

Draft Minutes
Oregon Health Fund Board Benefits Committee
January 15, 2008

Members Present: Susan King, RN, Chair; Gary Allen, DMD; Tom Eversole; Leda Garside, RN, BSN; Betty Johnson; Bob Joondeph; Jim Lussier; Susan Pozdena (arrived at 9:10 am); Somnath Saha, MD, MPH (arrived at 9:25 am); Hugh Sowers, Jr; Nina Stratton; Kathryn Weit; Kevin Wilson, ND.

Members Absent: Lisa Dodson, MD.

Staff Present: Barney Speight; Jeanene Smith, MD, MPH; Darren Coffman; Ariel Smits, MD, MPH; Brandon Repp; Nathan Hierlmaier.

Also Attending: Pat Murphy, L.Ac., Martin Brother, L.Ac. & Stephen Kafoury, Oregon Acupuncture Association; Dave Roberts, Lilly; Beryl Fletcher, Oregon Dental Association; Denise Honzel, Oregon Business Council; Kelly Harms, Office of Private Health Partnerships, Laura Sisulak, OPCA; Tanya Stewart, MD.

I. Call to Order

- Ms. Susan King, RN, called the Benefits Committee meeting to order at 9:00 AM in Room 218 of the Clackamas Community College Wilsonville Training Center, Wilsonville, OR.

II. Approval of Draft Agenda and Minutes

- No revisions were made to the draft agenda.

MOTION: To accept the minutes from the December 11, 2007 meeting as submitted. MOTION CARRIES: 10-0 (Absent: Dodson, Pozdena, Saha).

III. Identification of Principles and Policy Objectives for Defining Essential Health Services

- Mr. Darren Coffman presented a draft document outlining a checklist of the Benefits Committee's guiding principles and policy objectives based on SB 329 and the tenets of the Oregon Health Plan.
- Discussion took place regarding the phrase "Based on a proven benefit model." Taken from SB 329, the term "proven" may refer to the number of individuals covered or a model that bases coverage on interventions that are cost-effective and/or evidence-based, with interpretations varying.
- See Attachment A for a revised version of the checklist that indicates the changes resulting from the discussions taking place during the meeting as underlined text.

IV. Overview of Models for Defining Essential Services and Their Adherence to the Principles/Policy Objectives

- Dr. Jeanene Smith gave an overview of the creation of OHP 2, which became OHP Standard, and offers a more limited benefit package to qualifying individuals who are not considered categorically eligible for Medicaid.
- A study was conducted to outline the various health plans and benefits being offered commercially and compared those things to the Prioritized List of Health Services.
- The analysis showed that the commercial plans rely on exclusion and limitation of benefits but is less transparent than the Prioritized List, which lists each condition/treatment pair plainly. The result of the comparison showed there were very few differences in actual coverage, rather, just the way it was presented.
- The members would like to see cost models for Medicaid, OMIP, etc. Mr. Coffman explained that while looking at cost data from differing systems it is difficult to have a true comparison of like costs. He stated that this group may engage the services of an actuary to get a more clear picture.
- Discussed was the need to consider costs when creating a benefit package so that is economically feasible.

V. Next Steps

- The Vice Chairs, Chair and staff will put together a proposal to divide the committee's work to be emailed to the members.
- Next meeting is scheduled for February 7, 2008.

VI. Public Testimony

- Dr. Tanya Stewart, an internist, is a palliative care specialist. She stated that there seems to be a gap between aggressive interventions for curative or restorative health and hospice care. Lacking may be the opportunity for a patient-physician discussion to set goals early in the disease process that might change the direction in the treatment during course of the disease.
- Stephen Kafoury, lobbyist for the Oregon Acupuncture Association, addressed the Committee regarding the role of acupuncture. Martin Brother, L.Ac., read highlights from written testimony, advocating for the inclusion of acupuncture and oriental medicine in the benefit design.

VII. Adjourn

- Ms. King adjourned the meeting at 11:42 am.

ATTACHMENT A

OHFB Benefits Committee Guiding Principles/Policy Objectives Checklist

The Benefits Committee is chartered to develop recommendations to the Board for defining a set(s) of essential health services that should be available to all Oregonians under a comprehensive reform plan.

A. Is the set of essential health services established by this committee:

- a. essential to the public health of Oregonians? (SB329)
- b. based upon a proven benefit model (preferably Prioritized List, also could be a commercial plan)? (SB329)
- c. reflective of the values of Oregonians? (OHP)
- d. easy to adjust in response to new information on cost and effectiveness? (OHP)
- e. affordable (to the individual, employer, and state) and economically sustainable? (SB329)
- f. developed in a transparent manner? (SB329, OHP)
- g. address the acute and tertiary care needs of the population?

B. Does the set of essential health services place emphasis on the following services identified in SB 329?

- a. Preventive care (SB329, OHP community meetings)
- b. Chronic disease management (SB329)
- c. Primary care medical homes (SB329)
- d. Dignified end-of-life care (SB329)
- e. Patient-centered care (SB329)
- f. Provision of care in the least restrictive environment (SB329)

C. Does the set of essential health services help promote:

- a. wellness? (SB329)
- b. patient engagement (including education towards self-management)? (SB329)
- c. coordination and integration of care? (SB329)
- d. population health? (SB329)
- e. cost-effective care? (SB329, HB3624 of 2003, OHP community meetings)
- f. cost-control/reductions in over-utilization? (SB329, OHP)
- g. access to timely and appropriate diagnosis and treatment? (Task Force on Basic Benefits)

D. Have the following issues been addressed by this committee?

- a. Use of evidence-based medicine (SB329, OHP)
- b. Efficacy of treatments (SB329, HB3624 of 2003)
- c. Reduction of health disparities (SB329)
- d. Personal responsibility (SB329, OHP community meetings)
- e. Impact on vulnerable populations (including pregnant women, infants and small children)
- f. Incentives to encourage appropriate use of effective services