OREGON HEALTH AUTHORITY

OHA Director 2024 Statewide Listening Tour




December 2024

Letter from the OHA Director

Dear partners and community members:

In my first six months as OHA Director, I embarked on a series of visits to listen and learn from our partners and community leaders in every region of the state – bringing with me key OHA leadership team members to hear Oregonians' ideas and act on your concerns. My priority is and has always been to center the work we do in the real needs, voices, and experiences of the people the Oregon Health Authority is called to serve. And your passion and participation in these visits are what make that type of partnership possible.

While this dialog continues, and both my team and I continue to make visits across the state, I am proud that our listening tour brought us to all seven regions and more than a dozen communities in Oregon – including Astoria, Bend, the Dalles, Eugene, Hood River, Grants Pass, Klamath Falls, Lebanon, Medford, Pendleton, Portland, Redmond, and Salem.

In a state with so much diversity in its communities, landscapes, economies, and histories, it is no surprise that we learned about a vast range of local concerns and innovations.

But there also emerged recurring themes that illuminated just how significant, because shared, are a growing share of our challenges: from health care workforce shortages – particularly in obstetrics, behavioral health, and primary care – to pleas to lighten state-imposed administrative burdens, to despair and anger over the surge in psychiatric emergency department boarding among our kids, to a reminder that – whatever the crisis of the day or the scarcity of the moment – we must not forget to heed or fund basic pubic health services such as water quality and communicable disease prevention.

We heard, we listened, we took note, we brought back. This report is our first attempt to capture how we are actively translating all you told us into real, if incremental, policy and program changes to make those concerns right.

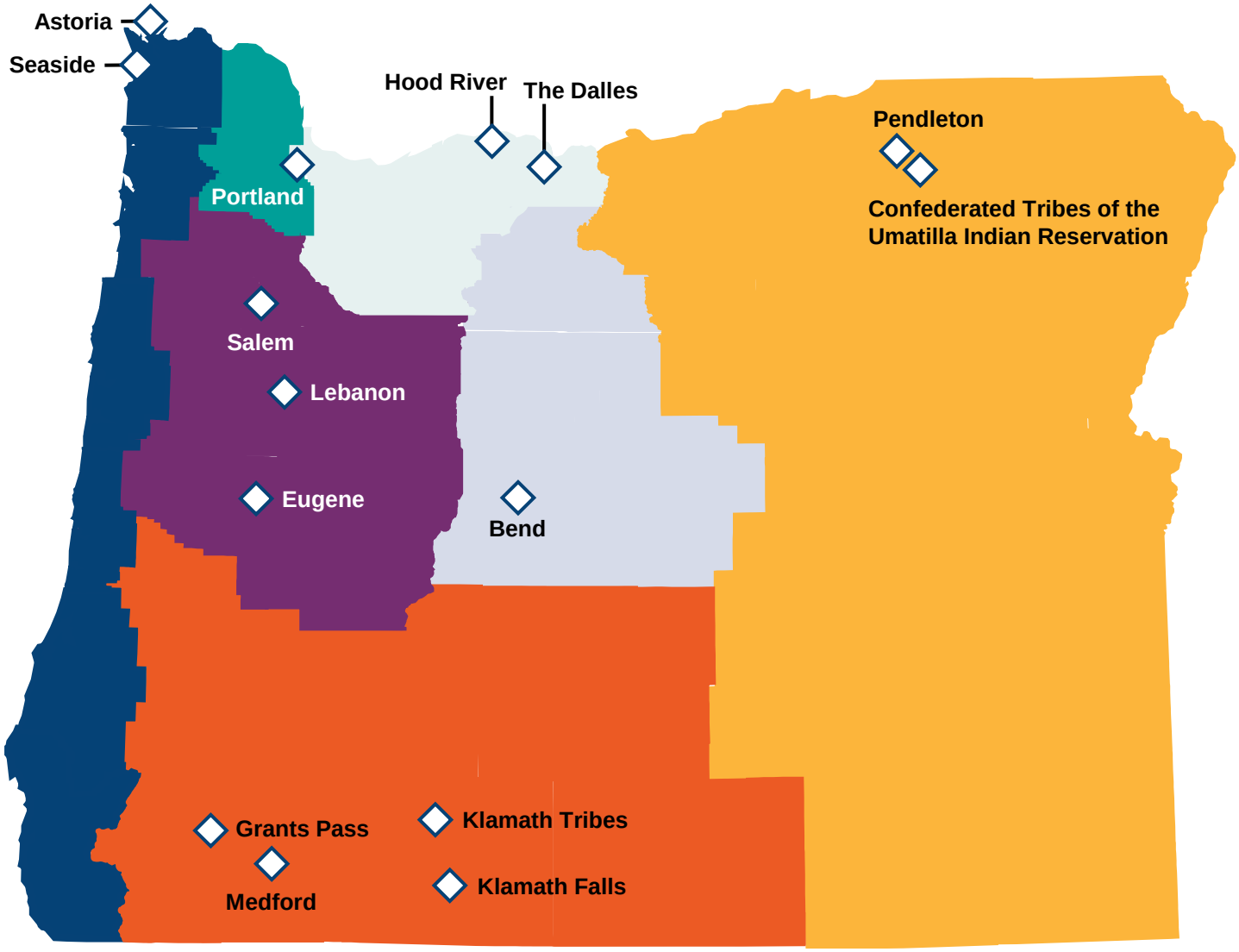
Over the past few months, staff across our Behavioral Health, Medicaid, Public Health, and Health Policy and Analytics divisions have been convening to review and synthesize your feedback and identify regulatory, funding, and administrative changes we can make to address the issues you raised. This report describes the concrete steps we've now begun to take to execute these changes, and we hope it can serve as the first step toward making good on our promise of transparency and accountability. Each section includes a graphic that marks our progress toward resolution and shows how this effort maps onto OHA's Strategic Plan. Our goal is to maximize transparency, improve our own accountability, and strengthen our partnerships with each of you.

Now, let me state upfront: many of these challenges are deep, longstanding, and complex. There are no easy solutions. But I'm grateful for the feedback you and other partners have shared with us, and the hard work staff across OHA are dedicating to clearing barriers and charting paths forward.

Thank you for taking the time to meet with me during these regional visits. I look forward to continuing the conversation and deepening our partnership to better serve all Oregonians.

Sejal Hathi, M.D., MBA
Director

Trips – Regions Visited



1,920 Miles Traveled

48 Meetings Held

62 Issues shared back with policy staff

35 counties represented across visits

112 Ounces of Coffee Consumed

Strategic Plan

Strategic goal pillars

Transforming behavioral health	Strengthening access to affordable care for all	Fostering healthy families and environments	Achieving healthy Tribal communities	Building OHA's internal capacity and commitment to eliminate health inequities

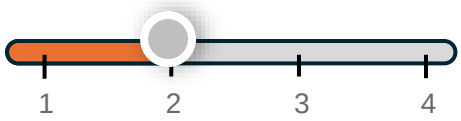
Policy Issue Spotlights

The policy spotlights below describe the concrete steps agency staff are taking to address concerns raised on the listening tour. The progress bar in each spotlight represents how close each issue is to resolution. Additionally, the color of each spotlight shows its alignment to the goal pillars of OHA's 2024-2027 Strategic Plan. A legend is provided at the bottom of each page.

Public Health

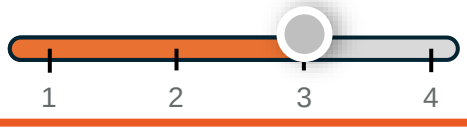
Facilitating CCO and local public health engagement

In multiple regions, local public health partners described overlapping and sometimes redundant community health assessment and community health improvement plan requirements and expressed a desire for deeper collaboration and alignment with the state's coordinated care organizations (CCOs). In response, OHA is working with the Oregon Health Policy Board, in collaboration with the Public Health Advisory Board, to revise the Public Health Advisory Board Guiding Principles for Health Care and Public Health Collaboration document, including a thorough review of community health assessment and community health improvement plan requirements and opportunities for further partnership. Additionally, public health staff have planned engagement with local public health authorities (LPHAs) through December 31, 2024, in order to identify ideal ways to work in partnership with CCOs and will work with OHA's Medicaid Division to ensure that LPHAs are included in the next phase of CCO contract planning and that better integration with LPHAs is prioritized in the next CCO procurement.



Action on childhood lead exposure

In Southern Oregon, partners described the need for greater action on childhood lead exposure. In order to increase access to both childhood blood lead testing and lead investigations, OHA's Medicaid Division just issued new rulemaking that ensures lead testing and investigations are reimbursed. Additionally, OHA's public health staff are discussing blood lead screening recommendations with CCO medical directors and by December 31, 2024, aim to develop a CCO incentive measure on childhood lead screening in coordination with OHA Health Policy & Analytics (HPA) Division staff, identifying how to use flexible services funding to cover lead-based paint remediation. Finally, the entire agency has committed to increasing childhood blood lead screening rates among Medicaid-enrolled children by making screening rates an outcome measure for the third goal (*Fostering healthy families and environments*) of its strategic plan.



Strategic goal pillars

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Policy Issue Spotlights

Supporting Sexually Transmitted Infection (STI) prevention, screening, and treatment

In the Willamette Valley, partners shared the impact of disappearing disease intervention specialist (DIS) workforce funding on their ability to adequately address sexually transmitted infections (STIs) in their communities. In response, OHA's public health division has committed to developing and implementing a new funding model to maximize resources for LPHAs for STI prevention, screening and treatment. The Public Health Division will develop funding strategies that will be shared with the Conference of Local Health Officials for discussion at the end of 2024 and will continue to work with federal funders to identify possible flexibilities to maximize resources. Additionally, the Public Health Division is partnering with Medicaid and HPA to develop an In Lieu of Services (ILOS) Medicaid provision related to HIV/STI testing by early 2025 that will allow community health workers (CHWs) and other members of the STI workforce to be reimbursed for services provided to CCO Members under the standing orders of an advanced practice provider.

Medicaid

Simplifying reimbursement for doulas

In Southern Oregon, partners described the importance of doula care (non-medical support during and after pregnancy) on positive maternal and birth outcomes and highlighted the difficulty that many doulas have in seeking reimbursement through Medicaid. OHA recognizes the need to create more community-based doula hubs to help self-employed doulas navigate the complexities of Medicaid billing. Doula hubs allow groups of doulas registered as Traditional Health Workers to bill together instead of as individuals. The doula hub model has proven successful in helping doulas navigate the billing process and has supported OHA to improve delivery of services. OHA is therefore both pursuing a federal grant to support the expansion of the doula hub model across the state and seeking funding in the 2025 state legislative session to scale doula hubs.

Policy Issue Spotlights

Scaling Medicaid reimbursement for street medicine

In multiple regions, partners asked about the ability of providers to bill for preventive, screening, diagnostic and treatment services delivered to individuals living on the street and other unsheltered environments. The federal Centers for Medicare and Medicaid Services (CMS) assigned a new billing code to non-permanent locations at the end of 2023 (through a place of service code) to reimburse health care professionals for providing outpatient services to people where they live. But this is not well known among providers, who also expressed a desire for technical assistance in using this new code to bill Medicaid for street medicine. By December 31, 2024, OHA's Medicaid Division has therefore committed to develop and disseminate formal guidance to partners explaining this update and how to use it in practice, with an offer of ongoing technical assistance. Additionally, OHA staff will explore existing billing data to determine how frequently CMS's new code is currently used, in order to guide future conversations and approaches to assistance.

Ensuring awareness of reimbursement for community health workers (CHWs)

Across the state, partners described the challenges that community health workers (CHWs) have in billing Medicaid for services provided. CHWs play a critical role in improving both individual and population health by bringing their lived experience to provide care and address the upstream determinants of health of those they serve. Earlier this year, the agency released guidance on CHW enrollment, fee-for-service billing, and coding, with the goal of helping providers enroll in the Medicaid Management Information System (MMIS) and provide service to Medicaid beneficiaries, as CHWs are required to enroll as rendering providers who work and bill under the supervision of a licensed provider. By December 31, 2024, OHA's Medicaid and Equity & Inclusion divisions will partner to establish dedicated technical assistance to support provider organizations and payors in enrolling CHWs so that they may be appropriately reimbursed for their services. Additionally, OHA Medicaid staff will explore alternative payment methodologies in the future to best support CHWs and the care they provide.

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Policy Issue Spotlights

Health Policy and Analytics

Better capturing urban-rural disparities

In Eastern Oregon, partners expressed concern that OHA's existing performance dashboards do not consistently or adequately disaggregate data by geographic setting – urban, rural, frontier – or otherwise allow for data to be parsed by geographic inequities. They asked that OHA use geographic data as well as race and ethnicity data to evaluate possible inequities produced by the urban-rural divide. The agency is therefore planning a significant update in 2025 to the CCO Performance Metrics Dashboard, which currently displays health outcome data 'sliced' by race, ethnicity, language, and disability and by CCO. The update will add geographic dimensions to all data, including urban and rural designations. It will also incorporate new data analysis tools from OHSU's Oregon Office of Rural Health that allow users to evaluate CCO metrics in terms of geographic units, called Service Areas, that are smaller than counties but larger than zip codes and census tracts.

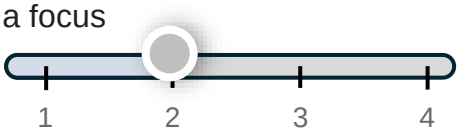
Increasing health care access through alternative payment models

Across the state, partners asked how alternative payment models, such as prospective population-based value-based payment (VBP) models, could be leveraged to support providers and increase access to health care services for patients. Research shows that prospective population-based VBP models can increase the accessibility and financial sustainability of rural health care services. Across the country, prospective primary care population-based payments for a defined set of primary care services better positioned some rural practices to meet patients' care needs during the pandemic, while hospital global budgets that pay a pre-determined, fixed annual amount for hospital inpatient and outpatient facility services have been shown to stabilize cash flow to rural hospitals. In response to these requests and in recognition of the research, OHA will pilot both an outpatient primary care VBP model and a hospital global budget model in rural Oregon over the next year, which will help us better evaluate impact of these models in Oregon, as well as determine whether and how we might scale these models to other parts of the state.

Policy Issue Spotlights

Strengthening and supporting rural health care facilities to prevent closures

In Eastern Oregon, and across the state, partners lamented the growing spate of hospital and health clinic closures affecting equitable access to care. This challenge is especially acute in rural communities where, amid falling birth rates and rising costs, hospitals are shuttering their maternity wards – forcing families to travel longer and wider to access basic obstetric care. To respond to these trends, OHA formed an internal workgroup this year tasked with identifying policies and administrative actions the agency can take to mitigate the risk of health facility and service line closures. As its first deliverable, the workgroup produced an internal Standard Operating Procedure to corral and coordinate what was previously a disjointed cross-agency response – including external technical assistance, patient safety protections, and appropriate notifications – in the event of an imminent facility closure. Now, the workgroup is researching state and federal policy levers, including workforce incentives and new payment models, that can shore up rural facilities and reduce the risk of closures. The agency's goal is to identify and implement in 2025 and 2026 a set of both immediate and longer-term policy actions to protect access to care, with a focus on perinatal services in rural communities.



Sharing data to support value-based payment models

Several community health centers expressed a need for additional patient-level cost and utilization data from CCOs to make informed decisions when entering into risk-based value-based payment (VBP) arrangements, and to be successful in those arrangements. To respond to this need and make it easier for CCOs and providers to exchange this data, OHA partnered with the Oregon Primary Care Association (OPCA) and, this summer, interviewed all CCOs and 19 providers to learn about both barriers to and best practices for VBP data sharing. Over the next year, OHA will use the insights gleaned to:

a) develop and disseminate specific voluntary data-sharing standards for CCOs,
b) provide technical assistance and training to CCOs to support them in meeting these standards,
c) monitor whether CCOs are voluntarily sharing with providers the data they need, and
d) evaluate which data-sharing requirements to incorporate in future CCO contracts.

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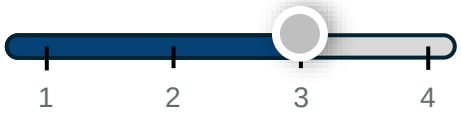
Policy Issue Spotlights

Behavioral Health

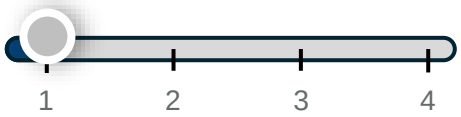
Investing in peer-delivered services

In Hood River, partners emphasized the importance of peer-delivered services, which are community-based services and supports provided by peers, peer support specialists, and peer wellness specialists to individuals or family members with similar lived experience, either as a current or former recipient of substance use, problem gambling, or mental health services. OHA is investing in peer-delivered services through two significant state funding requests: $10 million per biennium of direct investment into the peer-delivered services workforce and $10 million per biennium for a community-based center of excellence for culturally specific community-based organizations providing behavioral health support, which would also increase funding for the Peer Regional facilitation Centers in counties across Oregon for the first time in 10 years. Beyond these requests for state funding, OHA's Behavioral Health division, which oversees the certification standards and rules for peer-delivered service providers, is additionally working to provide education and awareness to partners around peer-delivered services and continue negotiations with CMS around Certificate of Approval requirements for billing of peer-delivered services.



Strengthening the community mental health workforce

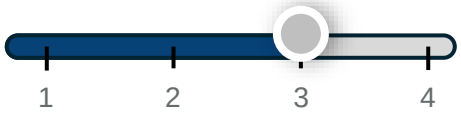
Across the state, partners shared their difficulty recruiting and retaining trained mental health professionals to serve high-acuity patients in community mental health settings. Some Community Mental Health Programs (CMHP) asserted that OHA's rules changed a few years ago to allow non-licensed clinicians to move into private practice, under supervision, where this had previously been reserved for licensed clinicians only. Partners shared that this shift created a shortage of providers for CMHPs and other non-profit providers of BH services, as newly graduating therapists began moving into private practice while they completed their licensure process, rather than working in a public agency. OHA reviewed its records and conducted an internal scan of its policies, OARs, and prior guidance to evaluate these reports. And, in response to concerns, OHA will issue rulemaking in early 2025 that prohibits practice settings employing behavioral health providers registered as interns or licensed as non-clinical providers from billing Medicaid unless they hold either a certificate of approval – for instance, as a CMHP – or another OHA license – for instance, as a hospital – thereby ensuring that this critical workforce pipeline is directed toward our highest-need and highest-acuity settings in the state.



Policy Issue Spotlights

Supporting Contingency Management

In the Portland metro region, partners asked what more OHA could do to support Contingency Management (CM), a behavioral therapy in which desired behaviors are reinforced with cash, prizes, or privileges. The State Opioid Response grant has funded several pilots through Opioid Treatment Programs that have affirmed the success of CM, and the current evidence base supports CM as the single most effective treatment for stimulant use disorders. By spring of 2025, therefore, OHA's Behavioral Health and Medicaid divisions will apply for a federal 1115 SUD Demonstration waiver that will include, for the first time, a request that Medicaid cover CM services. If this application is approved, this waiver and all relevant services will start on April 1, 2026. This article from the US Department of Health and Human Services has greatly informed our approach to the application as it highlights the utility of CM for individuals with SUD.



Strengthening the crisis response system with mobile crisis teams

In the Portland metro area, partners requested flexibility in meeting the two-person requirement for mobile crisis teams, citing difficulty in meeting the requirement overnight. The two-person requirement, based on SAMHSA best practices, was built into rule effective January 2023. However, OHA has recognized that there are barriers to implementation of the new rule due to workforce challenges. In response, OHA's Behavioral Health division issued emergency rulemaking that will retain flexibility for one-person mobile crisis teams through June 2025, allowing CMHPs additional time to develop sustainable two person teams. In the meantime, OHA will continue to offer CMHPs technical assistance on establishing, recruiting for, and leveraging Medicaid matching dollars for mobile crisis teams.

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Policy Issue Spotlights

Meaningfully addressing administrative burden in behavioral health

In multiple regions, partners described a high degree of administrative burden faced by behavioral health providers, with negative impacts on provider morale and care delivery. OHA has undertaken three workstreams to address administrative burden among these providers: (1) the HB 2235 Workforce Workgroup, (2) a study required by HB 4092, and (3) the Tackling Administrative Burden (TAB) workgroup (TAB). The HB 2235 Workforce Workgroup will issue recommendations on a variety of topics that impact workforce, including administrative burden, in December 2024. The HB 4092 study will evaluate state laws, administrative rules, and contracts that affect behavioral health care providers and CCOs and, by December 15, will issue findings and recommendations for eliminating redundancies, contradictions and outdated language. OHA will use these recommendations as well as additional county-specific case studies it is conducting this winter to identify and initiate rulemaking in 2025 to reduce administrative burden, starting with CMHP providers. OHA's Behavioral Health Division will also develop a single definition of administrative burden to evaluate against potential policy changes at the point of practice. Finally, the TAB workgroup was a legislatively mandated workgroup that met in 2021 and 2022 to develop 8 recommendations for OHA to eliminate administrative burden and increase efficiencies for behavioral health providers. While the agency struggled with initial delays, OHA's Behavioral Health Division has committed to implementing all 8 recommendations by the end of 2024 and will issue a formal memo to agency partners and workgroup members at that time outlining exactly what was done and how.

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OREGON HEALTH AUTHORITY

Thank you

The 2024 listening tour was one of the highlights of Director Hathi's first year and an incredible opportunity for mutual information-sharing and problem-solving between OHA and local communities, providers, payors, and other institutions across Oregon. Still, we know a singular set of visits is not enough: We must continue to proactively foster dialogue – to listen, learn, and act on the real needs and priorities of communities from Ontario to Astoria so OHA can truly appreciate, support, and facilitate the necessary work. We are committed, therefore, to continuing the tradition of regional visits throughout Director Hathi's tenure and look forward to hosting both virtual and in-person discussions across all 7 regions of Oregon over the coming months and years.

To learn more, reach out at OHA.DirectorsOffice@odhsoha.oregon.gov