

OREGON HEALTH FUND BOARD

December 12, 2007
1:00pm (Digitally Recorded)

CCC, Wilsonville Training Center, Room 111-112
Portland, OR

MEMBERS PRESENT: Board

William Thorndike, Chair
Jonathan Ater, Co-Vice Chair
Eileen Brady, Co-Vice Chair
Thomas Chamberlain
Charles Hofmann, M.D.
Raymond Miao
Marcus Mundy

Delivery

Dick Stenson, Chair
Maribeth Healey, Co-Vice Chair
Doug Walta, MD, Co-Vice Chair
Vanetta Abdellatif
Mitch Anderson
Tina Castanares, MD
Dave Ford
Vickie Gates
William Humbert
Dale Johnson, Jr.
Carolyn Kohn
Diane Lovell
Bart McMullan, Jr., MD
Stefan Ostrach
Ken Provencher
Lillian Shirley, BSN
Mike Shirtcliff, DMD
Charlie Tragesser
Richard Wopat, MD

OTHERS PRESENT: Ellen Lowe, Chair, Eligibility and Enrollment Committee
Ella Booth, Chair, Health Equities Committee
Senator Ben Westlund

STAFF PRESENT: Barney Speight, Executive Director, OHFB
Jeanene Smith, M.D., Administrator, OHPR
Tina Edlund, Deputy Administrator, OHPR
Sean Kolmer, Research Analyst
Heidi Allen, Program Manager, OHREC
Tami Breitenstein, Executive Assistant, OHFB
Nora Leibowitz, Acting Director, Health Policy Commission
Darren Coffman, Director, Health Services Commission
Nathan Hierlmaier, Policy Analyst
Brandon Repp, Research Analyst
Illana Weinbaum, Policy Analyst
Alyssa Holmgren, Policy Analyst

ISSUES HEARD:

- Call to Order/Introductions/Review and Approve Meeting Agenda

- **Review and Approval of Revised Committee Charters and Design Principals and Assumptions**
- **Call Joint Meeting of Board and Delivery Systems Committee to Order**
- **Characteristics of a Patient-Centered Medical Home**
- **Panel: What are Oregon Health Insurers Doing to Promote Medical Homes? Dave Labby, CareOregon; Ralph Prows, Regence Blue Cross Blue Shield; and Thomas Hickey, Kaiser Permanente**
- **Presentation: Efforts to Unify Primary Care Providers around Medical Home Model, by Chuck Kylo, Greenfield Health, David Dorr, OHSU**
- **Invited Testimony and Public Testimony**
- **Other Business**

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the recordings.

(Digitally Recorded)

Chair Thorndike I. Call to order the meeting of the Oregon Health Fund Board/Review and Approve Meeting Agenda.

There is a quorum. Board, Committee Members and staff introduced themselves.

Chair Thorndike II. Review and Approval of Revised Committee Charters and Design Principles and Assumptions

Barney Speight overviewed "A Comprehensive Plan for Reform: Design Principals and Assumptions" as amended with previous suggestions from the Board incorporated.

- Concern regarding Assumption H as it appears to lock in the existing business model of employers funding much of the health care reform.

Motion to adopt the document, "A Comprehensive Plan for Reform: Design Principals and Assumptions" is seconded.

Discussion

- Agreement that Assumption H is too limited and suggests a program is being designed only for the uninsured, when it is a program for all Oregonians.
- Cost containment statement should be related not only to the health coverage for the uninsured but also to employer-based costs.
- Under Assumption A include the wording "cost containment" and more flexibility in H; and Assumption I regarding revenue should be changed to "new funding mechanisms."

The plan will be amended to add cost containment to Assumption A, change Assumption I to new funding mechanisms, and, in regards to the concern of Assumption H, a new Principal will be added stating that this plan not only looks at systems to bring the uninsured into coverage but also to reform the existing delivery system and financing system for those who have coverage.

The question is called for to approve the Comprehensive Plan as amended. Motion passed unanimously.

The Director will rework the document and send it out for comment.

Review and Approval of Revised Committee Charters presented by Barney Speight

- Four charters for consideration:
 - **Delivery System Committee**, highlighting changes made to:
 - Principals: efficiency, economic sustainability, use proven models, fund a high quality and transparent health care delivery system and ensuring costs do not exceed cost of living increases.
 - Scope concepts were highlighted, including adding to Public Health and Prevention and End-of-Life Care.
 - **Quality Institute Work Group**
 - This group will look at the issue of information transparency. The Governor's office will probably form a Health Infrastructure Advisory Committee (HIAC) that will look at information and technology.
 - Question regarding the Quality Institute and composition of group – doctors, health systems, insurers, providers, counselor, it was ask
 - **Eligibility and Enrollment Committee** charter points were highlighted. Ellen Lowe, Chair of the Committee, responded to questions concerning the timeline for submitting reports and information that will be needed from the Benefits Committee to complete some reports.
 - **Federal Laws Committee** charter was reviewed.

Motion to adopt the charters for the Delivery System, Eligibility and Enrollment, Quality Institute and the Federal Law Committees is seconded. **Motion passes unanimously.**

The Chair welcomed Senator Kurt Schrader who addressed the committees.

Dick Stenson

III. Call to order the Joint Meeting of the Board and the Delivery Systems Committee

Barney Speight reviewed meeting schedules and discussed finalizing arrangements with The Institute of Health Policy and Solutions, which has been working with Massachusetts and California on reforms, and James Matheson, an independent actuary, which has been working on the Boston Health Policy and Research, as consultants.

Representative Tina Kotek is welcomed.

Jeanene Smith, MD

IV. Characteristics of a Patient-Centered Medical Home

Presented a brief overview of The Medical Home Model of Primary Care (see exhibit materials).

- Definition of primary care includes general pediatrics, general internal medicine, family medicine and OB-GYN.
- Statistics from the Board of Medical Examiners states there are 3,964 primary care physicians, if you include all OB-GYN's.
- Background of primary care, integrating behavioral, mental and public health, and community collaborative activities.

- The importance of other key health care professionals, e.g. Nurse Practitioners.
- Emergency room use.

Presentations

V. Panel: What are Oregon Health Insurers Doing to Promote Medical Homes?

Panel Members David Libby, MD, PhD, CareOregon; Ralph Prows, MD, Regence Blue Cross Blue Shield; and Thomas Hickey, MD, Kaiser Permanente (see exhibit materials for copies of Power Point presentations).

Each panel member gave a presentation on medical homes including research and pilot programs.

Discussion

- Some topics discussed included:
 - Integrating care for individuals and families
 - Panel sizes and implementation of these type of models
 - Medical homes cost, cost methodology and administrative costs
 - Lack of primary care physicians
 - Chronic care
 - Customer focus
 - Health Information Technology
 - Primary Care Home collaboratives

Presentation

VI. Efforts to Unify Primary Care Providers around Medical Home Model

Presentations by David Dorr, MD, OHSU and Chuck Kilo, MD, Greenfield on the benefits and challenges of medical homes in primary care.

Bill Thorndike

**VII. Invited Testimony and Public Testimony
The following were invited to provide testimony:**

- Rick Wopat
- Mike Grady
- Craig Hostetler

Public testimony was given by:

- David Pollack, OHSU

Bill Thorndike

VIII. Other Business - None

**Bill Thorndike/
Dick Stenson**

IX. Adjourn

The meeting was adjourned at approximately 5:05 p.m.

The next meeting for the Oregon Health Fund Board will be January 15, 2008, at the Port of Portland Commission Room in Portland.

Submitted By:
Paula Hird

Reviewed By:

EXHIBIT SUMMARY

1. Agenda
2. Revised Committee Charters
3. Reform Design Principles and Assumptions
4. The Medical Home Model of Primary Care, Draft Report Prepared for Office for Oregon Health Policy and Research
5. Joint Principles of a Patient-Centered Medical Home, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians and American Osteopathic Association, February 2007.
6. Beal A, et al., Closing the Divide: How Medical Homes Promote Equity in Health Care, The Commonwealth Fund, June 2007
7. Jeanene Smith Presentation Slides – Characteristics of a Patient-Centered Primary Care Home
8. Speaker Bios
9. Insurer Panel Materials
 - a. Ralph Prows Presentation Slides – Primary Care Home: Overview of Collaboration
 - b. Thomas Hickey Presentation Slides – Kaiser Permanente Vision
 - c. Goodson J, Unintended Consequences of Resource-Based Relative Value-Scaled Reimbursement, JAMA, November 2007, 298(19):2308-2319
 - d. David Labby Presentation Slides
10. Provider Panel Materials
 - a. Summary of Better Health Initiates Meetings
 - b. David Dorr Presentation Slides – Medical homes in primary care: policy implications from Care Management Plus