD
Jackie Mercer
Maria Michalczyk, RN, MA
Melinda Muller, MD, FACP
Noelle Wiggins, MSPH
Yves Lefranc, MD
Laurie Powers, Ph.D., MSW

**MEMBERS EXCUSED:**
Bruce Bliatout, Ph.D.
Scott Ekblad
Holden Leung, MSW

**STAFF PRESENT:**
Heidi Allen, Lead Staff
Nate Hierlmaier, Policy Analyst

**ISSUES HEARD:**

- Call to Order/Approval of January 24/February 6 Minutes
- Invited Public Testimony: Sandra Silva-Paredes
- Presentation and Discussion: Community Health Worker Models
- Approval of Final Workforce Recommendations
- Public Testimony

**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 recordings.**

**Chair** — **I. Call to order/Approval of January 24 minutes and February 6/Introductions (see exhibits A and B)**

Meeting was called to order. There is a quorum.

**Motion to approve** minutes from January 24, 2008, and February 6, 2008, is seconded. **Motion passed unanimously.**

**Chair** — **II. Invited Public Testimony: Sandra Silva-Paredes**

Provided testimony on experience with Oregon Health Plan.
Followed by Committee discussion of the difficulties of enrollment.

Staff provided an overview of February Health Fund Board meeting at which the Health Equities Committee reported.

**Noelle Wiggens** — **III. Presentation and Discussion: Community Health Worker Models (see Power Point Presentation)**

Noelle Wiggins and Teresa Rios presented to the Committee.

**Chair** **IV. Approval of Final Workforce Recommendations (see Exhibit Materials D)**

The committee made multiple changes to the Workforce recommendations before unanimously voting to approve the recommendations with endorsed changes.

**Chair** **VII. Public Testimony**

No further public testimony was offered.

**Chair** **VIII. Adjourn**

Chair adjourned the meeting at approximately 4:00 pm.

**Next meeting is March 4, 2008, 1:00 p.m. at OHSU Biomedical Research Building.**

Submitted By: Paula Hird | Reviewed By: Heidi Allen

EXHIBIT MATERIALS:

A. Agenda
B. January 24, Minutes
C. February 6 Minutes
D. Final Workforce Recommendations
E. Final Medical Homes Recommendations
F. Linguistic and Cultural Access Recommendations

**OREGON HEALTH FUND BOARD – Health Equities Committee Meeting**

**February 6, 2008**
**1:00 pm - 4:00 pm**

**Portland State Office Bldg. Room 1B**
**Portland, Oregon**

**MEMBERS PRESENT:** Ella Booth, Ph.D., Chair
Joe Finkbonner, Co-Vice Chair
Bruce Bliatout, Ph.D.
John Duke, MBA
Jackie Mercer
Maria Michalczyk, RN, MA
Noelle Wiggins, MSPH
Melinda Muller, MD, FACP

**MEMBERS EXCUSED:** Tricia Tillman, MPH, Co-Vice Chair
Michelle Berlin, MD, MPH
Ed Blackburn
Scott Ekblad
Honora Englander, MD
Yves Lefranc, MD
Holden Leung, MSW
Laurie Powers, Ph.D., MSW

**STAFF PRESENT:** Heidi Allen, Lead Staff Health Equities Committee
Nate Hierlmaier, Policy Analyst

**ISSUES HEARD:**

- **Call to Order**
- **Language Services: Federal and State Developments**
- **Discussion: Language Access**
- **Discussion: HEC 'Big Picture'**
- **Public Testimony**

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**Chair** — **I. Call to order/Approval of January 24 minutes (see exhibits A and B)**

- Meeting was called to order. There was not a quorum.
- Minutes reviewed.

**Mara Youdelman** — **II. Language Services: Federal and State Developments**

**Presentation by Mara Youdelman, Director, National Language Access Advocacy Project, National Health Law Program (by phone). (See Power Point presentation).**

- Overviewed National Policies including Title VI, interpreter laws, and what other states are doing.
- Discussion of bulk purchasing and the pool used in the California model.
- Minority national health bills SB 1576, HR 3333, and HR 3014.
- ADA implications, state initiatives and funding discussed for American Sign Language (ASL) interpreters.
- Discussion on mental health and addiction services ASL requirements.
- In response to Committee inquiry about federal program matches, **Jesse Anderson, Division of Medical Assistance Programs**, joined the discussion by phone stating matching funding for SCHIP is approximately 75% federal and 25% is state and for Medicaid it is 60/40 followed by discussion on matches for interpretative and administrative services.
- Jesse Anderson provided information on interpretative services for

- Discussion on using the code for tracking and including it in the basic medical benefit package. It was noted that medical care physicians may be disallowed payment if they use a code designated for mental health.
- Discussion of recommendation to add interpreter services as a requirement of medical benefit package.
- Discussion on codes and Medicare funding laws.

**Maria Michalczyk**

**III. Discussion: Language Access (see Exhibit Materials E)**

**Linguistic Access Straw person** overviewed by Maria Michalczyk noting that federal funds have been awarded that will help build the infrastructure for telemedicine.

- **Jesse Anderson, DMAP,** discussed **Point 2** concerning Medicaid populations and funds for interpreter services including discussion on:
  - information sent to actuaries to determine capitated rates,
  - difference in cost reporting between Medicaid and SCHIP programs, and
  - post service quality assurance questions includes inquiries about interpretation services provided.
- Federal funds awarded that will help build the infrastructure for telemedicine and the utilization of these funds for interpreter services.
- Difference between interpreter and translator. Discussion of cultural competency.
- Interpretive services accessed via teleconference and companies that put out culturally specific education programs.
- Cultural implications and using members of the community for interpreter services, linguistic and cultural competency.
- Three areas: culturally competent care, culturally specific services and culturally specific organizations.
- **Point 4** discussion.
  - Working with institutions for health care workers to receive interpreter certification and adding "existing partnerships."
  - healthcare workers from other countries unable to work here.
  - Problems of dual roles discussed including job description to protect employees, whether interpretation, in some cases, can be done without certification.
  - Mandating healthcare professionals for cultural competency.
- Discussion tabled until next meeting.

**IV. Final Recommendations: Medical Home**

Deferred to next meeting.

**V. Final Recommendations: Workforce**

Deferred to next meeting.

**VI. Discussion: HEC 'Big Picture' (See Exhibit Materials G)**

- Strategies and goals discussed.
  - Interlinking goals of committees, interactive issues and timeline.
- Concern that committee conversation feels contrived at times because of the timeline.
- Concern that communities of color have not been adequately heard from by the committee and the importance of this input in addressing health care disparities.
- Revisit Charter and Workplan **(See Exhibit Materials L).**

- Issues addressed by HEC that affect other committees.
- Timeline is legislature imposed.
- Question regarding if the chairs could meet together.
- Email Heidi Allen with suggestions of individuals to provide further input.

**V. Public Testimony**

- **Jill Stanard, Naturopathic Physician, Clinic Director of National College of Naturopathic Medicine, Portland,** provided testimony on training and practice of Naturopathic physicians in Oregon.
- **Tonya Stewart, MD, for the Palliative Care Physician's Roundtable,** presented testimony on POLST Registry and nurses specializing in palliative care. Dr. Stewart will be involved in meeting to draft some recommendations for the Board. Written testimony provided.
- **Mallen Kear, Portland Archimedes Chapter, member of the Federal Laws Committee**, provided information on a PBS four-part special entitled "Unnatural Causes" to be aired at the end of March addressing health disparities.

**Chair Booth** **VIII. Adjourn**

The meeting was adjourned at approximately 4:00 p.m.

**Next meeting is February 21 at 1:00 p.m.**

Submitted By: Paula Hird Reviewed By: Heidi Allen

EXHIBIT MATERIALS:

A. Agenda
B. January 24 Minutes
C. Final Recommendations on Medical Home
D. Final Recommendations on Workforce
E. Language Access Strawperson
F. Youdelman Presentation- Language Services: Federal and State Developments
G. Health Equities Process Document
H. Errors in Medical Interpretation and Their Potential Clinical Consequences in Pediatric Encounters http://www.oregon.gov/OHPPR/HFB/docs/020608Materials.pdf
I. How Can States Get Federal Funds to Help Pay for Language Services for Medicaid and SCHIP Enrollees? http://www.oregon.gov/OHPPR/HFB/docs/020608Materials.pdf
J. The Impact of an Enhanced Interpreter Service Intervention on Hospital Costs and Patient Satisfaction http://www.oregon.gov/OHPPR/HFB/docs/020608Materials.pdf
K. Medicaid and SCHIP Reimbursement Models for Language Services http://www.oregon.gov/OHPPR/HFB/docs/020608Materials.pdf Patient Satisfaction with Different Interpreting Methods: A Randomized Controlled Trial http://www.oregon.gov/OHPPR/HFB/docs/020608Materials.pdf
L. Health Equities Committee Charter

**OREGON HEALTH FUND BOARD – Health Equities Committee Meeting**

**January 24, 2008**
**9:00 am - 12:00 pm**

**Good Samaritan Building 2**
**Portland, Oregon**

**MEMBERS PRESENT:**
**Ella Booth, Ph.D., Chair**
**Joe Finkbonner, Co-Vice Chair**
**Michelle Berlin, MD, MPH**
**Ed Blackburn**
**John Duke, MBA**
**Scott Ekblad**
**Honora Englander, MD**
**Holden Leung, MSW**
**Jackie Mercer**
**Maria Michalczyk, RN, MA**
**Melinda Muller, MD, FACP**
**Noelle Wiggins, MSPH**

**MEMBERS EXCUSED:**
**Bruce Bliatout, Ph.D.**
**Yves Lefranc, MD**
**Laurie Powers, Ph.D., MSW**
**Tricia Tillman, MPH, Co-Vice Chair**

**STAFF PRESENT:**
**Heidi Allen, Lead Staff Health Equities Committee**
**Nate Hierlmaier, Policy Analyst**

**ISSUES HEARD:**

- **Call to Order/Approval of January 10 Minutes**
- **Approval of Final Recommendations concerning Medical Home and Primary Care Renewal Strategies**
- **Invited Testimony on Workforce Issues**
- **Discussion on Draft Recommendations concerning Workforce**
- **Approval of Final Recommendations concerning Eligibility**
- **Update on OHFB and Committees**
- **Public Testimony**

**(Digitally Recorded)**

**Chair** **I. Call to order/Approval of January 10 minutes/Introductions (see exhibits A and B)**

- Meeting was called to order. There is a quorum.
- Chair thanked Ed Blackburn for hosting the last meeting and Melinda Muller for hosting this meeting.

**Motion** to approve minutes from January 10, 2008, is seconded. **Motion passed unanimously.**

**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 recordings.**

**Primary Care Renewal Strategies (see exhibit materials)**

Melinda Muller presented the revised Straw-Person draft incorporating changes from the Committee meeting of 01-10-08.

- Committee held discussion on draft.
- Dr. Muller will incorporate final comments based on committee discussion and send to Heidi Allen for approval at the next meeting.

**Lisa Dodson, MD**

**III. Invited Testimony on Workforce Issues**

Chair Booth introduced Dr. Lisa Dodson, Director, Oregon Area Health Education Center (AHEC) gave a presentation on Oregon Physician Workforce.

**Honora Englander**
**Scott Ekblad**
**Ella Booth**
**Joe Finkbonner**
**Tricia Tillman**

**IV. Discussion on Draft Recommendations concerning Workforce**

Joe Finkbonner provided an overview of the Workgroup's recommendation. The committee discussed multiple issues:

- The role of mid-level professionals, complementary medicine, and allied health providers.
- Incentives to providing care in underserved areas and with underserved populations
- The importance of cultural sensitivity in health professional training programs to support under-represented groups within the educational programs and to train culturally sensitive graduates.

Joe and Heidi will work together to create another draft that incorporates committee ideas.

**Michele Berlin**
**Noelle Wiggins**
**Ed Blackburn**
**Yves Lefranc**

**V. Final Recommendations Concerning Eligibility (see Exhibit C)**

New approach to the Health Equities Committee Policy Recommendations on Eligibility was overviewed by Michele Berlin. The workgroup reviewed comments by the Committee from the last meeting. Beginning recommendations numbers 1 and 2 were retained and the group developed one primary and three alternatives. **(see Exhibit C)**.

- **Oregon Primary Care Benefit Plan** was presented as the most preferred by the workgroup with the key point being the employer "play or pay" requirement. **(see Exhibit C, page 1)**.
- Three alternatives were included to provide the Health Fund Board (HFB) with other options and a full understanding of the processes behind the final recommendations **(see Exhibit C, pages 2-3)**.

**Motion to approve** the eligibility recommendation as amended is seconded. **Motion passed unanimously.**

**VI. Update on OHFB and Committees**

- Staff reported that recommendations from the HEC Committee were delivered to the Federal Law Committee yesterday requesting a waiver for the citizenship documentation requirements that have been put on states. It was noted that many Native Americans, also, do not have birth certificates.
  - The Federal Laws Committee Indian Tribal representative will be contacted to ensure that the issue is addressed specifically for the Indian population if a waiver is unobtainable for the larger population.
- Report on HFB 1-15-08 meeting included testimony from the community collaboratives, including mental health.
- Eligibility and Enrollment Committee is in the process of completing its recommendations on affordability and move on to eligibility and enrollment issues and will want to have HEC recommendations.

**V. Public Testimony**

**Jennifer Pratt, Director of Policy, Oregon Primary Care Association (OPCA),** provided testimony on primary care home definition.

**Chair Booth** **VIII. Adjourn**

The meeting was adjourned at approximately 12:00 p.m.

**Next meeting is February 6 at 9:00 a.m.**

Submitted By: Paula Hird Reviewed By: Heidi Allen

EXHIBIT MATERIALS:

A. January 08, Minutes
B. January 24 Agenda
C. Eligibility Recommendations
D. Medical Home Straw-Person Recommendations

**OREGON HEALTH FUND BOARD – Health Equities Committee Meeting**

January 10, 2008
9:00 am - 12:00 pm

Central City Concern, Sally McCracken Bldg.
Portland, Oregon

MEMBERS PRESENT: Michelle Berlin, MD, MPH
Ed Blackburn
Ella Booth, Ph.D., Chair
John Duke, MBA
Scott Ekblad
Yves Lefranc, MD
Jackie Mercer
Maria Michalczyk, RN, MA
Melinda Muller, MD, FACP
Holden Leung, MSW
Noelle Wiggins, MSPH

MEMBERS EXCUSED: Bruce Bliatout, Ph.D.
Honora Englander, MD
Joe Finkbonner, Vice Chair
Laurie Powers, Ph.D., MSW
Tricia Tillman, MPH, Vice Chair

STAFF PRESENT: Heidi Allen, OHREC Project Manager
Nate Hierlmaier, Policy Analyst

ISSUES HEARD:

- Call to Order/Approval of December 20 Minutes/Introductions
- Review of Staff Panel Policy
- Update of OHFB and Committee Activities
- Approval of Final Recommendations concerning Federal Waiver and Citizenship Documentation for OHP
- Approval of Final Recommendations Concerning Outreach
- Invited Testimony Concerning Final Eligibility Recommendations
- Approval of Final Recommendations Concerning Eligibility
- Invited Testimony: Primary Care Renewal and Medical Homes
- Delivery System Committee's Draft Medical Home Conceptual Framework
- Developing Consensus: Crafting Draft Recommendations concerning Medical Home and Primary Care Renewal Strategies
- Public Testimony

**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 recordings.**

(Digitally Recorded)

**Chair** — **I. Call to order/Approval of December 20 minutes/Introductions**

- Meeting was called to order. There is a quorum.

**Motion** to approve minutes from December 20, 2007, is seconded.
**Motion passed unanimously.**

**Heidi Allen** — **II. Staff Review Panel Policy (see exhibit materials)**

- There was concern expressed by one individual that informal work groups may have been making decisions and not adhering to public meeting laws. It was clarified that the informal work groups are for helping with preparation of committee meetings; there is no quorum and no voting.
- Minutes are not usually taken, and there is no quorum and no decisions made.
- Correction on number 5. It should read ". . . highlighting 2 A-E." Should be ". . . highlighting 3 A-E."

**Heidi Allen** — **III. Update on Oregon Health Fund Board (OHFB) and Committee Activities**

- OHFB is meeting Tuesday, January 15, to talk about community based organizations and collaboratives, the safety net and demonstration projects.
- Rick Curtis, from California, and Jon Gruber, MIT Health Economist (by phone), met with the finance committee yesterday to discuss future modeling.
- Eligibility & Enrollment is getting ready to make affordability recommendations and then will next address eligibility issues.
- OHFB has contracted with PAC/West, to improve two-way communication between committees and the OHFB.
- At the end of January, two reports are due to the legislature: (1) from the Exchange workgroup; and (2) a progress report of the Board and all of the committees. Heidi Allen will be preparing a one-page progress report for the HEC.

**Heidi Allen** — **IV. Approval of Final Recommendations Concerning Federal Waiver and Citizenship Documentation for OHP**

- Federal Deficit Reduction Act of 2007 required an original birth certificate for documentation and this additional barrier has led to a decline in citizens being covered.
- Audit of Oregon's Medicaid program prior to the administrative changes showed that there was not a problem with ineligible people enrolled in Oregon Medicaid and that methodology used was sufficient.
- It is a recommendation to the Federal Laws Committee (FLC) and the Oregon Health Fund Board (OHFP) that Oregon pursue a waiver from the administrative rule that set the standards for the birth certificate; and, if a waiver is possible, to go forth with one. Only population this affects is those eligible for Medicaid.
- Correct number 1 to say 2006.
- The title ending wording of "OHP-like Programs" to be changed to "Medicaid and Expansion Programs."

**Motion** to approve final recommendations for Federal Waiver on Citizenship documentation as amended is seconded.
**Motion passed unanimously.**

**Chair** **V.** **Approval of Final Recommendations Concerning Outreach (see exhibit materials)**

Review of recommendations updated with changes at the direction of the Committee. Changes included:

- changing wording of number 1 to ". . . populations that encounter additional barriers such as individuals having cognitive, mental health, deafness or sensory disorders, physical disabilities, chemical dependency or mental health condition, and individuals in homelessness."
- Added number 4.
- Added ending statement of 100% enrollment.
- Discussion on the meaning of "geographical isolation" from number 1. Definition of rural used for state and federal programs is a community of either 30 or 40 thousand or fewer that is at least ten miles or more away from a community of that size or larger. Suggestion was made to change it to geographical disadvantage.

**Motion** to approve final recommendation on outreach as amended is seconded. **Motion passed unanimously.**

**Noelle Wiggins** **VI.** **Invited Testimony Concerning Final Eligibility Recommendations**

- Ellen Lowe, Chair, Eligibility and Enrollment Committee (E & E), testified that the E & E Committee will also be looking at issues related to immigration and eligibility. They welcome the Health Equities Committee's ideas on how universal eligibility can be enacted.
- Noelle Wiggins highlighted the three points of December's draft straw person: 1) no one be denied access based on citizenship or documentation requirements; 2) no new state funds will be used; and 3) establishment of a fund for contributors (employers, hospitals, organizations, etc) that would pay for the health care of these individuals.
- Tina Castanares , MD, discussed the history of the problems of obtaining health care for immigrants and the current political sentiment regarding immigration. She echoed Ellen Lowe's recommendation to give legislators choices and thoughtful policy options to ensure universality of the OHF.

**Chair** **VII.** **Approval and Final Recommendations Concerning Eligibility**

- Discussion regarding approach of recommendations.
- Should recommendation start with compromise and push it forward or start with a strong statement?
- Discussion of establishing a fund for health care and the role of employers and "pay or play".
- It was decided to revise current straw person and possibly develop a second. Volunteers for a staff review panel were noted.
- Vote will be scheduled for next meeting.

| | | |
|---|---|---|
| **CareOregon**<br>**OPCA** | **VIII.** | **Invited Testimony: Primary Care Renewal and Medical Homes**<br>Heidi Allen introduced Dr. David Labby, Medical Director of CareOregon, and Craig Hostetler, Executive Director, Oregon Primary Care Association.<br>• Dr. David Labby gave a Power Point presentation to the Committee identifying specific aspects of patient populations and ideas for changing the delivery model system. There was committee discussion regarding rural areas.<br>• Craig Hostetler gave testimony concerning primary care and incentives and efforts for improving outcomes. He noted industry concern regarding decreasing numbers of primary care physicians. |
| **Chair** | **IX.** | **Delivery Systems Committee's Draft Medical Home Conceptual Framework (see exhibit material).**<br>Staff stated that while HEC does not need to have the full discussion of medical home it can provide input to the Delivery Systems Committee elements needed to reduce disparities.<br><br>Introduced Ilana Weinbaum, staff to the Delivery System:<br>• Provided highlights from the work of the Delivery system in developing framework for delivery system reform.<br><br>***Discussion***<br>• Discussion on excessive profits being returned to payers of the premiums if reorganization is found to save money as hoped.<br>• Areas where there will be least resistance are around uninsured and Medicaid followed by commercial insurance which will present greater resistance.<br>• Services in rural areas and communities with fewer resources where these models may be difficult to implement. |
| **Melinda Muller** | **X.** | **Developing Consensus: Crafting Draft Recommendations Concerning Medical Home and Primary Care Renewal Strategies (see exhibit materials)**<br>• Community based organizations/plan/resources.<br>• Institutions not paying for care may save money as a result of improved care.<br>• Vote on a recommendation next meeting.<br>• Comments on integration recommendations will be sent to those members assigned to working on it by next Wednesday. |
| **Chair** | **XI.** | **Public Testimony**<br>• Katherine Bradley, Administrator for the Office of Family Health,<br>    o Public Health System and community components already in place, e.g., Public Health nurses, healthy start programs.<br>    o Language changing from physician-based to provider-based language.<br>    o Provider tax and insurance tax.<br>    o Concepts should be centered around community, population-based perspective, and public health. |
| **Chair** | **XII.** | **Adjournment**<br><br>**The meeting was adjourned at approximately 12:00 pm.** |

**Next meeting is January 24 at 9:00 a.m.**

Submitted By: Paula Hird Reviewed By: Heidi Allen

EXHIBIT MATERIALS:

A. December 20th Meeting Minutes
B. January 10th Agenda
C. OHFB January Newsletter
D. Staff Review Panel Policy
E. Final Recommendations: Federal Waiver Concerning Citizenship Documentation for OHP
F. Final Recommendations Concerning Outreach
G. Final Recommendations Concerning Eligibility
H. Draft Recommendations Concerning Medical Home and Primary Care Renewal
I. Delivery System Medical Home Draft Conceptual Framework
J. AAFP Joint Principle on the Patient-Centered Medical Home, available at: http://www.aafp.org/online/etc/medialib/aafp_org/documents/policy/fed/jointprinciplespcmh0207.Par.0001.File.tmp/022107medicalhome.pdf
K. *Closing the Divide: How Medical Homes Promote Equity in Health Care,* Commonwealth Fund report available at: http://www.commonwealthfund.org/usr_doc/1035_Beal_closing_divide_medical_homes.pdf?section=4039
L. *The Medical Home Model of Primary Care: Implications for the Healthy Oregon Act,* Office for Oregon Health Policy & Research.