

# Oregon Health Policy Board

## 2016 Retreat Summary

**Members in attendance:** Carlos Crespo, Karen Joplin, Felisa Hagins, Carla McKelvey, Zeke Smith, Lisa Watson

**Members excused:** Joe Robertson

**OHA Executive Leadership:** Lynne Saxton, Leslie Clement

**Facilitation:** Diana Bianco, Artemis Consulting

### Summary

On February 2, 2016, the Oregon Health Policy Board (OHPB) held a planning retreat. Board members discussed 2015 accomplishments and activities, as well as current topics of interest and future opportunities in 2016. The goal was to refine and refocus the Board's activities and priorities for the coming year in order to establish an intentional path forward. Five topic areas were identified for focus in 2016-2017: behavioral health, integration of health systems, alternative payment methodologies, pharmacy, and SB 440.

### Board Role

To help frame the discussion, the objectives identified in the OHPB's 2010 Action Plan for Health (page 5) were brought forward for review, as they have remained relevant and can serve as guiding principles in OHPB discussions and decisions.

Board members also expressed a desire to expand on their responsibilities of oversight and policy-making by taking on a more active role in setting policy and direction. Board members described "action" as follows: a problem is identified, the board discusses solutions, the board provides a direction and makes a decision that is then carried out and implemented.

Some of the activities that reflect this type of Board include:

- Making community visits strategic and goal-oriented, with responsive follow-up action as needed;
- Being generative with ideas, policy concepts, and deliverables;
- Effectively using OHPB committees as a tool to provide policy research, analysis, and direction;
- Providing definitive feedback on strategic policy questions;
- Maintaining the "long view" across changes in leadership and administration and the "wide view" across transformation activities in other areas (e.g., education).

Serving as a liaison to OHPB committees was recognized as an opportunity for board members to take on additional responsibility and foster action. The role of the liaison will be further developed and discussed by the OHPB at upcoming meetings in 2016.

## 2016 Priorities

Board members had a lively discussion about OHPB priorities, OHA priorities, and the Governor's priorities for 2016. While the priorities may not be identical, it is important that the leadership work together as partners, and that all priorities complement one another and move the state towards the same aligned vision. For example, within OHA's 10 priorities there may be specific roles for the OHPB, without the OHPB necessarily identifying the same priority within its own work plan.

Jeremy Vandehey, Governor Brown's Health Policy Advisor, shared key aspects of the Governor's vision for 2016. The following points overlap with the board's monitoring and oversight responsibilities:

- *Seamless system of education*: understanding health care's unique role in supporting education;
- *Thriving statewide economy*: the importance of bending the Medicaid cost curve, and the cap on OEBS & PEBB, which both contribute to holding down the cost of health care;
- *Excellence in state government*: the importance of shifting towards outcomes-based performance and delivering on our promises
- *Healthy and safe communities*: ensuring healthy communities for all populations and recognizing the importance of foundational elements such as housing.

Additionally, the Board wanted to ensure that each topic identified as a priority would be carried forward with an equity lens. Health equity is a priority for the Board and will be embedded through all focus areas. Board members expressed an interest in ensuring that topics reflected their values: diversity, inclusion, equity, and access.

**2016-2017 topic areas:** using the principles outlined above as a guide, OHPB members identified the following topics as areas that are ripe for discussion, policy development and action in 2016-2017:

- Behavioral health improvements;
- Integration of health systems (physical health, behavioral health, oral health);
- Alternative payment methodologies (APMs) (i.e., value-based payments);
- Pharmacy;
- SB 440 (strategic plan for data use and collection; 2017 Metrics Committee)

In addition to the topics listed above, the OHPB will also maintain its oversight responsibilities and will continue to serve as a public forum for high priority issues and topics. The board acknowledged that they have other legislatively mandated responsibilities beyond their identified focus areas for 2016 and they will need to address how to provide the time and manner to address those requirements.

## Board Protocols

In order to increase the opportunity for Board member input and to use meeting time more effectively, Board members offered some recommendations for changing the structure of presentations and reports:

- Materials should be sent in advance with enough time to allow for comprehensive review;
- Presentations should be quick (7-10 minutes), with more time reserved for questions and discussion;

- Presentations should offer multiple points of view as well as pros and cons on the issues presented;
- Reports, presentations, and updates should use a standardized template;
- Reports to the OHPB that do not require action do not necessitate presentations;
- Long-term planning is necessary to ensure that meetings are valuable.

Board procedures and protocols will be further discussed with the intent of engaging members in informal agenda setting/de-brief meetings and enhancing involvement with committees.

## Next steps

Board members voluntarily assigned themselves to each of the newly identified priorities to facilitate planning with OHA staff. For each topic, the following information will be brought forward: (1) the “state of the state,” (2) common definitions, (3) policies and opportunities for action. This information will be shared via webinar, rather than at OHPB meetings. Following the information gathering, the OHPB will refine their priorities and set a finalized path of action, including a timeline and work plan, for the next 12-18 months.