

>> Action Plan for Health



Oregon
Health
Authority

DIRECTOR'S OFFICE
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Executive summary

In 2009, the Oregon Legislature created the Oregon Health Policy Board (OHPB) (ORS 413.006 – 413.017). OHPB is the policy and oversight board of the Oregon Health Authority (OHA). OHPB has been working alongside OHA to design and implement a comprehensive health reform plan for our state. In 2010, OHA put forth the first Action Plan for Health. The plan used strategies and a timeline to address urgent health care issues in the state. The 2010 Action Plan aimed at addressing issues of cost, quality and access to health care through innovation. The launch of Oregon’s coordinated care organizations (CCOs) is a reflection of this aim. CCOs received federal approval through a five-year 1115 Medicaid demonstration waiver in 2012.

By 2016, the state had moved beyond the early implementation of health reform. Therefore, OHPB asked OHA to “refresh” the 2010 Action Plan. This 2017 Action Plan refresh is a response to that request. The plan sets a clear vision for Oregon. It lists a set of guiding principles to build on the progress achieved since 2010. In addition, it concentrates efforts where there is need for more work. It uses the guiding principles to target basic strategies that drive system change and policy action in 2017-2019.

The original goals set in 2010 for health improvement and health system transformation in Oregon have not changed significantly. As a result, the Action Plan refresh keeps and updates many of the original strategies:

- Pay for outcomes and value
- Shift focus upstream
- Improve health equity
- Increase access to health care
- Enhance care coordination
- Engage stakeholders and community partners
- Measure progress

These seven strategies in the Action Plan Refresh work in tandem with the seven public health priority areas in the state health improvement plan (SHIP) to align work across OHA. The Action Plan Refresh and the SHIP provide focus, yet are dynamic. The plans can adapt as needs change in the state and evolve as partnerships grow and strengthen. Indeed, set in the Action Plan Refresh are the public health priority areas in the SHIP.

The plan calls for a public health approach by:

- Addressing root causes of poor health outcomes and the social determinants of health;
- Moving our state toward achieving health equity; and
- Emphasizing the use of evidence-based approaches.

The actions across both plans are mutually reinforcing. Strategies in the SHIP engage OHA systems in policy change. OHA data sources then measure the progress. At the same time, the Action Plan Refresh supports public health systems in Oregon by putting emphasis on activities across the health system that shift the focus upstream. As a whole, the Action Plan Refresh and the SHIP create momentum and clear direction for OHA for the next biennium. These interdependent plans use a layered approach. The plans use policy, systems and community-based approaches to improve the lives of individuals.

This Action Plan Refresh identifies tangible, measurable steps to advance and transform health systems. Many actions outlined in this Action Plan Refresh will advance through OHPB committees. These actions will receive support from OHA staff and stakeholders to improve the health of all people in Oregon.

Background

In 2009 the Oregon Legislature established the Oregon Health Policy Board (OHPB, ORS 413.006 – 413.017) as the policy-making and oversight body for the Oregon Health Authority, with nine members appointed by the Governor and confirmed by the Senate. Members serve four-year terms and include representatives from business, public health, licensed health care providers, and consumers. The board is aided in its functions by committees and the Oregon Health Authority.

In that first year OHPB spent 12 months conducting listening sessions throughout the state and heard from hundreds of stakeholders including individuals, small business owners, policy makers, members of the health care community and state and local government. Several OHPB committees hosted meetings and considered policy options on topics such as public purchasing, health improvement, incentives and outcomes, and others.

The 2010 Action Plan for Health was the product of those meetings, addressing the issues of cost, quality, and access to health care through delivery system innovation. The plan included many items that didn't require legislative action, and instead helped guide Oregon in achieving the vision of the triple aim (better health, better care, and lower costs) through such levers as setting budget priorities, changing how we delivered and paid for health care, ensuring health equity, promoting health and containing costs. Fundamentally, the 2010 Action Plan for Health served as the first strategic plan for comprehensive health reform in Oregon. It is available online at <http://www.oregon.gov/oha/actionPlan/rpt-2010.pdf>

Since the 2010 Action Plan for Health was created, Oregon has been relentlessly engaged in health system transformation and innovation activities at the local, regional and state level. In 2012 the Legislature approved the establishment of coordinated care organizations (CCOs) through SB 1580, and established the Patient-Centered Primary Care Home (PCPCH) standards. By mid-2012 the Centers for Medicare & Medicaid Services (CMS) approved Oregon's waiver, helping to launch CCOs and health system transformation in Medicaid.

Since the initial Action Plan for Health was created in 2010, Oregon has been relentlessly engaged in health system transformation and innovation activities at the local, regional and state level.

In early 2013, 90 percent of Oregon's Medicaid beneficiaries were enrolled in CCOs and Oregon began implementing the three-year State Innovation Model (SIM) grant, which launched the Transformation Center, a hub for statewide innovation and quality improvement in health system transformation. As of December 2014 Oregon had established more than 500 recognized PCPCHs, representing over 50 percent of all eligible clinics in Oregon and serving approximately 2 million Oregonians. And by 2015 close to 400,000 additional Oregonians had received Medicaid coverage (roughly a 65 percent increase from 2013 before the ACA), and 95 percent of Oregonians had health insurance.

As of 2017, 98 percent of kids under 19 years of age in Oregon were insured, and the remaining 2 percent will have access to coverage beginning in 2018 due to SB 558 (2017). Clearly, Oregon has taken concrete steps toward the future envisioned in the 2010 Action Plan and the initial steps have been filled with lessons learned, so it is important that Oregon maintains its push for continued improvement by building on best practices, evidence, data and stakeholders' experiences.

Current plan

In 2016 OHPB requested that the Oregon Health Authority begin the process to jointly “refresh” the 2010 Action Plan, as the state has moved beyond the initial implementation phase of this work. The timing of the refresh allows OHPB to capitalize on the work undertaken in the fall of 2016 through the CCO Listening Sessions to better understand the successes, challenges, and future opportunities for health system transformation in the state. OHA also renewed Oregon’s 1115 demonstration waiver, effective January 2017. The waiver renewal process included significant stakeholder participation to inform the next steps in Oregon’s health system transformation; this public input also helped inform this refreshed Action Plan.

The goals for health improvement and health system transformation in Oregon have not changed significantly since 2010 and the current Action Plan retains many of the original strategies (see Framework section below). These strategies work in tandem with the State Health Improvement Plan (SHIP) to improve the health of all people in Oregon and align the work across OHA. Within each strategy, updated focus areas and key actions for 2017-2019 reflect Oregon’s progress over the past six years and current opportunities and challenges. For example, the state has achieved measurable improvements in coordination and quality of care for Oregon Health Plan (OHP) members since 2010 but continued progress will depend in part on improving health equity in Oregon. The 2017 Action Plan includes a focus area addressing culturally and linguistically appropriate care and calls for implementation of the language access services policy. Similarly, both the 2010 Action Plan and the 2017 refresh emphasize paying for value in health care but the current Plan includes a focus on pharmaceutical spending, which has increased significantly in recent years.

Like the original Action Plan, the 2017 Refresh is a document that will be used by both OHA and OHPB. The plan outlines key actions that OHA will take over the next two years in support of the vision and strategies that have been articulated by OHPB. As such, it serves as OHA’s 2017-2019 operational plan for achieving strategic health system transformation goals and allows the board to exercise its oversight role for the agency. The 2017 Action Plan also enables OHPB and its committees to consider their own unique role in putting the strategies into action and allows for the possibility that the board will decide to take additional steps to amplify or expand work that is currently planned. In that sense, the plan is a dynamic, living document.

Framework

In an effort to continue to build on the strong foundation of health system transformation in Oregon, the updated Action Plan for Health uses a similar framework to the original. The refreshed Action Plan is focused across a two-year time period, which will allow for immediate engagement and focus while reserving space for potential policy changes at the federal level.

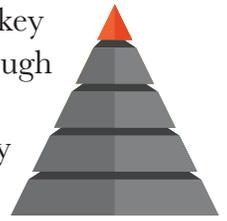
The Action Plan for Health “2017 Refresh” begins with a clear vision statement and guiding principles, which offer insight and direction for the long-term future of health and health system transformation in Oregon. These guiding principles are put into action via seven strategies that direct work in 2017-2019. Under each strategy, OHA has identified focus areas and key actions that can be taken in the next two years to drive Oregon closer to the overall vision. As noted above, the board may elect to take additional steps through its committees or in partnership with other entities to advance progress toward the vision.

Action Plan framework 2017-2019



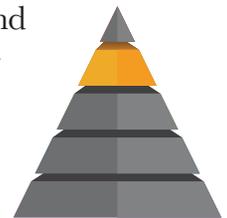
Vision

Health is one of the most important aspects of human existence. We believe the key to achieving the best possible health and quality of life for all Oregonians is through the triple aim of better health and better care at lower cost. The best way to accomplish this is through Oregon's coordinated care model, as demonstrated by local CCOs. In order to continue to work toward this goal, the CCOs and local communities need a workforce that is engaged in this vision and can pursue innovation without undue administrative burdens.



Guiding principles

The guiding principles listed below serve as a long-term guide for OHPB, OHA, and other stakeholders and partners across the state in setting priorities, policy-making and decision-making. While the Action Plan operations are narrowly focused on a two-year time period, the Vision and Guiding Principles function across a longer time frame and will continue as a relevant guide throughout the next decade. Incorporated throughout both the guiding principles and the foundational strategies is the goal of achieving health equity and ensuring that the health care system and its workforce reflects local community characteristics and needs.

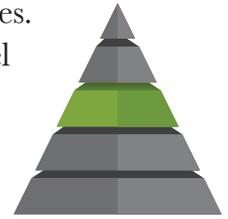


To achieve a robust health system that serves all Oregonians, the Oregon Health Policy Board and the Oregon Health Authority believe that we must be guided by the following:

- **Access:** All Oregonians should have access to the right care at the right time in the right place.
- **Innovation with accountability:** Transparency, efficiency, innovation, accountability, and financial sustainability are key indicators for improved health outcomes and reduced costs.
- **Patient-centered:** Oregon health policies and practices must place the needs, interests and engagement of patients and their families at the heart of reform efforts, using a patient-centered, integrated, and coordinated care approach that optimizes the use of technology.
- **Health equity:** Achieving health equity and ensuring that the health care system and its workforce reflect local community characteristics and needs is foundational and must be embedded in all we do.
- **Collaborative partnerships:** Engaging providers, purchasers, consumers, and other stakeholders in aligning around a common framework is necessary for achieving a shared vision.
- **Social determinants of health:** We must shift the focus upstream, emphasizing prevention and promoting healthy development and healthy behaviors where people live, work, learn and play.

Foundational strategies

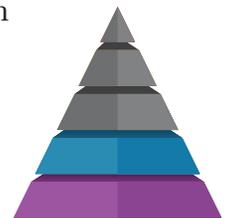
The guiding principles are put into operation through the foundational strategies. These seven overarching strategies serve to establish a clear, concrete, high-level description of how the guiding principles will drive system change and policy action in 2017-2019. Each guiding principle is reflected across the strategies, which encompass the work across all OHA divisions



- **Pay for outcomes and value**
- **Shift focus upstream**
- **Improve health equity**
- **Increase access to health care**
- **Enhance care coordination**
- **Engage stakeholders and community partners**
- **Measure progress**

Focus areas and key actions

In the flowchart found in the Appendix, major health focus areas have been categorized according to which of the seven foundational strategies is most aligned with the focus area. Each focus area represents ongoing actions undertaken by OHA and OHPB, as well as opportunities for additional policy development and new action. The actions build on the momentum of the 2010 Action Plan and new strategic opportunities to expand and improve the system and infrastructure needed to meet the OHA vision.



Strategy 1: Pay for outcomes and value

A fundamental goal of health system transformation in Oregon is to reduce the rising cost of health care across the system by paying for value and outcomes. While Oregon has made significant progress in this matter since the 2010 Action Plan for Health, there is still considerable room for continued innovation and improvement across a number of critical focus areas.

Focus areas:

- 1.1 Sustainable health care spending
- 1.2 Value-based payment approaches
- 1.3 Multi-payer alignment
- 1.4 Evidence-based coverage guidelines
- 1.5 Pharmaceutical cost containment

While cost reductions will result from many of the actions throughout the entirety of this action plan, Strategy 1 identifies specific cost-related steps to be taken in the next biennium across a variety of sectors and public and private payers. The multi-payer Primary Care Payment Reform Collaborative and its efforts to guide primary care transformation through innovative, system-wide reimbursement methods will be a key driver for this strategy. Implementation of Senate Bill 934 (2017), which requires coordinated care organizations, PEBB and OEBC to spend at least 12 percent of total medical expenditures on primary care by January 1, 2023, will be closely monitored to assess the impact of greater investment in primary care.

Strategy 2: Shift focus upstream

By focusing on prevention, Oregon can save future costs while making the population healthier. This can be realized through improvements to the public health system as well as through opportunities for medical and clinical prevention that keeps patients on public and private plans healthier and free from expensive, long-term treatment of chronic disease.

Shifting focus “upstream” means more than just prevention in a doctor’s office. It includes identifying systems and opportunities to improve community health and well-being at the “start” instead of after the fact. This can mean recognizing that other sectors that are traditionally seen as outside of the health system, such as education, housing and transportation, actually have a significant influence on the health of Oregonians. These are often referred to as the social determinants of health.

Focus areas:

- 2.1 Modernized public health system for the entire state
- 2.2 State Health Improvement Plan (SHIP) goals
- 2.3 Evidence-based prevention
- 2.4 Social determinants of health (SDOH)

Many of the actions associated with this strategy interact with and support the work detailed in the State Health Improvement Plan, or SHIP, which identifies seven priority areas for improving health and quality of life in Oregon by 2020. Key actions focus on specific public health priorities as well as partnership-building across systems in Oregon. This strategy is closely tied to Strategy 6: Engage stakeholders and community partners, due to the opportunity for greater action through collaboration. The Public Health Advisory Board (PHAB) is responsible for oversight of many of the actions of this strategy.

Strategy 3: Improve health equity

In 2017 OHPB will be re-establishing a subcommittee that is specifically focused on improving health equity and reducing health disparities. Health inequities are a result of economic and social policies that have disadvantaged communities of color, immigrants and refugees, and other diverse groups over generations, resulting in worse health consequences.

OHPB's intention is to simultaneously embed the principles of equity throughout all policies while also using the committee to provide enhanced attention to specific needs and decisions. Improving health equity in Oregon also means that Oregonians have access to care that is culturally and linguistically appropriate, which entails a workforce that is representative and can provide that type of care.

Focus areas:

- 3.1 Health equity policy development
- 3.2 Health disparities analysis and monitoring
- 3.3 Culturally and linguistically appropriate care
- 3.4 Funding mechanisms to support health equity

These focus areas and their related key actions cut across systems and settings to ensure that segments of the population experiencing a disproportionate burden of disease are receiving the care and services needed to advance health equity

Strategy 4: Increase access to care

OHPB believes that all Oregonians should have access to the right care, in the right place, at the right time. This goes beyond primary care and extends to behavioral health providers, oral health providers, and specialists within public and private insurance networks. This strategy aims to reduce barriers to care, including the geographic distribution of different types of providers. Increasing access to affordable health insurance coverage is a key priority, guided by an inter-agency collaborative consisting of leadership from the Oregon Health Authority, the Department of Human Services (DHS), and the Department of Consumer and Business Services (DCBS).

Focus areas:

- 4.1 Health care workforce
- 4.2 Behavioral health system improvements
- 4.3 Oral health care access and outcomes
- 4.4 Access to affordable health insurance coverage

A number of key actions associated with this strategy will be used to update and implement policy recommendations and support system improvements for training and maintaining the entire health care workforce. The Health Care Workforce Committee (HCWF) and the Medicaid Advisory Committee (MAC) have both historically played a substantial role in monitoring access to care throughout Oregon. In the next biennium they are again tasked with deliverables that drive significant improvements in this entire strategy. In Focus Area 4.3, OHA will implement key strategies in its roadmap and strategic plan for oral health improvement in order to improve access to oral health services and prevention.

The Behavioral Health Collaborative, a group of 45 behavioral health experts, stakeholders and partners convened through early 2017, will see its recommendations furthered in Focus Area 4.2 through the work of six short-term workgroups: 1) Governance and finance, 2) Standards of care and competencies, 3) Workforce, 4) Peer-delivered services, 5) Information exchange and coordination of care, and 6) Data.

Strategy 5: Enhance care coordination

One of the cornerstones of health system transformation in Oregon is care coordination. The coordinated care model is at the heart of the effort to drive toward better health, better care, and lower costs. Enhancing care coordination in 2017-2019 will build on Oregon's experience and address system-level barriers to integrated and improved care.

Focus areas:

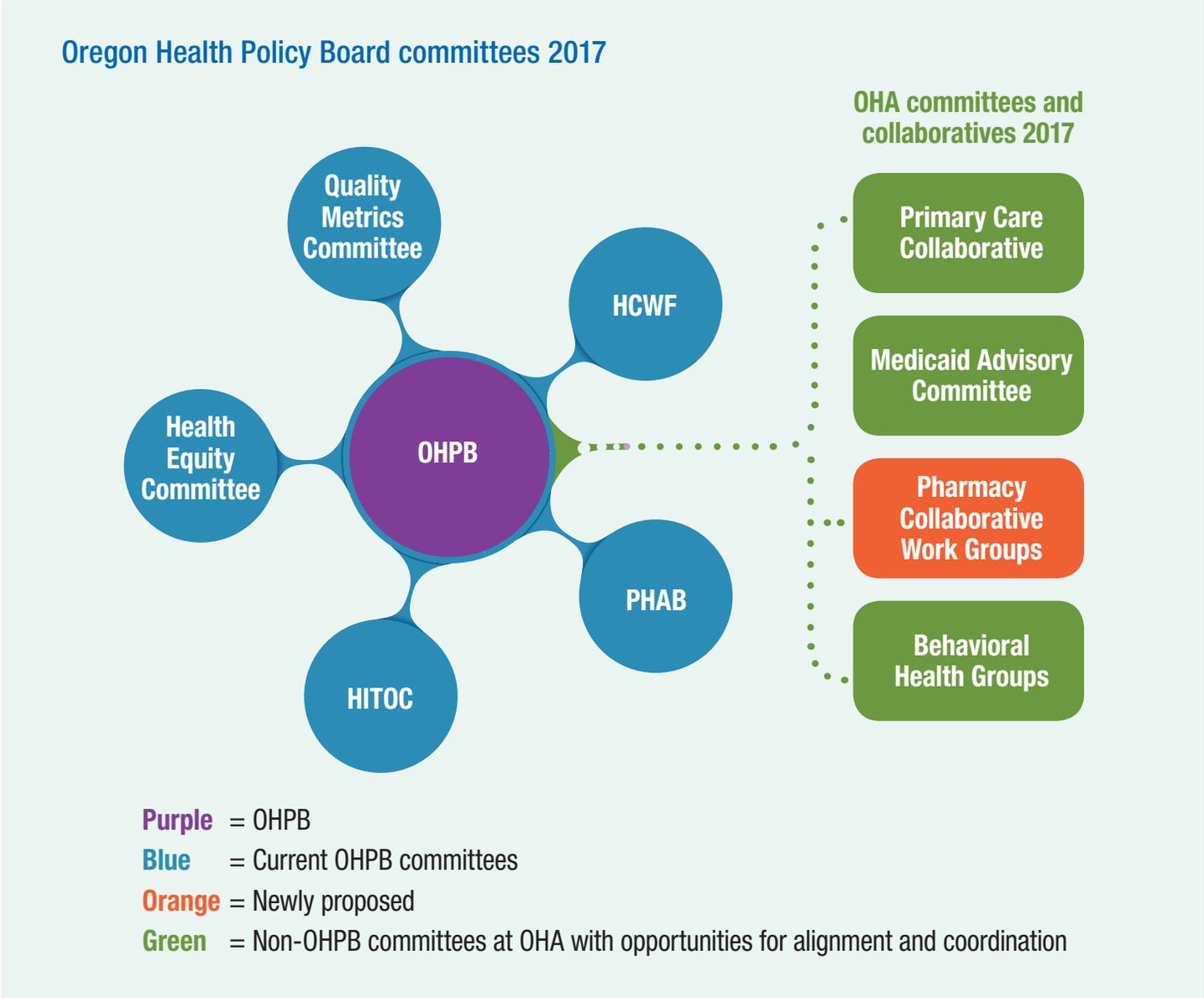
- 5.1 Integrated oral, behavioral and physical health care
- 5.2 Health information technology (HIT) and health information exchange (HIE) support
- 5.3 Coordinated Care Model (CCM) improvements
- 5.4 Person-centered primary care

The focus areas in this strategy work across health care sectors, and require technological as well as system-level support, using a variety of key actions to reach specific targets. Efforts to improve the integration of care are embedded throughout OHA and will also be tackled by multiple workgroups and councils. The Primary Care Collaborative has already begun considerable work to implement primary care transformation, including facilitation of multi-payer and practice payment alignment consistent with the Comprehensive Primary Care Plus (CPC+) framework. In addition, the Health Information Technology Oversight Council (HITOC) has an especially significant role to play in moving many actions in this strategy forward in the next biennium.

OHPB committees 2017

OHPB oversees four topical committees. A new Health Equity Committee is being developed. The committees typically conduct the first phase of policy development for OHPB and serve as venues for engaging stakeholders who have interest or expertise in particular areas of health or health systems.

Additionally, there are four OHA-administered collaboratives and committees that confer with OHPB and align with OHPB priorities. All these committees are shown in the diagram below; the Appendix contains more information about each group's charge, membership and timeline.



OHPB committees

Health Care Workforce Committee (HCWF):

The purpose of the HCWF is to coordinate efforts to recruit and educate health care professionals and retain a high-quality workforce, developing recommendations for the board and creating action plans around the health care workforce in Oregon.

Public Health Advisory Board (PHAB):

The purpose of the PHAB is to be the accountable body for governmental public health in Oregon, advising OHA on policy matters related to public health programs, providing a review of statewide public health issues, and participating in public health policy development.

Health Information Technology Oversight Council (HITOC):

Tasked with setting goals and developing a strategic health information technology plan for the state, HITOC oversees implementation of the plan and reports to OHPB on its progress.

Health Plan Quality Metrics:

The committee is charged with collaborating with the Oregon Educators Benefit Board (OEBB), the Public Employees' Benefit Board (PEBB), the Oregon Health Authority and the Department of Consumer and Business Services to adopt health outcome and quality measures that are focused on specific goals and provide value to the state, employers, insurers, health care providers and consumers.

Health Equity Committee:

The new Health Equity Committee's task is to coordinate and develop policy that proactively promotes the elimination of health disparities and the achievement of health equity for all people in Oregon.

OHA committees and collaboratives

Primary Care Payment Reform Collaborative:

The purpose of the collaborative is to advise and assist OHA in primary care transformation and reimbursement methods.

Medicaid Advisory Committee:

The Medicaid Advisory Committee (MAC) is federally mandated to advise Oregon's state Medicaid program on the policies, procedures, and operation of the Oregon Health Plan (OHP) that affect OHP enrollees and their families.

Pharmacy Collaborative:

With a number of workgroups and committees across OHA, the Pharmacy Collaborative is intended to address the high costs of pharmaceuticals and related issues.

Behavioral Health Collaborative:

The Behavioral Health Collaborative comprises a number of work groups focused on opportunities to advance an integrated and accountable behavioral health system that is responsive to Oregonians' needs for improved access and quality.

Appendix

Methodology

In 2016 OHPB requested that the Oregon Health Authority begin the process to jointly “refresh” the 2010 Action Plan, as the state has moved beyond the initial implementation phase of this work. Staff at OHA began the process by first providing an update to the 2010 Action Plan for Health, including:

- Status report for all key actions listed in the 2010 plan (e.g., completed, ongoing, etc.)
- Expansions of original 2010 key actions and
- Proposals for inclusion of key actions that were not included in the original Action Plan.

At OHPB’s 2017 retreat, board members participated in a robust discussion about the “refreshed” Action Plan. Board members reviewed the original Action Plan principles, considered the current environment of health system transformation in Oregon, and developed a vision and set of guiding principles that would function across a longer time frame and will continue as a relevant guide throughout the next decade.

Following the retreat OHPB confirmed the prioritization of the seven Foundational Strategies. OHA staff has since worked to identify focus areas and key actions within the agency that align with the board’s vision and guidance, are transformational, and will move Oregon forward over the next biennium.

The list of “key actions” comprise activities within each focus area that will be tackled over the next two years by OHPB and OHA committees and workgroups, as well as OHA program and policy staff. This list will be dynamic, as key actions are completed, updated or further developed. OHPB will receive regular reports throughout the biennium on the progress of key action items, deliverables, and the overall progress on the Action Plan.

OHPB and OHA Committee Descriptions

Health Care Workforce Committee (HCWF):

Established in 2010 by House Bill 2009, Section 7 (3)(a), HCWF reports directly to OHPB. Its purpose is to coordinate efforts to recruit and educate health care professionals and retain a high-quality workforce. HCWF receives senior-level staff support from the OHA Health Policy and Analytics Division Office of Health Policy.

HCWF develops recommendations for OHPB and creates action plans to train, recruit and retain a dynamic health care workforce scaled to meet the needs of new systems of care.

The HCWF efforts focus on three broad areas:

- Workforce composition
- Workforce skills, training and development
- Workforce supply and demand.

Public Health Advisory Board (PHAB):

PHAB was established in 2016 by ORS 431.122 and reports directly to OHPB. Its purpose is to be the accountable body for governmental public health in Oregon, advising OHA on policy matters related to public health programs, providing a review of statewide public health issues, and participating in public health policy development. The PHAB receives support from staff at the Oregon Public Health Division.

PHAB's role includes:

- Alignment of public health priorities with available resources
- Analysis and communication of what is at risk when there is a failure to invest resources in public health
- Oversight for strategic initiatives of the Oregon Health Authority Public Health Division, including the State Health Assessment and State Health Improvement Plan
- Oversight for governmental public health strategic initiatives, including the implementation of public health modernization
- Support for state and local public health accreditation.

Health Information Technology Oversight Council (HITOC):

HITOC is composed of 11-15 members appointed by OHPB. It builds on the past work of the Health Information Infrastructure Advisory Committee (HIIAC) and the Health Information Security and Privacy Collaborative (HISPC). Tasked with setting goals and developing a strategic health information technology plan for the state, HITOC oversees implementation of the plan and reports on progress to OHPB, with staffing support from the OHA Health Policy and Analytics Division's Office of Health Information Technology.

HITOC coordinates Oregon's public and private statewide efforts in electronic health records adoption and the development of a statewide system for electronic health information exchange. HITOC will help Oregon meet federal requirements so that providers may be eligible for millions of federal health information technology stimulus dollars.

Health Plan Quality Metrics:

The Health Plan Quality Metrics Committee was established in 2015 by Senate Bill 440, Section 2(4). It reports directly to OHPB. Committee members are appointed by the Governor for initial one-year terms. The committee is charged with collaborating with OEBC, PEBB, OHA and DCBS to adopt health outcome and quality measures that are focused on specific goals and provide value to the state, employers, insurers, health care providers and consumers. The committee is staffed by the OHA Health Policy and Analytics Division's Office of Health Analytics.

The committee aligns the state's health outcome and quality measures with the requirements of health care data reporting to ensure that measures and requirements are coordinated, evidence-based and focused on a long-term statewide vision. The measures identified by the committee must take into account the recommendations of the Metrics and Scoring Committee and the differences in the populations served by coordinated care organizations and by commercial insurers.

Health Equity Committee:

The Health Equity Committee is a newly proposed committee, initiated by OHPB in 2017. The 15 committee members are appointed by OHPB and serve for two-year terms. Its purpose is to coordinate and develop policy that proactively promotes the elimination of health disparities and the achievement of health equity for all people in Oregon. This committee is staffed by OHA Office of Equity and Inclusion.

The Health Equity Committee is responsible for reviewing health policy and leading efforts to develop best-practice policies that improve health equity.

Its main duties are to:

- Provide analysis, guidance and recommendations to OHPB on policy, including key legislation, using an equity lens
- Provide assessment and actionable recommendations, and analyzing data and information to assess OHA's progress toward achieving defined health equity goals, including steps to becoming a more culturally responsive organization
- Collaborate with other OHBP committees and make recommendations to OHPB on key board activities.

The following OHA committees are not official OHPB committees but provide opportunities to align with OHPB priorities and advance the overall OHA strategies and actions.

Primary Care Payment Reform Collaborative:

The Primary Care Payment Reform Collaborative was established in 2016 as required by Senate Bill 231. Its purpose is to advise and assist OHA in primary care transformation and reimbursement methods.

The goals of the collaborative are to:

- Identify best practices that support primary care through technical assistance, methods of reimbursement and evaluation
- Work together to seek alignment and agreement around next steps to support sustainable primary care transformation and achieve the triple aim
- Provide support and opportunity for the group as a whole (or subgroups) to identify and work on shared interests and activities to support primary care transformation.

Medicaid Advisory Committee:

The Medicaid Advisory Committee (MAC) is federally mandated to advise OHA on the policies, procedures, and operation of the Oregon Health Plan (OHP) that affect OHP enrollees and their families. The 15 members are appointed by the Governor. They represent health care providers, consumer groups and OHP consumers. State statute ORS 414 explicitly states that the committee is to advise the OHA and the Department of Human Services (DHS) on medical care, including mental health and alcohol and drug treatment and remedial care, operations and administration related to Medicaid.

MAC is responsible for developing policy recommendations at the request of the Governor, the Legislature and OHA.

OHA explicitly directs the committee to support the following functions:

- **Monitoring:** provide oversight and review of Oregon’s administration of its Medicaid program
- **Advising:** serve as an advisory body to OHA on issues relevant to those served by OHP as described in state and federal policy, and as requested
- **Policy development:** participate in Medicaid policy development by making recommendations to OHA that are reflected as appropriate in program policies and procedures, statute, rule, or other governing protocols
- **Reporting:** publish an annual letter that highlights key issues related to the operation of OHP that affect OHP enrollees and their families, and provide a list of pertinent reports developed by the committee.

Pharmacy Collaborative:

The following pharmacy workgroups and committees are tasked with addressing appropriate access based on established clinical evidence at the right cost:

- CCO Pharmacy Directors Group
- Pharmacy Cost Collaborative

Behavioral Health Collaborative:

The Behavioral Health Collaborative (BHC) was convened by OHA in 2016. Focused on opportunities to integrate behavioral health with the physical and oral health systems in the coordinated care model, BHC brought together a diverse group of people and organizations to improve and integrate Oregon’s behavioral health system.

BHC generated a set of recommendations for OHA to increase access to behavioral health in the coordinated care model. To implement the recommendations, OHA created a governance structure and convened workgroups of subject matter experts and people from across Oregon with support by OHA staff.

Following the completion of the BHC, five workgroups were tasked with furthering the work:

1. Governance and Finance
2. Standards of Care and Competencies
3. Workforce
4. Peer-delivered Services
5. Information Exchange and Coordination of Care
6. Data

Key terms

Behavioral health:

A term referring to mental and emotional health and well-being, including alcohol and substance use disorders, psychological distress and mental disorders.

Coordinated care organizations (CCOs):

A network of all types of health care providers (physical health care, addictions and mental health care and dental care providers) that work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid).

Health disparities:

Differences in health outcomes among groups of people.

Health equity:

Attainment of the highest level of health for all people. Health equity means efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.

Health information technology (HIT):

Refers to a wide range of products and services—including software, hardware and infrastructure—designed to collect, store and exchange health care information.

Health information exchange (HIE):

The electronic movement of health care information between two or more organizations. HIE facilitates sharing of health information across technological and organizational boundaries to enable better care.

Multi-payer system:

Health coverage system in which individuals choose among competing health insurers for their care. Multi-payer systems may have pools of individuals with potentially different levels of health risk.

Oral health:

Refers to healthy teeth, dental care, and the absence of disease in the mouth; more holistically, it involves the ability of individuals to carry out essential functions such as eating and speaking and is integral to general health.

OEBB: The Oregon Educators Benefit Board

PEBB: The Public Employees' Benefit Board

Key terms (continued)

Social determinants of health:

Generally, the environment in which people are born, grow, work, live, and age, and the wider set of forces and systems outside of the health system that shape overall health and well-being, such as access to food, housing, economic status, transportation and education.

State Health Improvement Plan (SHIP):

Oregon's State Health Improvement Plan addresses the leading causes of death, disease and injury in Oregon through evidence-based and measurable strategies intended to improve the health of all people in Oregon by 2020.

Value-based payment:

A strategy to pay health care providers for quality outcomes and value, rather than quantity or volume.

Action plan for health 2017–2019



Endnotes

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