

STATE BOARD OF HEALTH

Oklahoma State Department of Health
1000 N.E. 10th Street – Room 1102
Oklahoma City, OK 73117-1299

July 11, 2017

CALL TO ORDER

Ms. Burger, President of the Oklahoma State Board of Health, called the 419th meeting of the Oklahoma State Board of Health to order on Tuesday, July 11, 2017, at 11:07 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on July 10, 2017; and at 11:00 a.m. on the Oklahoma State Department of Health building entrance on July 10, 2017.

ROLL CALL

Members in Attendance: Martha A. Burger, M.B.A, President; Cris Hart-Wolfe, Vice-President; Robert S. Stewart, M.D., Secretary-Treasurer; Charles W. Grim, D.D.S.; R. Edward A. Legako, M.D.; Murali Krishna, M.D., Timothy E. Starkey, M.B.A.

Absent: Jenny Alexopoulos, D.O.; Terry R. Gerard, D.O.

Staff present were: Terry Cline, Commissioner; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Tina Johnson, Deputy Commissioner, Community & Family Health Services; Deborah Nichols, Chief Operating Officer; Brian Downs, Office of State and Federal Policy; Don Maisch, Office of General Counsel; Jay Holland, Director, Office of Accountability; VaLauna Grissom, Secretary to the State Board of Health.

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks

Ms. Burger called the meeting to order and thanked all guests in attendance. She asked Dr. Krishna to share some exciting news with the Board. Dr. Krishna updated the Board on the status of a world class mental health and addiction recovery center planned for Oklahoma City. Significant strides have been made in commitments to fund and resource the facility. This will be a tremendous asset to Oklahoma. Ms. Burger introduced the newest member to the Board of Health, Dr. Edward Legako. Dr. Legako is a pediatrician in Lawton and replaces Dr. Woodson. He serves on the Board of the Oklahoma Chapter of the Academy of Pediatrics as well as on the Board of Trustees for the Comanche Memorial Hospital in Lawton. Dr. Legako thanked the Board members for the welcome and briefly introduced himself. He is excited to serve on the Board and looks forward to working with this group.

REVIEW OF MINUTES

Ms. Burger directed attention toward approval of the Minutes for June 13, 2017, regular meeting. **Ms. Wolfe moved Board approval of the June 13, 2017 meeting minutes as presented. Second Dr. Krishna. Motion Carried.**

AYE: Burger, Grim, Krishna, Legako, Stewart, Wolfe

ABSENT: Alexopoulos, Gerard,

ABSTAIN: Starkey

1 STRATEGIC MAP PRESENTATION

2 Julie Cox-Kain, M.P.A., Senior Deputy Commissioner and Deputy Secretary of Health and Human Services;
3 Adrienne Rollins, M.P.A., Interim Director, Center for Health Innovation and Effectiveness
4 *See attachment A.*

6 CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION**7 Executive Committee**

8 Ms. Burger thanked Cris Hart-Wolfe and Dr. Krishna for their efforts on the retreat planning committee. She
9 asked the Board to be looking for a communication regarding the retreat and respond accordingly. She
10 briefly updated members on the decision to discontinue use of the BoardMax software and utilize an OSDH
11 SharePoint site (in development) in order to continue in a paperless environment. More details on that are
12 forthcoming.

14 Finance Committee

15 Ms. Wolfe directed attention to the Financial Brief provided to each Board member and presented the
16 following SFY 2017 Finance Report and Board Brief as of June 22, 2017:

- 17 • The agency is in "Green Light" status overall.
- 18 • June's performance rating was 99.70%, July's performance rating is 99.84%. A net increase in
19 performance of .14%
- 20 • Although the State Fiscal year 2017 is over, OSDH will continue to process invoices over the next 90
21 days.

22 The Finance Brief focused on WIC (Women Infant Children) Service. The committee learned of
23 continued successes in the implementation of the program including Oklahoma's progressive
24 implementation of e-WIC well ahead of the Federal mandate for all states to comply with e-WIC
25 provisions by October 2020.

27 Accountability, Ethics, & Audit Committee

28 The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Grim indicated there were
29 no known significant audit issues to report at this time.

31 Public Health Policy Committee

32 The Policy Committee met on Tuesday, July 11, 2016. The Committee update focused on updates
33 regarding the Smoking Cessation and Prevention Act of 2017, the Public Health Lab Bond, and updates to
34 rules promulgated by the Board in the last session.

- 35 • A lawsuit was filed last month challenging the constitutionality of SB 845. The law was challenged by
36 several individuals, tobacco wholesalers and tobacco companies. Oral arguments are scheduled for
37 August 8 with the Oklahoma Supreme Court.
- 38 • The Oklahoma Capital Improvement Authority met yesterday and approved awards for the four RFPs
39 that were issued last month to assemble our project finance team which includes bond counsel,
40 underwriting and registrar services.
- 41 • A Public Health Lab project management committee has been created and began meeting last week to
42 discuss project timelines and the process of working with OMES Construction and Properties.
- 43 • The OSDH proposed permanent rules were approved by the Governor's Declaration on June 13, 2017.
- 44 • Office of State and Federal Policy is currently working with agency service areas on policy development
45 for the 2018 legislative session.

1 **Dr. Stewart concluded the report with a recommendation and motion to inactivate all Board of Health**
2 **Current Policies (CP), CP-1 through CP-53.** The recommendation is a result of the committee's careful
3 review of current policy and position statements beginning in May of 2017. The current set of policies and
4 position statements can be summarized as directives to the Department of Health from the Board of Health.
5 Many directives have been carried out as internal policies or organizational changes within the Department;
6 implemented within the Strategic Plan/Oklahoma Health Improvement Plan (OHIP); and/or memorialized in
7 administrative rules promulgated by the Board including those that serve as governing documents for the
8 agency and Board. **Second Dr. Krishna. Motion Carried.**

9
10 **AYE:** Burger, Grim, Krishna, Legako, Starkey, Stewart, Wolfe

11 **ABSENT:** Alexopoulos, Gerard

12
13 **PRESIDENT'S REPORT**

14 Ms. Burger directed attention to the retreat agenda titled "Board Member Perspectives." With about 10
15 minutes allotted to each member, the goal is to give each member the opportunity to give their perspectives
16 on health issues, whether in their community, statewide, or in their field of practice. This would set the
17 foundation for a closing breakout discussion on objectives and take-home message through collective and
18 individual report outs to include Board member next steps and action plans for the upcoming year.

19
20 **COMMISSIONER'S REPORT**

21 Dr. Cline thanked Dr. Legako for his willingness to volunteer his time to the Board. He also expressed
22 thanks to Chris Bruehl of the Governor's for attending and his efforts given to careful selection of Board
23 members. Additionally, Dr. Cline thanked all board members for their volunteer service to the Board.
24 Dr. Cline asked Dr. Kristy Bradley to give a brief update on current disease and investigation issues. Dr.
25 Bradley gave a brief update indicating the Department had responded to multiple outbreaks including 13
26 enteric, 4 influenza or respiratory diseases, 4 vaccine-preventable diseases, 1 healthcare-associated, 1
27 botulism in federal prison system. She highlighted the ongoing mumps and syphilis outbreak response
28 activities as they have demanded the greatest resources. The report concluded.

29
30 **NO NEW BUSINESS**

31
32 **NO EXECUTIVE SESSION**

33
34 **ADJOURNMENT**

35 **Dr. Grim moved board approval to adjourn. Second Dr. Stewart. Motion Carried.**

36
37 **AYE:** Burger, Grim, Krishna, Legako, Starkey, Stewart, Wolfe

38 **ABSENT:** Alexopoulos, Gerard

39
40 The meeting adjourned at 12:18 p.m.

41 Approved

42
43 

44
45 Martha Burger

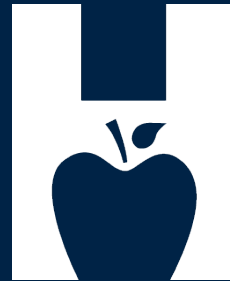
46 President, Oklahoma State Board of Health

47 August 12, 2017

Attachment A

Strategic Map Update

OKLAHOMA STATE DEPARTMENT OF HEALTH



Julie Cox-Kain, M.P.A.

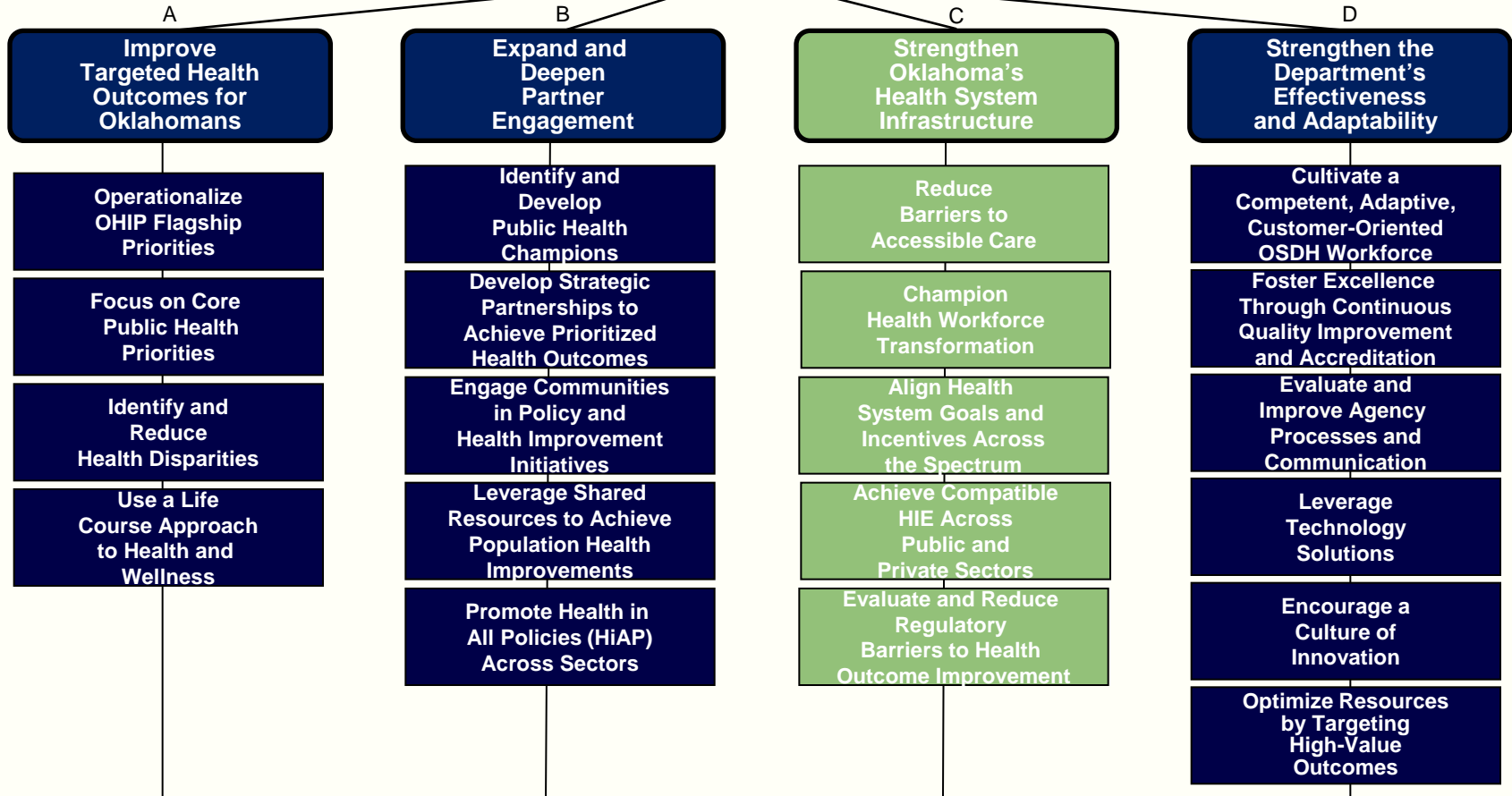
Deputy Secretary of Health and Human Services
Senior Deputy Commissioner

Adrienne Rollins, M.P.A.

Interim Director, Center for Health Innovation and Effectiveness

July 11, 2017

Improve Population Health



Address the Social Determinants of Health and Improve Health Equity

Promote Health Improvement Through Policy, Education and Healthy Behavior

Foster Data-Driven Decision Making and Evidence-Based Practices

Reduce Barriers to Accessible Care

Opportunities

- Data Sharing & Integration w/Licensure Boards
- FQHC Uniform Data Set
- Expand National Health Service Corps and FQHC sites
- Expand use of J-1 Visa Waivers
- Safety Net Directory

Barriers

- Data Standardization
- Data Quality
- Data Visualization Tools
- Data Needs – Telehealth & Local Economic Information

Measures of Success

- Improve Data for Detailed Analysis
- Increase Safety Net Sites & Workforce
- Increase Public Information

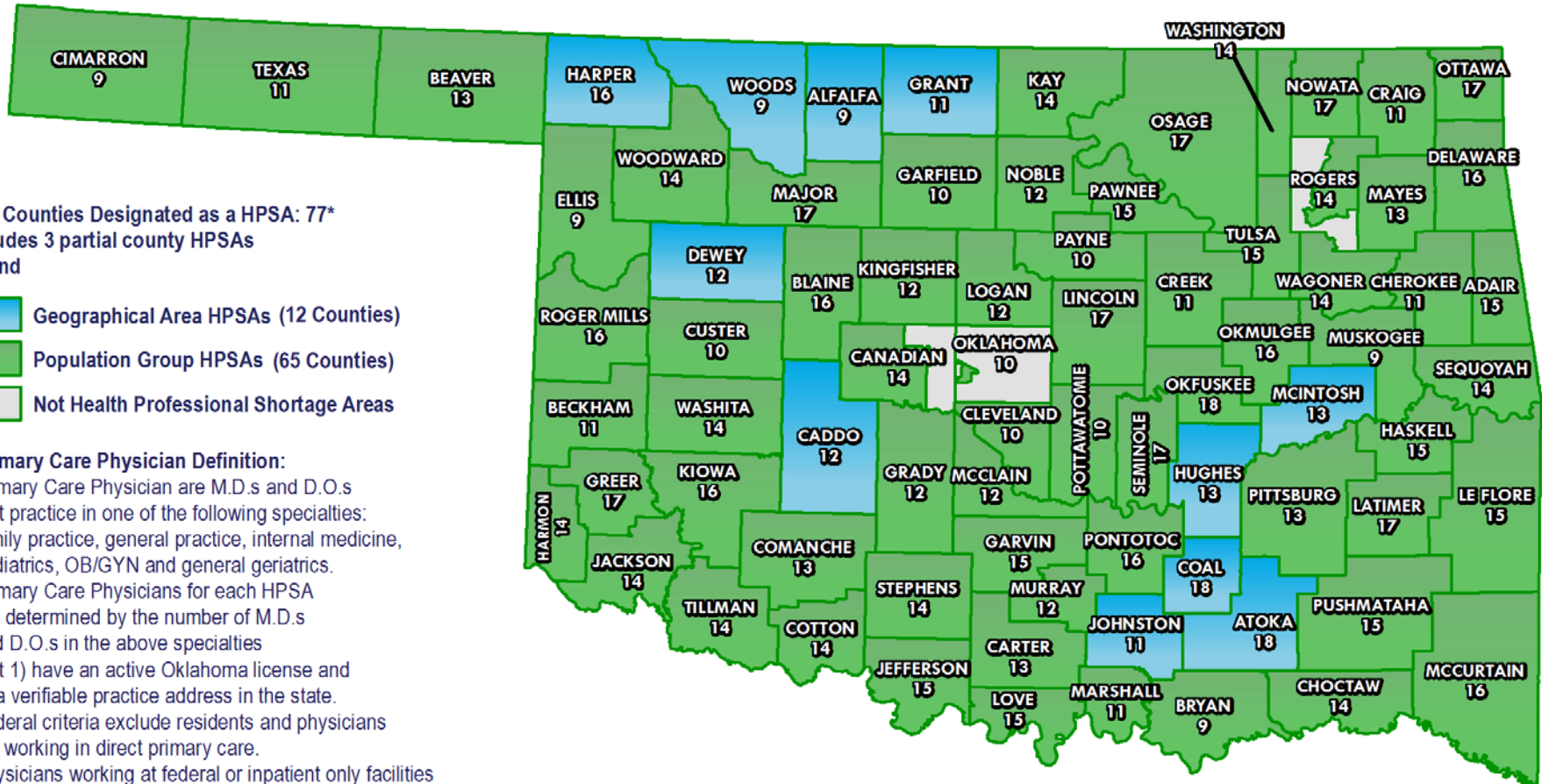


Accomplishments

- New Access Point Sites Identified
- More NHSC Awards than Any State in Region
- 13 High Priority Critical Access Hospitals Identified for NHSC
- J-1 Foreign Physician Waivers Increased by 47%
- Safety Net Directory Outreach



Primary Care Health Professional Shortage Areas (HPSAs)



Total Counties Designated as a HPSA: 77*

*Includes 3 partial county HPSAs

Legend

- Geographical Area HPSAs (12 Counties)
- Population Group HPSAs (65 Counties)
- Not Health Professional Shortage Areas

Primary Care Physician Definition:

Primary Care Physicians are M.D.s and D.O.s that practice in one of the following specialties: family practice, general practice, internal medicine, pediatrics, OB/GYN and general geriatrics.

Primary Care Physicians for each HPSA are determined by the number of M.D.s and D.O.s in the above specialties that 1) have an active Oklahoma license and 2) a verifiable practice address in the state.

Federal criteria exclude residents and physicians not working in direct primary care.

Physicians working at federal or inpatient only facilities are also excluded from HPSA calculations.

Notes on Health Professional Shortage Areas:

HPSAs demonstrate a critical shortage of primary care physicians, in accordance with the federal Health Resources & Services Administration (HRSA)

Shortage Designation Branch guidelines. Each type of HPSA is further classified into one of the following categories: geographic, population group, facility, or automatic.

Each HPSA is given a score by the Shortage Designation Branch based on certain specific criteria for each type of HPSA. This score indicates the degree of shortage.

HPSA designations are updated every 3-4 years.*

Data Source: HRSA Datawarehouse, SDMS, Office of Primary Care & Rural Health Development

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 5.5.2017

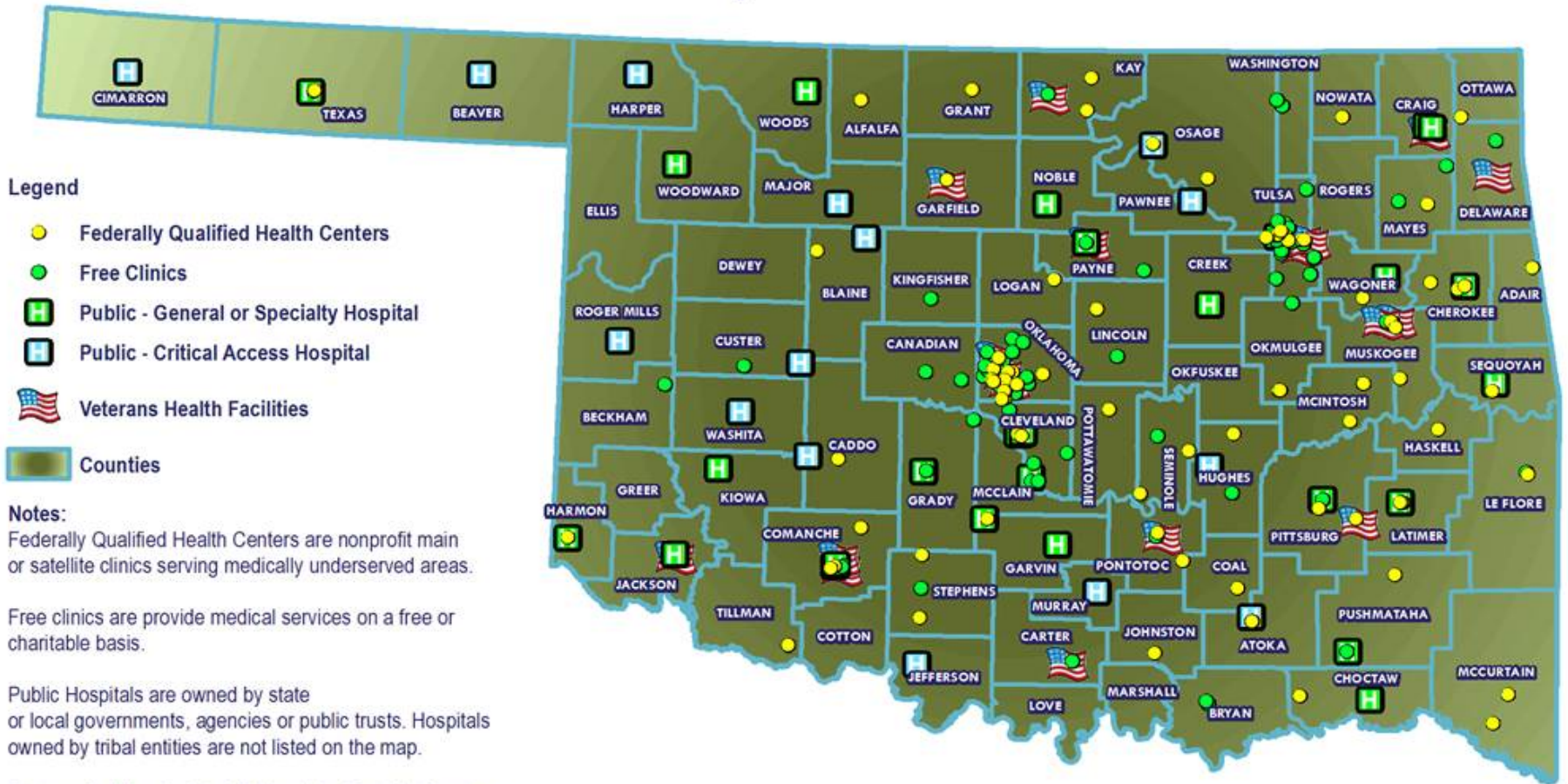


Office of Primary Care & Rural Health Development
Center for Health Innovation & Effectiveness
Oklahoma State Department of Health



Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.

Safety Net Facilities



Legend

- Federally Qualified Health Centers
- Free Clinics
- H Public - General or Specialty Hospital
- H Public - Critical Access Hospital
- Veterans Health Facilities
- Counties

Notes:

Federally Qualified Health Centers are nonprofit main or satellite clinics serving medically underserved areas.

Free clinics provide medical services on a free or charitable basis.

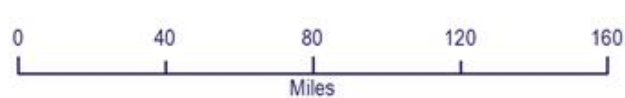
Public Hospitals are owned by state or local governments, agencies or public trusts. Hospitals owned by tribal entities are not listed on the map.

Veterans facilities include VA Hospitals, State Vet Centers and Community Based Outpatient Centers.

Data Source: Safety Net Provider Directory

Created: 06.26.2017

Projection/Coordinate System: USGS Albers Equal Area Conic



Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.



Office of Primary Care & Rural Health Development
Center for Health Innovation and Effectiveness
Oklahoma State Department of Health

Champion Health Workforce Transformation

Opportunities

- Health Workforce Subcommittee
- MACRA/MIPS/H2O Technical Assistance Assets
- HHS Cabinet Governance
- Medicaid Waiver for Transformation (DSRIP)
- Health-e Oklahoma

Barriers

- Funding
- Emerging Profession Infrastructure

Measures of Success

- Health Workforce Development & Distribution
- TA & Training for Transformation



Accomplishments

- NGA TA Grant Improved Medicaid 1115 Waiver for Supplemental Payment to Support Recruitment and Retention
- White Papers: Community Health Worker & Community Paramedic



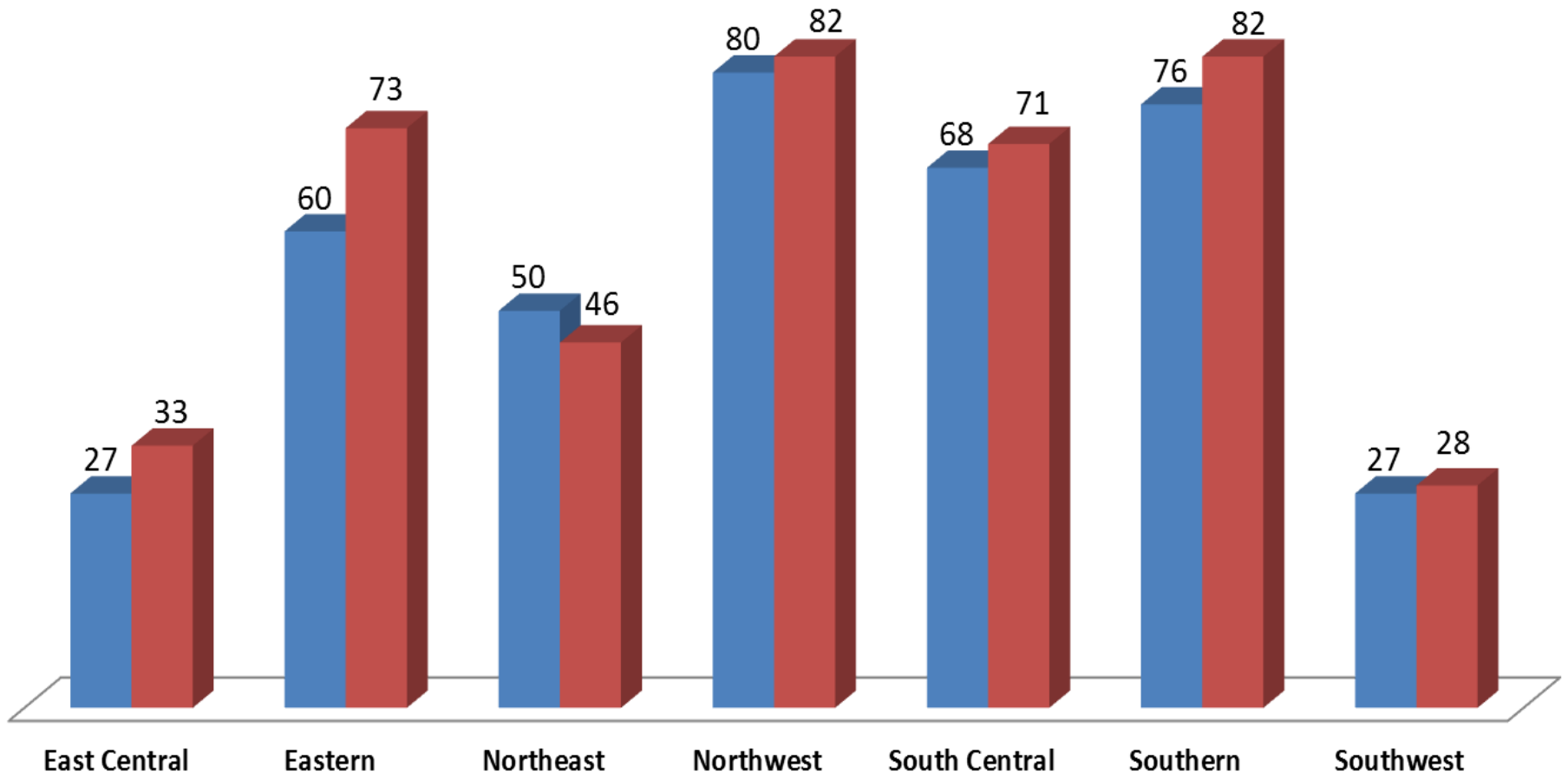
Ranking: 2016-2026 Openings

SOC	Description	Ranked by Total 2016-2026 Openings
29-1141	Registered Nurses	1
29-2081	Licensed Practical and Licensed Vocational Nurses	2
11-9111	Medical and Health Services Managers	3
29-2041	Emergency Medical Technicians and Paramedics	4
29-1089	Physicians and Surgeons, All Other	5
29-2071	Medical Records and Health Information Technicians	6
29-1082	Family and General Practitioners	7
29-1123	Physical Therapists	8
29-1051	Pharmacists	9
29-2012	Medical and Clinical Laboratory Technicians	10
21-1014	Mental Health Counselors	11
29-2011	Medical and Clinical Laboratory Technologists	12
31-9097	Phlebotomists	13
29-1171	Nurse Practitioners	14
29-1071	Physician Assistants	15
29-2034	Radiologic Technologists	16
29-1041	Optometrists	17
29-1021	Dentists, General	18
21-1094	Community Health Workers	19
29-1126	Respiratory Therapists	20
29-2032	Diagnostic Medical Sonographers	21
29-1087	Surgeons	22
29-1083	Internists, General	23
29-1151	Nurse Anesthetists	24
29-1086	Psychiatrists	25
29-1081	Anesthesiologists	26
29-2035	Magnetic Resonance Imaging Technologists	27
29-1085	Pediatricians, General	28

Supply and Demand: Regional Example

Respiratory Therapist SOC 29-1126

■ 2016 Jobs ■ 2026 Jobs



Align Health System Goals & Incentives

Opportunities

- Alignment of State Agency Goals
- DSRIP Waiver
- Alignment of Innovation Programs
- Improved Outcomes & Ease Regulatory Burden

Barriers

- Provider & Agency Capacity
- Funding
- Interoperability
- Transparency on Cost of Care
- Healthcare Policy Uncertainty

Measures of Success

- Agency Quality Measure Alignment
- Triple AIM



Accomplishments

- Draft Agency Quality Measure Set
- 1332 Waiver Authorization/Market Stabilization
- DSRIP Waiver Authority



HHS Quality Measures



- NQF 0018 - Controlling High Blood Pressure
- NQF 0024 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- NQF 0028 - Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
- NQF 0032 – Cervical Cancer Screening
- NQF 0034 - Colorectal Cancer Screening
- NQF 0041 - Influenza Immunization
- NQF 0057 - Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
- NQF 0059 - Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- NQF 0418 - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- NQF 0421 - Preventive Care and Screening: BMI Screening and Follow-Up
- NQF 1959 - HPV for Adolescents
- NQF 2372 - Breast Cancer Screening
- SBIRT – like Screening for Substance Abuse



Achieve Compatible HIE Across Public & Private Sectors

Opportunities

- Improved Healthcare Information
- Lower Costs
- Improved Outcomes
- Improved Patient and Caregiver Engagement

Barriers

- Governance
- Funding
- Resources

Measures of Success

- Established Governance Board
- Strategic Roadmap
- Federal Funding
- Increased Health Information Technology Usage



Accomplishments

- Federal 90/10 funding awarded for technical assistance to develop HIE plan/waiver
- Request For Proposal developed and under review
- Begin with 'Use Case' developed for Admission, Discharge, Transfer (ADT) Notifications
- Draft Governance Legislation under review



Reduce Regulatory Barriers

Opportunities

- Ease Regulatory Burden on Healthcare
- Assess Health Impacts of Regulation
- Administrative Efficiency
- Engagement

Barriers

- Agency Capacity

Measures of Success

- Analysis of State to Federal Regulations
- Analysis State Regulation to Best Practice
- Analysis of Internal OSDH Administrative Breakdowns



Accomplishments

- Request For Proposal Development for External Contractor (Objective 1 & 2)
- Prioritized Objective 3
- Engaged Hospital Advisory Council



QUESTIONS

