

Safety Net Advisory Council - Charter and Governance

Lead staffing is provided to the Safety Net Advisory Council through DHS-Office of Health Systems Planning and the Office of Health Policy and Research (OHPR). Additional staff support is provided through the Department of Medical Assistance Programs and the Department of Finance and Policy Analysis

SNAC Overview

In 2004, Oregon received a National Governor's Association technical assistance grant. This opportunity allowed the state to engage a broad-based team of experts to assess the stability of Oregon's health care safety net and to determine where the information gaps existed. This report was presented to the Governor in 2004, entitled *Enhancing the Safety Net Through Data Driven Policy* and included eight concrete recommendations toward strengthening the safety net system in Oregon. The first of this set of recommendations was to form the Safety Net Advisory Council (SNAC). The Governor endorsed the report and in 2005 the SNAC was formed.

SNAC Principles

As developed by the NGA Health Care Safety Net Policy Team (2004)

- The health care safety net system is an essential and integral component of Oregon's health and economic infrastructure. Consequently, anything affecting the health of Oregonians and their communities has an impact on the safety net and is in turn impacted by the effectiveness of the safety net.
- Health care safety net policies shall build upon existing access policies in Oregon
- The Governor's Office, Oregon's Legislative Assembly, and other policy makers shall have access to current and meaningful safety net data and information.
- Statewide infrastructure, tools and policies are needed and should involve public and private organizations, in order to better understand, monitor, and adequately fund, and support the health care safety net.
- Public and private entities shall consider all opportunities that leverage funding to support safety net providers and patients.
- All opportunities to ensure the effective and efficient delivery of essential services shall be considered by health care safety net and other stakeholders.
- The State and other health care stakeholders, including safety net providers and their patients, have an obligation to effectively collaborate in order to improve access to needed health services.
- Integration of behavioral health in primary care results in effective and less costly treatment of conditions that otherwise might undermine the ability of Oregonian's to remain self-reliant and productive members of their communities.

Definition of Oregon's Health Care Safety Net

As developed by the NGA Health Care Safety Net Policy Team and the Safety Net Advisory Council.

*The **health care safety net** is a community's response to meeting the needs of people who experience barriers that prevent them from having access to appropriate, timely, affordable and continuous health services.*

The following is the statutory definition of the Health Care Safety Net, resulting from the Healthy Oregon Act (SB 329).

- **Section 2 (8)** "Safety net provider" means providers that deliver health services to persons experiencing cultural, linguistic, geographic, financial or other barriers to accessing appropriate, timely, affordable and continuous health care services. "Safety net providers" includes health care safety net providers, core health care safety net providers, tribal and federal health care organizations and local nonprofit organizations, government agencies, hospitals and individual providers.
- **Section 2 (2)** "Core health care safety net provider" means a safety net provider that is especially adept at serving persons who experience significant barriers to accessing health care, including homelessness, language and cultural barriers, geographic isolation, mental illness, lack of health insurance, and financial barriers, and that has a mission or mandate to deliver services to persons who experience barriers to accessing care and serves a substantial share of persons without health insurance and persons who are enrolled in Medicaid or Medicare, as well as other vulnerable or special populations.
- **Statement of Principle:**
Section 3 (16) The health care safety net is a key delivery system element for the protection of the health of Oregonians and the delivery of community-based care.

SNAC Charge

The Safety Net Advisory Council (SNAC) provides the Governor, the Director of DHS, the OHPR Administrator, the Oregon Health Fund Board, the Oregon Health Policy Commission (OHPC) and the Medicaid Advisory Committee (MAC) with specific policy recommendations for the provision of safety net services for vulnerable populations who experience barriers to accessing care.

The Safety Net Advisory Council is sponsored by the Governor's Office.

SNAC Membership

Composition:

The SNAC is comprised of a broadly diverse group of experts that adequately represent the primary health care safety net and the larger community within which they are embedded, such as representatives from the business community, health plans, dental and mental health and a representative with expertise around disparities in health care. The SNAC shall have both urban and rural representation and shall be comprised of 10-18 members.

Recruitment

The SNAC may recruit new members, with input from the Governor's office, the DHS Director, the OHPR Administrator, the Oregon Health Fund Board, the OHPC, with coordination from staff. Membership shall reflect the mission/charge of the SNAC. SNAC members will serve three-year terms. Council members are expected to consistently attend SNAC meetings. If a member misses three meetings in a row, staff, in consultation with the chair and agreed upon by the council, may elect to replace that member. The SNAC will review its membership every two years to ensure that it represents the breadth and diversity of the health care safety net.

Officers:

Members shall appoint a chairperson and a vice-chairperson from the Council. Both officers shall serve a term of two years, which will be staggered. The Chair will be appointed/re-appointed on the first meeting of odd years. The Vice-chair will be appointed/re-appointed on the first meeting of even years. Officers may serve two terms.

Duties of the Chair:

- a.) Preside at all meetings.
- b.) Coordinate meeting agendas in consultation with staff.
- c.) Review all SNAC highlights prior to the meeting at which they are to be approved.

- d.) The Chair may designate in absence of the vice-chair or when expedient, other Council members duties that are related to SNAC business, including but not limited to attending or participating in other public or agency meetings, or review and approval of documents that require Chair action.
- e.) Chair will decide when to employ a vote as the decision-making mechanism (if consensus is not being reached).

Duties of the vice-chair:

- a.) Perform all of the chair's duties in his or her absence
- b.) Perform any other duties assigned by the chair, in consultation with staff.

Meetings:

- 1.) The SNAC shall typically meet every other month.
- 2.) The SNAC agenda shall be made available to the public within two days of the next meeting.
- 3.) If a SNAC member is unable to participate in person, he/she may participate via telephone conference.

Decision Making:

SNAC will employ consensus-based decision making as its primary method. There are circumstances under which the SNAC will make decisions through voting. These actions include but are not limited to:

- Endorsing specific legislation
- Endorsing a public position related to policy, administrative rules, or other systemic issues that impact the safety net.
- Appointing a Chairperson or Vice-Chairperson

When voting is appropriate, a majority of the SNAC membership shall constitute a quorum. A majority of those present and voting shall be required for SNAC action. There will be no voting by proxy. Members may abstain from a vote if they perceive a conflict of interest.

Advisory Capacity

Actions that fulfill SNAC's charge

There are a variety of strategies the SNAC may employ to advise the Governor's office, the DHS Director, the OHPR Administrator, the Oregon Health Fund Board, and the Oregon Health Policy Commission including:

- Developing policy recommendations on significant issues affecting the health care safety net
- Reviewing and providing analysis of pending legislation
- Assess the environmental impact of state policies and administrative rules on Oregon's health care safety net.

- Creating resources that can be used to educate other health care system stakeholders on the current state of the health care safety net, including the unique strengths and challenges of the health care safety net.
- Identifying best practices for use by state and local stakeholders.

Appendix I

Historical Recommendations/Priority areas:

Recommendations from the NGA Report 2004

- Revise Chapter 442 of the Oregon Revised Statutes (ORS) to include a statement of support for the safety net.
- Design and implement a process for statewide assessments of health services and resources
- Develop recommendations designed to stabilize resources devoted to safety net services.
- DHS to conduct an analysis of opportunities to further leverage federal dollars that benefit the health care safety net.
- Support local innovation in both planning and implementation.
- SNAC to work with DHS to better integrate behavioral health and primary care.
- Develop a proposal to pilot a basic benefit package for uninsured pregnant women and children.

SNAC Priority Areas 2006-2007

- **Communication**
- **Data**
- **Policy**
- **Public-Private Partnerships**

Safety Net Advisory Council

2006 – 2007 Policy Priorities

Background and Rationale

The Safety Net Advisory Council (SNAC) is concerned that Oregon is losing ground in both urban and rural parts of the state toward maintaining and improving access to necessary health care services for underserved and vulnerable populations. The SNAC's first 2 proposals - piloting a primary care medical home and using electronic health records to improve access, continuity, information, and patient safety, are absolutely vital and logical next steps to improve Oregon's safety net. The third proposal addresses the longer-term issue of workforce shortage and the implications for reduced access, particularly for rural, poor and middle class Oregonians who are under or uninsured. Together, these recommendations form a set of strategic policy initiatives, which reinforce one another. SNAC's policy priorities emphasize the importance of having the right mix and geographic distribution of health practitioners, who are able to provide a primary care medical home and are assisted by the use of secure electronic patient specific information. In combination, these proposals offer significant stability to the fragile health care safety net and ensure access to appropriate, high quality health care services, delivered in the right place and at the right time for vulnerable and underserved Oregonians.

Medical Home

Recommendation: Develop and expand the primary care medical home model through pilot projects at health care safety net clinics. Supporting fundamental change in the way primary care is delivered will result in improved health status among vulnerable Oregonians, while reducing overall costs to the broader health care system there will be enhanced quality and reduced cost for vulnerable Oregonians

- ✓ Components of a primary care medical home:
 - Often the first point of contact to access care.
 - Sustained patient-provider partnerships
 - Comprehensive and integrated care/
 - Health system navigation and coordination.
- ✓ Support SB 562 – Primary Care Medical Home Pilot

Electronic Medical Records

Recommendation: Provide modest additional payments for safety net providers that use certified, high quality Electronic Medical Records and systematically share that information with hospital emergency departments and their respective communities. By supporting such EMRs, Medicaid and providers will save money and patients will receive higher quality care with fewer system errors.

- ✓ Coordinate care and reduce duplicative services
- ✓ Public/private partnership – federal and state governments, foundations, health plans, hospitals...
- ✓ Additional \$4/OHP visit thus \$2 million from Oregon stakeholders
- ✓ Cost \$4 million total

Health Care Workforce Recommendations

Recommendation: SNAC is concerned that there be adequate primary and specialty physicians, registered nurses, pharmacists as well as critical licensed ancillary professionals distributed adequately and qualified to meet the needs of underserved Oregonians throughout the state. While shortages in these professions impact the entire health care system, nowhere is the impact greater than on the safety net and in underserved communities. Through forward planning and alignment of incentives, steps

must be taken now to avert a true healthcare workforce crisis in many Oregon communities. Investments and incentives, through a combination of short-term and long-term approaches must be made to avert the looming critical shortages of needed professionals.

Examples of approaches endorsed by the SNAC include:

- ✓ Expand and fund accelerated provider recruitment incentive programs for health professionals returning to underserved communities or working in safety net facilities.
- ✓ Support class size increases within OHSU, OIT and other educational institutions.
- ✓ Expand and pass the Rural Loan Repayment Program
- ✓ Tax incentives for an array of licensed professionals to see and treat Medicaid and Uninsured Oregonians.