

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD

April 15, 2021, 2:00-4:00 pm

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1609889971?pwd=Tk0vRmNoelBrZExDeIVwN3ZrZEJDdz09>

Meeting ID: 160 988 9971

Passcode: 134813

One tap mobile

+16692545252,,1609889971#

Meeting objectives:

- Approve March meeting minutes
- Discuss Public Health Advisory Board subcommittees
- Discuss Tribal COVID-19 response and equity

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<b>2:00-2:15 pm</b>	<b>Welcome and agenda review</b> <ul style="list-style-type: none"><li>• <b>ACTION:</b> Approve March meeting minutes</li></ul>	Veronica Irvin, PHAB Chair
<b>2:25-2:35 pm</b>	<b>Discuss PHAB subcommittees</b> <ul style="list-style-type: none"><li>• Provide update on subcommittee work ahead</li></ul>	Sara Beaudrault, Oregon Health Authority
<b>2:35-2:50 pm</b>	<b>Preventive Health and Health Services Block Grant update</b> <ul style="list-style-type: none"><li>• Provide information on FY21 Block Grant work plan activities</li></ul>	Wendy Polulech, Oregon Health Authority
<b>2:50-3:30 pm</b>	<b>COVID-19 response and vaccine equity</b> <ul style="list-style-type: none"><li>• Discuss Tribal COVID-19 response and vaccine roll out</li></ul>	Julie Johnson, Oregon Health Authority  Sharon Stanphill,

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Cow Creek Health  
and Wellness Center

Lisa Guzman,  
Yellowhawk Tribal  
Health Center

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**3:30-3:40  
pm**

**PHAB member discussion**

Discuss key issues that PHAB members  
should be aware of or should help  
problem solve on behalf of the public  
health system

Veronica Irvin,  
PHAB Chair

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**3:40-3:50  
pm**

**Public comment**

Veronica Irvin,  
PHAB Chair

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**3:50 pm**

**Next meeting agenda items and  
adjourn**

Veronica Irvin,  
PHAB Chair

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**Public Health Advisory Board  
(PHAB) March 18, 2021  
Meeting Minutes**

**Attendance**

*Board members present:* Dr. Eli Schwarz, Kelle Little, Dr. Bob Dannenhoffer, Dr. Sarah Present, Dr. Veronica Irvin, Eva Rippeteau, Muriel DeLaVergne-Brown, Sarah Poe, Dr. Jeanne Savage, Dr. David Bangsberg, Rachael Banks

*Board members absent:* Carrie Brogoitti, Alejandro Qeral, Dr. Dean Sidelinger

*Oregon Health Authority (OHA) staff:* Cara Biddlecom, Sara Beaudrault, Dolly England, Lisa Rau, Josillia Johnson, Carina Guzman, Dani Galvez

**Welcome and Agenda Review**

*Veronica Irvin (PHAB Chair)*

Ms. Irvin welcomed the PHAB to the meeting and reviewed the agenda. A quorum was present. She asked for an approval of the February 18, 2021 minutes. There was a move to approve the minutes and it was seconded.

**Recap of Oregon Health Policy Board Retreat**

*Dr. David Bangsberg (OHPB representative)*

Dr. Bangsberg gave an overview of the two-day Policy Board virtual retreat, held on February 17-18, 2021. He added that there were more details available in the attached meeting materials.

Day One was spent reviewing the progress of the policies of the Oregon Health Policy Board over the last ten years. He explained that they went in-depth into the work of each committee, including the PHAB. The reason for this was recognition by the board that there needs to be more cross-communication between committees and the board and discussed ways to do that. For example, in last year's discussion about the definition of health inequity, PHAB brought a broader perspective to that discussion by focusing on anti-racism and other

disparities. PHAB leads with health equity and he feels the PHAB committee should play a more prominent role in other committees, leading to more collaborative work.

Day Two focused on a letter from the Governor to the Policy Board naming three areas of emphasis: cost growth target, related to Senate Bill 889; waiver renewal; and health equity.

- The cost of health care has been twice the rate of inflation, and at this rate, will soon become unaffordable for many Oregonians. Cost growth initiative involves monitoring health care cost increases and determining why prices have been rising. Oregon Health Authority plans to bring together all groups involved to discuss how to keep cost increases at a 3.4 percent target growth. There was discussion on how to achieve this and how to hold everyone accountable.
- Oregon is due to request another waiver renewal from the Federal government to continue work with CCO 2.0, and to determine what's been successful and what hasn't worked. In that way, Dr. Bangsberg elaborated, we can build on the successes, and examine the failures for ways to improve. PHAB was influential in stressing the importance of social determinants of health as well as creating partnerships between communities with LPHAs, and the committee is excited to go back and see if this is working.
- The third area focused on attention toward the OHA's goal of ending health disparities in Oregon by 2030. Senate Bill 889 needs to be done with an equity-centered framework with input from PHAB and every part of OHA.

Dr. Bangsberg shared that he looks forward to being a liaison between the PHAB and the Oregon Health Policy Board.

Dr Schwarz asked where the cost increases are coming from and what is driving the prices up.

Dr. Bangsberg replied that medications are driving prices up disproportionately, which is an issue that needs to be addressed. There is a need to “look under the

hood” and examine providers, their services, and their medication and have them account for that additional growth. He stated that we are following a model used in Massachusetts to bring all the health care providers together and all the payers together and ask questions about what they are doing and what are they charging that might be causing the cost increases. Then it needs to be decided how to set standards and how to hold everyone accountable. Dr. Bangsberg mentioned that Massachusetts is a couple years ahead of us in this area.

Dr. Irvin asked if there were any concrete steps that PHAB needs to take based on the retreat.

Dr. Bangsberg replied that there are no steps to be taken at this point, but he will keep the committee updated. He also stated that the PHAB will have a big input as things get deeper into the Medicaid waiver and will also have an influence on cost control discussions.

Ms. Rippeteau joined the meeting and was acknowledged by the chair.

Ms. Biddlecom asked if there was interest in continuing the Medicaid Waiver conversation, as PHAB was highly involved in providing the public health population perspective during the CCO 2.0 contracts. She asked for members to let her know if anyone is interested and she will put it on the agenda sometime during the next few months.

Dr. Irvin called for a vote to approve February minutes. All approved except Ms. Rippeteau, who abstained because she missed the beginning of the meeting. Also, Dr. Irvin mentioned that Ms. Rippeteau would like to have the Medicaid waiver topic be added to future agendas.

### **Discussion of PHAB Subcommittees**

*Sara Beaudrault (OHA)*

Ms. Beaudrault gave a short update on status of the subcommittees. She is working on getting two of the three subcommittee meetings up and running by looking for dates to meet. After the PHAB approved the short list of community partners last month for membership into the Accountability Metrics and the

Strategic Date Plan subcommittees, Ms. Beaudrault shared that they were able to secure five of the six chosen members who were still interested in joining, and replace the one missing person with another qualified candidate. She mentioned that if anyone in the room was on one of those subcommittees, he or she can expect a call from her to solidify future meeting times.

Ms. Beaudrault announced that the committees will be meeting during the first half of April, and so she will have more of an update to give at the next PHAB meeting.

Dr. Schwartz asked if the committees set their own objectives and frameworks. Ms. Beaudrault replied that OHA will offer a high-level overview and a draft charter, but the committee participants will ultimately decide the direction of the committees.

Dr. Irvin went on to introduce the next part of the meeting, involving COVID-19 Response and Vaccine Equity. She introduced Ms. Dolly England, Program Manager for the Community Engagement Team, and asked her to introduce her team.

### **COVID-19 Response and Vaccine Equity**

*Dolly England (OHA)*

Ms. England thanked everyone for the opportunity to be here and for the chance to display the great work that the partner community-based organizations (CBOs) are doing. She stated that she will introduce the Community Engagement Coordinator for each CBO, who will in turn tell everyone a little bit about that CBO. Josillia Johnson introduced **Highland Haven** and spoke about how they offer life-saving support for their community.

### **CBO #1: Quete Capuia and Teresa Johnson of **Highland Haven****

Ms. Capuia, the Program Director for Highland Haven, introduced Teresa Johnson, who is the Health Team leader for Highland Haven and the Health and Wellness Co-Chair of the Highland Christian Center. Ms. Johnson presented a video of their work in the community. The video outlined many of the community services they

offer, including distribution of personal protective equipment, food, and clothing to those in need, ultimately serving over 100 families. More information about Highland Haven and their activities can be found on their website.

Ms. England next introduced Dani Galvez, the statewide Community Engagement Coordinator for Asian and Pacific Islander communities. Ms. Galvez introduced Ms. Ala'ilima from **UTOPIA PDX**. Ms. Ala'ilima is the co-founder and co-chair of UTOPIA PDX, which stands for the United Territories of Pacific Islanders Alliance Portland, a member and co-founder for the Oregon Pacific Islanders Coalition (OPIC) as well as the National Pacific Islanders Data & Research Council Lead.

Ms. Ala'imima began with a slideshow, which illustrated how Pacific Islanders are disproportionately affected by the pandemic. She stated that much of the high infection rates found in Asians and Pacific Islanders are due to the fact that many of their community members work as front-line workers, health care workers, and in close quarters for packaging plants. Also, multi-generational households are common in their culture, with up to ten people living in a single home.

A recent service that UTOPIA PDX provided their clientele was an immunization event, vaccinating hundreds of their elders while making on-line appointments and offering translator services. They also provided food boxes, gift cards, and other goods to their community.

Ms. England then asked Carina Guzman, the Community Engagement Coordinator for Region 2, to introduce *Interface Network*, who have been key partners in many county vaccination events.

Mr. Arreola announced that **Interface Network** has been providing support at COVID-10 testing events since July 2020, and at vaccine events since Feb. 11, 2021. He mentioned they had a strong partnership with many organizations to host drive-through vaccine events. When hosting an event, **Interface Network** plans events in both English and Spanish and makes sure there is a bi-lingual contact person. His organization has learned that there is a great deal of vaccine hesitancy in his population, so they work at the grass roots level, using Spanish

radio and media to try and reach the most community members. **Interface Network** offers translation services at all provider events to make sure his clients feel respected and valued. They also use a phone bank and call clients to offer OHP information and wrap-around services. He was proud that over the past few weeks, his organization had vaccinated over 2,000 people, but was concerned that only 20% of those vaccinated were Latino/a/x. He is a strong advocate for making our health system more equitable.

Ms. England expressed her appreciation to the CBOs for their time and their presentations, and then opened the floor for questions.

Dr. Savage wanted to applaud and thank everyone for their work. She mentioned that she has found in her work that getting a second dose of the vaccine is harder for BIPOC communities. Is there a way to promote the second dose and get the information to the people who need it?

Mr. Arreola stated that at the beginning, there was a problem with supply, but now they are caught up. But he admitted it has been a challenge for his clients to get two doses. However, with the arrival of the Johnson and Johnson vaccine, he feels this problem will be reduced.

Ms. Johnson at Highland Haven says that her organization was able to ensure that their clients got a second dose by stopping people who got the vaccine on their way out the door and signing everyone up as they left. This eased the worries of their clientele, who wanted to come back to the same location to get their second shot because it was familiar and welcoming.

Sarah thanked everyone and stressed how much of a role CBOs play in public health. She stated that often CBOs do not announce their vaccine events for BIPOC communities because they are concerned they are going to be overrun with people other than their target population. She feels that it might help for OHA to get some of these success stories out to the general community.

Ms. England responded that she is sending out messages immediately to start getting some of these heartwarming stories out to the public.



Ms. Tiel asked how can we build on these resources after COVID is over and move from a scarcity mindset to an abundance of services. What will things look like in a year or two?

Mr. Arreola believes OHA is doing a good job and has a handle on this, but that there could be more work in establishing fair and equitable policies. He mentions that sometimes people who are making the policies are disconnected with the people who are working in community.

Ms. Rippeteau expressed her appreciation for the work everyone has done to reach their clientele where they are. She suggested that she would be happy to join a campaign around the idea of “wait your turn” for the vaccine. She remarked that while people are doing the best they can with the resources they get, they may not get the continued funding going forward than there has been in the past. She also suggested a need to pay everyone for their contributions to vaccine efforts.

Ms. Johnson responded that she does the work with passion, but having the funds available to pay bills and to buy supplies for needy families makes all the difference. She stated that when we show the community that we are there to support them, the public responds very positively with smiles, hugs, and love. She stressed the need to get more health workers trained, and that some of them may even be among us as our friends and community members. She was happy to report that by partnering with their CEC and by OHA reaching out to small churches like hers, it’s a tremendous help to the people they serve.

Ms. Ala’ilima echoed Ms. Johnson’s sentiments and mentioned that she volunteers and does the work at UTOPIA PDX with love. She is hoping that OHA will consider having a low barrier application process to make it easier for their clients to receive funds. She explained that they have a small CBO and didn’t have existing infrastructure before COVID-19.

## **PHAB Member Discussion**

*Veronica Irvin (PHAB Chair)*

Ms. Irvin stated that it was time for the PHAB Member Discussion section of the agenda but asked if PHAB members would allow more time to continue asking questions instead.

Dr. Schwarz thanked all the presenters for offering very interesting and touching stories. However, he expressed concern that although the focus is on the virus and the acute problem it represents right now, what will be the procedure for the future? What will the new norm look like? He noted that it was probably a question for medical professionals but was wondering how the future will look and how we will deal with the vaccine being distributed in the long-term.

Mr. Arreola stressed that the future projections will be difficult to predict, especially for the multi-cultural population. However, he believes a collaboration of public health, CBOs, and health providers is ideal, and by developing a relationship together will allow everyone to find a solution together. He believes that the collaboration model works the best for sustainability, and hopefully will prevent the inequities of the past that were always present but have been exacerbated by the pandemic.

Mr. Dannenhoffer wanted to applaud the presenters for their inspiring stories and work. He outlined that there are three things that an Advisory board does. One is to look at the data, and the data is dismal. When we look at the disparities in vaccination rates, it is terrible. We are not doing a good job in this area. Second is funding, and he's grateful for the money that goes to CBOs. However, is the money spent really in proportion to the amount these communities are affected by the pandemic? Are they getting 3-5 times the funding since they have 3-5 times the rate of disease? And finally, are we doing everything possible to remove the barriers? Do the groups that presented today get enough vaccine? These are the items we need to work on to really say that we are being equitable.

Dr. Irvin thanked the CBOs, the CEC's, and Dolly England for the meaningful and heartwarming presentations.

## **Public Comments**

*Cara Biddlecom (OHA)*

Ms. Biddlecom asked if there were any public comments. There were none.

## **Next Meeting Agenda Items and Adjournment**

*Veronica Irvin (PHAB Chair)*

Dr. Irvin asked if there were any PHAB member discussions that needed to be addressed at the next meeting.

Dr. Schwarz congratulated Dr. Irvin on doing a great job for her first time chairing the committee. He also stated there that he was at a meeting yesterday with FUSE (Frequent Users Systems Engagement) and learned data he thinks might be relevant to the PHAB committee. FUSE did an analysis focusing on high-impact populations who were frequent users of our healthcare system and were also often incarcerated in Multnomah County. He thought some of this data might be helpful to the committee.

Ms. Irvin asked for any additional comments from either the public or the committee members.

Ms. Poe commented that she felt the committee had developed real momentum. She would like to revisit how we are reaching our vulnerable populations and asked if the PHAB has any leverage to advocate for them. She recognizes this will be a long process but would like to check in at every meeting on what the numbers are for those disproportionately affected by the virus and the vaccine efforts.

Dr. Savage agreed and suggested having a 5-10-minute update at upcoming meetings on the health equity of the vaccination and the COVID response statewide following with a discussion on ways to improve.

Ms. Biddlecom said that OHA is aware of this concern and the issue is being worked on already for future meetings.

Dr. Savage noted in response to Ms. Schwarz's earlier comment that in discussions at her clinic, she's been preparing patients to expect that the COVID vaccine will probably be a yearly shot, like the flu shot. She wants to encourage families who are reluctant to get flu shots or to get regular health care to realize that this is an important part of maintaining good health.

Dr. Irvin thanked the members and the participants for rich and robust discussions and said that she looks forward to seeing everyone at next month's meeting. She adjourned the meeting one minute early at 2:59 p.m.

The next Public Health Advisory Board meeting will be held on:

**April 15, 2021**  
**2:00 – 4:00 p.m.**  
**ZoomGov**

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes, please contact Lisa Rau at [lisa.k.rau@dhsosha.state.or.us](mailto:lisa.k.rau@dhsosha.state.or.us). For more information and meeting recordings please visit the website: [healthoregon.org/phab](http://healthoregon.org/phab)

# Committees of the Board

## Quarterly Digest

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2021 - Quarter 1

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## Summary

The Digest provides an activity update from the nine committees of the Oregon Health Policy Board each quarter. The Digest will summarize key work accomplished in the most recent quarter and highlight decisions and activities planned for the next quarter.

Committee information included in the Digest is provided by lead committee staff and will be distributed to the Oregon Health Policy Board members the first month following each quarter (e.g., the 2021 Quarter 1 Digest will be distributed in April 2021 and the Quarter 2 Digest in July 2021).

For additional information or questions, please contact [Tara Chetock](#), Project Manger

# Health Care Cost Growth Target Implementation Committee

## Updates or changes since OHPB retreat?

N/A

## Upcoming Committee work and decisions:

- Review and discuss data, including hospital price comparison report and cost growth trend report
- Review and inform development of Framework for Monitoring

## Anything else to share with OHPB?

The House Health Care committee advanced [HB 2018 on March 9](#), by a vote of 7-2. This bill authorizes OHA to implement accountability mechanisms for payers and providers who exceed the cost growth target.

Cost Growth Target Technical Advisory Group (TAG) launched in February and will be meeting monthly to develop the data submission template and specifications for the program.

### Overview

The Oregon Legislature through Senate Bill 889 (2019 Laws) established the Sustainable Health Care Cost Growth Target Program within the OHA. The idea for a health care cost growth target in Oregon came from Senate Bill 419 (2017) Task Force recommendations.

### Most recent meeting

January 12, 2021

### Next meeting

March 29, 2021

### Committee website

<https://www.oregon.gov/oha/HPA/HP/Pages/Sustainable-Health-Care-Cost-Growth-Target.aspx>

# Health Care Workforce Committee

## Updates or changes since OHPB retreat?

Since the Board retreat, more than half of the Committee members, along with OHA staff, participated in a training called Dynamics of Difference, and a training and practice around Constructivist Listening, in advance of a series of listening engagements this spring.

A presentation was held on OHA's work regarding telehealth policy at its meeting on March 4, as was an update on workforce-related legislation pending in the 2021 Legislature.

## Upcoming Committee work and decisions:

The Committee plans to advance its work to develop its health equity framework and action plan, with listening engagements planned in April and May. A draft report is anticipated by June and a full presentation to the Board in August.

## Anything else to share with OHPB?

The Committee is excited by the addition of 6 new members and the reappointment of members whose terms expired at the end of the year.

The Committee plans to use the listening engagements to inform its recommendations to the Board on deliverables for the 2021-22 period.

### Overview

The Health Care Workforce Committee was established in 2010 by House Bill 2009 and reports directly to the Oregon Health Policy Board. The Health Care Workforce Committee coordinates efforts to recruit and educate health care professionals and retain a quality workforce.

### Most recent meeting

March 3, 2021

### Next meeting

May 5, 2021

### Committee website

<https://www.oregon.gov/oha/hpa/hp-hcw/pages/index.aspx>



# Health Equity Committee

## Updates or changes since OHPB retreat?

N/A

## Upcoming Committee work and decisions:

- Work with OHPB, its Committees and OHA staff to provide a health equity framework on OHA's 1115 waiver application and the Cost Growth Target Program.

## Anything else to share with OHPB?

- Held elections for 2021 Co-Chairs. Derick Duvivier, MD, and Kate Wells will continue for another year as HEC Co-Chairs. They look forward to continuing the work alongside OHPB and other board committees to support OHA in eliminating health inequities by 2030.
- After several discussions and feedback from other committees of the board and public comments, the HEC voted to add age to the health equity definition adopted by OHPB and OHA in October 2019. The update will be presented to OHPB for approval at their April 2021 meeting.

### Overview

HEC was established by the Oregon Health Policy Board to coordinate and develop policy that proactively promotes the elimination of health disparities and the achievement of health equity for all people in Oregon.

### Most recent meeting

March 11, 2021

### Next meeting

April 8, 2021

### Committee website

<https://www.oregon.gov/oha/OEI/Pages/Health-Equity-Committee.aspx>

# Health IT Technology Oversight Committee

## Updates or changes since OHPB retreat?

Started member recruitment on March 22, 2021.

## Upcoming Committee work and decisions:

- Coordinate with OHA telehealth lead and Oregon Broadband Office and explore HITOC's role
- Consider impact of legislative session and COVID-19 on Strategic Plan Update
- Incorporate federal interoperability final rules into Strategic Plan Update work
- Complete HITOC recruitment – bring proposed slate to OHPB in June
- Present to OHPB on upcoming Strategic Planning work and obtain input on priorities

## Anything else to share with OHPB?

N/A

### Overview

HITOC is tasked with setting goals and developing a strategic health information technology plan for the state, as well as monitoring progress in achieving those goals and providing oversight for the implementation of the plan. HITOC is currently coordinating Oregon's public and private statewide efforts in electronic health records adoption and the development of a statewide system for electronic health information exchange.

### Most recent meeting

February 4, 2021

### Next meeting

April 1, 2021

### Committee website

<https://www.oregon.gov/oha/hpa/ohit-hitoc/Pages/index.aspx>

# Health Plan Quality Metrics Committee

## Updates or changes since OHPB retreat?

Working toward upcoming decision points on updates to aligned measure menu and selection of initial health care quality measures for Health Care Cost Growth Target Program

## Upcoming Committee work and decisions:

- Decide on any updates to aligned measures menu for use in 2022 (April)
- Select initial health care quality measures for Health Care Cost Growth Target Program (May)
- Develop new criteria for equity impact of measures

## Anything else to share with OHPB?

N/A

### Overview

HPQMC was established by Senate Bill 440 (2015) to identify health outcome and quality measures that may be applied to services provided by CCOs or paid for by health benefit plans sold through the health insurance exchange or offered by PEBB/OEBB.

### Most recent meeting

February 23, 2021

### Next meeting

March 30, 2021

### Committee website

<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Quality-Metrics-Committee.aspx>

# Metrics and Scoring Committee

## Updates or changes since OHPB retreat?

N/A

## Upcoming Committee work and decisions:

Over the next quarter the Committee will focus on its statutory requirement to select the 2022 CCO incentive measure set. At the same time, the Committee will have discussions about goals for health system transformation and health equity, and the role of the incentive program in achieving these goals. This conversation continues on what was presented at the OHPB retreat in terms of what is meant by transformation and how the incentive program furthers transformative work. To support this work, meeting agendas are as follows:

**March.** No meeting, but complete survey designed to get everyone thinking/talking broadly about the incentive measure set in general, and to assess concordance between different understandings of transformation amongst Committee members and what is included in the set overall. John Santa, OHPB liaison to the committee, will also complete the survey.

**April.** Meeting will focus on the comments in this survey; it will also guide long-term strategic thinking regarding the incentive program and health system transformation.

**May.** Presentation on health equity impact assessment being prepared for Committee (also to be shared with Health Plan Quality Metrics Committee, and other committees more broadly); presentation on social-emotional health kindergarten readiness measure proposed for inclusion in incentive program beginning 2022; begin selecting 2022 measure set.

**June.** Continue selecting penultimate 2022 incentive measure set. A month-long consultation period will follow, before the Committee finalizes the 2022 measure set in July and begins selecting benchmarks.

## Anything else to share with OHPB?

Given the COVID-19 pandemic's impact on the health system, the Metrics & Scoring Committee made these decisions regarding 2021 benchmarks and targets: (1) use 2019 as a baseline for assessing quality improvement in 2021 (as 2020 can't be meaningfully used to assess quality improvement); (2) roll forward the original 2020 benchmarks into 2021, rather than increasing; and (3) remove floor requirements for improvement targets (reduces level of improvement needed to meet a measure for this single year).

In addition, the Committee chose to formally note that the benchmarks for individual measures may be further reassessed if predetermined criteria related to extenuating external factors are met. The criteria chosen by the Committee are available [here](#).

OHA is tasked with operationalizing the high-level criteria agreed upon by the Committee. This includes looking at which factors are linked with individual measures, and indicator thresholds for each criterion. This must be done by June.

At its November meeting the Committee will then make decisions on whether and how much to reduce the benchmarks for the individual measures linked to the high-level criteria.

### Overview

M&SC was established in 2012 by Senate Bill 1580 for the purpose of recommending outcomes and quality measures for CCOs.

### Most recent meeting

February 19, 2021

### Next meeting

April 16, 2021

### Committee website

<https://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/Metrics-Scoring-Committee.aspx>

# Medicaid Advisory Committee

## Updates or changes since OHPB retreat?

No significant changes; minor updates to the work plan to reflect additional details about the Medicaid Advisory Committee's (MAC) role in the 1115 waiver and key CCO deliverables that provide visibility into consumer experience (CX).

## Upcoming Committee work and decisions:

During Q2 2021, the MAC will 1.) continue to monitor CCO 2.0 implementation from a consumer/community perspective 2.) bring a consumer perspective to the 1115 waiver development project, and 3.) continue its subcommittee work to improve CX for OHP members and their families.

## Anything else to share with OHPB?

N/A

### Overview

MAC is a federally mandated body which advises the OHA State Medicaid Director and the Department of Human Services on the policies, procedures, and operation of Oregon's Medicaid program, through a consumer and community lens. The MAC develops policy recommendations at the request of the governor, the legislature and OHA.

### Most recent meeting

February 24, 2021

### Next meeting

April 28, 2021

### Committee website

<https://www.oregon.gov/oha/HPA/HP-MAC/Pages/index.aspx>

# Primary Care Payment Reform Committee

## Updates or changes since OHPB retreat?

N/A

## Upcoming Committee work and decisions:

- Discuss opportunities to incorporate health equity into primary care payment reform and the Collaborative's work
- Review Collaborative recommendations on the payment model and behavioral health contracting and determine next steps

## Anything else to share with OHPB?

N/A

### Overview

Oregon is required by statute (Chapter 575 Oregon Laws) to convene a Primary Care Payment Reform Collaborative to advise and assist in the implementation of a Primary Care Transformation Initiative.

### Most recent meeting

January 13, 2021

### Next meeting

April 14, 2021

### Committee website

<https://www.oregon.gov/oha/HPA/dsi-tc/Pages/SB231-Primary-Care-Payment-Reform-Collaborative.aspx>

# Public Health Advisory Board

## Updates or changes since OHPB retreat?

N/A

## Upcoming Committee work and decisions:

- Restart Accountability Metrics Subcommittee to update public health accountability metrics.
- Start Strategic Data Plan Subcommittee to begin developing plan for public health data collection, analysis, visualization and reporting.
- Continue discussions about COVID-19 response and public health legislative bills.
- Orient new members once appointed.

## Anything else to share with OHPB?

N/A

### Overview

The Public Health Advisory Board advises OHA on policy matters related to public health programs, provides a review of statewide public health issues, and participates in public health policy development.

### Most recent meeting

March 18, 2021

### Next meeting

April 15, 2021

### Committee website

[www.healthoregon.org/phab](http://www.healthoregon.org/phab)



Overall goal	Progress towards elimination of health inequities			
<p>What are the <b>drivers</b> of health inequities?</p>	<p>Despite progress, people who often face the greatest challenges, including <b>discrimination and historic oppression</b> in accessing care, are often least likely to have the supports needed to successfully navigate our complex health and social service sectors</p>			
<p><b>Key goals</b></p>	<p><b>Create an equity-centered system of health</b></p>	<p><b>Ensure access to coverage for all people in Oregon</b></p>	<p><b>Encourage smart, flexible spending that supports health equity</b></p>	<p><b>Reinvest government savings across systems to achieve health equity</b></p>
<p>What would the <b>system look like</b> if we achieved these goals?</p>	<ul style="list-style-type: none"> <li>➤ No language, cultural, or economic barriers to care</li> <li>➤ Enrollment is preserved in OHP as patients transition between systems</li> <li>➤ People experience streamlined, coordinated, and integrated care across health and social systems</li> <li>➤ Easier to access and have Medicaid cover housing supports, social supports, and pre-treatment services</li> </ul>	<ul style="list-style-type: none"> <li>➤ Enrolling a higher % of folks who are eligible</li> <li>➤ Reducing churn and providing better continuity of coverage</li> <li>➤ Reducing/eliminating the inequity in the uninsured rate</li> </ul>	<ul style="list-style-type: none"> <li>➤ See a shift in investments on the ground that focus on prevention and equity</li> <li>➤ Provide a predictable rate of growth</li> <li>➤ Financial power and decision-making on community investments are held by the community itself</li> <li>➤ Patients would get the care and supports they need, regardless of whether it's a covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>➤ Oregon enters into a shared savings agreement with the federal gov't</li> <li>➤ Savings are reinvested into targeted areas to address health inequities</li> <li>➤ Resources are invested to improve cross-system coordination</li> </ul>
<p>What are the <b>potential strategies</b> to achieve these goals?</p>	<ul style="list-style-type: none"> <li>- Improve care and capacity across the behavioral health system</li> <li>- Housing and SDOH supports</li> <li>- Incentives focused on health equity in care delivery</li> <li>- Coverage and enhanced coordination for justice-involved populations</li> </ul>	<ul style="list-style-type: none"> <li>- Coverage for all people, regardless of immigration status</li> <li>- Increased outreach to ensure eligible individuals are enrolled</li> <li>- Preserved enrollment in OHP</li> </ul>	<ul style="list-style-type: none"> <li>- True "global budget" for enhanced CCO flexibility</li> <li>- Community-managed funds for investment in equity and SDOH</li> <li>- Cost-control mechanisms for high-cost, low-value care and services</li> <li>- Increased CCO accountability to health equity</li> </ul>	<ul style="list-style-type: none"> <li>- Commitment to statewide Cost Growth Target across all markets</li> <li>- Equity-focused investments with statewide impacts</li> </ul>

**Health Objective: Public Health Infrastructure-16: Public Health Agency Quality Improvement Program**

- Implement the State Health Improvement Plan (Healthier Together Oregon)
  - Public Health Division Strategic Plan
    - Public Health Modernization
- Public Health Partnership Coordination, Training, Technical Assistance (TA) and Performance Management

Healthier Together Oregon (HTO)	PHD Strategic Plan (SP)	PH Modernization (PHM)	PH Partnership (PHP)
<ul style="list-style-type: none"> <li>• PartnerSHIP reformed</li> <li>• Collaborated with Health Policy Analytics and Office of Rural Health on CHIP alignment</li> <li>• Cross-sector partnership               <ul style="list-style-type: none"> <li>○ MOU with ODOT</li> <li>○ Cross-division SDOH workgroup</li> </ul> </li> <li>• Communications               <ul style="list-style-type: none"> <li>○ OHA and HTO websites</li> <li>○ Social media</li> <li>○ HTO subscriber newsletter</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 2017-2020 final report completed</li> <li>• Began 2021-2025 Strategic Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Funding/collaboration with CBOs               <ul style="list-style-type: none"> <li>○ Monthly discussion with stakeholders and partners</li> <li>○ Work with advisory board</li> </ul> </li> <li>• Strategic Data Plan</li> <li>• PHAB Accountability Metrics subcommittee</li> <li>• Tribes and Urban Indian Health Program Tribal Public Health Modernization assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Resumed triennial reviews               <ul style="list-style-type: none"> <li>• On pause again until 6/2021</li> </ul> </li> <li>• Weekly calls with LPHAs               <ul style="list-style-type: none"> <li>• Address concerns in real time</li> </ul> </li> <li>• Extensive TA related to COVID-19               <ul style="list-style-type: none"> <li>• Dedicated email</li> <li>• Weekly webinars</li> <li>• Communications</li> <li>• Connections with other state agencies</li> <li>• Enforcement guidance</li> <li>• Budget TA</li> </ul> </li> </ul>





Cow Creek Health & Wellness Center  
Public Health Advisory Board  
April 15, 2021



# Newly Formed Public Health Department

- Setup COVID-19 Investigation and Contact tracing system for Tribe
- Connected PH to State Communicable Disease Reporting System (OPERA/ARIAS)
- Established data surveillance system – Teams & Qualtrics Software
- Obtained, Issued and Monitored COVID supplies
- Provided PPE Training to staff (eg N-95 fitting)
- Inventory control system established







# **Public Health / Emergency Management**

- Emergency PODs acquired
- Disaster response trailer acquired
- Emergency Community Bags acquired
- Completed all Emergency Drills for 2020
- Emergency back stock united and restored

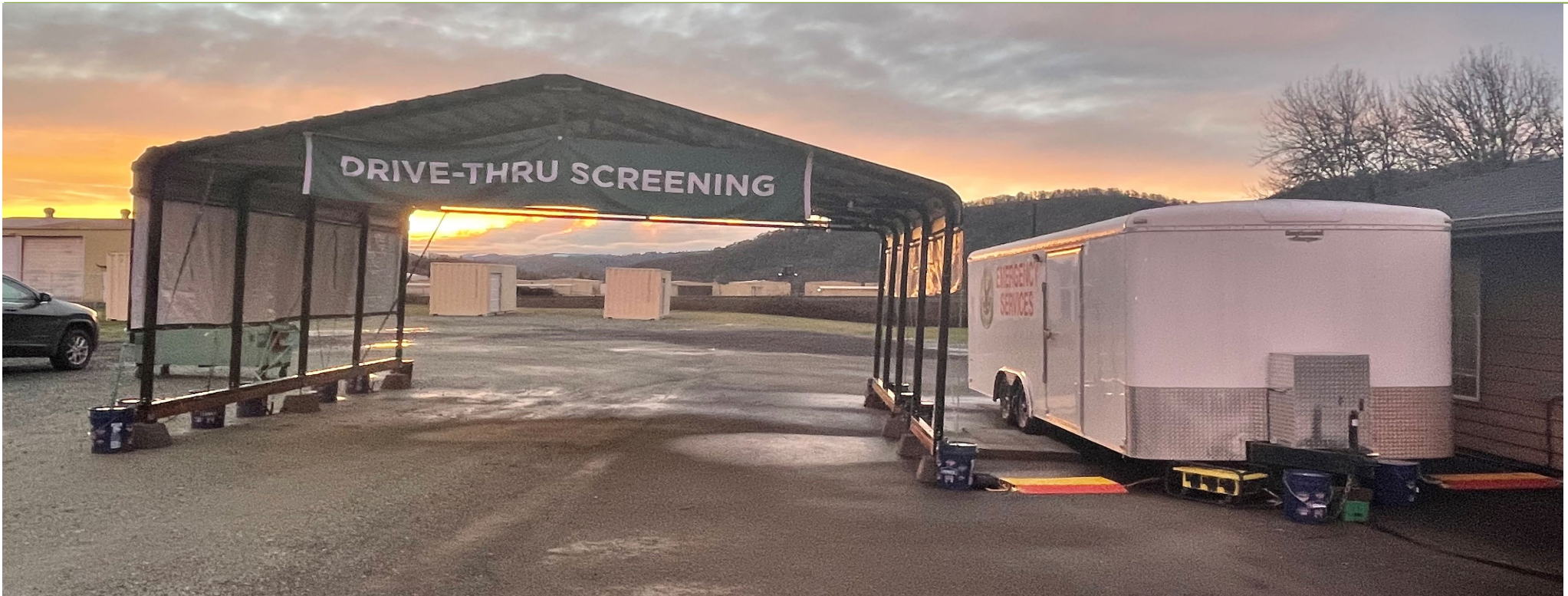






# **Public Health / Medical**

- **Acquired testing trailer**
- **Acquired Abbott ID Now analyzers x 3**
  - **MOU with community agencies to do employee COVID-19 testing**
- **Staff Training & IHS supplies (recurring)**
- **Patients testing**
- **Both Tribal clinics daily 8:00-4:00 pm**



# **Clinic/Public Health/Community Volunteers**

- Establish Mass Vaccine Site(s) – Seven Feathers Hotel (first) & Parking Lot (second) vaccines administered
- Given over 5,000 vaccines to date
- Pfizer, Moderna and J&J combined













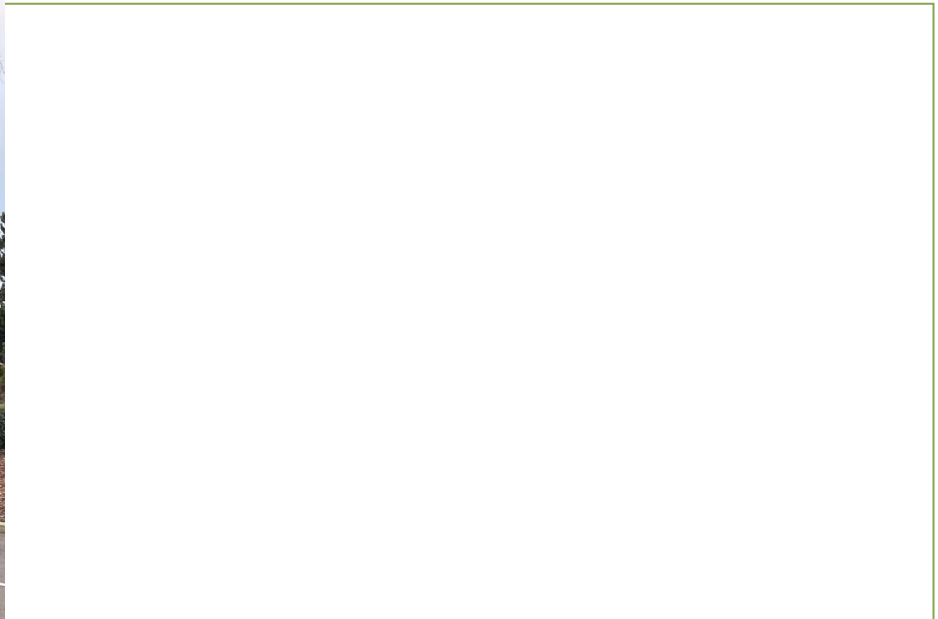














- Developed a Public Health website for latest vaccination stages and tribal information to patients
- Developed culturally sensitive and targeted daily/weekly COVID-19 up-to-date education messaging for Facebook & Tribal newsletter
- Assisted with providing vaccinations at the local DPHN Community COVID-19 mass vaccination site
- Special mass vaccination events for entire community: March 20, April 19 and May 11 (to date)

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Chief Health Officer

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