

Committees of the Board

Committee Digest

Volume: 2024 - Quarter 4

October – December

Submitted January 2025

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Summary

The Committee Digest (Digest) serves as a progress update for the Committees of the Oregon Health Policy Board (OHPB). The Digest summarizes key work accomplished by Committees and recognizes decisions and activities planned for the upcoming year. Committee information included in the Digest is provided by Oregon Health Authority (OHA) lead Committee staff and will be distributed to OHPB members following each quarter.

For additional information or questions, contact [Tara Chetock](#), OHPB Project Manager.

2025 OHPB and Committees Meeting Schedule*

JANUARY

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DECEMBER

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	Behavioral Health Committee		Health Insurance Marketplace Advisory Committee
	Health Care Workforce Committee		Metrics and Scoring Committee
	Health Equity Committee		Medicaid Advisory Committee
	Health Information Technology Oversight Committee		Primary Care Payment Reform Committee
	Oregon Health Policy Board		Public Health Advisory Board

(*) Meeting dates are subject to change

Sustainable Cost Growth Target Committee and Health Plan Quality Metrics Committee meetings are not currently scheduled for 2025 more information can be found on the Committee pages.

See Committee websites for meeting logistics.

Committee Work Addressing the OHA Strategic Plan

Below are some ways in which the work of the OHPB Committees intersects with [OHA's strategic plan](#) to eliminate health inequities.

Goal pillar 1. Transforming behavioral health

Health Information Technology Oversight Council (HITOC):

- HITOC supports the adoption and use of Community Information Exchange (CIE), a technology for social needs screening and referrals, which can be used by behavioral health organizations to connect people to services to address their social needs (Strategy 3)
- Electronic Health Records (EHRs), CIE, and other health IT solutions can make data collection and reporting easier. HITOC supports greater adoption of health IT for behavioral health providers, which have lower rates of EHR use than other provider types (Strategy 4)

Medicaid Advisory Committee (MAC):

- Network adequacy is a MAC priority and highlighted in Pillar 1 (Strategies 1 & 5)
- CCO Procurement, as it pertains to developing and utilizing an equitable funding distribution model that supports primary prevention and treatment service needs in a geographic and culturally responsive way and network adequacy, is a MAC priority (Strategy 3)

Primary Care Payment Reform Collaborative:

- Integrating behavioral health into primary care increases accessibility to behavioral health services, enables earlier identification of behavioral health issues, improves overall health outcomes, reduces stigma, allows better coordination of care, and can save costs, particularly for patients in low-income or rural areas who might only access behavioral health through their primary care provider. PCPRC supports increased behavioral health integration in primary care (Strategies 2,3,4)

Goal Pillar 2. Strengthening access to affordable care for all

Health Insurance Marketplace Advisory Committee (HIMAC):

- Provides advice to the Oregon Health Insurance Marketplace in their work to help eligible Oregonians access federal subsidies and enroll in quality, affordable private health insurance plans (Strategy 1)
- Supports the Oregon Health Insurance Marketplace's outreach and enrollment programs, which includes a Marketplace Community Partner Program and a Marketplace Partner Agent Program (Strategy 1)
- Serves as one of the State-based Marketplace (SBM) Project's key shareholders and is consulted on a regular basis (Strategy 1)

Health Information Technology Oversight Council (HITOC):

- CIE adoption is one of HITOC's core priorities. HITOC recommends that partners across Oregon "Support, accelerate, and improve statewide community information exchange (CIE) efforts" - Strategy 4, Oregon Strategic Plan for Health IT 2024-2028. Link: <https://www.oregon.gov/oha/HPA/OHIT-HITOC/Documents/OregonStrategicPlanforHealthIT2024-2028.pdf>. (Strategy 3)
- Reducing administrative burden related to health IT is included as part of HITOC's Strategic Plan for Health IT 2024-2028. HITOC outlined various approaches that can reduce burden and will pursue supports as appropriate. For example, HITOC recommends that partners "Support policy and regulatory initiatives to improve the usability of EHRs and reduce provider burden" - Strategy 2, Activity 2a, Health IT Strategic Plan. (Strategy 3)

Sustainable Cost Growth Target Committee:

- Implement and enforce Oregon's Cost Growth Target Program, including health plan and provider organization accountability; increasing transparency and reporting on key health care cost drivers is Strategy 5, Action 2

Medicaid Advisory Committee (MAC):

- The MAC has Eligibility and Network Adequacy as two of their current priorities (Strategy 1 & 2)

- Non-Emergency Medical Transportation (NEMT) is a perennial MAC concern but not yet a specific priority (Strategy 3)
- Health-related social needs (HRSN) implementation is a MAC priority and 1115 Waiver oversight a required role (Strategy 4)

Primary Care Payment Reform Collaborative:

- One of the three charges of the PCPRC is to increase primary care spend. Increasing primary care spend can result in health issues being addressed earlier and with fewer costly emergency room visits and hospital admissions, saving money for employers, health plans and members.
- Traditional Health Workers (THWs) are trusted individuals from their local communities who may also share socioeconomic ties and lived life experiences with health plan members. THWs have historically provided person and community-centered care by bridging communities and the health systems that serve them, increasing the appropriate use of care by connecting people with health systems, advocating for health plan members, supporting adherence to care and treatment, and empowering individuals to be agents in improving their own health. PCPRC supports the integration of THWs into primary care (Strategy 2)
- Inherent in value-based payment models is data collection and reporting resulting in administrative burden. PCPRC supports efforts to align payment models across payers which can reduce administrative burden (Strategy 3)

Goal pillar 3. Fostering healthy families and environments

Health Information Technology Oversight Council (HITOC):

- Accessibility of health information is a priority for HITOC, related to clinical information available through health IT (such as patient portals attached to their provider's EHR). HITOC recommends that partners across Oregon strengthen accessibility of health IT by "Ensuring content is culturally relevant, available in plain language, multiple languages, and modes that are accessible for people with disabilities (e.g., braille, screen readers)" (Strategy 1, Activity 2a, Health IT Strategic Plan). HITOC will support this priority as appropriate.

- As part of HITOC's CIE strategy, HITOC recommends that OHA use policy levers, such as the 1115 Medicaid Waiver's HRSN services, to support/improve statewide CIE efforts (Strategy 4, Activity 2c, Health IT Strategic Plan). CIE adoption by local partners and contractors can make this work more efficient and aligned across efforts. (CIE Strategy 4, Health IT Strategic Plan). CIE supports screening and referrals for climate needs and other social needs. (CIE Strategy 4, Health IT Strategic Plan). (Strategy 2)
- HITOC recommends activities to support, accelerate, and improve statewide CIE efforts in their Health IT Strategic Plan, which can be used to help connect children, parents, and families to social services and resources. (Strategy 4, Health IT Strategic Plan) (Strategy 5)

Health Insurance Marketplace Advisory Committee (HIMAC):

- Gives guidance to the Oregon Health Insurance Marketplace's outreach and enrollment efforts, including marketing and communications strategies (Strategy 1).

Medicaid Advisory Committee (MAC):

- MAC has required duties concerning CCO marketing tools (Strategy 1)
- Health-related social needs (HRSN) implementation and 1115 Waiver oversight is a MAC priority and role (Strategy 2)
- Network adequacy is a MAC priority (Strategy 3)
 - Health-related social needs (HRSN) implementation and 1115 Waiver oversight is a MAC priority and role (Strategy 5)

Public Health Advisory Board

- PHAB is responsible for monitoring progress of the governmental public health system toward improving health outcomes through accountability metrics. PHAB's current metrics align with activities and metrics for Pillar 3, including increasing immunization rates, reducing syphilis rates, and building community resilience for climate affects on health.

Goal pillar 5. Building OHAs internal capacity and commitment to health inequities

Health Equity Committee (HEC):

- HEC is supporting the Community Engagement Framework (Strategy 5)

Medicaid Advisory Committee (MAC):

- These actions relate to shared staff/volunteer/contractor work setting up the MAC-related Beneficiary Advisory Committee (Strategy 5)

Behavioral Health Committee (BHC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats
Maritza Herrera Andrea Boachie	Ana Day Nick Chaiyachakorn	Dr. Rosemarie Hemmings Peter Starkey	9 (voting) 5 (non-voting)	4 (voting) 0 (non-voting)

[Committee website](#)

[Email BHC](#)

Quarter 4 2024 Committee Update:

In the last three months, the Behavioral Health Committee members have learned about three behavioral health contract timelines: County Financial Assistance Agreements (CFAAs), Measure 110 (Resource Networks), and Coordinated Care Organizations (CCOs). Through discussion, members furthered their understanding of the Oregon Health Policy Board (OHPB) liaison's role. They also began reviewing the committee's Charter for any updates. Members also expanded their knowledge regarding the committee's collaboration with the Metrics and Scoring Committee (MS&C) and the CCOs Quality Incentive Program.

October 21, 2024: Mireya Williams, Behavioral Health Metrics and Committee Manager, presented on three behavioral health contract timelines County Financial Assistance Agreements (CFAA), Measure 110 (Resource Networks), and Coordinated Care Organizations (CCO) and shared when and where the committee can collaborate and provide recommendations. Mireya presented the Charter and asked members for their thoughts for the Goals and Deliverables sections. Members agreed that these need to be updated and reflect updated information regarding the Committee's scope. More time is needed to wrap up the Charter's review and updates, as the conversation took a different direction regarding the role of the Oregon Health Policy Board liaisons and how each (Committee and Board) will collaborate in the future. Lastly, members asked to revisit the consensus voting model included in the Charter and asked for further clarity on how consensus is being defined.

November 18, 2024: Erin Macauley, Behavioral Health Quality Metrics Manager, presented on Metrics 201. Erin provided a high-level refresher on the Metrics and Scoring Committee (M&SC) role and tasks. She also provided an overview of the difference between upstream and downstream metrics along with an example of each.

She shared that Substance Use Disorder Screening, Brief Intervention, Referral to Treatment (SBIRT) as a downstream metric which can be further explored as a potential metric recommendation by the committee for measure year 2026. Members want to further discuss this option so that it is meaningful, and it does not create more harm between the patient-provider relationship.

December 16, 2024: The Committee was not able to meet quorum; therefore, the Soft Poll and Fist to Five voting methods practice and the review of the County Financial Agreements Member Feedback was postponed. Derek Reinke, Quality Metrics, Surveys and Reporting Manager, gave a quick update on the overlap between the Behavioral Health Committee and the Metrics and Scoring Committee. He explained that Metrics and Scoring Committee is charged with selecting the Coordinated Care Organizations incentive metrics, which will include some behavioral health metrics. The examination of metrics will begin in early spring 2025 and will begin making formal decisions in May and June, with a final lock in vote in July.

Upcoming Committee Work and Decisions:

Metrics: The Behavioral Health Committee is charged with establishing:

- Quality metrics for behavioral health services provided by Coordinated Care Organizations, health care providers, counties, and other government entities; and
- Incentives to improve the quality of behavioral health services.

Behavioral Health: The quality metrics and incentives determined by the BHC will address and expand on the following areas of priority:

- Improve timely access to behavioral health care,
- Reduce hospitalizations,
- Reduce overdoses,
- Improve the integration of physical and behavioral health care, and
- Ensure individuals are supported in the least restrictive environment that meets their behavioral health needs.

CCO Procurement: The quality metrics and incentives determined by the Behavioral Health Committee will have an impact on coordinated care organization procurement in addition to other contracts.

Upcoming recruitment needs:

To fill the following vacant representations:

- Metrics and Scoring Committee Chairperson
- Health Equity Committee Chairperson
- System of Care Representative
- Tribal Government Representative

Upcoming 2025 meeting dates (if you have them):

- Jan 13, 2025
- Feb 10, 2025
- Mar 17, 2025
- Apr 21, 2025
- May 19, 2025
- Jun 16, 2025
- Jul 21, 2025
- Aug 18, 2025
- Sep 15, 2025
- Oct 20, 2025
- Nov 17, 2025
- Dec 15, 2025

Zoom meeting link:

<https://www.zoomgov.com/j/1605275690?pwd=aFg2NWpva3MyNGV1a1hlQVhldTREZz09>

One tap mobile:+16692545252,,1605275690# US (San Jose),
+16468287666,,1605275690# US (New York); Passcode: 532404

Sustainable Cost Growth Target (CGT) Advisory Committee

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Sarah Bartelmann	Felisa Hagins Jeremy Vandehey	Bill Kramer	20	0

[Committee website](#)

[Email CGT](#)

Quarter 4 2024 Committee Update:

Affordability:

The Cost Growth Target Advisory Committee met November 19, 2024 and heard a final report-out from the Value-Based Payment Compact Workgroup.

The Advisory Committee held its final meeting on December 17, 2024. OHPB plans to launch a new, broader Affordability Committee in 2025.

Health Care Workforce Committee (HCWF)

Lead Staff	Chairs	OHPB Liaisons	Membership (#)	Vacant Seats
Deepti Shinde	Laura McKeane, chair Ian Strauss, vice chair	Melina Moran	18	0

[Committee website](#)

[Email HCWF](#)

Quarter 4 2024 Committee Update:

The Health Care Workforce Committee (HCWF) activity included:

- In October 2024, Deepti Shinde joined the Clinical Supports Integration and Workforce Unit (CSIW) and is now lead staff for the HCWF Committee.
- Held October 9 Educational Webinar, “Evaluation of Oregon Health Plan Dental Provider Enrollment” by Jon McElfresh, OHA Oral Health Workforce Coordinator
- During this period, the committee launched a Gender Affirming Care (GAC) provider workgroup. This was in response to a letter from OHA Director Dr. Sejal Hathi to the committee asking that it advise OHA and OHPB on ways to improve training, hiring and retention of GAC providers by February 2025. The HCWF Committee partnered with the Health Equity Committee to establish the workgroup. The workgroup held five meetings during this quarter. Representatives of the workgroup will present a draft report with preliminary recommendations to the HCWF Committee and the Health Equity Committee in February 2025. The draft report will also be presented at the March 2025 OHPB meeting.

During this period, the HCWF Committee engaged in a recruitment process to bring six new members to the committee in January 2025. Following the OHPB committee recruitment guidelines, the HCWF Committee posted a recruitment announcement in both English and Spanish, met with interested candidates, and held a candidate review panel. The HCWF Committee proposed a slate for appointment to OHPB at the December 2024 meeting, which was approved. The HCWF Committee will have a total of 24 members in January 2025 with the addition of these six new members.

- The new members are:

- Kelli McKnight, lives and works in Willamette Valley region
 - Molly Reynolds, lives and works in Portland Metro region
 - Dr. Surya Karlapati, lives in Portland Metro region and works in Willamette Valley region
 - Tessa Kristiansen, lives and works in Central Oregon
 - Dr. Eric Wiser, lives and works in Portland Mero region
 - Laura Chan, student-in-training, lives and works in Portland Metro region, joining committee as a non-voting, one-year student member
- Held November 6 committee meeting; topics and speakers included a status update on the 2025 Health Care Workforce Needs Assessment by researchers from Oregon State University, a presentation from the HB 2235 Workgroup on the Behavioral Health Workforce Study preliminary recommendations by Tim Nesbitt and Jen Eisele from the OHA Behavioral Health Workforce Incentives Program and an update on committee recruitment from OHA staff.
 - Held December 11 committee special meeting; topics and speakers included review of the 2025 Health Care Workforce Needs Assessment by researchers from Oregon State University, a presentation on the 2024 Health Care Workforce Diversity Profile by the OHA Health Care Workforce Reporting Program and a special public comment session so that the committee could receive community feedback about the [CCO Procurement Process](#).
 - Held December 23 committee special meeting; topics included reviewing updates to the 2025 Health Care Workforce Needs Assessment and vote on approval of the report. Quorum was not reached.
 - Committee Chair Laura McKeane, and Vice-Chair Ian Strauss will be concluding their terms at the end of 2024. Committee officer elections will be held in January 2025.

Upcoming Committee Work and Decisions:

Major work and decisions anticipated in 2025:

- Approval of 2025 Health Care Workforce Needs Assessment
- Approval of 2024 Health Care Workforce Diversity Profile
- Further development and work around committee’s Strategic Framework priority areas:
 - Workforce wellness
 - Workforce diversity
 - Workforce development and retention
- Continue to convene committee educational webinars on priority areas and other topics of interest
- Presentation and approval of GAC Provider Workgroup Recommendations report to the HCWF Committee and Health Equity Committee in February 2025.
- Presentation and approval of the 2025 Evaluation of the Effectiveness of Health Care Provider Incentive Programs in Oregon during Q2 2025.

Support or guidance needs:

The below are a list of presentations that will be coming to OHPB in 2025:

- January 2025 – Presentation and approval of 2025 Health Care Workforce Needs Assessment
- March 2025 – Presentation of the HCWF GAC Provider Workgroup Recommendations report
- April 2025 – Educational webinar - 2025 Evaluation of the Effectiveness of Health Care Provider Incentive Programs in Oregon
- May 2025 - Presentation and approval of the 2025 Evaluation of the Effectiveness of Health Care Provider Incentive Programs in Oregon.

Upcoming 2025 HCWF meeting dates:

- 2/12/2025 – HCWF Committee Special Session

- 3/5/2025 – HCWF Committee Meeting
- April 2025 – Date TBD - HCWF Committee Special Session
- 5/14/2025 – HCWF Committee Meeting
- 7/9/2025 - HCWF Committee Meeting
- 9/10/2025 - HCWF Committee Meeting
- 11/5/2025 - HCWF Committee Meeting

Health Equity Committee (HEC)

Lead Staff	Chairs	OHPB Liaisons	Members (#)	Vacant Seats (#)
Maria Elena Castro Alex Freedman	Bryon Lambert Katie Cox <i>New co-chairs elected in Feb 2025</i>	Dr. Rosemarie Hemmings	14	2

[Committee website](#)

[Email HEC](#)

Quarter 4 2024 Committee Update:

In the final quarter of the year, HEC wrapped up its 2024 strategic work with significant progress in several focus areas. In October, HEC received an introduction to OHA’s **Health Equity Impact Assessment tool suite**, which is currently in its pilot phase, and members expressed interest in involvement in both the pilot process and eventual implementation of the tool across the agency. The Metrics and Scoring committee also presented on its Quality Incentive Program research study, providing feedback about how community engagement and voice must be prioritized and incorporated into OHPB and OHA committee processes and decision-making.

In November, HEC members participated in a day-long virtual retreat, with sessions focused on OHA’s proposed **Community Engagement Framework, Health Equity Impact Assessment Tool**, and **OHA’s Tribal Affairs work**. At HEC’s final meeting of the year, HEC members held a **public forum for community members** to share their stories and experiences with the Oregon Health Plan and Coordinated Care Organizations (CCOs), as part of an effort across OHPB subcommittees to collect community-based data for **CCO Procurement**. This public forum brought forward critical concerns from community members, and HEC has worked to incorporate their needs into its 2025 strategic goals.

Committee changes

Based on community and committee member feedback, HEC continues to explore ways to make committee meetings more equitable and accessible for community members to participate and advocate for their needs. In 2024, HEC worked on:

- Improvements to how HEC meetings are publicized, including using social-media-based communications to HEC member networks and through more community-focused OHA channels;
- Recruiting and filtering presenters to be most relevant to HEC’s strategic goals, and guiding discussion to focus on equity impact;
- Proposing an updated co-chair structure that reflects HEC’s equity values in practice.

HEC’s full 2024 Annual Report can be found [on the HEC website](#).

Upcoming Committee Work and Decisions:

Based on its progress in 2024, HEC is moving into 2025 with updated strategic goals that focus on more specific topic areas, while leaving room for advocacy on emerging community needs and long-term strategic and policy-development work.

The tentative 2025 HEC strategic priorities are:

- **Health Equity Toolkit:**
 - Community Engagement Framework feedback & implementation
 - Health Equity Impact Assessment Tool pilot accountability and advising
- **Tribal relationship building**
- **Addressing population / culturally specific health inequities**
 - More presentations / input from external experts
 - Unhoused, children and families, Indian Reservations, Latino/a/e/x
- **Ongoing Gender-Affirming Care work**

The committee will vote to approve these strategic goals at their February 13th meeting.

Upcoming recruitment needs:

HEC will have another round of recruitment either in Spring or Fall 2025 to fill vacant seats, filling specific gaps in representation including OHP consumers.

Upcoming 2025 HEC meeting dates:

- Thursday, January 9, 2025

- Thursday, February 13, 2025
- Thursday, March 13, 2025
- Thursday, April 10, 2025 -- Virtual retreat day
- Thursday, May 9, 2025
- Thursday, June 12, 2025
- Thursday, July 10, 2025 – Retrospective meeting (Hybrid)
- Thursday, August 14, 2025
- Thursday, September 11, 2025 – In-Person Retreat
- Thursday, October 9, 2025
- Friday, November 13, 2025
- Thursday, December 11, 2025

Health Information Technology Oversight Council (HITOC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Laurel Moffat	David Dorr, Chair Amy Henninger, Vice-Chair	Vacant	13 members + 1 ex officio	2

[Committee website](#)

[Email HITOC](#)

Quarter 4 2024 Committee Update:

HITOC held two meetings this quarter on October 10 and December 12. The October meeting focused on electronic health records (EHRs). Members heard updates on EHR adoption and use across Oregon and learned more about coordinated care organization (CCO) health IT strategies for supporting EHR adoption.

During the December HITOC meeting, HITOC provided input to the Oregon Health Policy Board to inform [CCO procurement](#). Members then discussed the [draft 2025 HITOC Workplan](#) and identified priority topics and projects for the upcoming year.

Upcoming Committee Work and Decisions:

Behavioral Health: HITOC plans to focus on health IT for behavioral health providers in 2025 and will discuss their unique challenges and opportunities during at least one meeting.

CCO Procurement: HITOC will continue to discuss CCOs' progress in health IT and highlight strategies that CCOs use to support providers and communities in their service areas with health IT.

Throughout this work, HITOC members will center health equity and focus on providers that face additional barriers around health IT, such as those in behavioral health and rural areas.

Upcoming recruitment needs:

HITOC currently has two membership vacancies for oral health and Tribal representatives. HITOC plans to recruit for the oral health seat in 2025. The other seat remains open and reserved for a Tribal representative. Recruitment for this seat is managed through OHA Tribal Affairs and is at the discretion of the Tribes.

Support or guidance needs:

HITOC welcomes an OHPB liaison. The position has been vacant since John Santa ended his second OHPB term in December 2023. HITOC would benefit from the oversight of an OHPB liaison as they implement their 2025 work plan and seek alignment with OHPB's priorities.

HITOC will likely need to come to OHPB in 2025 for approval for membership changes.

Upcoming 2025 meeting dates:

- February 6
- April 3
- June 5
- August 7
- October 9
- December 11

Links to webinars or educational opportunities:

[Oregon's Strategic Plan for Health Information Technology 2024-2028](#)

Health Insurance Marketplace Advisory Committee (HIMAC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Victor Garcia Dawn Shaw	Chair - Lindsey Hopper Vice chair – Nashoba Temperly	Bill Kramer	12	3

[Committee website](#)

[Email HI-MAC](#)

Quarter 4 2024 Committee Update:

October 24, 2024, meeting:

- [2025 Work Plan](#) was approved.
- Introduced a new member – Kathleen Orrick.
- Elected a new chair, Lindsey Hopper, and vice chair, Nashoba Temperly.
- Presented outreach and education plans for the 2025 Marketplace Open Enrollment period.
- Shared updates on private health insurance plan offerings for the 2025 Marketplace Open Enrollment period.
- Provided updates on the SBM Project.

December 5, 2024, meeting:

- Introduced the new grievance process per Public Meeting Law.
- Reviewed progress of the 2025 Marketplace Open Enrollment period.
- Provided updates on the SBM Project.

Upcoming recruitment needs:

We have three open membership seats with two candidates on queue for Governor appointment and Senate confirmation in the February 2025 round. Our third slot is reserved for a Tribal representative and the Marketplace is working with OHA Tribal Relations to determine next steps.

Upcoming 2025 meeting dates:

- January 16
- February TBD – Assessment Rate Rule meeting
- April 17
- July 17
- October 16
- December 4

Links to webinars or educational opportunities:

SBM Project Listening Sessions:

- **For assisters at community partner organizations:**
Last Weds. of Jan., April, July, and Oct. through Jan. 2027
2-3:30 p.m.
Register at orhim.info/SBMLS-Assisters
- **For insurance agents/brokers:**
Last Thurs. of Jan., April, July, and Oct. through Jan. 2027
2-3:30 p.m.
Register at orhim.info/SBMLS-Agents
- **For insurance carriers:**
Last Thursday of Jan., April, July, and Oct. through Jan. 2027
3:30-4:30 p.m.
Register at orhim.info/SBMLS-Carriers

Health Plan Quality Metrics Committee (HPQMC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Katie Howard	Shaun Parkman, chair Maggie Bennington-Davis, vice-chair	Vacant	11	4

[Committee website](#)

[Email HPQMC](#)

Quarter 4 2024 Committee Update:

Due to the changes to the committee responsibilities under Senate Bill 966 (2023), OHA will keep the HPQMC on hiatus while the study of the CCO Quality Incentive Program is conducted. The enrolled bill automatically adds any measures from the Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Sets and allows for measures to be added by the Metrics and Scoring Committee.

Medicaid Advisory Committee (MAC)

Lead Staff	Chairs	OHPB Liaisons	Membership (#)	Vacant Seats (#)
Sarah Wetherson	Heather Jefferis, Caroline Barrett, MD	Peter Starkey Antonio Germann, MD	13	2

[Committee website](#)

[Email MAC](#)

Quarter 4 2024 Committee Update:

The MAC's Advancing Consumer Experience (ACE) subcommittee voted to approve re-granting of funding from the Center for Health Care Strategies to the WVP Health Authority to work with OHA to stand up the new Beneficiary Advisory Council.

Upcoming Committee Work and Decisions:

The MAC expects to vote on three decisions in January 2025.

- guidance for OHA reviews of CCO marketing materials at an upcoming meeting in 2025.
- recommendations to OHPB regarding CCO 3.0 contracting.
- 2024 end-of-year letter.

The Centers for Medicare and Medicaid Services (CMS) recently put in place an access rule that must be fully implemented by July 2025. There is also a need to align the committee charter and bylaws with House Bill 2992, which calls for compensation of committee members. The MAC is planning to create a subcommittee that would work with staff on rewriting the charter and bylaws over the next few months. A draft charter and bylaws would be presented to the MAC in April 2025 for discussion, and then voted on in May 2025.

The MAC's Advancing Consumer Experience (ACE) subcommittee voted to approve re-granting of funding from the Center for Health Care Strategies to the WVP Health

Authority. The organization will assist the subcommittee and OHA staff in developing the new Beneficiary Advisory Council.

Longtime MAC & Advancing Consumer Experience subcommittee member Lisa Pierson will be resigning her position effective the January 29, 2025, MAC meeting. OHA will need to appoint a new consumer member from the ACE subcommittee to the MAC.

CCO Procurement:

The MAC heard a presentation about CCO 3.0 solicitation from OHPB Liaison Tony Germann, and then hosted a short public forum to capture feedback regarding CCO 3.0.

Upcoming recruitment needs:

The MAC currently has two open positions:

- 1) representative from a health care consumer group, and
- 2) a consumer advocate.

The MAC will also need to fill the OHP member seat that will be vacated by Lisa Pierson in January.

Support or guidance needs:

The new Beneficiary Advisory Council may want OHPB to designate it a Committee of the Board. OHA will work with community members to help them make that request, if they choose that route.

Upcoming 2025 meeting dates:

- January 19
- February 26
- April 30
- May 28
- June 25
- September TBD
- October 29
- December 3

Metrics and Scoring Committee (M&SC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Milena Malone Allison Proud	Dr. Jorge Ramirez Garcia Vice-Chair is vacant	Kirsten Isaacson	8	1

[Committee website](#)

[Email M&SC](#)

Quarter 4 2024 Committee Update:

The Metrics & Scoring Committee (M&SC) is tasked with selecting healthcare quality measures for inclusion in the CCO Quality Incentive Program. Through this program, CCOs can earn hundreds of millions of dollars in bonus funds for improving care for OHP members. Since the last digest:

2025 Incentive Measure Set

The Metrics & Scoring Committee finalized the CCO incentive measures and benchmarks for the 2025 measurement year at its November 15th, 2024 meeting. Final measures and benchmarks can be found on the [Quality Incentive Program Resources webpage](#).

Committee Membership

One new member was appointed for an initial two-year term to fill the vacant measurement expert committee seat:

- Josh Melton (Riverview Center for Growth)

One member was reappointed for a one-year term:

- Leona O’Keefe (Jackson Care Connect) – CCO representative

One member (Shimiko Montgomery) will resign from the Committee at the end of her current term, making the February 21st, 2025 meeting her final meeting as a committee member. This leaves a vacancy for a member-at-large seat. OHA staff will begin active recruitment to fill this vacancy soon.

MSC dedicated their December meeting to gathering input to provide to the Oregon Health Policy Board to inform [CCO procurement](#).

Upcoming Committee Work and Decisions:

Metrics:

Given the current timeline and requirements of the Quality Incentive Program, the Metrics and Scoring Committee typically dedicates the second and third quarter of each calendar year to formally selecting incentive measures and benchmarks for the upcoming measurement year. As a result, the winter and spring (Q1) present an opportunity to engage in longer-term strategic thinking. For 2025 Q1, the Committee will discuss the following topics:

- High-level overview of the Quality Incentive Program structure and goals
- Changes to the 2026 Core Set that will impact 2026 incentive measure selection
- The definition of “upstream” measures
- Review of the 2025 incentive measure set to identify possible gaps and inform 2026 incentive measure selection

Additionally, there are a few key initiatives that will guide the Committee in the process of selecting 2026 incentive measures and benchmarks:

OHA Quality Incentive Program Study Findings

Senate Bill 966 (2023) directed OHA to examine the CCO Quality Incentive Program and develop recommendations for programmatic or structural changes to address health inequities. OHA contracted with the Regional Research Institute at Portland State University to study and make recommendations for the potential of the QIP to further progress toward OHA’s goal of eliminating health inequities by 2030. The final report was released in September, and an OHPB Educational Webinar was held on September 17. The Committee heard a presentation in November on the study findings and will continue to consider the study results and recommendations in their decisions.

Continue to explore equity-centered benchmarking and measure selection

During 2024, the Metrics and Scoring Committee continued to explore and build upon earlier efforts to identify 1) a framework for selecting measures (equity measures in particular) and 2) a methodology for choosing equity-centered benchmarks. Important

progress toward these goals was made in March with the release of the [Equity-Centered Benchmarking Data Feasibility Analysis](#).

Over the upcoming 7-8 months, OHA anticipates continuing to build on this work. This may include convening a limited-term workgroup (which will likely include representatives from the Metrics and Scoring Committee, among others) and possibly additional contracted support.

Upcoming recruitment needs:

Vacant member-at-large seat (recruitment anticipated to begin ASAP)

Support or guidance needs:

Senate Bill 966 directs OHA and OHPB to regularly evaluate the measures selected by the Committee. Inclusion of OHPB is new. In addition, the OHPB has selected metrics as a priority area. The Committee looks forward to working with OHPB on what this review and collaboration might look like moving forward.

Upcoming 2025 meeting dates:

Third Friday of each month, 9 am – 12 pm.

Links to webinars or educational opportunities:

OHPB Educational Webinar: [Senate Bill 966 Study Findings – 9/17/2024](#)

Primary Care Payment Reform Collaborative (PCPRC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Summer Boslaugh	Not applicable	Melina Moran	30	4

[Committee website](#)

[Email PCPRC](#)

Quarter 4 2024 Committee Update:

At the October 9 PCPRC meeting members heard from Oregon and national experts on:

- 1) the 2024 Primary Care Spending in Oregon report
- 2) the Oregon primary care policy landscape
- 3) defining and measuring primary care across the country
- 4) the impact of the corporatization of medicine on primary care and
- 5) proposed Oregon legislation aimed at reducing the barrier of prior authorization.

Members discussed the impact of this information on their possible requests of the legislature to alleviate administrative burden and increase primary care spending.

There was insufficient time during the October meeting for a full discussion of the legislative plan and development of a document to take to legislators, so members met again on November 6 to reflect on the presentations at the October meeting and discuss the top challenges facing primary care in Oregon and a 2025 legislative strategy.

Members identified the following top challenges:

- Equitable access to primary care clinicians for patients
- Reimbursement structure and amount
- Provider burnout, shortage, recruiting and retention
- Administrative burden including requirements under quality contracts, documentation, reporting, prior authorization
- Expenses for EHR and other technology requirements, supplies, staff, taxes passed on to providers by vendors, etc.
- Focus on health-related social needs (HRSN) without new funding

The PCPRC Steering Committee met in November and December to draft a document to inform legislators of the top challenges facing primary care. They agreed on three high-level challenges:

- Workforce
- Payment
- and Infrastructure

Steering Committee members will present the document to the PCPRC at the January 21 meeting for discussion and voluntary endorsement. They do not anticipate all members will endorse the document and will instead attribute it to those members who volunteer. Staff from the Oregon Academy of Family Physicians and the Oregon Primary Care Association, who are members of the Steering Committee, are in conversation with Representative Rob Nosse about a possible primary care informational session for the House Behavioral Health and Health Care Committee early in the session.

Upcoming Committee Work and Decisions:

At the January 21 meeting, members:

- Review and discussed primary care challenges legislative document.
- Discuss and committed to opportunities to promote implementation of the primary care VBP model developed by the PCPRC in 2023 and the VBP toolkit.
- Share/learn about legislation being discussed in the 2025 session relevant to the Collaborative

Affordability:

Excerpts from the draft document to inform legislators of the top challenges facing primary care related to affordability:

- Primary care payment has not kept pace with inflation, and payment models too often do not cover the full costs of providing the advanced, patient-centered care as Oregon has envisioned.
- Efforts to encourage investment in primary care have yielded mixed results across payers instead of a shared commitment to investing meeting targets.
- Clinics must negotiate complex contracts across a high number of payers, and payers are not aligned around how they pay or what they measure.

- Oregon’s well-intended work on cost containment and expanding value-based models holds primary care clinics responsible for inefficiencies in the larger system over which they have no control. They have to estimate risk and manage uncertainty around payments that may come long after care is given.
- The work of securing payment from insurers has too much costly “friction” that impacts patient care and diminishes access for patients. The time and stress clinics and clinicians spend managing credentialing, seeking prior authorization, appealing denials, and resubmitting claims is an unsustainable drag on the system.
- Clinics need sustained help to implement ongoing transformation and changing expectations. Technical infrastructure required to support important requirements of the Patient-Centered Primary Care Home are not supported by all payers, leaving essential care uncompensated.
- Critical information technology and related expertise in data analytics required for success in value-based contracts is expensive.
- Clinics need additional personnel to support the growing administrative and regulatory demands, without a corresponding increase in payment.
- Training and recruitment costs of interprofessional teams, including those in non-clinical roles, are high. Turnover is significant.
- Building and equipment costs are high and growing.

Upcoming recruitment needs:

- Two consumers
- One employer
- One behavioral health treatment provider

Support or guidance needs:

The PCPRC is planning an educational webinar for OHPB in early 2025 about the importance of primary care to achieving OHA’s strategic plan.

Upcoming 2025 meeting dates:

- January 21, 2025, 12:30-2:30pm
- April 22, 2025, 12:30-2:30pm

Public Health Advisory Board (PHAB)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats
Kirsten Aird Sara Beaudrault Steven Fiala	Veronica Irvin	Brenda Johnson	21 (18 voting members)	2

Quarter 4 2024 Committee Update:

Two new members were appointed to PHAB in late 2024, filling all vacancies.

PHAB held an in-person retreat in November 2024. Members discussed the role of PHAB, communicating about public health and PHAB's role, PHAB's leadership structure and priorities for 2025.

PHAB adopted changes to its bylaws in December 2024, changing the leadership structure to a three-member chair/incoming chair/past chair model. This change was made to better share the burden of leadership and shorten the duration of leadership responsibilities, provide mentoring for incoming leaders, and shift decision-making and guidance to PHAB leadership, with OHA staff in a supporting role. PHAB adopted a new Chair and Incoming Chair in December 2024.

PHAB members discussed and provided feedback for the [CCO procurement](#) at the December 2024 meeting.

Upcoming Committee Work and Decisions:

PHAB is on track to complete two deliverables by June 2025: a Public Health System Workforce Plan and a Public Health Equity Framework. These deliverables were identified as essential to continuing to advance a modern public health system during the 2023 legislative session.

PHAB will use information from the 2024 Public Health Modernization Capacity and Cost Assessment, the 2023-25 Public Health Modernization Evaluation and other sources to advise OHA on strategies to continue to advance a modernization public health system in the coming biennia.

PHAB will convene a short-term Charter and Bylaws Workgroup to update PHAB's guiding documents. Once complete, the charter will come to OHPB for approval.

Metrics:

PHAB's Accountability Metrics subcommittee will begin meeting again in January. This subcommittee led work in 2022-2023 to establish an updated set of public health accountability metrics to demonstrate the governmental public health system is making progress toward population health priorities. This year, the subcommittee will develop methodology for equity benchmarking and will begin work to develop policy-related metrics. The subcommittee will work with OHA to publish two metrics reports in 2025. PHAB is interested in meeting with OHPB and the CCO Metrics and Scoring Committee to discuss opportunities to increase metrics alignment.

CCO Procurement:

The Chair of PHAB, Dr. Sarah Present, submitted recommendations to OHPB on behalf of PHAB with opportunities to improve health for people in Oregon, largely through enhanced coordination with the governmental public health system. PHAB welcomes opportunities to discuss these opportunities with OHPB.

Support or guidance needs:

PHAB requests time to meet with OHPB to discuss opportunities for metrics alignment and opportunities to strengthen health care and public health coordination through the 2027 CCO procurement. PHAB will bring its updated charter to OHPB for approval once complete.

Upcoming 2025 meeting dates

Second Thursdays of each month from 3:00-5:30.

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