



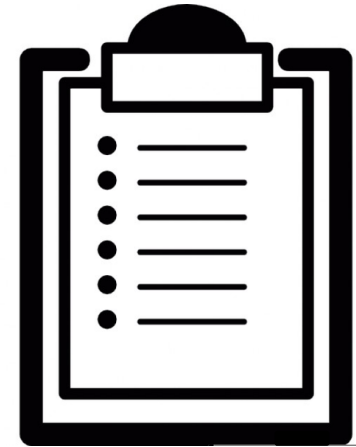
Oregon's New Medicaid Waiver: Policy and Budget Implications

March 4, 2021

We will get started shortly. Your lines are muted upon entry. This event will be recorded.

Welcome!

- Today's event is being recorded
- All participants are muted on entry
- Ask questions using the Q&A Box
- Please fill out satisfaction survey



About Oregon Health Forum



- Advancing health policy solutions through meaningful community dialogue
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Oregon's Changing Medical Liability Insurance Market

Mar. 18 • 10am • Zoom Livestream • Free



Next Chapter: Strategies to Support Older Adults Post COVID-19

Caring for Our Carers: Policy and Community Solutions for Our Caregiving Crisis

Apr. 6 • 10am • Zoom Livestream • Free

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InterCommunity 
Health Network CCO

Oregon's New Medicaid Waiver: Policy and Budget Implications

Moderator: Mike Bonetto, PhD, Partner and Co-Founder,
Tenfold Health

Panelists:

Jeremy Vandehey, JD, Director of Health Policy and Analytics,
Oregon Health Authority

Rep. Rob Nosse, D-District 42, Portland

Bruce Butler, MBA, CEO, InterCommunity Health Network CCO

Annie Valtierra-Sanchez, Equity Coalition Director, SO Health-E

John Kitzhaber, MD, former Oregon Governor, Emergency
Physician



Mike Bonetto, PhD

Partner and Co-Founder, Tenfold Health



Jeremy Vandehey, JD
Director of Health Policy and Analytics,
Oregon Health Authority



Representative Rob Nosse
D-District 42, Portland



Oregon's New Medicaid Waiver: Policy and Budget Implications

Oregon Health Forum

March 4, 2021

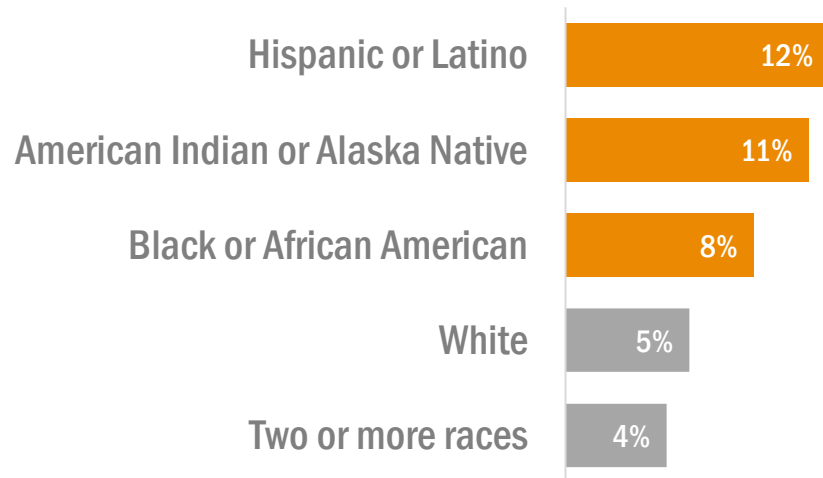


Jeremy Vandehey

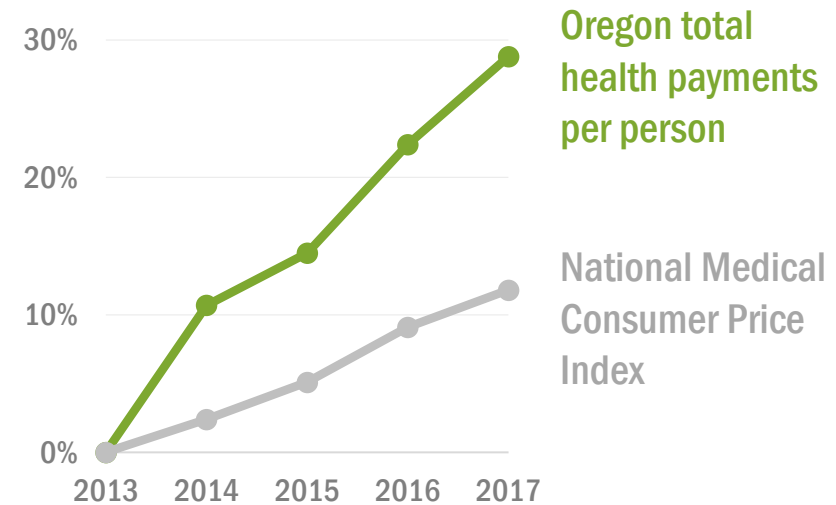
Director, Health Policy and Analytics Division
Oregon Health Authority

We've made improvement on quality, but inequities permeate the system.

Statewide, 6 percent of Oregonians are uninsured. But **inequities persist**.
(Uninsurance rates in 2019)



Health care costs are growing too quickly for families, businesses, and the state.
(Annual percent increase)



Sources: All Payer All Claims database; Oregon Health Insurance Survey, 2019

What's a waiver?

- Opportunity to pilot changes not otherwise allowed
- Must be budget neutral and improve system for patients
- Oregon's has had a waiver since 1994 – aimed at creating higher value system so we can cover more people
- More than one type of waiver – today we're focused on Medicaid but there are other waivers available
- Waivers are at federal discretion – important to focus asks and align with administration's priorities

Biden Administration Health Policy Focuses

1. **Ending the COVID-19 pandemic**
2. **Stabilizing the ACA** to expand and strengthen coverage gains and affordability.
3. **Expanding Medicaid** in non-expansion states.
4. **Reducing inequities** in our system.

Governor Brown's Directive and OHA's Guiding Principles

Prioritize OHA's Health Care Cost Growth Target initiative and renewal of 1115 Medicaid waiver

Ensure that the 1115 waiver renewal application:

- ✓ Advances **health equity** for OHP plan members
- ✓ Is economically sustainable and support goals of **containing statewide health care cost growth** (aligns with SB 889)
- ✓ Creates a more **person-centered system of health** (advancing CCO 2.0 goals of more integration, coordination, and spending on health and not just health care)

Waiver Renewal: Timeline



Rep. Rob Nosse

Co-Chair, Ways and Means Human Services Subcommittee

Brief History of Reform in Oregon

- Health care costs rising faster than any other economic indicator
- Rising health care costs take from other services like housing, education and public safety
- Cutting rates/services/enrollment during tight budgets only cost-shifts
- Great inequities in health outcomes and access to care
- Health care quality inconsistent and often substandard
- Too many Oregonians without access to affordable health care
- State is largest purchaser, but programs and goals fragmented – belief that state are innovators and can find a better way

Brief History of Reform in Oregon

Goals of health reform in Oregon going back to 1987...

- ✓ Everyone should have access to basic level of care
- ✓ The health system should promote effective services and provide highest value care
- ✓ System must operate within fiscal restraints
- ✓ It's ultimately about health, not just health care

How

- **Expand coverage:** Leverage federal dollars to maximize coverage, leverage Medicaid and make commercial insurance more affordable
- **Improve care delivery:** Demonstrate high value models of care in Medicaid to improve care and lower costs, and then spread what works
- **Leverage state purchasing:** Recognizing the State is the largest purchaser – align efforts across state programs and influence the private markets

Recent legislative priorities (examples)

- **Coverage:** Keep filling the gaps in coverage, improve access, provide more affordable options
 - SB 770 (2019): universal access commission and public option
- **Improve care delivery:** Advance the coordinated care model to address health inequities, social determinants of health
 - HB 4018 (2018): CCO financial surplus to be invested in equity and SDOH
- **Align and spread what's working:** Keep aligning to drive value in state programs and contain private health care costs
 - SB 889 (2019): statewide health care cost growth target

Where do we go from here (big picture)

Best chance of success for waiver is a shared vision. Then describe how a waiver will test models and support that vision.

Big picture, where do you want to be in five years?

- **Reduce/eliminate health inequities**
(investments to improve equity)
- **Get to universal access/coverage**
- **Contain costs**
- **Better integration of care and system to promote health**
(public health/health care/social)
- **Keep integrating what's working into other state programs**

Thank you



Bruce Butler, MBA

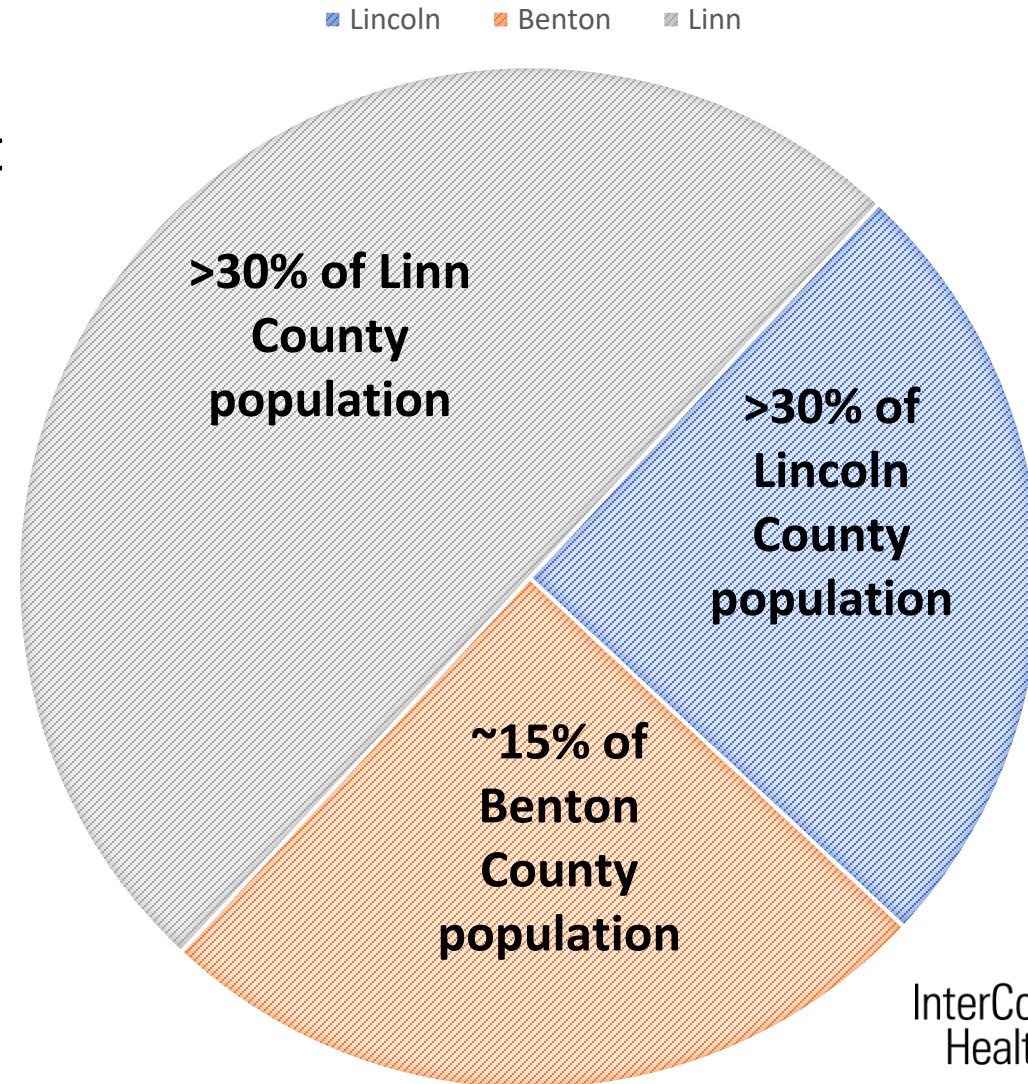
CEO, InterCommunity Health Network
Coordinated Care Organization



InterCommunity Health Network

Background

- Started as a one of the first eight CCOs in August 2012.
- Approaching 70,000 members; 17% growth since March 2020.
- Serving 1/6 – 1/3 of Linn, Benton, and Lincoln County populations.
- Affiliated with Samaritan Health Services.



IHN Perspectives

Strengths to Build On, Challenges to Address

Current Oregon S1115 Waiver and OHA CCO

Contract environment – very favorable for:

- *Innovations targeting Social Determinants*
- *Value-Based Reimbursement*
- *Alignment with the Triple Aim*

\$22 million invested in over 80 IHN Delivery System Transformation pilot projects. Selected Examples:

IHN Pilot Project Focus Areas

Behavioral health integration

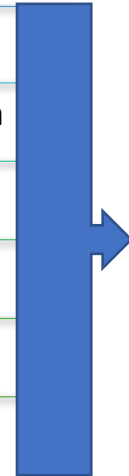
Social determinants of health: food security, housing, transportation

Traditional health worker utilization, integration, and training

Care coordination for foster children

Improved care coordination in medical clinics

Screening and referrals



Homeless Resource Team

Developed a team to help homeless patients find supportive housing

Community Doula

Increases the number of birth doulas, improves health outcomes, and evaluates cost savings for pregnant women

Integrated Oral Health

A dental hygienist provides oral health services in hospitals and clinic settings

Navigation to Permanent Supportive Housing

Targets gaps in homelessness by providing resources and supports for members in transition

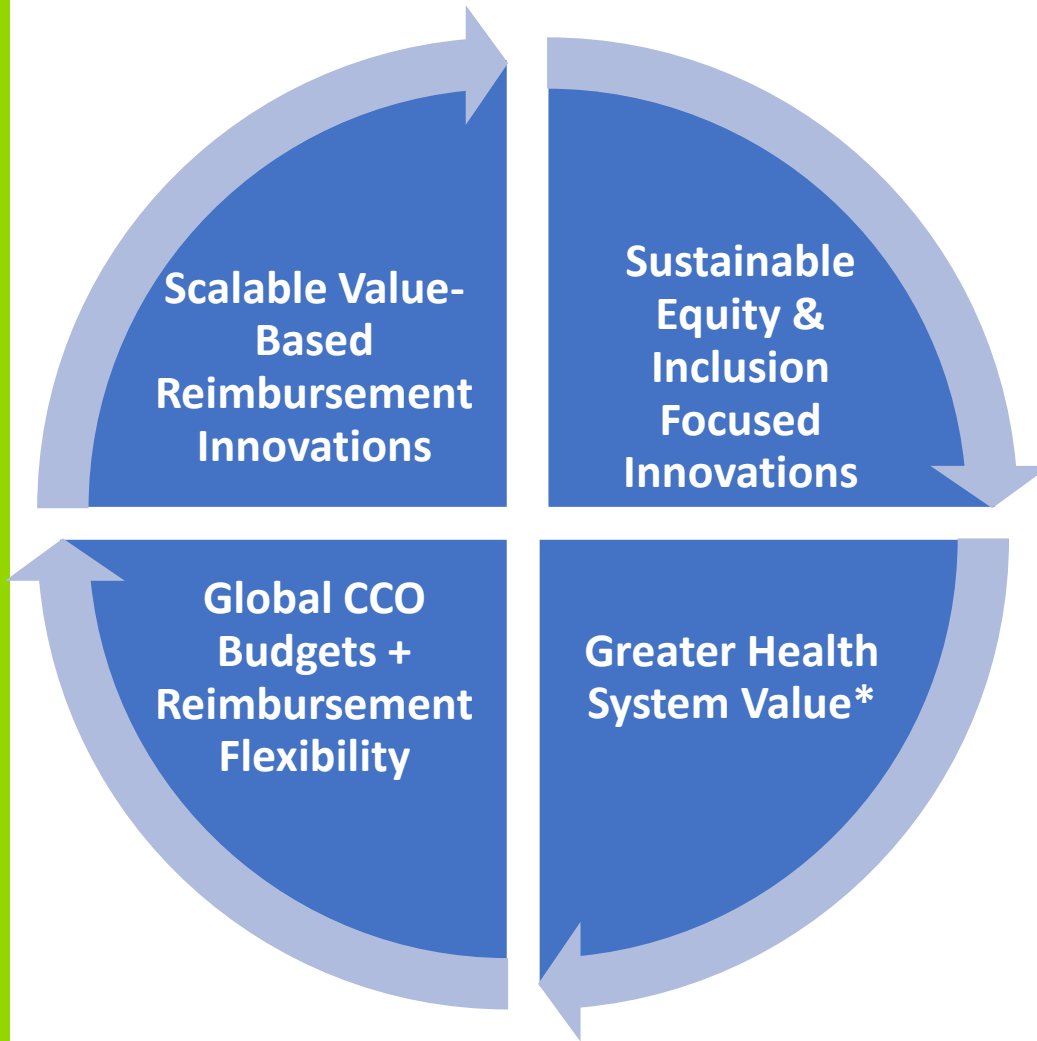
Integrated Foster Child Wellbeing

Provides a model for coordination of resources, medical care, dental care, and more for foster children

Challenge: establishing a scalable and sustainable reimbursement environment for successful innovations.

IHN Perspectives

Global CCO Budgets: Catalyst for a “Virtuous Circle”



*Greater Health System Value:

Better Population Outcomes per Dollars Spent

- Improving health system value is our CCO's core mission.
- Significantly reducing wide disparities is the highest-impact way to improve population outcomes.

Additional Example Initiatives for Consideration:

- Maintenance of enrollment (and care coordination) for:
 - pre-adjudicated individuals in correction facilities.
 - members admitted to OSH not under a criminal court order.
- Enhance care coordination opportunities (subject to provider reimbursement parity considerations) by:
 - allow Medicaid as primary for Dual Medicaid/Medicare eligible beneficiaries.
 - enable use of ACA federal subsidies to buy into Medicaid program.

Annie Valtierra-Sanchez

Equity Coalition Director,
SO Health-E



Southern Oregon Health Equity Coalition

Health equity means that we all have equal opportunity to live healthy and fulfilling lives.



SO Health-E
Advocating for Health Equity

Mission

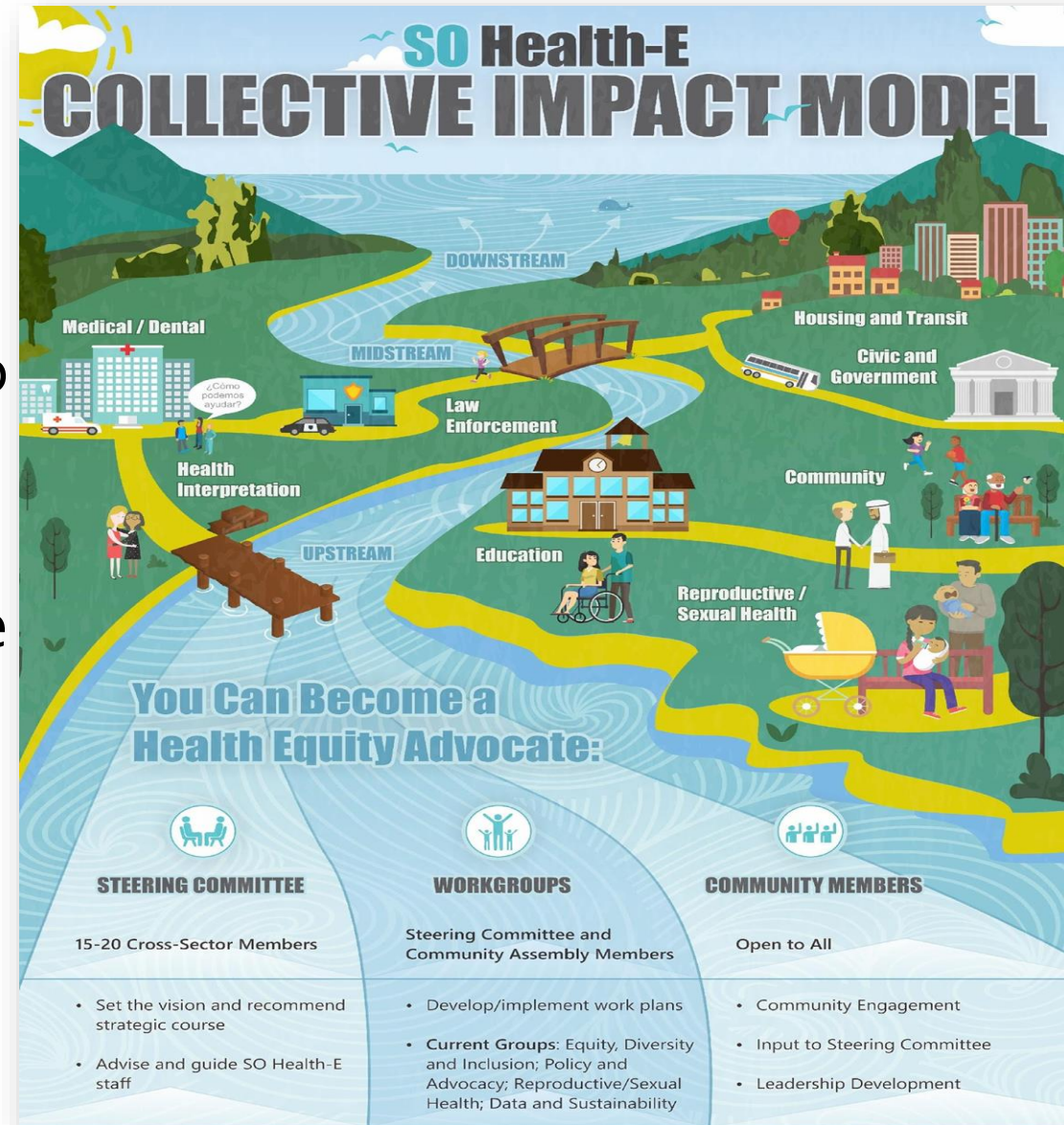


- To seek **systems change** by creating community partnerships and **together** promoting **health equity** that centers the voices of impacted community members.

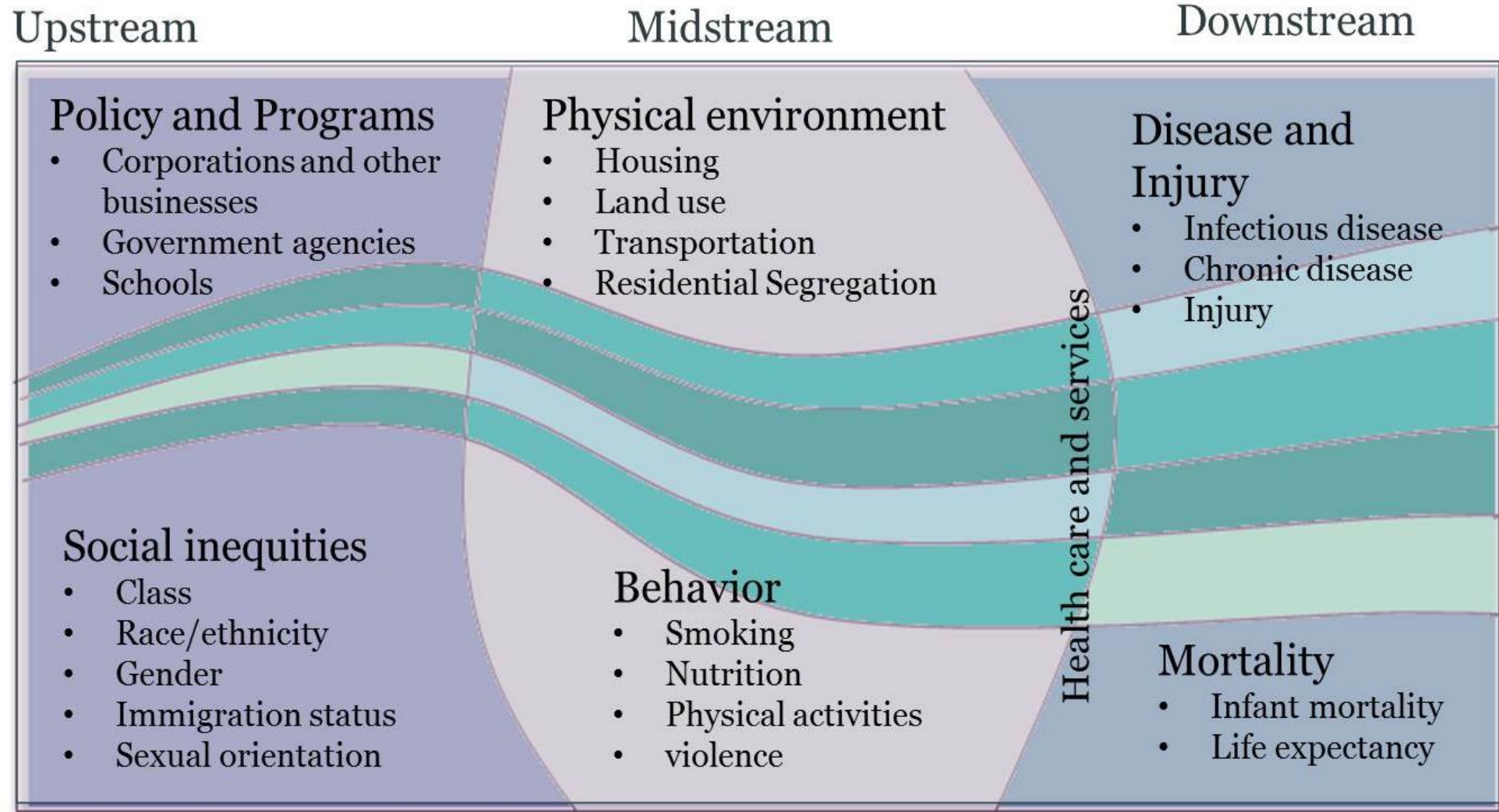
The RHEC Model



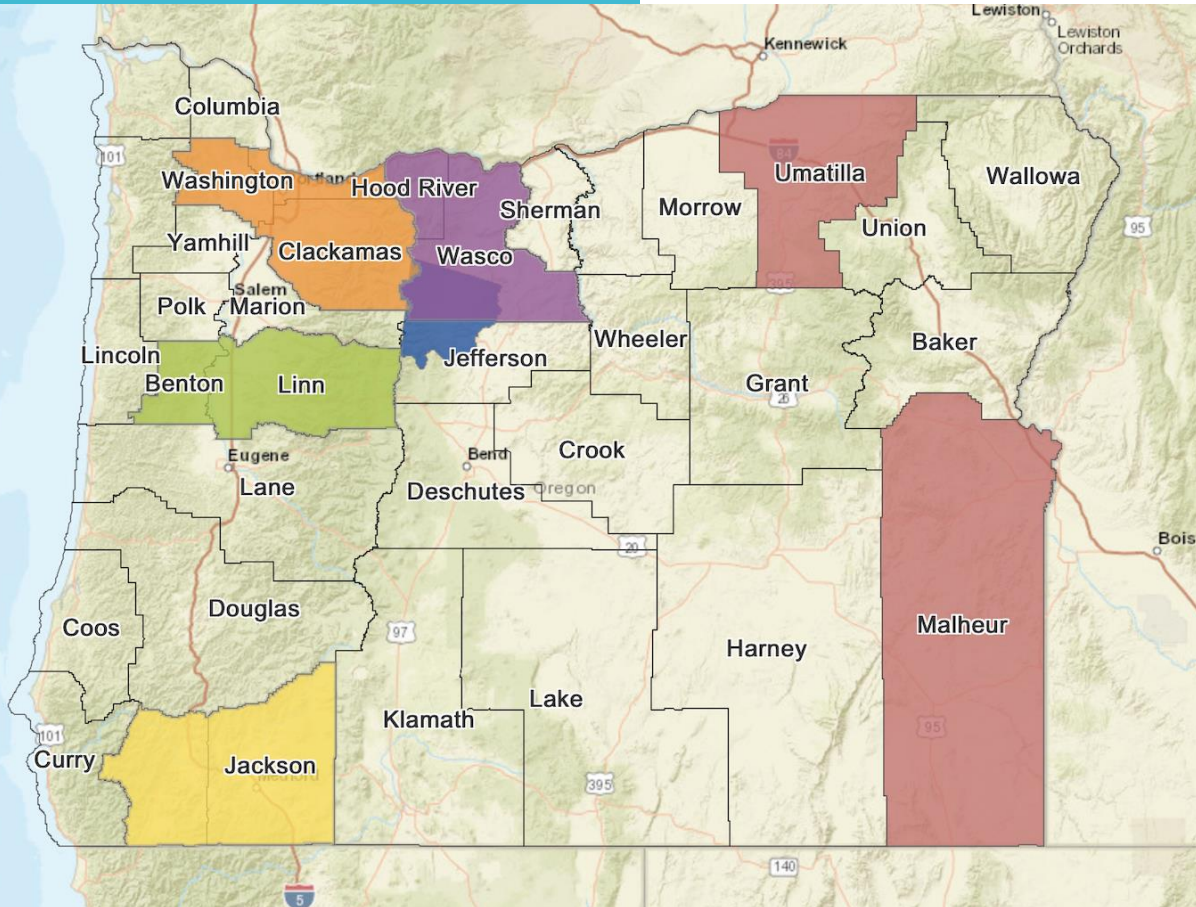
The RHECs are autonomous, **collaborative, community-driven, cross-sector groups** organized regionally to identify **policy, system, and environmental solutions** that increase **health equity** for underserved and underrepresented communities experiencing **health disparities**.



Addressing Social Determinants of Health



Six Regional Health Equity Coalitions (RHECs) in Oregon.
They represent 11 Oregon counties and the Confederated Tribes of Warm Springs.
There are still 25 counties in the state that could benefit from a Regional Health Equity Coalition



RHEC REGIONS

-  Linn Benton Health Equity Alliance
-  Mid-Columbia Health Equity Advocates
-  Oregon Health Equity Alliance
-  Southern Oregon Health Equity Coalition
-  Confederated Tribes of Warm Springs
-  Euvalcree

RHEC Expansion BILL HB 2760 SB70

- Bring RHECs back to previous funding level
- Add 4 more RHECs
- Add staffing for the coordinating program Office of Equity and Inclusion

Develop equity advocates

- Equity, Diversity, and Inclusion
- Community Engagement
- Sexual + Reproductive Health Equity
- LGBTQ+ Summit Planning Committee
- Housing + Transit Workgroup
- Policy Committee

- Language Access - Certified Medical Interpreters & Deaf & Hard of Hearing forum through AllCare
- Increase equity, diversity, and inclusion in HR and organizational practices
 - Lunch & Learn Series
 - Implicit Bias training
 - Panel of Professionals of color
 - Anti-racism training
 - Equity in HR practices training
- Rogue Valley Say Hey

The
**Management
Center**
Turning good intentions
into great results

2-Day Management with an Equity & Inclusion Lens

IMPLICIT BIAS TRAINING
MARCH 13, 2018

Presenters:

John Lenssen

Marjorie Trueblood-Gamble



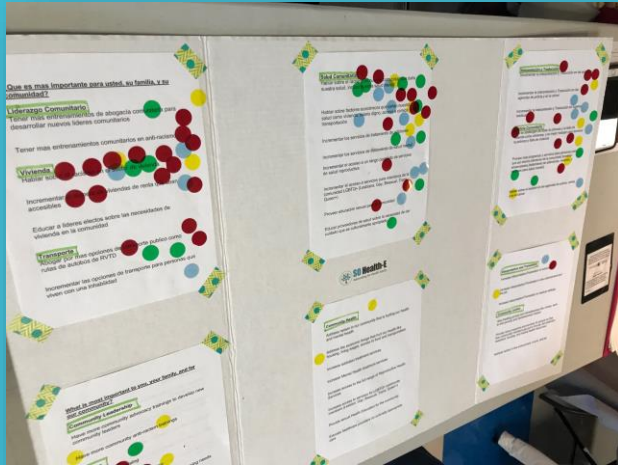
Inclusive Spaces and
Diverse Workforces:
A Panel of
Professionals of
Color



Community Engagement

Co-chair: Maria Lopez
Community Member, Josephine County

Co-chair: Camelia Lopez
Community Member, Josephine County



- Creating **accountability**
- Building **health equity advocates**
- Leveraging collective community power to **impact systems and policy change**



Policy

Youth-Led Advocacy



Mandatory Reporting Impacts

Changing Policy for Equity

SO Health-E Priorities for the 2019 Oregon Legislative Session

Racial Equity

Pass the Equal Access to Roads Act. The ability to drive legally is a basic everyday need for Oregon families. We should all be able to take our kids to school, drive to work, and get around to help family and neighbors in need. We support allowing everyone who live in Oregon to take the drivers test, get a license, and buy car insurance, regardless of their immigration status. SO Health-E supports House Bill 2015.

Strengthen Oregon's Hate Crime Laws. Change Oregon law to make it a felony to intimidate or physically harm a person based on the victims' race, color, religion, gender identity, sexual orientation, disability, or national origin. SO Health-E supports Senate Bill 577.

Stable Housing

Allow creative ways to make more housing available for seniors and people with disabilities. Housing given to the Oregon Department of Human Services as payment for Oregon Health Plan end-of-life care can be donated to housing nonprofits who help seniors and people with disabilities. SO Health-E supports Senate Bill 285.

Allow local cities to direct some of the taxes already collected from hotels and bed and breakfasts to fund affordable housing. Change Oregon tax law to allow a percentage of the local Transient Lodging Tax to fund Affordable Housing in addition to funding the promotion of tourism. SO Health-E supports Senate Bill 595.

Language Access

Make Sure All Patients and Caregivers Can Read and Understand Prescription Drug Labels. Require pharmacies in Oregon to provide prescription drug labels in both English and a readable language for the patient. Ensure patients know their rights to interpretation services at pharmacies. SO Health-E supports Senate Bill 698 and House Bill 2801.





Planned Parenthood of Southwestern Oregon



JACKSON COUNTY Sheriff



Health Equity and COVID Relief

Direct Assistance Josephine and Jackson Counties

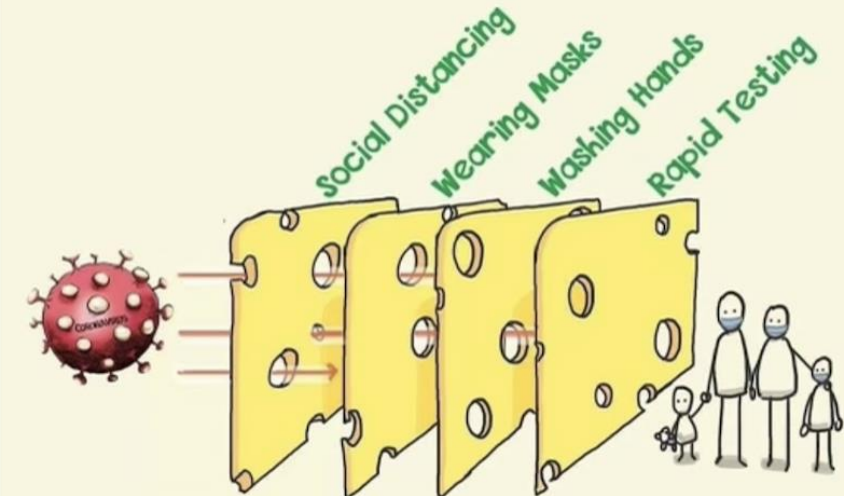


Jackson and Josephine

- 120+ families direct assistance
- Migrant Community
- Very low income
- Seniors, families, people living with a disability
- Lost income due to covid-19



The Swiss Cheese Model



All layers are important because each layer is not perfect.

Created with sketchplanations.com

Fire Relief Work

Direct Assistance

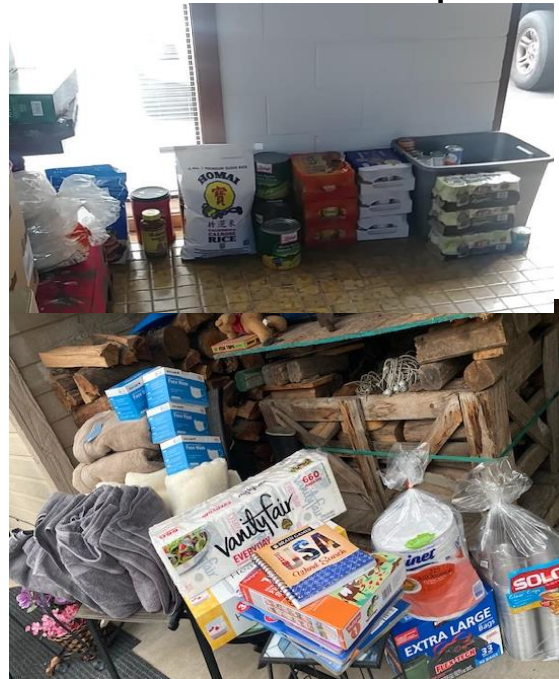
IMMEDIATE SUPPLIES NEEDED

- Laundry detergent
- Dish soap
- Cooking oil
- Juice + gatorade
- Rice + dry beans
- Motrin/Tylenol
- Groceries
- New socks + underwear
- Baby formula, wipes, diapers
- Coffee/Tea/Water
- Oatmeal
- Salt + pepper
- Tortillas
- Cleaning supplies
- Applesauce
- Peanut butter
- Jelly
- Winter Clothes
- Tents
- Bread
- Full-sized shampoo/condit.
- First aid supplies
- Suitcases
- Propane tanks

11/20/2020



- Mutual Aid for Fire Relief site - Phoenix
 - Supplies
 - Bilingual staff
- Initial Focus Group with 10 impacted Latino/a/x families
- Collaboration with Catholic Churches and other partners
- OLLN team/collaborations
 - therapists and legal and immigration professionals



Fire Relief, Health, and Equity in Housing Assistance



- Rogue Valley Fire Relief Fundraiser
 - 5 organization effort

Providence Health Fire Relief

- 45 families in permanent housing
- **Housing is a key social determinant of health**

ROGUE VALLEY RELIEF FUND

Donate now to **directly help those most impacted** by the fires in the Rogue Valley:



bit.ly/rvfirerelief



To achieve Health Equity, systems need to recognize, address, and invest in Social Determinants of Health.



Website:
sohealthe.org

@SOHealthE
on Facebook

[instagram.com/sohealth_e/](https://www.instagram.com/sohealth_e/)



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Equity Coalition Director



Michelle Glass
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Policy & Advocacy Coordinator

John Kitzhaber, MD

Former Oregon Governor,
Emergency Physician



CCO Vision

(Create a New Organization)

Operate under a true global budget with local flexibility and accountability

Move beyond the narrow clinical model with a broader view of community health and equity

Advance universal coverage while managing the total cost of care by moving this model into the commercial market.

Lessons from Past Waivers

Bold vision that pushes the envelope

Built on a foundation of broad consensus in Oregon

Saves money for both the state and federal government

A vision bold enough to capture the attention of the White House

Key Elements of the Next Waiver

1115 Waiver — to move the CCOs to a true global budget

1115 Waiver — to draw down additional federal matching dollars for investments in the community to address equity and the SDoH

1332 Waiver — to move the ACA market from FFS to capitation, with the global budget linked to a sustainable growth rate—and use this restructured market as a public option

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Audience Q&A

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