

STATE BOARD OF HEALTH  
1000 N.E. 10<sup>th</sup>  
Oklahoma City, Oklahoma 73117-1299

Tuesday, May 12, 2015 11:00 a.m.

Dr. Ronald Woodson, President of the Oklahoma State Board of Health, called the 399<sup>th</sup> regular meeting of the Oklahoma State Board of Health to order on Tuesday, May 12, 2015 at 11:04 a.m. The final agenda was posted at 10:00 a.m. on the OSDH website on May 9, 2015, and at 11:00 a.m. at the building entrance on May 11, 2015.

**ROLL CALL**

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

**Absent:** Terry Gerard, D.O

**Central Staff Present:** Terry Cline, Commissioner; Julie Cox-Kain, Senior Deputy Commissioner; Henry F. Hartsell, Jr., Deputy Commissioner, Protective Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Stephen W. Ronck, Deputy Commissioner, Community & Family Health Services; Mark Newman, Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Jay Holland, Director of Internal Audit and Office of Accountability Systems; Tony Sellars, Director of Office of Communications; VaLauna Grissom, Secretary to the State Board of Health; Janice Hiner, Sr. Advisor to the Commissioner of Health; Felesha Scanlan, Diane Hanley, Maria Souther, Commissioner’s Office.

**Visitors in attendance:** (see sign in sheet)

**Call to Order and Opening Remarks**

Dr. Woodson called the meeting to order. He welcomed special guests in attendance.

**REVIEW OF MINUTES**

Dr. Woodson directed attention to review of the minutes of the Regular Board meeting.

**Ms. Burger moved Board approval of the minutes of the April 14, 2015, regular Board meeting, as presented. Second Dr. Krishna. Motion carried.**

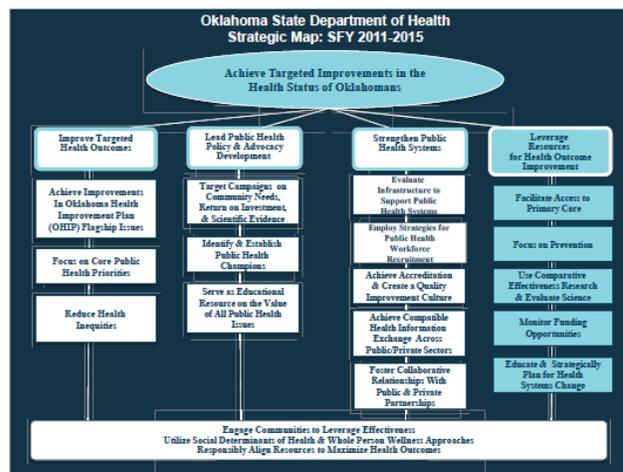
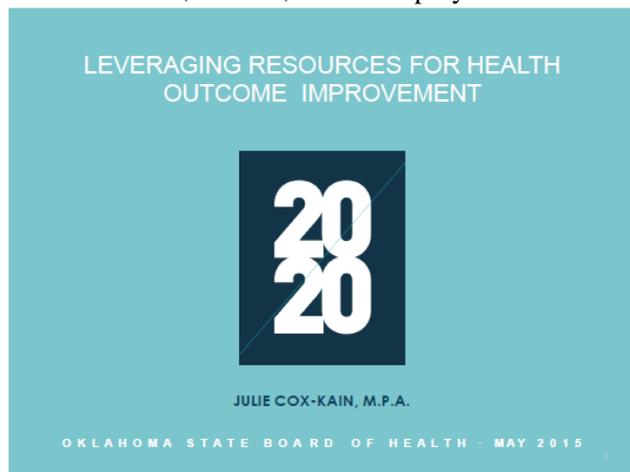
**AYE: Alexopoulos, Burger, Krishna, Stewart, Wolfe, Woodson**

**ABSTAIN: Grim, Starkey**

**ABSENT: Gerard**

**STRATEGIC MAP UPDATE PRESENTATION**

Julie Cox-Kain, M.P.A., Senior Deputy Commissioner

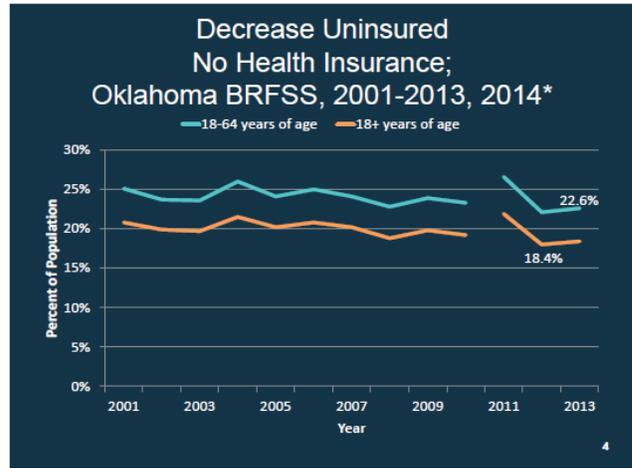


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### Leverage Resources for Health Outcome Improvement

- By 12/31/2017 decrease by 10% the rate of uninsured
- By 6/30/2017 award 90% of FQHC new start funding
- By 12/31/2018 reduce preventable hospitalization by 10%
- By 6/30/2015 influence one carrier and one health system to adopt preventive services
- By 6/30/2015 develop health plans to address specific populations
- By 6/30/2015 develop a waiver to pilot shared savings/performance based reimbursement models
- By 6/30/2014 pilot team based care initiative

OKLAHOMA HEALTH IMPROVEMENT PLAN 3



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### Decrease Uninsured 2015 Federally Facilitated Marketplace (FFM) Enrollment

Year	Enrollment	Subsidies	Average premium	Average tax credit of
2015 Special (Final)	126,115	99,631 (79% of those who selected a plan)	\$295 per month	\$206 per month
2015	124,838	98,622 (79% of those who selected a plan)	\$302 per month	\$208 per month
2014	69,221	54,795 (79% of those who selected a plan)	\$277 per month	\$202 per month

OKLAHOMA HEALTH IMPROVEMENT PLAN 5

### Facilitate Access to Primary Care

Legend: Licensed Hospitals with 140 Beds or More & Health Professional Shortage Areas (Primary Care)

- 100% of new start FQHC funding committed and 88% expended in SFY 2015
- Geographic HPSA – 9 Physicians Needed
- Low Income HPSA – 90 Physicians Needed Accepting Medicaid and/or sliding fee
- Data gaps include health professionals in Tribal/IHS facilities and other federal facilities

OKLAHOMA HEALTH IMPROVEMENT PLAN 6

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### Facilitate Access to Primary Care TSET/Physician Manpower Training Commission Loan Repayment

Legend: CURRENTLY PRACTICING (black dot), PREFERRED PLACEMENTS ONLY (white circle)

OKLAHOMA HEALTH IMPROVEMENT PLAN 7

### Facilitate Access to Primary Care NGA Health Workforce Policy Academy

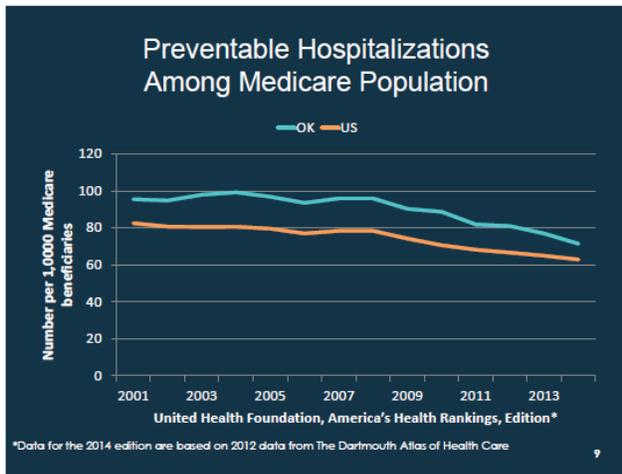
#### Primary Goals

- Coordination of Workforce Efforts
  - Connect to economic development
- Workforce Data Collection and Analysis
  - Multi-sourced longitudinal data collection
- Workforce Redesign
  - Plan for future of healthcare
- Pipeline, Recruitment and Retention
  - Address provider mal-distribution & HPSAs

OKLAHOMA HEALTH IMPROVEMENT PLAN 8

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### Preventive Services Medicaid Quality Improvement

- OSDH/OHCA joint Quality Improvement groups aimed at studying and implementing interventions on five health issues affecting the state:
  - Tobacco
  - Obesity
  - Hypertension/Diabetes (separate groups last year)
  - Immunization
  - Prescription Drug Abuse (Includes DMHSAS)
- SFY 2016 – Include Employee Group Insurance Division (EGID)

OKLAHOMA HEALTH IMPROVEMENT PLAN 10

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### Preventive Services Medicaid Tobacco Policy Progress

- OSDH/OHCA joint aim: improve access to tobacco cessation services by identifying barriers to treatment and removing them.
- Barriers identified: **copayments** on counseling and medications and **prior authorization** on cessation medication.
- Copayments eliminated and prior authorization removed effective Sept. 1, 2014

OKLAHOMA HEALTH IMPROVEMENT PLAN 11

### Preventive Services E-Referrals to Helpline

- Through utilization of health system EMRs – automatic referrals increase access to evidence based tobacco cessation services
- OSDH is currently partnering with several organizations to provide technical assistance and training on referrals to the OTH (electronic, e-fax and paper fax)
- OSDH is also offering subcontracts to encourage this opportunity to disparately impacted populations:
  - Oklahoma Primary Care Authority (*in development*)
  - Indian Health Service (Lawton Pilot Location)
  - County Health Departments
  - Oklahoma Department of Mental Health And Substance Abuse Services
  - Oklahoma Dental Association (*in development*)
  - American Indian Health Clinic (*non-IHS, out for bid soon*)

OKLAHOMA HEALTH IMPROVEMENT PLAN 12

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### Pilot – Insure Oklahoma Sponsor's Choice Performance Based Pay & Specific Populations

- New category of Insure Oklahoma organizational sponsorship for the purchase of private insurance
- Health outcome measures correspond with SIM:
  - National Quality Forum 28 – Tobacco
  - National Quality Forum 421 & 24 - Obesity
  - National Quality Forum 729 - Diabetes
  - National Quality Forum 18 - Hypertension
- Data will be provided through the commercial insurers and their health information exchange partners
- Targeted to disparate populations

OKLAHOMA HEALTH IMPROVEMENT PLAN 13

### Pilot Team Based Care - Heartland OK

- Goal: Reduce the number of CVD events
- Target: 5 counties (113, 237 population)
- Method: Care coordination team
- Evidence Based Strategy
  - Nurse and Pharmacist Assessments protocol driven
  - Care Coordinator at County Health Department (facilitated adherence, enhanced communication)
- Design
  - Clinician ordered treatment
  - Monitor medication adherence and blood pressure between scheduled visits
  - Integrate into practice workflow with minimal interruptions

OKLAHOMA HEALTH IMPROVEMENT PLAN 14

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1 Department address the  
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3 Dr. Woodson mentioned that there is a disproportionate amount of physicians over the age of 50. As a  
4 society, we are not training enough physicians to replace those that are within 10-15 years from retirement.  
5 This is going to be a critical problem in the future, 10 years from now.  
6

7 Julie indicated an area of focus for this collaboration is predicting what areas to invest in most in order to  
8 address both current and future health professional shortage areas in the state. Dr. Krishna recommended  
9 that physician burnout be addressed at the state level through this process. Every physician saved from  
10 premature retirement due to burnout is a physician created. This is an important area of focus as we see  
11 shortages in almost all branches of medical practice.  
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13 In looking at the OSDH strategic map, Dr. Cline pointed out the progress we have made over the last 5 years  
14 in the area of leveraging resources for health outcome improvement. Prior to this time, the work in this area  
15 was almost non-existent or in silos. OSDH is now leading and taking a more active role in this area and  
16 expect to see exponential health improvement as a result.  
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18 The presentation concluded.  
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## 20 CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION

### 21 **Executive Committee**

22 Dr. Woodson encouraged Board members to attend the Annual Employee of the Year Recognition Ceremony at  
23 12:30 pm in Room 806 of the Health Department.  
24

25 Dr. Woodson reminded Board members that the June Board meeting will take place at the Muskogee County  
26 Health Department and asked members to contact VaLauna Grissom if they have not received instructions  
27 for completion of the calendar year 2014 Ethics Commission statements. The deadline is May 15<sup>th</sup>.  
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29 Dr. Woodson provided a brief update to the Board regarding retreat planning efforts. The retreat planning  
30 committee has conducted one call and one in person meeting with the retreat facilitator, Tim Fallon. The  
31 committee has begun the process of outlining the retreat objectives and agenda. The development of a new 5  
32 year strategic map will be a major focus of the retreat as the current map expires in 2015. The strategic  
33 planning process will include input from key public health partners, employees of the Department and Board  
34 members. Board members should expect to receive a survey seeking their input during the month of May  
35 and June. The goal is to have a new strategic map ready to present to the Department following the annual  
36 retreat.  
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### 38 **Finance Committee**

39 Ms. Burger directed attention to the Financial Brief provided to each Board member and presented the following  
40 SFY 2015 Finance Report and Board Brief as of April 24, 2015:

#### 41 Budget and Expenditure Forecast

- 42 ○ Approximately \$424 million budgeted for state fiscal year 2015
- 43 ○ Forecasted expenditure rate of 97.75% through June 30, 2015
- 44 ○ "Green light" overall for the department and for each division within the department except for Public  
45 Health Infrastructure and Health Improvement Services
- 46 ○ Public Health Infrastructure and Health Improvement Services are in a "yellow light" status, with  
47 expenditures forecasted to spend between 90 and 95 percent  
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49 The Financial Brief focused on the Preventive Health and Health Services Block Grant

- 50 ○ Most grants received by OSDH are categorical grants, with programmatic restrictions on spending. As  
51 a block grant, the grant can be spent on programs chosen by the OSDH
- 52 ○ For the current year, FY 2015, OSDH received \$1,420,453
- 53 ○ OSDH has developed a competitive process for allocating the funds. Public health programs are  
54 encouraged to submit proposals, which are scored using weighted criteria that has been established  
55 based on OHIP and the Agency strategic plan

- 1 ○ 49% of this year's grant is used to fund the Oklahoma Health Improvement Plan
- 2 ○ 26% of this year's grant is used to fund the Oklahoma Wellness program
- 3 ○ The remaining 25% of this year's grant is funding:
  - 4 ■ Unintentional Poisoning Deaths
  - 5 ■ Infant Motor Vehicle Safety and Education
  - 6 ■ Sexual Assault and Rape Crisis (which is a mandate for Prevent Block Grant recipients)
  - 7 ■ Health Communications
  - 8 ■ Older Adult Fall Prevention & Education

### 9 **Accountability, Ethics, & Audit Committee**

10 The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Alexopoulos indicated there were no  
11 known significant audit issues to report at this time. The Office of Accountability referenced case number 2014-  
12 032 for discussion during executive session.

### 13 **Public Health Policy Committee**

14 The Policy Committee met on Tuesday, May 12, 2015. Mr. Starkey indicated the Committee discussed  
15 legislative issues related to budget appropriations as well as the end of the legislative session. Of note, were  
16 important pieces of legislation progressing through the legislative process including: HB1685 is the 24/7  
17 Tobacco Free School Acts and was signed by the Governor the previous week in a special bill signing  
18 ceremony; SB 126 authorizes the Department to contract for Advance Directive Registry services; HB 1408  
19 exempts persons selling only whole, uncut fruits, vegetables and melons and/or un-cracked and unprocessed  
20 nuts from food establishment licenses; HB 1965 prohibits texting while driving; and HB 1948 pertains to the  
21 Prescription Monitoring Program.

22 House Joint Resolution 1029, the Omnibus Administrative Rules legislation, is proceeding as expected and  
23 authorizes all rules passed by the Board of Health for the current session. Bills requested by the agency  
24 during the current session were signed by the Governor. Members will continue to receive the legislative  
25 update reports each Monday until June 15th. For policy related questions, Board members should contact  
26 Mark Newman.

27 The next meeting of the Policy Committee will be prior to the June Board Meeting.

### 28 **PRESIDENT'S REPORT**

29 Dr. Woodson invited all to join Gov. Mary Fallin at the annual Walk for Wellness at the State Capitol  
30 Complex, May 13<sup>th</sup>, 11:30 AM, in support of Oklahoma Health and Fitness month. He informed attendees  
31 that notifications will be made later in the day if the event is rescheduled due to weather conditions.

32 Dr. Woodson recognized the State Department of Health for their focus on worksite wellness and resources  
33 offered to employees for the purpose of facilitating a healthier work environment:

- 34 ● Onsite Employee Wellness/Fitness Center
- 35 ● Wellness Committees
- 36 ● Wellness Activities and Challenge
- 37 ● Fitness Center Group Activities
- 38 ● Wellness Policy
- 39 ● Lunch N' Learn events for employees
- 40 ● Tobacco Cessation Resources
- 41 ● Online Wellness Resource Center
- 42 ● Health Needs Assessment available to employees
- 43 ● Employee Assistance Program

44 He commended the Department for focusing on education and engaging employees on topics like nutrition,  
45 stress management, physical fitness, and smoking. Worksite wellness programs make a considerable impact  
46 on employee health and we know that a healthier workforce can lead to higher productivity, decreased health  
47 care costs, better retention rates and higher morale among employees. Lastly, Dr. Woodson commented on  
48 the importance and impact that increased physical activity alone can have in lowering the risk for heart  
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1 disease, stroke, high blood pressure, and obesity, etc. He commended the Department for continuing to focus  
2 resources on a healthier workforce.

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4 The report concluded.

### 5 6 **COMMISSIONER'S REPORT**

7 Dr. Cline attended the Oklahoma City National Memorial & Museum Reception & Tour in remembrance of  
8 the 20<sup>th</sup> anniversary of the bombing. Dr. Krishna presented at the reception and did a fantastic job of sharing  
9 his insights. He encouraged members to visit the museum to observe new improvements like the interactive  
10 displays and exhibits.

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12 Dr. Cline briefly discussed the recent OSDH Senate Budget Hearing. This was an opportunity to educate  
13 legislators about the importance of public health and the many programs that impact the lives of every  
14 citizen. In the last 5 years, the OSDH has received a 19% decrease to our state appropriations. We have  
15 worked to increase efficiencies, management operations, and cost savings. There is a lot of discussion  
16 concerning our public health lab funding which will be necessary to pass ASTHO accreditation in the future.  
17 At this time, we are still waiting to hear where we stand as far as the state budget.

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19 Dr. Cline participated in the OU College of Public Health re-accreditation site visit. This was a great  
20 opportunity to discuss the variety of partnerships that are in place. A strong partnership exists between the  
21 College of Public Health and OSDH which has developed over the years. Dean Raskob appreciated our  
22 participation in the site visit. It was noted that Dr. Krishna was the convocation speaker at the College of  
23 Public Health in Norman. We appreciate the way he ties in the importance of public health with the  
24 graduates impacting people across the globe.

25  
26 Dr. Cline was invited to participate in the CDC/ASTHO Preventive Health & Health Services Block Grant  
27 Think Tank. Nationally, there is a lot of discussion and exploration occurring in regard to the effectiveness  
28 of this program across the country. Oklahoma is one of the few states that uses these dollars around priority  
29 areas and has a methodology in place to evaluate and make decisions based on objective criteria. These  
30 federal dollars are critical to the function of the health department. This was an important opportunity to  
31 provide input on keeping these dollars in the federal treasury which in turn helps the state coffer.

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33 The report concluded.

### 34 35 **NEW BUSINESS**

36 Ms. Wolfe recommended doing Laughter Yoga at the Board retreat this year. Dr. Woodson referred this request  
37 to the retreat committee for consideration.

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39 Dr. Krishna mentioned what a gold mine the Oklahoma City National Memorial and Museum is to Oklahoma  
40 City. It is a beautiful symbolic expression of love, compassion, and regrowth. Oklahoma City is one of the most  
41 caring cities in the world. Immediately after the bombing, people flocked to the bombing site risking their own  
42 lives to help others in need. Every new employee of the Oklahoma City Thunder is required to tour the museum  
43 before they start their job to set the tone of culture for this community.

### 44 45 **PROPOSED EXECUTIVE SESSION**

46 **Dr. Grim moved Board approval to go into Executive Session at 12:00 PM** pursuant to 25 O.S.  
47 Section 307(B)(4) for confidential communications to discuss pending department litigation,  
48 investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring,  
49 appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or  
50 employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of  
51 information would violate confidentiality requirements of state or federal law.

- 52 • OAS Investigation, Number 2014-032

53 **Second Ms. Burger. Motion carried.**

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55 **AYE: Alexopulos, Burger, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

1        **ABSENT: Gerard**

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3        **Ms. Wolfe moved Board approval to move out of Executive Session. Second Dr. Krishna. Motion**  
4        **carried.**

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6        **AYE: Alexopulos, Burger, Grim, Krishna, Stewart, Wolfe, Woodson**

7        **ABSENT: Gerard, Starkey**

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9        **ADJOURNMENT**

10       **Dr. Krishna moved Board approval to adjourn. Second Ms. Burger. Motion carried.**

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12       **AYE: Alexopulos, Burger, Grim, Krishna, Stewart, Wolfe, Woodson**

13       **ABSENT: Gerard, Starkey**

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15       The meeting adjourned at 3:22pm.

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17       Approved

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23       Ronald W. Woodson, M.D.  
24       President, Oklahoma State Board of Health  
         June 9, 2015