

Joint Task Force on Universal Health Care



Task Force on Universal Health Care

October 28, 2021

Chair Bruce Goldberg

Vice-Chair Zeenia Junkeer

Agenda

- Opening remarks
- Public engagement
- Revised work plan
- Public comment
- ODE 1: SDOH
- Next steps

Public Testimony – October

- Concerns around the task force considering carving out Medicare – creating a two-tiered system
- Focusing on federal waiver is “is a barrier to finishing the plan”
- Prioritize researching Oregon’s current total health care expenditures
- List of considerations around public engagement: in-person vs. virtual, using monthly task force meetings to expand allotted time for public engagement activities, using surveys, and types of businesses (for-profit, nonprofit, large/small employers)

Public Engagement

Laurel Swerdlow
Dr. Zeenia Junkeer

“Public engagement” refers to the process of soliciting public input.

It includes **community** engagement, **business** engagement, and **health care industry** engagement.

Community Engagement Goals

- Design a plan to improve the health status of individuals, families and communities
- Remind the public of the Task Force charge in SB770 (2019)
- Share elements of June 2021 interim status report and explain process
- Provide authentic space for public to learn, react, ask questions
- Get feedback from communities on specific questions and issues
- Allow space to build trust between and among the public and Task Force

Community Engagement Plan

Phase 1: Small
Roundtable
Discussions

Phase 2: Larger
Community Listening
Sessions



We design sustainable and energetic solutions
to promote powerful communication and engagement
strategies for companies and organizations aiming
to connect with the hearts and minds of BIPOC
communities.

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SB 770 Priority Populations

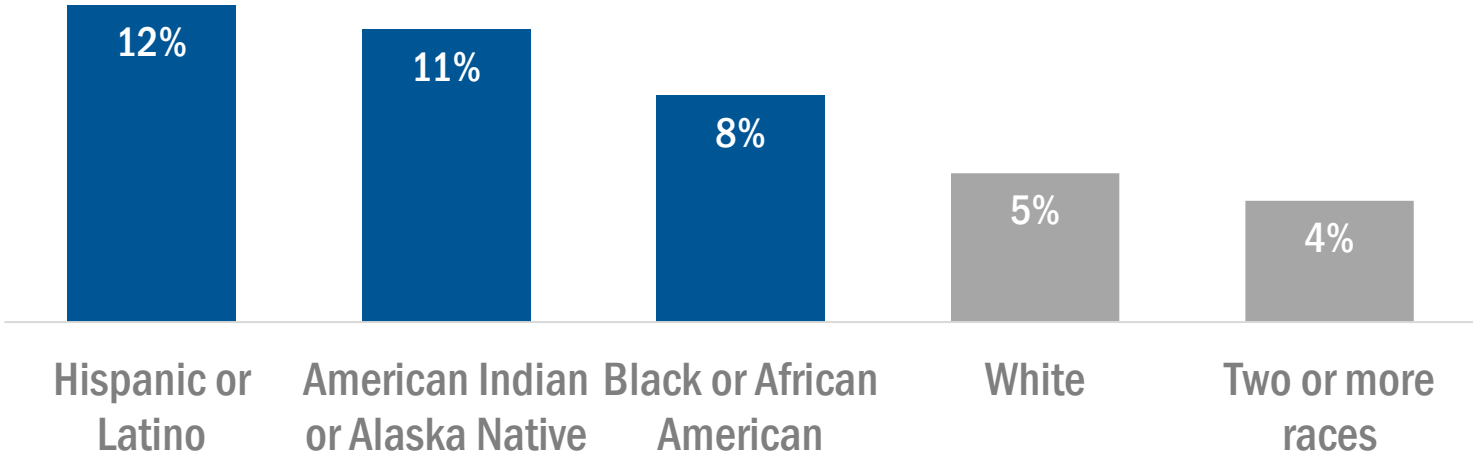
"Ensure input from individuals in **rural and underserved communities** and from individuals in communities that experience health care disparities...

Solicit the perspectives of individuals throughout the range of **communities that experience health care disparities...**

Individuals with a range of health care needs, including **individuals needing disability services and long-term care services** who have experienced the financial and social effects of policies requiring them to exhaust a large portion of their resources before qualifying for long term care services paid for by the medical assistance program..."

Background: Racial Inequities

Communities of Color are more likely to be uninsured in Oregon



Proposed Phase 1 Roundtables

Populations

1. Latinos/as/x that speak Spanish
2. Black and African American Oregonians
3. Native Americans
4. Pacific Islanders
5. Oregonians with Disabilities / Parents of Disabled children

Parameters

- 8-10 participants per group
- Emails and phone calls used for pre-discussion screening
- \$100 honorarium
- Two-hour facilitated discussion
- Discussions moderated by a professional moderator
- Discussions will be held via Zoom

Proposed Phase 2 Community Sessions

Communities

1. North coast
2. South coast
3. Central OR
4. Eastern OR
5. Southern OR
6. Salem/Woodburn/Marion
7. Lane County/Willamette Valley
8. Portland Metro

Parameters

- Two-hour facilitated discussion
- Discussions moderated by a professional moderator
- Discussions will be held via Zoom
- Participatory elements to ensure sessions are more than didactic listening sessions

Business & Health Care Industry

Proposed Engagement Plan

Business & Health Care Industry Engagement

Business Engagement

- 1-2 forums following refinement of financial plan (April-July)
- Solicit feedback on financial plan
- Two-hour discussion facilitated by interested Task Force members
- Discussions will be held via Zoom
- Open invite to anyone interested in this topic
- Focused outreach to large and small employers, unions

Health Care Industry Engagement

- 1-2 forums following refinement of financial plan (April-July)
- Solicit feedback on provider participation
- Two-hour discussion facilitated by interested Task Force members
- Discussions will be held via Zoom
- Open invite to anyone interested in this topic
- Focused outreach to providers, payers, hospitals

Phase 1

Phase 2

2022

Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep

Public
Engagement

Consultant + ad hoc workgroup

Small Group Round Tables

Consultant + ad hoc workgroup

Large Group Community Sessions

Ad hoc workgroup

Business and Health Care Industry Engagement

Online webinar

- Opportunity to reach those unable to participate or not comfortable participating in other sessions
- Could solicit feedback via GoogleForm
- Task Force members may use as part of individual outreach
- Consider sharing with Phase 1 and Phase 2 participants prior to engagement sessions

Refined public engagement proposal

- **Community engagement**
 - 5 demographically specific roundtables
 - 8 geographically specific community sessions
- **Business engagement**
 - 1-2 remote forums to solicit feedback on financial plan
 - Focused outreach to large and small employers, unions
- **Health care industry engagement**
 - 1-2 remote forums to solicit feedback on provider participation
 - Focused outreach to providers, payers, hospitals
- **Online webinar and individual outreach**

Task Force Workplan

Oliver Droppers
Dr. Bruce Goldberg

Confirmed
Workstreams

Outstanding Design
Elements

Expenditures & Revenue
Analysis

Public Engagement

Task Force Meetings: ODE Schedule

Month	Outstanding Design Element Discussion
October	Social determinants of health and health related services
November	Provider participation requirements and conditions
December	Supplemental coverage
January	Long term care services and supports
February	Financial emergency preparedness & high-level transition plan

Workgroups



Public Engagement Ad Hoc
Workgroup



Expenditures and Revenue
Analysis Workgroup



Communications Ad Hoc
Workgroup

Public Engagement Ad Hoc Workgroup

- Review plans for community engagement, health care industry engagement and business engagement
- Recruit participants
- Support content development for engagement sessions

Expenditures and Revenue Analysis Workgroup

- Review technical aspects of revenue and expenditure models
- Consult with the Legislative Revenue Office / actuarial contractor and report out to Task Force
- Identify experts, determine assumptions, and review estimates

2022

Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep

Expenditure Analysis

Actuary

Analyze status quo expenditures

Workgroup

Review expenditure model assumptions

Revenue Estimates

LRO

Prepare revenue model + preliminary revenue estimates

Workgroup

Review estimates and modify model

ERA Workgroup

Public Engagement

Small Group Round Tables

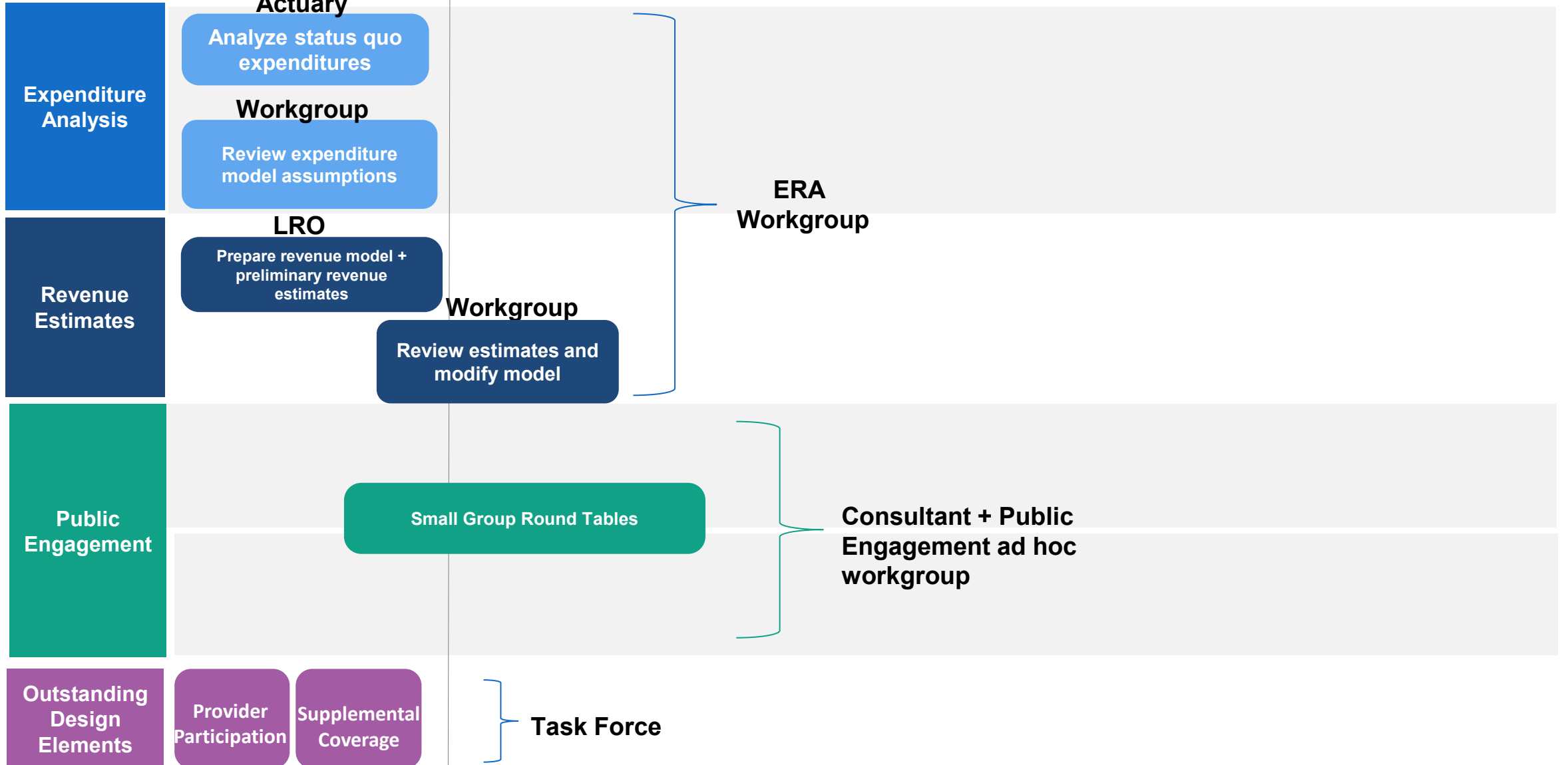
Consultant + Public Engagement ad hoc workgroup

Outstanding Design Elements

Provider Participation

Supplemental Coverage

Task Force



2022

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Expenditure Analysis

Actuary

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Preliminary expenditure estimates

Workgroup

Review expenditure model assumptions

ERA Workgroup

Revenue Estimate

LRO

Prepare revenue model + preliminary revenue estimates

LRO

Revised revenue estimates using model

Workgroup

Review estimates and modify model

Consultant + Public Engagement ad hoc workgroup

Public Engagement

Consultant + ad hoc

Small Group Round Tables

Outstanding Design Elements

Provider participation

Supplement Coverage

LTSS

Financial Reserve

Transition Plan

Task Force

2022

Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep

Expenditure Analysis

Actuary
Analyze status quo expenditures

Actuary
Preliminary expenditure estimates

Workgroup
Review expenditure model assumptions

Workgroup
Review revised expenditure estimates



Revenue Estimate

LRO
Prepare revenue model + preliminary revenue estimates

Workgroup
Review estimates and modify model

LRO
Revised revenue estimates using model

Revise revenue + integrate ODEs and Phase 1 findings into revised Plan

Pencils down!

Task Force

Public Engagement

Consultant + ad hoc
Small Group Round Tables

Task Force

Outstanding Design Elements

Provider Participation

Supplemental Coverage

LTSS

Financial Reserve

Transition Plan



2022

Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep

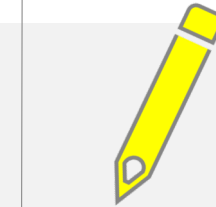
Expenditure Analysis

Actuary
Analyze status quo expenditures

Actuary
Preliminary expenditure estimates

Workgroup
Review expenditure model assumptions

Workgroup
Review expenditure estimates



Pencils down!

Revenue Estimate

LRO
Prepare revenue model + preliminary revenue estimates

LRO
Revised revenue estimates using model

Workgroup
Review estimates and modify model

Task Force
Revise revenue + integrate ODEs and Phase 1 findings into Revised Plan

Public Engagement

Consultant + ad hoc
Small Group Round Tables

Task Force
Large Group Community Meetings

Public Engagement Ad hoc workgroup
Business and Health Care Industry Engagement

Task Force
Integrate input + finalize report

Outstanding Design Elements

Task Force
Provider participation
Supplemental Coverage
LTSS
Financial Reserve
Transition Plan

Communications Ad Hoc Workgroup

- Develop messaging to support TF communications
 - One pager of key messages from Interim Status Report
 - Regularly updated list of Frequently Asked Questions
 - Written communication related to public engagement and other key developments
- Not responsible for outreach or public engagement

Call for volunteers

Public Engagement ad hoc workgroup

Communications ad hoc workgroup

Expenditure and Revenue Analysis (ERA)
workgroup

Please email chair, vice-chair (cc staff) if you plan to participate on one or more workgroups **NO** later than **Monday, Nov. 1**



Public Comment

ODE One: Social Determinants of Health (SDOH)

Brian Nieuburt
Dr. Zeenia Junkeer

Charting a Path Forward on SDOH

- Of all the Outstanding Design Elements and Extension elements, SDOH is the only one not clearly identified in SB 770 as a Task Force requirement to address
- Task Force is clear that SB 770 goals cannot be achieved without addressing SDOH
- Challenge: how to create a strong policy path that grounds SDOH in the language of the bill AND provides clear implementation recommendations for the Board
- Draft recommendations document is a starting place - want to incorporate Task Force improvements and changes

Today's Discussion

1. Brief refresher on SDOH/TF discussions (Brian)
2. Review SDOH Proposal (Brian)
3. Task Force discussion of proposal (VC Junkeer)
 - Comments, questions, feedback from TF members

Process After Today

1. TF members can submit written feedback until (Weds Nov 3?)
2. Staff will edit proposal based on TF feedback (both oral and written), meet with Chair/VC to finalize
3. Send revised proposal to TF by Nov 17
4. TF Nov 23 meeting: review revised proposal and vote

Year 1 TF Engagement with SDOH

- EBA TAG and CAC identified SDOH (systemic oppression, racism, poverty, etc.) as significant factors affecting health outcomes & access to care
- TAG and CAC had several discussions about SDOH & how to tackle complexity
- Ultimately, TAG recognized topic needed more time and thinking. Recommended to TAG that:
 1. Addressing SDOH are paramount to a successful single payer plan;
 2. Supporting SDOH cannot be accomplished within the traditional benefit design
- Interim Report identified SDOH as an Outstanding Design Element to be addressed in extension

OHA Recent History of Prioritizing SDOH

- 2017: Oregon Medicaid 1115 waiver encouraged CCOs to address SDOH through Health-Related Services
- 2017: Gov. Brown outlined expectations that CCO contracts include social determinants of health & equity (SDOH-E) to improve OHP member health
- 2018: Medicaid Advisory Committee proposed definitions to guide OHA work in this space
- 2019: OHA formally adopted definitions of key terms to guide CCO service delivery that supports social determinants

OHA Definitions

Social Determinants of Health: The social, economic, and environmental conditions in which people are born, grow, work, live and age, and are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities.

Social Determinants of Health Equity: The systemic or structural factors that shape the distribution of the social determinants of health in communities.

Health-Related Social Needs: An individual's social and economic barriers to health, such as housing instability or food insecurity.

OHA Definitions

Health Related Services: Noncovered services under Oregon's Medicaid State Plan that are not otherwise administrative requirements and are intended to improve care delivery and overall member and community health and well-being. HRS are intended to address Health-Related Social Needs and are **provided as a supplement to covered health care services.**

Examples include:

- Healthy food boxes
- Gas vouchers
- Legal assistance for citizenship issues
- Employment support
- Temporary housing
- Home/utility repair

OHA's SDOH Medicaid Priorities

- Supporting Health for All through Reinvestment (SHARE) Initiative: CCOs required to spend on SDOH in at least 1 of priority areas: (1) economic stability; (2) neighborhood/built environment; (3) education; (4) social/community health
- HB 3353 (2021): Led by Regional Health Equity Coalitions (RHECs). Requires OHA to seek federal approval of amendment to 1115 waiver that would require CCOs to spend up to 3% of global budgets on (1) health equity investments; and (2) enhanced payments to providers & staff that improve community health & help underserved populations

Federal Guidance on SDOH

Medicaid

- 2021 CMS issued guidance to states to support them in designing programs that support population health & disability, lower costs
- Focus on what is doable under current law
- Emphasized importance of VBP in paying for services that support SDOH

Medicare

- 2020: Scope of allowable services in Medicare Advantage plans expanded for enrollees with chronic illness or other specific health conditions to include non-health focused benefits
- Guidance is clear that ability to provide expanded benefits is dependent on enrollee health status

Case Study: Reproductive Health Equity Act, 2017

Advocacy by individuals and organizations

- Wanting to ensure a smooth implementation, advocates worked with systems partners to ensure that services would be offered seamlessly
- Conversations with insurers
- Broad language as a strategy to ensure flexibility
- Points of tension about whose job it was to ensure accountability during implementation

Implementation by health systems, the health authority's respective programs, and insurers

- State oversight limitations, 'enforcement' limitations, noncompliance grey areas
- No funding for implementation or for continued advocacy work/support
- Interpretation of broad/general/vague language
- Complicated funding pathway or processes allow created burdens for individuals

Current considerations:

- Need to address issues via policy fix
- Services and payment frameworks needed stronger language or teeth

Task Force Finding & Recommendations

DRAFT Statements for
Discussion

The Task Force on Universal Health Care finds that addressing SDOH-E is foundational for:

- Improving the health status of individuals, families & communities
- Ensuring that Oregon's Health Care for All Oregon Plan (Plan) provides equitable access to person-centered care
- Lowering the overall cost of care and making the Plan financially sustainable and operationally efficient.

The Task Force recommends that the Health Care for All Oregon Board (Board) be directed to:

1. Review and incorporate lessons from SDOH efforts around the state including, but not limited to, the **SHARE initiative and HB 3353**.
2. Maximize the current federal flexibilities and allowances that exist to address SDOH-E in the Medicare and Medicaid programs. Where ~~evidence-based~~ **community-informed** opportunities to address SDOH-E are not eligible for federal financial participation, **the Board should prioritize seeking federal approval or consider the use of non-federal resources.**

The Task Force recommends that the Health Care for All Oregon Board (Board) be directed to:

3. Prioritize ~~partnering~~ **building strong, sustainable, mutually beneficial relationships** with existing entities, including public health agencies, social service agencies, and community-based organizations (CBOs) that are already addressing SDOH-E in Oregon's communities. **Regional Entities shall advise the Board on local partnerships that support the needs of their specific communities.**
4. **Create reimbursement arrangements** to support the delivery of services in ways that both respect and address SDOH-E.
5. **Develop systems to continuously collect and analyze data on SDOH-E** to ensure investments are focused and effective. Data collection should include, **and prioritize, feedback from enrollees** of the Plan and communities **regarding the SDOH-E investments.**

Task Force Discussion

What additional direction, prioritization, or accountability should be given to the Board to ensure SDOH are appropriately addressed in implementation of the Plan?

How well do these recommendations align with the TF vision and values in support of ensuring a strong framework for SDOH related resources, funding, prioritization, within our single payer plan?

November Task Force Schedule

- **Steering Committee** (Nov. 10) – volunteers or random assignment?
- **ERA workgroup** (Nov. 3, Nov. 17) – Review workplan, meet with LRO
- **Public engagement ad hoc workgroup** – Community engagement phase 1 content development
- **TF meeting** (Tuesday Nov. 23) – SDOH vote, provider participation discussion