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STATE BOARD OF HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 N.E. 10th
Oklahoma City, Oklahoma 73117-1299

Tuesday, July 9, 2013 11:00 a.m.

R. Murali Krishna, President of the Oklahoma State Board of Health, called the 381st regular meeting of the Oklahoma State Board of Health to order on Tuesday, July 9, 2013 at 11:03 a.m. The final agenda was posted at 10:19 a.m. on the OSDH website on July 8, 2013, and at 10:01 .m. at the building entrance on July 8, 2013.

ROLL CALL

Members in Attendance: R. Murali Krishna, M.D., President; Ronald Woodson, M.D., Vice-President; Martha Burger, M.B.A., Secretary-Treasurer; Terry Gerard, D.O.; Charles W. Grim, D.D.S.; Timothy E. Starkey, M.B.A.; Cris Hart-Wolfe.

Absent: Jenny Alexopulos, D.O.; Robert S. Stewart, M.D.

Central Staff Present: Terry Cline, Commissioner; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Steve Ronck, Deputy Commissioner, Community and Family Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman, Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Lloyd Smith, Director of Internal Audit and Office of Accountability Systems; Leslea Bennett-Webb, Director of Office of Communications; Joyce Marshall, Director of Office of Performance Management; John Giles, Director of Health Planning and Grants; VaLauna Grissom, Secretary to the State Board of Health; Commissioner's Office; Janice Hiner, Felesha Scanlan.

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks

Dr. Krishna called the meeting to order. He welcomed special guests in attendance the newest member appointed to the State Board of Health, Dr. Charles A. Grim. Dr. Grim is a former Director of Indian Health Services and current Deputy Director for Health Services for the Cherokee Nation. Dr. Grim is a dentist by profession and also a retired Assistant Surgeon General and Rear Admiral in the Commissioned Corps of the United States Public Health Services. Dr. Krishna invited Dr. Grim to say a few words about his background. Dr. Grim indicated he is excited to serve on this Board and hopes his 30 years of public health experience and broad background will lend to this Board.

REVIEW OF MINUTES

Dr. Krishna directed attention to review of the minutes of the June 11, 2013, Regular Board meeting.

Dr. Woodson moved Board approval of the minutes of the June 11, 2013, Regular Board meeting as presented. Second Dr. Gerard. Motion carried.

AYE: Gerard, Krishna, Starkey, Woodson

ABSTAIN: Burger, Grim, Wolfe

ABSENT: Alexopulos, Stewart

STRATEGIC MAP UPDATE PRESENTATION: Julie Cox-Kain, M.P.A., Chief Operating Officer; Toni Frioux, M.S., APRN, CNP, Deputy Commissioner for Prevention and Preparedness Services



OKLAHOMA STATE DEPARTMENT OF HEALTH

LEVERAGE RESOURCES FOR HEALTH OUTCOME IMPROVEMENT

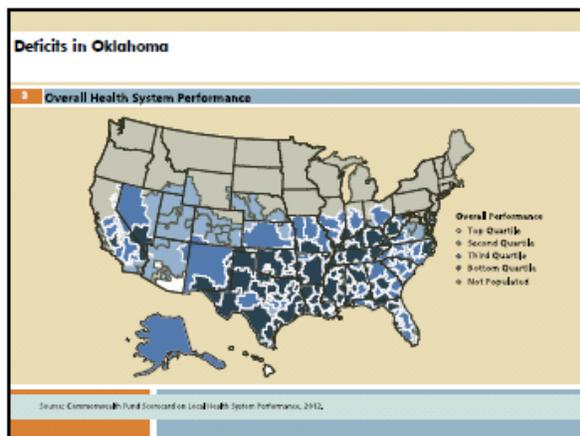
July 2013

Strategic Map: SFY 2011-2015
Central Challenge

Achieve Targeted Improvements in the Health Status of Oklahomans

Improve Targeted Health Outcomes	Lead Public Health Policy & Advocacy Development	Strengthen Public Health Systems	Leverage Resources for Health Outcomes Improvement
Advance Improvements in Oklahoma Health Improvement Plan (CHIP) High Priority Issues	Target Coverage, on Community Health, Safety & Security	Include Infrastructure to Support Public Health Efforts	Facilitate Access to Primary Care
Focus on Core Public Health Priorities	Identify & Establish Public Health Operations	Advance Accreditation & Create a Quality Improvement Culture	Focus on Prevention
Reduce Health Inequities	Share an Educational Resource on the Value of All Public Health Issues	Employ Strategies for Public Health Workforce Recruitment	Use Cooperative Effectiveness Research & Evaluate Science
		Advance Comparable Health Information Exchange Across Public/Private Sectors	Monitor Funding Opportunities
		Foster Collaborative Relationships With Public & Private Partnerships	Educate & Strategically Plan for Health System Change

Engage Communities to Leverage Effectiveness
Link to Social Determinants of Health & Whole Person Wellness Approaches
Responsibly Align Resources to Maximize Health Outcomes



Facilitate Access to Primary Care

Performance Measure

- By June 30, 2013 perform comprehensive assessment of access to primary care, including:
 - Primary Care Advisory Taskforce (PCAT) recommendations
 - Provider surveys and establishing Medically Underserved and Health Professional Shortage Areas
 - Medicaid panel data and shortages
 - Additional healthcare workforce data prepared by CHIP Workforce Workgroup

Target: **On Schedule**

- Workforce data via surveys complete & additional data through CHIP
- PCAT recommendations complete & provided to CHIP Access to Care
- Expanded function of Office of Primary Care to focus on healthcare shortages
- Developed and refined Access to Care Model for CHIP

Access to Care Framework

BARRIERS	USE OF SERVICES	INDICATORS	HEALTH OUTCOMES
<ul style="list-style-type: none"> Availability Transportation Affordability Insurance Coverage Continuity of Care Personnel Acceptability Cultural Language/Health Literacy Attitudes Knowledge/Attitudes 	<ul style="list-style-type: none"> Visit/Prevention Telenealth & Telemedicine Telehealth Community/Rural Health Clinics Population Based Screenings Preventive Services Referrals 	<ul style="list-style-type: none"> Decision Support Appropriateness Cost Effectiveness Efficiency of Treatment Clinical Outcomes & Standards of Care Team-Based Care Quality of Care IMS, ICD Public-Partnered Medical Homes PAAs, ASDs, CCOs Patient Adherence Patient Education Self-Management Care Coordination 	<ul style="list-style-type: none"> Equity Healthcare Disparities Healthcare Quality Healthcare Access Healthcare Costs Healthcare Safety

Modified from Institute of Medicine (IOM), Access to Health Care in America

CHIP Access to Care

Proposed Goals Develop a comprehensive state plan to address deficiencies in access to care including reducing personal and financial barriers to care and addressing structural issues, improving community and clinical settings, supporting health care delivery, health system integration, and use of data

BARRIERS	USE OF SERVICES	INDICATORS
<ul style="list-style-type: none"> Availability Transportation Affordability Insurance Coverage Continuity of Care Personnel Acceptability Cultural Language/Health Literacy Attitudes Knowledge/Attitudes 	<ul style="list-style-type: none"> Visit/Prevention Telenealth & Telemedicine Community/Rural Health Clinics Population Based Screenings Preventive Services Referrals 	<ul style="list-style-type: none"> Decision Support Appropriateness Cost Effectiveness Efficiency of Treatment Clinical Outcomes & Standards of Care Team-Based Care Quality of Care IMS, ICD Public-Partnered Medical Homes PAAs, ASDs, CCOs Patient Adherence Patient Education Self-Management Care Coordination

CHIP Workforce

GOALS:

- 1) Provide for Primary Health Care and Preventive Services
- 2) Better Information on Health Care Workforce
- 3) Expand Educational Capacity
- 4) Reduce Barriers and Workforce in Training Programs
- 5) Increase the Number of Health Care Professionals who Practice in Rural Areas
- 6) Build a Bridge Between Public and Private Systems

CHIP Children's Access to Primary Care

GOALS:

- 1) Increase the Percentage of Children who have Comprehensive Health Insurance Coverage
- 2) Increase the Percentage of Children who have at least one Primary Care Provider Visit in a Year
- 3) Increase the Percentage of Children who use Preventive Care through a Medical Home as Defined by the American Academy of Pediatrics

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Focus on Prevention

Performance Measures

- By June 30, 2017 develop plan to promote clinical preventive services
- By June 30, 2017 develop 5 sustainable, integrated community/clinical health improvement projects

Target: On Schedule

- In 2013 Published Toolkit Trilogy
 - Chronic Disease in Oklahoma Data Book
 - MONAHRG® Data Guide for Preventable Hospitalizations
 - Community and Clinical Evidence-Based Strategies and Preventive Services

Chronic Disease Data Book

- Reframing
- Data is organized using the Access to Care Framework

Barriers

Use of Services

Mediators

Health Outcomes

MONARQH®

Hospital discharge data are collected



MONARQH®



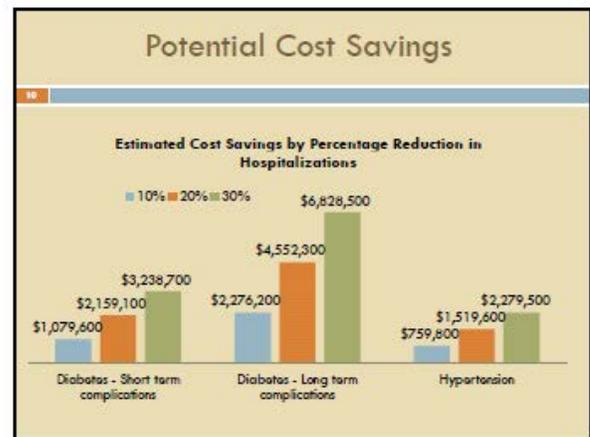
Discharge Data

Through MONARQH®, hospital discharge data is used to generate health care indicators in a user-friendly format

Indicators can be used by state and local organizations, including hospital systems, health plans and coalitions, for planning purposes



Community Coalitions



Toolkit Trilogy Connections

- Relationships exist between chronic diseases, risk factors, and populations at risk
- Influences how and where evidence-based strategies and preventive services are incorporated into the community effectively
- Partners & coalitions discuss the meaning of the data, evidence-based prevention, and clinical and community perspective



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Use Comparative Effectiveness Research and Evaluate Science

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Performance Measure

- By June 30, 2013 develop a plan for assessing & evaluating use of A & B rated clinical preventive services
 - Building partnerships and sharing data
 - Health Information Exchange (HIE)
 - Medicaid claims
 - Analyzing data and identifying barriers
 - Mapping access to preventive services
 - Developing and proposing interventions

Target: Behind Schedule

Monitor Funding Opportunities

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Performance Measures

- By June 2017 identify one major funding source to further develop access to care in Oklahoma
- By June 2017 award 90% of funding appropriated for new Federally Qualified Health Centers (FGHC) start up

Target: On Schedule

- Essential Community Providers (ECPs)
- Collaborating across multiple proposed Innovation Grant Projects
- Public Health Specific Grants - State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health
- FGHC expenditures vary with HRSA funding announcements

Educate and Strategically Plan for Health Systems Change

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Performance Measure

- By June 2017 establish 5 state-level interventions to facilitate health systems changes

Target: On Schedule

- Evaluation of current Oklahoma SoonerCare program
- Recommendations for a Medicaid demonstration proposal in Oklahoma
 - Integrating population health initiatives to improve health outcomes
- Analyzing uncompensated care in Oklahoma and impacts to access to care
- Six Tribal Listening Sessions with Tribal Nations

Educate and Strategically Plan for Health Systems Change

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Oklahoma Plan Recommendations (Leavitt Partners)

- Maintain Employer Sponsored Insurance (ESI) program
- Leverage & Support the Use of Premium Tax Credits
- Integrate Public Health Initiatives to Focus on Health Outcome Improvement
- Modify Insure Oklahoma and Use as the Framework for Demonstration Model
- Work Toward Multi-Payer Models
- Create Steering Committee (Includes Mental and Public Health)
- Develop Strong Evaluation Component
- Demonstrate Cost Effectiveness
- Leverage Current Program Initiatives
- Develop Complementary Proposal for Indian Health

Links and Resources

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- [Institute of Medicine, Primary Care and Public Health, Exploring Integration to Improve Population Health](#)
- [PCAT Recommendations](#)
- [Tribal Listening Sessions](#)
- [Maps and Data](#)
- [Workforce Materials](#)
- [Leavitt Reports](#)

OKLAHOMA STATE DEPARTMENT OF HEALTH - CREATING A STATE OF HEALTH - WWW.HEALTH.OK.GOV

Questions?

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The presentation concluded.

COMMITTEE REPORTS**Executive Committee**

Dr. Krishna provided the following reminders Board of Health Reminders:

The annual Board of Health retreat will be held August 16-18, at the Roman Nose State Park Lodge in Watonga. VaLauna will be in touch with you this week to provide logistical details to include lodging. The Executive Committee has met with Dr. Arnold Baciagalupo, the retreat facilitator to finalize the agenda. The agenda includes a joint presentation with the OSDH and the Tobacco Settlement Endowment Trust on Wellness strategic planning; a year end review of the OSDH strategic plan; mission, vision, values discussion; and a business plan and budget update.

Finance Committee**Expenditure Forecast Assumptions**

Dr. Woodson directed attention to the Financial Brief provided to each Board member and presented the following Finance Report and Board Brief as of June 20, 2013:

Payroll forecasted through June 30, 2013 including vacancies likely to fill within the current budget period

- Encumbrances shown as actual as of the report date
- Budget forecasts do NOT include projections of sequestration or budget reductions in the current fiscal year nor have written notifications been received

Dr. Woodson provided an explanation of the Dashboard Warning(s):

- Overall the Department is forecasted to spend 98.97% of its budget and maintain "Green Light" status through June 30, 2013.
- At this time there are no "Dashboard Warnings" as all performance rates are above 95%.

Dr. Woodson directed Board attention to the Finance Board Brief contained in the packet. The Financial Brief this month focuses on the Public Health Priority Number 1, Public Health Imperatives, with a specific focus on the Trauma Care Assistance Revolving Fund.

Table detail is provided this month to illustrate Trauma Fund Distributions.

- Trauma funds comprise 6.65% of the total agency budget.
- The Trauma Care Assistance Revolving Fund (Trauma Fund) was established in 1999 and codified in Oklahoma Statute, Title 63, Chapter 1, Section 1-2530.9, for the purpose of reimbursing uncompensated costs associated with trauma care provided by trauma facilities, emergency medical providers and physicians.
- Sources of revenue for the Trauma Fund include tobacco taxes; fees from drivers license renewals & reinstatements; and fines from various traffic violations and drug-related convictions.
- Ninety percent (90%) of funds shall be used to reimburse recognized trauma facilities, licensed ambulance service providers and physicians for uncompensated trauma care expenditures.
- Ten percent (10%) of funds shall be used to support the duties of the Department as set forth in the Oklahoma Emergency Response System Development Act which includes trauma systems development.
- In SFY12, the Department processed approximately 1,089 claims from various physicians (859), hospitals (137) and EMS agencies (93) for a total reimbursement amount of approximately \$28 million.

Accountability, Ethics & Audit Committee

The Accountability, Ethics, & Audit Committee met with Lloyd Smith and Don Maisch. Ms. Wolfe indicated there were no known significant issues to report.

The report concluded.

Public Health Policy Committee

The Policy Committee met on Tuesday, July 9, 2013. Dr. Gerard and Mr. Starkey welcomed Dr. Grim as the newest member of the Policy Committee. All met with Mark Newman at the Oklahoma State Department of Health in Oklahoma City, Oklahoma. The Policy Committee discussed possible policy areas and potential legislation for the next legislative session which will be considered at the Board Retreat in August at Roman Nose State Park. Some of the issues discussed included children's health, youth access to tobacco and e-cigarettes, and voluntary school fitness programs.

Members of the Board of health may contact Mark Newman for any questions regarding any policy issues or proposed legislation.

The next meeting of the Policy Committee will be prior to the October Tri-Board Meeting.

PRESIDENT'S REPORT

Dr. Krishna reported that subcommittee assignments have been made and will remain the same with the exception of the Finance Committee. The Finance Committee will consist of the Executive Committee and 1 additional Board member. The remaining Board members will have an opportunity to rotate onto the Finance Committee for a period of 6 months. Tim Starkey will be the first to rotate onto the Finance committee.

Dr. Krishna briefly highlighted a conference he attended on the future of healthcare. He emphasized the need for high quality, better results, better outcomes, and lower costs. He also referenced an 18 year study measuring the effects of stress. Individuals with high levels of stress have a much higher risk for heart attacks. He concluded by reiterating the importance of individual health both medical and nonmedical.

COMMISSIONER'S REPORT

Dr. Cline started by thanking Bruce Dart and Gary Cox for their attendance at the Board meeting.

Dr. Cline encouraged Board members to attend the College of Public Health Grand Round featuring Tom Frieden, Director of the Centers for Disease Control on Thursday, July 11, 2013.

In last month, Dr. Cline gave a brief presentation at the Blue Cross Blue Shield Board meeting held at the OCCHD Wellness Campus. Additionally, he presented at the National Indian Health Board Conference on Accreditation. Oklahoma has been a prominent player in the field of accreditation and had worked closely with the Cherokee Nation as a beta test site. Oklahoma is the only state in the nation to have had beta test sites at the local, tribal and state levels.

Lastly, he highlighted his attendance at Governor Mary Fallin's Cabinet meeting where the focus was strategic planning for the state. During this meeting, public health played a prominent role. He commended her administration for concrete strategic planning and goal setting.

He concluded his report by thanking Dr.'s Grim and Stewart for committing time to attend the new Board member orientation and asked Toni to provide a brief introduction to a video selected for viewing.

Toni Frioux revealed that the Office of Emergency Preparedness and Response in collaboration with the Office of Communications has developed a series of 7 short videos for the purpose of helping the public to prepare for and respond to potential disasters. The video selected for viewing is focused on tornado preparedness response. All videos will be available through the OSDH website, YouTube, various social media outlets Toni developed series of 7 very short videos that help the public to learn to prepare for disaster response.

NEW BUSINESS

No new business.

EXECUTIVE SESSION

No Executive Session.

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ADJOURNMENT

Mr. Starkey moved Board approval to Adjourn. Second Dr. Woodson. Motion carried.

AYE: Burger, Gerard, Grim, Krishna, Starkey, Woodson, Wolfe

ABSENT: Alexopulos, Stewart

The meeting adjourned at 12:06 p.m.

Approved

R. Murali Krishna
M.D.

R. Murali Krishna, M.D.
President, Oklahoma State Board of Health
October 9, 2013