

Agenda for the 11:00 a.m., Tuesday, July 8, 2014
Regular Meeting of the Oklahoma State Board of Health

Posted at www.health.ok.gov

Oklahoma State Department of Health

1000 N.E. 10th Street – Room 1102

Oklahoma City, OK 73117-1299

I. CALL TO ORDER AND OPENING REMARKS

II. REVIEW OF MINUTES

- a) Approval of Minutes for June 10, 2014, Regular Meeting

III. HIPAA STANDARD FORM REVISION

- b) **Oklahoma Standard Authorization To Use or Share Protected Health Information (PHI) Release**

Form: (Presented by Donald D. Maisch, J.D., General Counsel)

Authority: 63 O.S. Sec. 7100.4 A-B. The State Board of Health shall adopt and distribute a standard authorization form and accompanying instructions for use in obtaining authorization for the exchange of health information. The authorization form adopted and distributed by the Board shall comply with all applicable federal and state privacy and privilege laws.

- IV. STRATEGIC MAP UPDATE PRESENTATION:** Toni D. Frioux, MS, APRN-CNP, Deputy Commissioner for Prevention and Preparedness Services; Henry F. Hartsell, Jr., Deputy Commissioner for Protective Health Services

V. CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION

Executive Committee – Dr. Woodson, Chair

Discussion and possible action on the following:

- c) Update

Finance Committee – Ms. Burger, Chair

Discussion and possible action on the following:

- d) Update

Accountability, Ethics, & Audit Committee – Dr. Alexopoulos, Chair

Discussion and possible action on the following:

- e) Update

Public Health Policy Committee – Dr. Gerard, Chair

Discussion and possible action on the following:

- f) Update

VI. PRESIDENT'S REPORT

Related discussion and possible action on the following:

- g) Update

VII. COMMISSIONER'S REPORT

Discussion and possible action

VIII. NEW BUSINESS

Not reasonably anticipated 24 hours in advance of meeting

IX. PROPOSED EXECUTIVE SESSION

Proposed Executive Session pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending department litigation, investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of information would violate confidentiality requirements of state or federal law.

PROPOSED EXECUTIVE SESSION CONT

- Joint Personnel Advisory Committee investigation and Internal Audit invoice validation.

Possible action taken as a result of Executive Session.

X. ADJOURNMENT

STATE BOARD OF HEALTH
Jackson County
Southwest Technology Center
711 W. Tamarack, Altus, OK73521

Tuesday, June 10, 2014 11:00 a.m.

R. Murali Krishna, President of the Oklahoma State Board of Health, called the 390th regular meeting of the Oklahoma State Board of Health to order on Tuesday, June 10, 2014 11:07 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on June 6, 2014, and at 11:00 .m. at the building entrance on June 9, 2014.

ROLL CALL

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

Members Absent: Martha Burger, M.B.A., Secretary-Treasurer

Central Staff Present: Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; 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, Office of State and Federal Policy; Jay Holland, Director for Offices of Internal Audit & Accountability Systems; Don Maisch, Office of General Counsel; Melissa Lange, Chief Financial Officer; Kathy Aebischer, Business Officer; VaLauna Grissom, Secretary to the State Board of Health; Commissioner's Office; Janice Hiner, Sr. Advisor to the Commissioner of Health.

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks

Dr. Krishna called the meeting to order and welcomed special guests in attendance.

REVIEW OF MINUTES

Dr. Krishna directed attention to review of the minutes of the May 13, 2014 Regular Board meeting.

Ms. Wolfe moved Board approval of the minutes of the May 13, 2014, Regular Board meeting as presented. Second Dr. Grim. Motion carried.

AYE: Grim, Krishna, Stewart, Wolfe, Woodson

ABSTAIN: Alexopoulos, Gerard, Starkey

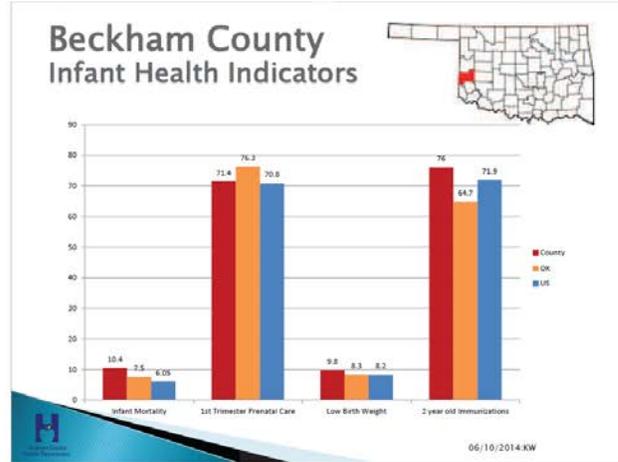
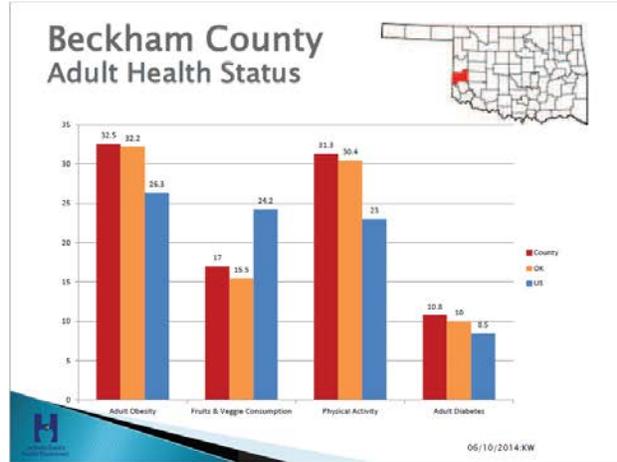
ABSENT: Burger

JACKSON COUNTY PRESENTATION

Karen Weaver, B.S.N., R.N., Administrative Director, Jackson County Health Department



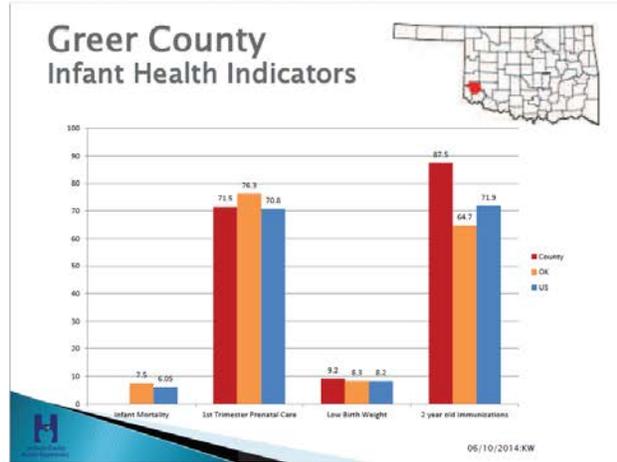
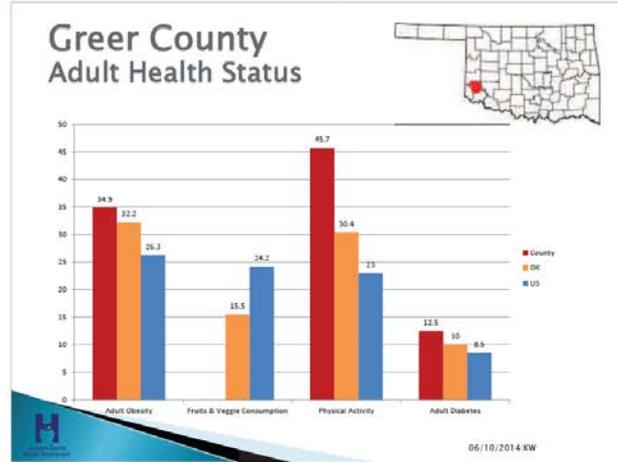
Beckham County Demographics presentation slide including a map of Oklahoma and a table comparing County, OK, and US statistics for Population, Percent Change, Families Below Poverty, Median Income, Unemployment Rate, and Adult Smokers.



Greer County Demographics

	County	OK	US
Population	6,082	3,850,568	316,128,839
Percent Change	+0.8%	2.6%	2.4%
Families Below Poverty	6.5%	12.3%	10.9%
Median Income	\$40,827	\$44,891	\$53,046
Unemployment Rate	6.2%	5.2%	8.1%
Adult Smokers	28.9%	23.3%	19.6%

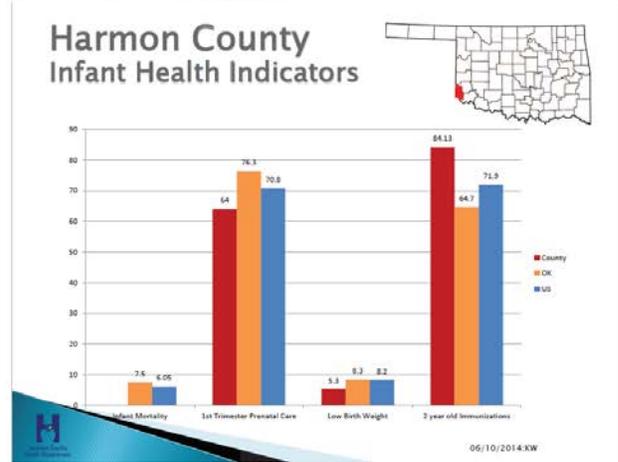
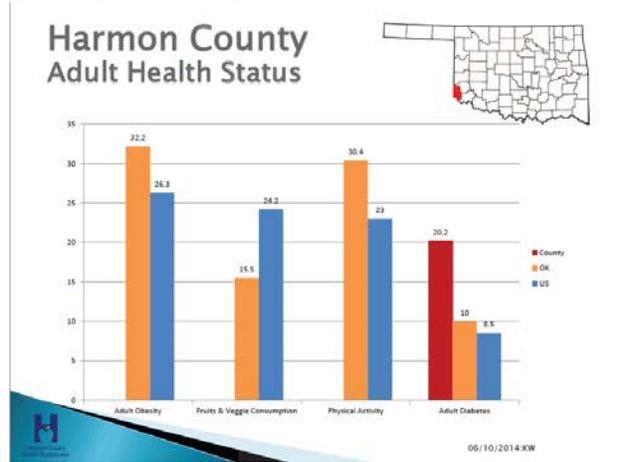
06/10/2014 KW



Harmon County Demographics

	County	OK	US
Population	2,906	3,850,568	316,128,839
Percent Change	-11.2%	2.6%	2.4%
Families Below Poverty	26.2%	12.3%	10.9%
Median Income	\$28,194	\$44,891	\$53,046
Unemployment Rate	4.3%	5.2%	8.1%
Adult Smokers (unstable)	10.3%	23.3%	19.6%

06/10/2014 KW



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Tillman County Demographics

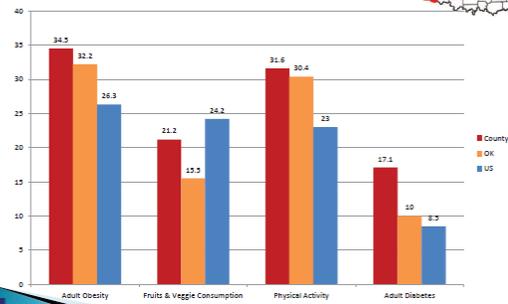
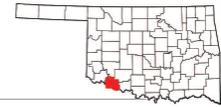


	County	OK	US
Population	7,822	3,850,568	316,128,839
Percent Change	-15.4%	2.6%	2.4%
Families Below Poverty	14.6%	12.3%	10.9%
Median Income	\$34,550	\$44,891	\$53,046
Unemployment Rate	4.7%	5.2%	8.1%
Adult Smokers (unstable)	25.4%	23.3%	19.6%



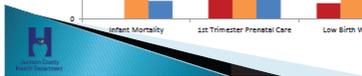
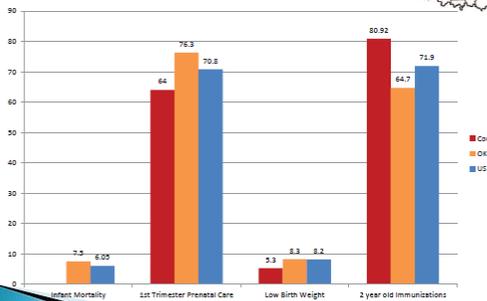
06/10/2014:KW

Tillman County Adult Health Status



06/10/2014:KW

Tillman County Infant Health Indicators



06/10/2014:KW

Jackson County Demographics

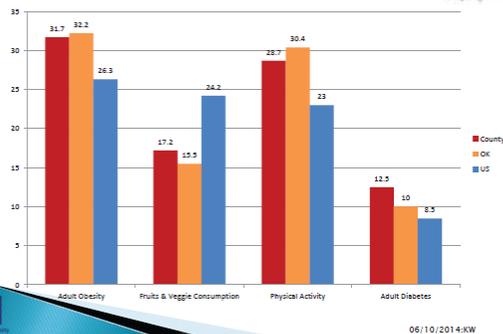


	County	OK	US
Population	26,237	3,850,568	316,128,839
Percent Change	-7.1%	2.6%	2.4%
Families Below Poverty	14.1%	12.3%	10.9%
Median Income	\$41,563	\$44,891	\$53,046
Unemployment Rate	4.7%	5.2%	8.1%
Adult Smokers	25.4%	23.3%	19.6%



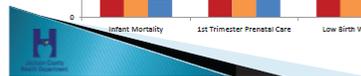
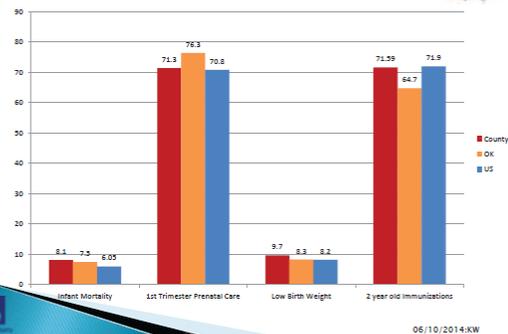
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Jackson County Adult Health Status



06/10/2014:KW

Jackson County Infant Health Indicators



06/10/2014:KW

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Changing the Horizon of the Plains



- ▶ Tobacco Policies and Ordinances
- ▶ Physical Activity & Nutrition Policies and Ordinances
- ▶ Certified Healthy Oklahoma
- ▶ Preparing for a Lifetime
- ▶ Caring Van Southwest Oklahoma



06/10/2014:KW

2

3

Dr. Gerard inquired as to the explanation behind the large percentage increase in population and median income for Beckham County as presented. Mrs. Weaver indicated it is likely a result of an oil and gas boom along this region. At one time this region had the lowest unemployment rate in the state. During previous periods of expansion due to oil and gas, the region was unable to maintain the expansion. It is unknown if the region can sustain the growth. The area is receptive to health improvement issues; however, the transient population presents a challenge.

The presentation concluded.

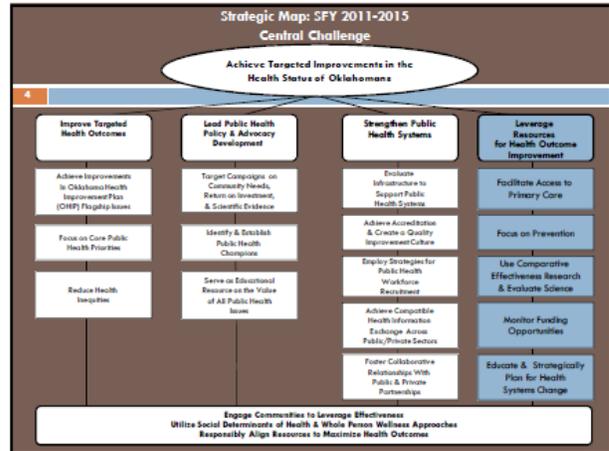
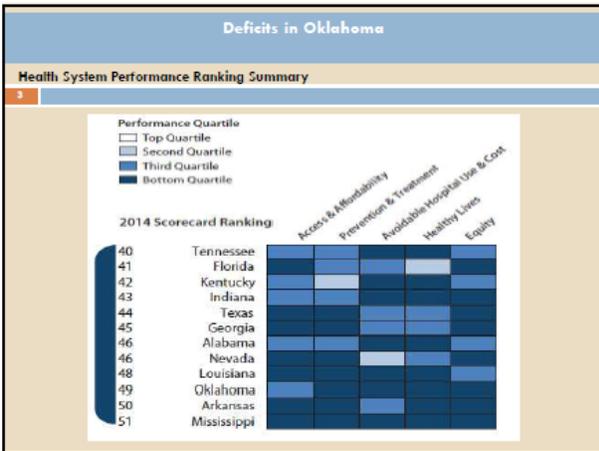
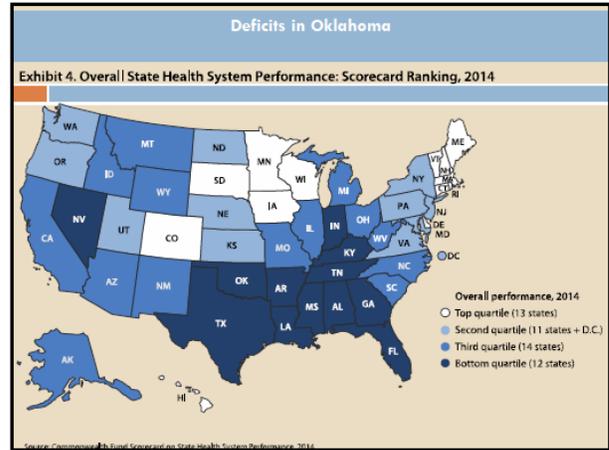
STRATEGIC MAP UPDATE PRESENTATION

Julie Cox-Kain, M.P.A., Chief Operating Officer

OKLAHOMA STATE DEPARTMENT OF HEALTH

LEVERAGE RESOURCES FOR HEALTH OUTCOME IMPROVEMENT

June 2014

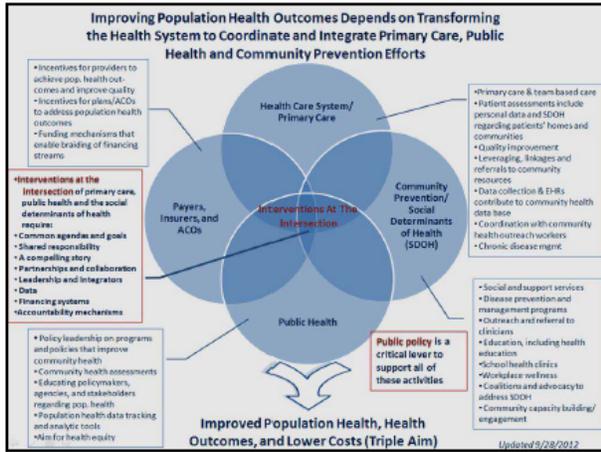


Leverage Resources for Health Outcome Improvement Performance Measures Scorecard

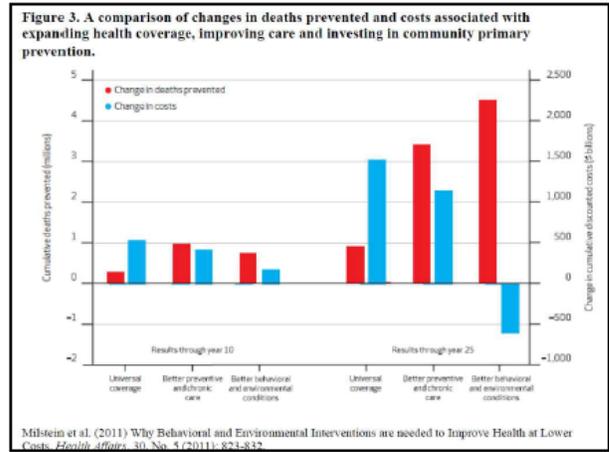
Measure	Baseline	Most Recent Year	5 Year Target Goal
Preventable Hospitalizations Rate – The rate of preventable hospitalizations per 1,000 Medicare enrollees	81.0 (CY 2012)	76.9 (CY 2013)	72.9 (CY 2018)
Adoption of Clinical Preventive Services – Health insurance carriers and health systems adopting or refining recommended clinical preventive services and evidence-based strategies	0 (FY 2013)	1 (FY 2014)	5 (FY 2018)
Crosswalk Tool – Developing recommendations for clinical preventive services and evidence-based strategies for critical health outcome measures	0% (FY 2013)	100% (FY 2014)	N/A
Uninsured Oklahomans – The number of uninsured individuals in Oklahoma	636,415 (CY 2011) *17% of total OK population	637,996 (CY 2013) *17% of total OK population	572,773 (CY 2017) *15% of total OK population
Barriers to Care for Specific Populations – Developing recommendations and evidence-based strategies to address barriers to care for specific populations, such as tribes and other minority populations	0% (FY 2013)	0% (FY 2014)	100% (FY 2015)

Leverage Resources for Health Outcome Improvement Performance Measures Scorecard

Measure	Baseline	Most Recent Year	5 Year Target Goal
Team-Based Care Coordination Model – Piloting a team-based care coordination model with both health insurance carriers and health systems	0% (FY 2013)	100% (FY 2014)	N/A
Award FQHC "Start-up" or Development Dollars – Awarding annually appropriated dollars for new FQHC access points and start-ups	77.32% (FY 2011)	15.65% (FY 2014)	90.00% (FY 2017)
Shared Savings and Performance-Based Reimbursement Models – Developing a plan or waiver to pilot shared savings and performance-based reimbursement models with both health insurance carriers and health systems	0% (FY 2013)	25% (FY 2014)	100% (FY 2015)



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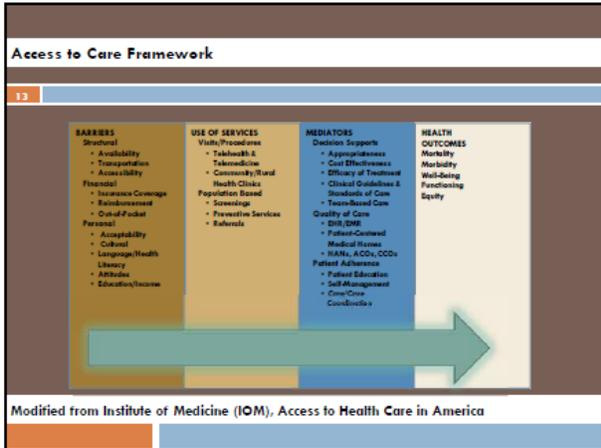
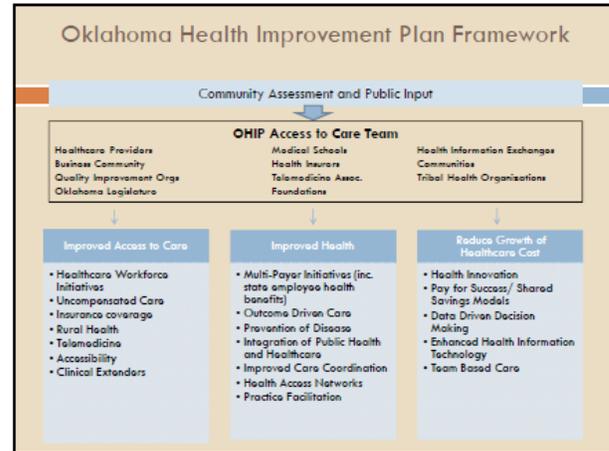
- ### OSDH & OHCA QI Projects Working Across 5 Health Outcomes
- OSDH and OHCA engaged in a process to develop a joint strategic plan across short-term and long-term health outcome improvement areas
 - QI teams began meeting in early 2014, with results expected in Jan. 2015
 - Short-Term Areas for Improvement:
 - Tobacco, Rx Drug, Hypertension, Immunizations for Children, and Diabetes
 - Long-Term Areas for Improvement:
 - Obesity and Preventable Hospitalizations
 - Current Results:
 - Joint QI training across both agencies
 - Data sharing agreements (in process)
 - Standardization of survey questions and data (in process)
 - Tracking health outcome data for the Medicaid population (in process)
 - Example: State of the State's Health Report Card

2

- ### Heartland OK (Million Hearts)
- ASTHO grant to pursue a care coordination model in targeted counties (Pittsburg, Atoka, Pontotoc, Coal, and Latimer)
 - Health department nurses serving as the "hub" to connect patients with physicians, pharmacists, and community-based services to achieve NQF18 criteria (controlled hypertension)
 - In conjunction with piloting the care coordination model/grant with ASTHO, OSDH also submitted a grant proposal to BCBSOK in pursuit of a performance-based reimbursement model when the "team" achieves NQF18 criteria
 - Grant proposal still in process; however, the OSDH is working to implement the same reimbursement model through contracts with community providers
 - As of April 31, 2014, 8 patients are receiving blood pressure monitoring as requested by referring physicians
 - 1 patient has already met the basic requirement for graduation
 - OFMQ has recruited 24 providers that are now receiving technical assistance for tracking NQF18 criteria within their practice EHR/EMR
 - Team is working with OHCA to recruit additional patients into the program (QI)

- ### NGA Policy Academy
- The State of Oklahoma has been selected to participate in the National Governors Association (NGA) 18-month policy academy focused on building a transformed health workforce
 - OSDH is the team lead for this project and will work across multiple stakeholders, including the Governor's Office, OHCA, BCBSOK, Oklahoma State Chamber of Commerce, OESC, Department of Commerce, OU, and OSU
 - Oklahoma has identified 3 major goals:
 - Establishment of a high functioning and sustainable health workforce organization
 - Implementation of coordinated health workforce data collection and analysis strategy
 - Creation of an "Oklahoma Health Workforce Action Plan" that aligns with Governor's initiatives and supports the Oklahoma Health Improvement Plan
 - Identified Focus Areas: Data Collection, Work Redesign, Pipeline and Retention, and Coordination Efforts

3



4

Questions?

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

1
2 The presentation concluded.
3

4 **CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION**

5 **Executive Committee**

6 **Organizational Strategic Alignment**

7 Dr. Krishna directed attention to the proposed organizational chart revisions for the Oklahoma State Department
8 of Health and asked Dr. Terry Cline, Commissioner of Health, to comment on the proposed organizational chart
9 revisions.

10
11 Dr. Cline described the requirement for the Oklahoma State Board of Health to approve organizational chart
12 changes of the Oklahoma State Department of Health (OSDH). Board members were given copies of the
13 proposed changes. Dr. Cline asked for Board consideration and approval of the following changes:
14

- 15 • Creation of a new position titled Senior Deputy Commissioner and Deputy Secretary of Health and Human
16 Services to directly oversee: Chief Financial Officer; Center for the Advancement of Wellness; Center for
17 Health Innovation & Effectiveness, formerly Health Planning and Grants; Partnerships for Health
18 Improvement, formerly Community Development Services; and Center for Health Statistics, consolidation
19 of Informatics and Healthcare Information.
20

21 As Senior Deputy Commissioner, this position will maintain oversight of department operations and
22 additional agency oversight. As the Deputy Secretary of Health and Human Services, this position will have
23 a broader role across the Health and Human Services cabinet. If approved, Julie Cox-Kain would be
24 appointed to this position. He indicated that the OSDH has taken steps toward integration of Health and
25 Healthcare; however, we are limited by our organization structure. This change would allow the Department to
26 better align the structure with our priorities.
27

28 Mr. Starkey inquired as to whether or not there would be a budgetary impact with this change. Dr. Cline
29 indicated that in addition to the refill of the Chief Operating Officer position, Mrs. Cox-Kain would receive a
30 slight increase in pay. He indicated that in the last 5 years we have been able to generate savings that have
31 been utilized to offset budget reductions. This realignment will allow us to continue to focus on finding and
32 creating efficiencies and savings.
33

34 Dr. Grim asked if the position is a politically appointed position. Dr. Cline indicated that it is not politically
35 appointed and if approved by the Board would be appointed by the Commissioner of Health with the support
36 of the Governor
37

38 Dr. Alexopoulos commented on the organizational structure prior to the creation of the Center for the
39 Advancement of Wellness. Since that realignment, much progress has occurred and it is the desire of the
40 Board for the Department to continue in this progress. Dr. Cline added that this request is a result of this
41 challenge from the Board to the Department to continually evaluate progress and realign the structure with
42 the priorities.
43

44 **Dr. Alexopoulos moved Board approval of the proposed organization changes presented on June 10,**
45 **2014. Second Dr. Grim. Motion carried.**
46

47 **AYE: Alexopoulos, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

48 **ABSENT: Burger**
49

50 The report concluded.
51

52 **Finance Committee**

53 Dr. Woodson directed attention to the Financial Report provided to each Board member and presented at
54 the following SFY 2014 Finance Report and Board Brief as May 19, 2014:

- 55 • Approximately \$431 million budgeted for state fiscal year 2014

- 1 • Forecasted expenditure rate of 99.1% through June 30, 2014
- 2 • “Green Light” overall for Department and all divisions

3
4 The *Financial Brief* this month focuses on the emergency preparedness and response activities:

- 5 • These activities are a public health imperative.
- 6 • During 2013, OSDH and its partners had organized emergency response to a variety of man-made and
7 natural disasters, such as winter storms, the May 2013 tornado responses, and the Tulsa Dental Health
8 Associated Infection.
- 9 • The activities are primarily supported by federal funding sources that support Public Health
10 Emergency Response and the Hospital Preparedness Response systems.
- 11 • Oklahoma’s health system’s ability to be prepared for natural and man-made disasters may be
12 hampered due to a significant reduction of approximately 37% or \$1.5 million to the Hospital
13 Preparedness grant.

14
15 Reductions to OSDH State General Appropriations:

- 16 • OSDH State Fiscal Year 2015 will be reduced by \$2.28 million or 3.6% over State Fiscal Year 2014
17 appropriation levels.
- 18 • In addition, a cash transfer of \$5 million from the State Trauma Care Assistance Revolving Fund and
19 \$50 thousand from the Kidney Revolving fund into the Special Cash Fund of the State Treasury was
20 authorized by the Oklahoma Legislature effective July 1, 2014.
- 21 • FQHC Uncompensated Care will be reduced by \$1,006,230 thereby spreading the impact of the
22 reduction of uncompensated care funds to all providers receiving this type of funding.

23
24 The report concluded.

25
26 **Accountability, Ethics, & Audit Committee**

27 The Accountability, Ethics, & Audit Committee met with Jay Holland. Ms. Wolfe reported that there are no
28 known significant Audit or Office of Accountability issues to report at this time.

29
30 The report concluded.

31
32 **Policy Committee**

33 The Policy Committee met on Tuesday, June 10, 2014. Dr. Gerard, Dr. Grim, and Mr. Starkey were present
34 and met with Mark Newman at the Jackson County Health Department in Altus, Oklahoma. The Policy
35 Committee discussed the Governor’s approval of multiple bills which will impact the budget, employee
36 retirement and benefits, and additional mandates for the agency such as SB 1848, which would require the
37 BOH to establish standards for abortion facilities in Oklahoma.

38
39 The final version of the legislative tracking reports have been sent electronically to each member of the BOH
40 and no further reports will be sent until after bills are introduced next year.

41
42 The Policy Committee also discussed the importance of the OHIP Community Chats, the development of a
43 legislative agenda for next session and potential issues for discussion at the BOH Retreat in August.

44
45 If members of the Board have any questions regarding any policy issues or proposed legislation, please do
46 not hesitate to contact Mark Newman for additional information or to provide your input. Dr. Gerard
47 requested that all BOH members submit their suggestions for legislative agenda items for the next session to
48 Mark Newman as soon as possible to prepare for the August BOH Retreat.

49
50 The next meeting of the Policy Committee will be prior to the July Board Meeting in Oklahoma City.

51
52 **PRESIDENT’S REPORT**

53 Dr. Krishna directed attention to copies of the 2014 State of the State’s Health report provided to each Board
54 member. He thanked the staff for the hard work reflected in the report as well as the efforts put into compiling
55 the report. Oklahoma has improved in ranking, 44th in overall health status; however, there are still many

1 challenges facing the state if we are to continue to improve health. The next edition of the report will evolve into
2 an interactive, web-based report.

3
4 **NOMINATING COMMITTEE REPORT & ELECTION OF OFFICERS 2014-2015**

5 Dr. Krishna asked Dr. Alexopulos to provide the Nominating Committee Report. Dr. Alexopulos, Tim Starkey
6 and Dr. Gerard served on this committee. The Committee recommended the 2014-2015 Officers as follows:
7 President, Ronald Woodson; Vice-President, Martha Burger; and Secretary/Treasurer, Cris Hart-Wolfe.

8
9 **Dr. Grim moved Board approval to approve the Committee recommendations for President, Ronald
10 Woodson as presented. Second Dr. Gerard. Motion carried.**

11
12 **AYE: Alexopulos, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe,**

13 **ABSTAIN: Woodson**

14 **ABSENT: Burger**

15
16 **Dr. Grim moved Board approval to approve the Committee recommendations for Vice President, Martha
17 Burger as presented. Second Dr. Gerard. Motion carried.**

18
19 **AYE: Alexopulos, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

20 **ABSENT: Burger**

21
22 **Dr. Alexopulos moved Board approval to approve the Committee recommendations for Secretary-
23 Treasurer, Cris Hart-Wolfe as presented. Second Dr. Gerard. Motion carried.**

24
25 **AYE: Alexopulos, Gerard, Grim, Krishna, Starkey, Stewart, Woodson**

26 **ABSTAIN: Wolfe**

27 **ABSENT: Burger**

28
29 **COMMISSIONER'S REPORT**

30 Dr. Cline mentioned the annual Governor's Walk for Wellness held at the Capitol, May 21st. In addition to
31 several Cabinet members, there were more than 350 participants. Dr. Cline thanked Governor Fallin for her
32 commitment to increase awareness in this area.

33
34 Next, Dr. Cline spotlighted the Protective Health Services, Long Term Care Division for receiving the
35 Quality Crown Award at the annual Quality Team Day Ceremony.

36
37 Dr. Cline briefly commented on the consolidated efforts of the Health and Human Services Cabinet establish
38 Information Technology governance structure to inform decision making as it relates to the state's
39 consolidation of shared services. It is important that the parties who best understand the services and work
40 performed are involved in the process.

41
42 Dr. Cline updated the Board on the progress of the Oklahoma Health Improvement Plan Community Chats.
43 Once the concerns of the communities have been compiled, the information will be pulled together for the
44 rewrite of the next Oklahoma Health Improvement Plan. The most recent chat was conducted in Lawton,
45 and there are two chats remaining which are scheduled in Little Axe and Guymon.

46
47 Lastly, Dr. Cline, along with several national groups, participated in an ASTHO WebMd Twitter Chat
48 regarding prescription drug abuse. He briefly described the online forum and explained the purpose of the
49 event was to push out information on this topic to followers who use this forum.

50
51 The report concluded.

52
53 **NEW BUSINESS**

54 No new business.

1 **PROPOSED EXECUTIVE SESSION**

2 No Executive Session

3

4 **ADJOURNMENT**

5 **Dr. Stewart moved Board approval to Adjourn. Second Dr. Grim. Motion carried.**

6

7 **AYE: Alexopoulos, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

8 **ABSENT: Burger**

9

10 The meeting adjourned at 12:41 p.m.

11

12 Approved

13

14

15

16 _____
Ronald Woodson, M.D.

17 President, Oklahoma State Board of Health

18 July 8, 2014

CURRENT – BEFORE REVISIONS

OKLAHOMA STANDARD AUTHORIZATION TO USE OR SHARE PROTECTED HEALTH INFORMATION (PHI)

I. INDIVIDUAL INFORMATION (FOR PERSON WHOSE INFORMATION WILL BE SHARED)

Name _____ Date of Birth _____
Address _____ City _____
Area Code & Telephone Number _____ State _____ Zip _____

Comment [O1]: Re-formatted to accommodate a 1-page form.

II. SCOPE & PURPOSE FOR SHARING INFORMATION

I understand protected health information is information that identifies me. The purpose of this authorization is to allow _____ to share my protected health information as set forth below, for reasons in addition to those already permitted by law.

Comment [O2]: Added Medical Record Number and Social Security Number.

A. Person/Organization Receiving Information and Purpose for Sharing

Persons/Organizations Authorized to Receive My Information (Name, Address, Phone & Fax)	Relationship	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comment [O3]: Re-formatted for ease of use and to accommodate a 1-page form.

Comment [O4]: Re-formatted and condensed for ease of use and to accommodate a 1-page form.

B. Information to be shared

1. Check one or more boxes below.

- Psychotherapy Notes (if checking this box, no other boxes may be checked)
- Entire Medical Record (includes all records except Psychotherapy Notes)
- Mental Health Records
- Alcohol or Drug Substance Abuse Records
- Radiology Report(s)
- Pathology Reports
- HIV Records
- Cardiology Report(s)
- Discharge Summary
- STD Records
- History and Physical
- Physician's Orders
- Progress Notes
- Operation Reports
- Laboratory Report(s)
- Medical Images
- Consultation Report(s)
- Billing Information for _____
- Medical information compiled between _____ and _____
- Other _____

2. Covering Services Between _____ and _____ (Insert either date(s) or "all.")

Comment [O5]: Some categories were removed because comments indicated that they were not all necessary and by removing some of them it would accommodate a 1-page form. Notice of possible HIV/STD records covered in bulleted notice regarding communicable disease in the new revised form.

III. EXPIRATION & REVOCATION

A. This Authorization will Expire (must choose one):

- 12 months from the date signed in Part IV.B.
- Other (insert date or event): _____

Comment [O6]: Reformatted in revised form.

B. Right to Revoke

I understand I may change this authorization at any time by writing to the address listed at the bottom of this form. I understand I cannot restrict information that may have already been shared based on this authorization.

Comment [O7]: This right was moved to the bulleted section in revised form.

IV. ACKNOWLEDGEMENTS & SIGNATURES

A. Acknowledgements

- 1. I understand this authorization is voluntary and will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- 2. If checked and initialed, _____ is authorized to share my protected health information for the purpose of marketing. I understand _____ may receive either direct or indirect compensation for sharing my information in this case. Individual initials _____
- 3. I understand if the person/organization authorized to receive my protected health information is not a health plan or health care provider, privacy regulations may no longer protect the information.
- 4. I understand I may inspect or obtain a copy of the protected health information shared under this authorization by sending a written request to the address listed at the bottom of the form.

Comment [O8]: These requirements were moved to bulleted section in the revised form.

B. Signature

This document must be signed by the individual or the individual's legal representative.

Signature (Patient or Legal Representative) _____ Date _____

Printed Patient or Legal Representative Name _____ Capacity/Description of Legal Representative (if applicable) _____

Address of entity authorized to release information: _____

~~The following information is for administrative purposes and may only be completed by an entity that is a "Program" under 42 C.F.R. Part 2 with respect to alcohol and drug abuse records:~~

~~If checked — disclosure of Alcohol or Drug Abuse Records is subject to the following restrictions under 42 C.F.R. Part 2: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.~~

Comment [O9]: This section was deemed unnecessary.

OKLAHOMA STANDARD AUTHORIZATION TO USE OR SHARE PROTECTED HEALTH INFORMATION (PHI)

Patient Name: _____

Medical Record #: _____

Date of Birth: _____

Social Security #: _____

I hereby authorize _____
Name of Person/Organization Disclosing PHI

to release the following information to _____
Name and Address of Person/Organization Receiving PHI

Information to be shared:

- Psychotherapy Notes (if checking this box, no other boxes may be checked) Entire Medical Record
- Billing Information for _____ Mental Health Records
- Substance Abuse Records Medical information compiled between _____ and _____
- Other: _____

The information may be disclosed for the following purpose(s) only:

- Insurance Continued Treatment Legal At my or my representative's request
- Other: _____

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information. If I sign this authorization to use or disclose information, I can revoke this authorization at any time. The revocation must be made in writing to the person/organization disclosing the information and will not affect information that has already been used or disclosed.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment or payment of claims.
- My medical information may indicate that I have a communicable and/or non-communicable disease which may include, but is not limited to diseases such as hepatitis, syphilis, gonorrhea or HIV or AIDS and/or may indicate that I have or have been treated for psychological or psychiatric conditions or substance abuse.
- I understand I may change this authorization at any time by writing to the person/organization disclosing my PHI.
- I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and no longer be protected by the Privacy Regulation.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be one year from the date of my signature or upon the occurrence of the following event: _____

Signature of Patient or Legal Representative

Date

Description of Legal Representative's Authority

Expiration date (if longer than one year from date of signature or no event is indicated)

DRAFT

Instructions for Oklahoma Standard Authorization to Use or Share Protected Health Information (PHI)

1. Indicate patient name and date of birth.
2. OPTIONAL: Indicate Medical Record # and/or Social Security #.
3. Indicate the name of person/organization disclosing PHI.
4. Indicate the name and address of person/organization receiving PHI.

Information to be shared:

1. Check the appropriate box.
2. If the information to be shared is not listed, check the "other" box and indicate what information is to be shared in the space provided.
 - a. If billing information is shared, indicate which billing information is requested. If all billing information is requested, just check the box.
 - b. If psychotherapy notes are requested, no other information can be shared. A separate Authorization must be completed for additional information.

Purpose for disclosing information:

1. Check the appropriate box.
2. If the purpose is not listed, check the "other" box and indicate the purpose in the space provided.

Expiration Date:

1. Unless otherwise indicated at the bottom of the form, the expiration date is one year from the date of the patient's signature or upon the occurrence of an event chosen by the individual.
 - a. If the patient chooses an event, list the event in the space provided.
 - b. If the patient chooses to make the expiration date longer than one year, indicate in the space provided at the bottom of the form.

Signature:

1. Obtain the signature of the patient or Legal Representative
2. If a Legal Representative signs the form, indicate the description of the Legal Representative's authority.

Date:

1. The date is the date the form is signed.

STRENGTHEN PUBLIC HEALTH SYSTEMS

OKLAHOMA STATE DEPARTMENT OF HEALTH
JULY 8, 2014

Strategic Map: SFY 2011-2015

Central Challenge

Achieve Targeted Improvements in the Health Status of Oklahomans

Improve Targeted Health Outcomes

Achieve Improvements In Oklahoma Health Improvement Plan (OHIP) Flagship Issues

Focus on Core Public Health Priorities

Reduce Health Inequities

Lead Public Health Policy & Advocacy Development

Target Campaigns on Community Needs, Return on Investment, & Scientific Evidence

Identify & Establish Public Health Champions

Serve as Educational Resource on the Value of All Public Health Issues

Strengthen Public Health Systems

Evaluate Infrastructure to Support Public Health Systems

Achieve Accreditation & Create a Quality Improvement Culture

Employ Strategies for Public Health Workforce Recruitment

Achieve Compatible Health Information Exchange Across Public/Private Sectors

Foster Collaborative Relationships With Public & Private Partnerships

Leverage Resources for Health Outcome Improvement

Facilitate Access to Primary Care

Focus on Prevention

Use Comparative Effectiveness Research & Evaluate Science

Monitor Funding Opportunities

Educate & Strategically Plan for Health Systems Change

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

UPDATE TOPICS

- Continuous Evaluation and Improvement
- Public Health Workforce
- Accreditation and Quality Improvement Culture
- Health Information Technology and Health Information Exchange
- Collaborative Public and Private Partnerships

CONTINUOUS EVALUATION AND IMPROVEMENT

2014 Annual Report to PHAB on improvements

- Simple progress indicators, county health indicators, added to 2014 State of State's Health Report
- Quarterly and annual strategic plan reviews
- Quality improvement project recognition
- Public Health Informatics Division, October 2013
- Interoperable Public Health Information System
- Mandates team continues progress
- Oklahoma Health Improvement Plan update

CONTINUOUS EVALUATION AND IMPROVEMENT

General Community Chats

- Tulsa- April 16 (36 attendees)
- Enid- April 17 (27 attendees)
- OKC- May 14 (30 attendees)
- McAlester- June 5 (38 attendees)
- Lawton- June 9 (45 attendees)

African American Community Chats

- Tulsa- April 14 (28 attendees)
- OKC- May 6 (37 attendees)

Hispanic Community Chats

- OKC- May 5 (33 attendees)
- Guymon- June 19 (49 attendees)

Tribal Consultations

- Tahlequah- April 7 (36 attendees)
- Little Axe- June 16 (47 attendees)
- General: 176
- African American: 65
- Hispanic: 82
- Tribal: 83
- Grand Total: 406

PUBLIC HEALTH WORKFORCE

Recruitment, Retention, Compensation

- Recruitment materials & booth display developed for job fairs
- Subscription option established for alerts of new job postings
- Job postings on agency-approved social media outlets
- Classified hiring rates based on market benchmarks
- Salary inequities reduced
- Compensation structure set for unclassified positions
- Reinstated career progressions
- Agency compensation analysis resulting in 71% of OSDH employees receiving salary increases
- Agency classification review to ensure accurate job classification based on assigned duties

ACCREDITATION AND QUALITY IMPROVEMENT CULTURE

OSDH, Comanche CHD complete first year of accreditation

Prerequisites completed, accreditation applications filed:

- Cleveland County Health Department
- Logan County Health Department
- Washington County Health Department

2014 Quality Oklahoma Team Day Recognitions

- Quality Crown Award
- Extra Mile Award
- Five Governor's Commendations of Excellence

2013 Quality Oklahoma Team Day Recognitions

- Quality Crown Award
- Motivating the Masses
- Judges Choice Award
- Seven Governor's Commendations of Excellence



ACCREDITATION AND QUALITY IMPROVEMENT CULTURE

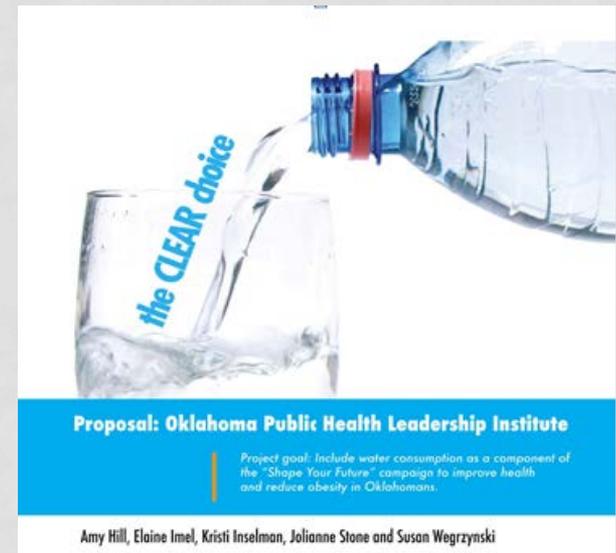
- 167 staff members participated in QI and performance management training in 2013
- Evidence Based Public Health Training, July 2014
- Oklahoma Public Health Leadership Institute

January 2014

- 22 fellows graduated
- 5 class QI projects, 2 being implemented

June 2014

- 21 participants kicked off next class



HEALTH INFORMATION TECHNOLOGY AND HEALTH INFORMATION EXCHANGE

- 100% of immunization systems (OSIIS-Web, OSIIS-PHOCIS, VXU Repository) interoperable by end of SFY 2016.
- Functional capacity to officially receive messages into the immunization VXU repository
- eMPI implemented and unique ID assigned for immunization records
- Quality data incorporated into modernized OSIIS-PHOCIS system

HEALTH INFORMATION TECHNOLOGY AND HEALTH INFORMATION EXCHANGE

100% of electronic laboratory reports (ELRs) for reportable diseases are incorporated into PHIDDO by end of SFY 2016

New LIMS system implemented by end of SFY Q4/2014

- FY 2013: Target: 50 % Actual: 45 %

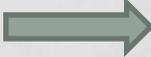
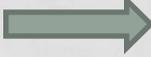
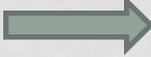
Large (major) labs submitting to PHIDDO use electronic laboratory reports by end of SFY 2015

- FY 2013: Target: 40 % Actual: 40 %

COLLABORATIVE PUBLIC AND PRIVATE PARTNERSHIPS

- State Chamber, the media, the Oklahoma Academy and other private/public partners planned & supported the February 28, 2014 Certified Healthy award celebration with over 1,100 in attendance.

- Certified Healthy Schools, Communities, Businesses (FY13)

	Target		Actual
◦ Schools	600		523
◦ Communities	110		72
◦ Businesses	(no Target)		499
◦ Campuses	(no Target)		27
◦ Restaurants	(no Target)		20

- Certified Healthy numbers increased from 186 in 2009 to 1,141 in 2013

STRENGTHEN PUBLIC HEALTH SYSTEMS

OKLAHOMA STATE DEPARTMENT OF HEALTH
JULY 8, 2014

**OKLAHOMA STATE DEPARTMENT OF HEALTH
SFY 2014 BUDGET AND EXPENDITURE FORECAST: AS OF 06/17/2014**

SUMMARY

<u>Division</u>	<u>Current Budget</u>	<u>Expenditures</u>	<u>Encumbrances</u>	<u>Forecasted Expenditures</u>	<u>Variance</u>	<u>Performance Rate</u>
Public Health Infrastructure	\$24,201,725	\$14,597,564	\$2,279,521	\$6,719,295	\$605,346	97.50%
Protective Health Services	\$67,752,597	\$56,951,428	\$4,475,140	\$5,085,527	\$1,240,503	98.17%
Prevention & Preparedness Services	\$57,716,999	\$42,280,217	\$11,054,753	\$4,962,113	(\$580,084)	101.01%
Information Technology	\$7,294,490	\$5,785,990	\$1,023,064	\$130,370	\$355,066	95.13%
Health Improvement Services	\$21,205,396	\$15,021,642	\$2,806,985	\$2,883,258	\$493,512	97.67%
Community & Family Health Services	\$251,937,191	\$173,106,106	\$17,414,061	\$60,072,223	\$1,344,800	99.47%
Totals:	\$430,108,398	\$307,742,946	\$39,053,523	\$79,852,787	\$3,459,142	99.20%
	< 90%	90% - 95%	95% - 102.5%	102.5% - 105%	>105%	

Expenditure Forecast Assumptions

- Expenditures and encumbrances shown as of June 17, 2014.
- Payroll expenses are forecasted through June 30, 2014 based on extrapolation of the first twenty-two payrolls of SFY 2014.
- Other expenditure forecasts are limited to realistic amounts expected to be spent during the current budget period.
- Budgets are based on funding awards and revenue projections that may require adjustments as awards and projections are finalized throughout SFY14.

Oklahoma State Department of Health Board of Health – Financial Brief JULY 8, 2014

Public Health Imperative: Immunizations

Public Health Imperatives are programs characterized by services that protect the health and safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health and medical emergency preparedness and response; and offer protection to vulnerable persons against exposure to severe harm.

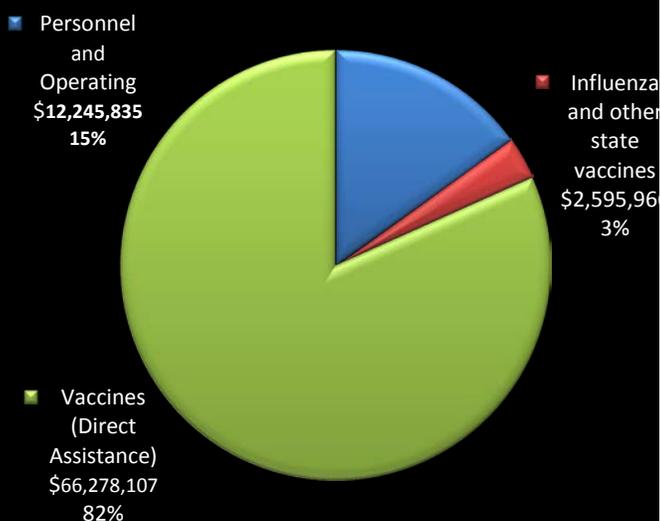
Immunization Service Mission – Ensure the population is immunized against vaccine preventable disease, disability and death

Functions of the Immunization Service at OSDH include:

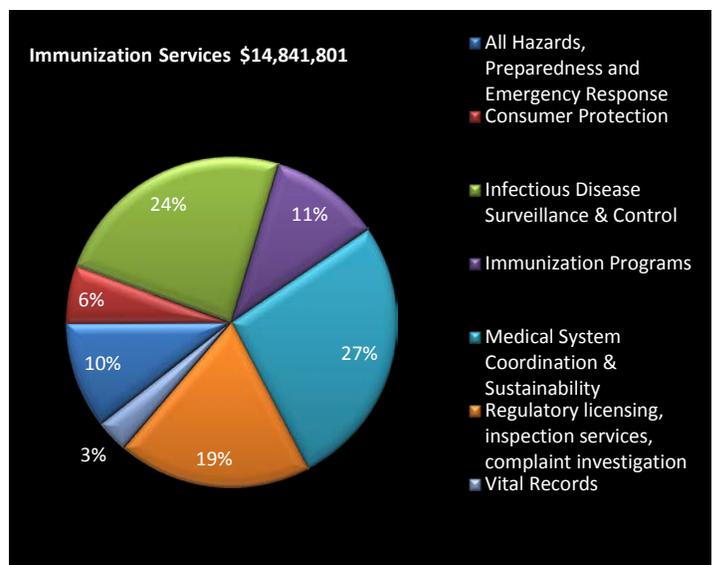
- Administer the Vaccines for Children Program in Oklahoma, which serves 70% of Oklahoma's children through approximately 860 public and private health care providers.
- Operate the Oklahoma State Immunization Information System (OSIIS), the state immunization registry
- Ensure that healthcare personnel and all Oklahomans know the importance of vaccines, when vaccines should be given, what vaccines are required and recommended, and accurate information on the safety and side effects of vaccines.

\$1 spent on routine childhood immunizations results in \$10 of savings over the child's lifetime

Immunization Resources and Expenses



Public Health Imperatives FY2014 Budget (\$136.9 million)



- The OSDH immunization program is funded through a combination of state, federal and millage revenues, with about half of the budgetary funding provided through federal grants.
- Oklahoma receives \$66.3 million in Direct Assistance Vaccines as part of the federal VFC and 317 programs that are shipped directly to providers.
- OSDH utilizes evidence-based strategies such as parental reminder cards and working on reducing missed opportunities for vaccinating children.
- New federal immunization policy prohibits the administration of federally purchased vaccine to persons with insurance even when vaccines are not available from their local health provider.
- OSDH is moving towards third party commercial insurance billing of vaccinations for persons with private insurance coverage who do not have access to vaccinations at their private physicians' offices.

**OKLAHOMA STATE BOARD OF HEALTH
COMMISSIONER'S REPORT**

Terry Cline, Ph.D., Commissioner
July 8, 2014

PUBLIC RELATIONS/COMMUNICATIONS

ASTHO Primary Care & Public Health Collaborative Million Hearts Webinar – presenter
Association of Public Health Laboratories Annual Conference - speaker
KOKC Radio, Ken Johnson - interview
Anschutz Foundation - presentation

STATE/FEDERAL AGENCIES/OFFICIALS

Health & Human Services Cabinet Meeting
Terri White, Commissioner, ODMHSAS & Nico Gomez, Exec Director, OHCA,
Gaylord Z Thomas, Executive Director, OK State Board of Examiners for Long Term
Care Administrators
Unaccompanied Children tour at Ft. Sill

SITE VISITS

Latimar County Health Department
LeFlore County Health Department
Haskell County Health Department
Comanche County Health Department
Jackson County Health Department

OTHERS:

Institute of Medicine (IOM) Committee on Post Disaster Recovery
IOM Healthy Communities Subcommittee
Million Hearts Learning Collaborative Meeting
Absentee Shawnee Tribal Consultation
OHIP Community Chats
 McAlester
 Lawton
 Guymon