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

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Tuesday, April 10, 2012 11:00 a.m.

Jenny Alexopoulos, President of the Oklahoma State Board of Health, called the 368th regular meeting of the Oklahoma State Board of Health to order on Tuesday, April 10, 2012, at 11:08 a.m. The final agenda was posted at 10:19 a.m. on the OSDH website on April 9, 2012, and at 10:38 a.m. at the building entrance on April 9, 2012.

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**ROLL CALL**

**Members in Attendance:** Jenny Alexopoulos, D.O., President; R. Murali Krishna, M.D., Vice-President; Cris Hart-Wolfe, Secretary-Treasurer; Alfred Baldwin; Richard G. Davis, D.D.S.; Terry R. Gerard, D.O. Ronald Woodson, M.D.; Barry L. Smith, J.D., Martha A. Burger

**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 & Federal Policy; Dan Durocher, Director of the Office of Accountability; Lloyd Smith, Director of Internal Audit; Don Maisch, Office of General Counsel; Joyce Marshall, Director of the Office of Performance Management; Ray Hankins, Chief Financial Officer; Leslea Bennett-Webb, Office of Communications; Mark Davis; Commissioner's Office: Janice Hiner, VaLauna Grissom.

**County Health Department Staff and Visitors in attendance:** (see list)

**Call to Order and Opening Remarks:** Dr. Alexopoulos called the meeting to order and asked the Board to observe the customary moment of silence. Dr. Alexopoulos thanked Brett Thomas, with the Governor's Office for attending.

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**REVIEW OF MINUTES**

Dr. Alexopoulos directed Board attention to the minutes of the March 13, 2012, regular Board of Health Meeting. Cris Hart-Wolfe noted the following correction to be made to the minutes:

- Page 10, line 8, *Mrs. Woodson* should read as *Dr. Woodson*.

**Mrs. Wolfe moved approval of the minutes of the March 13, 2012, regular meeting, with noted corrections. Second Dr. Krishna. Motion carried.**

**AYE: Alexopoulos, Baldwin, Burger, Davis, Gerard, Krishna, Smith, Wolfe, Woodson**

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**STRATEGIC MAP UPDATE PRESENTATION**

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

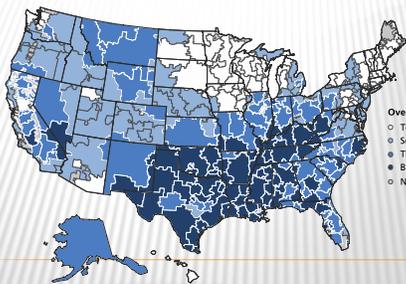
**STRATEGIC PLANNING UPDATE**



**Julie Cox-Kain, M.P.A.**  
**April 10, 2012**

**EXECUTIVE SUMMARY**

Overall Health System Performance



Overall Performance

- Top Quartile
- Second Quartile
- Third Quartile
- Bottom Quartile
- Not Populated

Source: Commonwealth Fund Scorecard on Local Health Performance, 2012

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**PERFORMANCE QUANTILES, BY HOSPITAL REFERRAL REGION (HRR)**

| HRR           | Population | Overall Rank | Overall Performance Quartile | Access & Affordability Performance Quartile | Prevention & Treatment Quartile | Potentially Avoidable Hospital Use & Cost Quartile | Potential to Lead Healthy Lives Quartile |
|---------------|------------|--------------|------------------------------|---|---------------------------------|--|--|
| Okahoma       |            |              |                              |   |                                 |  |  |
| Lawton        | 205,363    | 266          | 4                            | 4   | 4                               | 3  | 4  |
| Oklahoma City | 1,879,596  | 298          | 4                            | 4   | 4                               | 4  | 4  |
| Tulsa         | 1,373,182  | 281          | 4                            | 4   | 4                               | 3  | 4  |

**COMMONWEALTH FUND LOCAL HEALTH SYSTEM PERFORMANCE**

**Methodology**

- > **Access** includes insurance coverage for adults and children and three indicators of access and affordability of care.
- > **Prevention and treatment** includes 19 indicators that measure the quality of ambulatory care, hospital care, long term care, post-acute care, and end of life care.
- > **Potentially avoidable hospital use and cost** includes six indicators of care that could have been prevented and three measures of spending on medical care.
- > **Healthy Lives** includes 10 indicators that assess the degree to which people are able to enjoy long and healthy lives.

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**COMMONWEALTH FUND LOCAL HEALTH SYSTEM PERFORMANCE**

**Findings**

- > Where people live matters across both access and quality of care.
- > There are strong geographic patterns, but they vary by dimension.
- > Leading local areas often perform consistently well on multiple indicators across dimensions.
- > Multiple dimensions of health system performance are interrelated.
- > Socioeconomic factors, particularly high poverty rates, are associated with some aspects of health system performance, but not all.

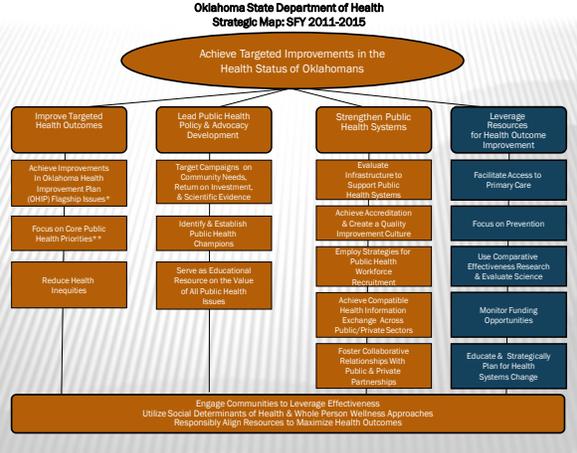
**COMMONWEALTH FUND LOCAL HEALTH SYSTEM PERFORMANCE**

**Summary and Implications**

- > Calls for a comprehensive approach to health system performance (local, state, federal)
- > Underscores the importance of local engagement around health to improve:
  - ❖ Healthcare experiences
  - ❖ Population health
  - ❖ Quality of Care
  - ❖ Affordability

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**Strategic Map**  
Leverage Resources for Health Outcome Improvement



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**FACILITATE ACCESS TO PRIMARY CARE**

- United Health Foundation Ranking **49<sup>th</sup>**
  - Oklahoma - 81.7/100,000 population
  - Number 1 State (MA) - 191.9/100,000 population

Commonwealth Fund  
ACCESS Exhibit 4

Overall Performance on Access Dimension



Source: Commonwealth Fund Scorecard on Local Health System Performance, 2012.

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**FACILITATE ACCESS TO PRIMARY CARE**

Physician Rates to 100,000 Population



**FACILITATE ACCESS TO PRIMARY CARE**

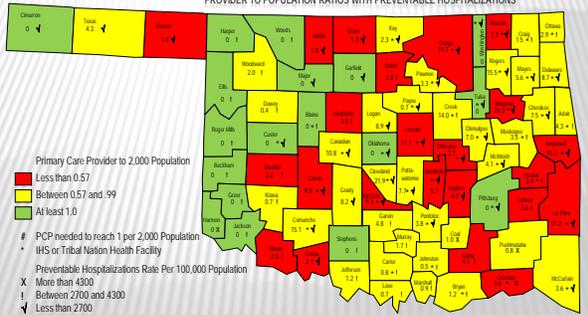
Potential Impact of 2014 SoonerCare Expansions on Provider Panel Capacity by County at 100% Participation



**FACILITATE ACCESS TO PRIMARY CARE**

DRAFT

OKLAHOMA STATE DEPARTMENT OF HEALTH  
OFFICE OF PRIMARY CARE  
PROVIDER TO POPULATION RATIOS WITH PREVENTABLE HOSPITALIZATIONS



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**FACILITATE ACCESS TO PRIMARY CARE**

**Develop a Primary Care Advisory Taskforce (PCAT)**

- > Overview of current assets and programs
- > Development of proposals or state plan that may include:
  - ❖ Loan Repayment
  - ❖ Rural Residency
  - ❖ Local Community Recruitment
  - ❖ Retaining Physicians in Oklahoma
  - ❖ Telemedicine
  - ❖ Community Health Centers, National Health Service Corps
  - ❖ Collaboration, referral and joint projects with existing local infrastructure (example: local health departments)

**FOCUS ON PREVENTION**

**Building a Public Health Home/Healthy Neighborhood Concept**

- > Inventory, Support & Build Upon Existing Community Infrastructure
- > Developing networks/links between providers, including shared data for local intervention
- > Creating support systems for providers that may include:
  - ❖ Practice Facilitation
  - ❖ Case Management
  - ❖ Care Coordination
- > Creating support systems for individuals:
  - ❖ Linking individuals to necessary resources
  - ❖ Develop capacity for disease self management
  - ❖ Address specific populations

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**USE COMPARATIVE EFFECTIVENESS RESEARCH & EVALUATE SCIENCE**

- > Evaluate Coverage Levels & Produce Recommendations Regarding Health Benefits
  - ❖ U.S. Preventive Services Task Force Recommendations
- > Monitor and Evaluate Essential Health Benefits in Oklahoma

**MONITOR FUNDING OPPORTUNITIES**

- > Alternatives for Medicaid Reimbursement
- > Identifying Opportunities for Private Insurance Reimbursement
- > Exploring Alternative Models for Patient Centered Medical Home Tier Support
- > Identifying and Developing Reimbursement Mechanism for Healthy Neighborhoods/Public Health Home
- > Develop Return on Investment or Business Case for Investments in Prevention

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**EDUCATE & STRATEGICALLY PLAN FOR HEALTH SYSTEMS CHANGE**

- > Help Support Local Solutions through Local Strategic Planning (MAPP Process)
- > Implement a Broader Educational Approach
  - ❖ Build State Partnerships
  - ❖ Build Local Partnerships
  - ❖ Develop Information Channels
- > Identify Access Disparities
  - ❖ Reduce Barriers

**SUCCESSSES**

- > Engaged State Level Committee
- > Local Partnerships Identifying Access Barriers and Trying to Develop Local Solutions
- > Pilot Projects Under Early Development to Expand Primary Care
- > State Support for Access to Care Solutions
- > Data Collection and Assessment

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## CHALLENGES

- > Multifactorial & Complex Problems
- > Implementation Time
- > Resource Constraints
- > Evolving Environment
- > Implications for Healthcare and Public Health Delivery Models

## QUESTIONS

1  
2  
3 Dr. Woodson inquired as to the source of the primary care data presented in the PowerPoint presentation.  
4 Julie Cox-Kain indicated the OSDH Office of Primary Care collects the data through surveys of primary  
5 care physicians in Oklahoma. She further stated that there is data missing, however, they are working to  
6 capture this missing data. Because the data is collected through the Oklahoma Licensure Database, there  
7 are physicians at the federal and tribal level not reflected in this data.

8 Dr. Krishna commented that Oklahoma has one of the lowest unemployment rates in the nation and  
9 would like to reach out to employers to find ways to provide these Oklahomans primary care access.

10 Dr. Cline commented that he, Barry Smith, and Bert Marshall of Blue Cross and Blue Shield have meet  
11 regarding an initiative to engage the business community for creative solutions around primary care  
12 access.

13 Dr. Krishna briefly discussed research indicating that the majority of healthcare costs are spent within the  
14 last 6 months of an individual's life. As a culture we need to reverse this trend and focus on prevention.  
15 There are also significant links to an individual's mental health associated with physical illness.

16 Dr. Alexopulos commented on the exploration of alternative models of Patient Centered Medical Home  
17 tier support. She stated that the Health Access Network is working to assist these providers with the  
18 required resources to support the Patient Centered Medical Home.

19  
20 The presentation concluded. Dr. Alexopulos thanked Julie Cox-Kain for her presentation.

## COMMITTEE REPORTS

### **Executive Committee**

24 Dr. Alexopulos reminded the Board that new subcommittee assignments will be revisited in July, after the  
25 election of new officers.

26  
27 Board members were notified they would receive a short survey regarding their interest in serving on  
28 another committee, and asked to complete and return the survey by May 8, 2012. She briefly addressed  
29 the Board of Health By-laws and indicated they were being reviewed to determine if updates or possible  
30 amendments were needed. Any actions needed as a result of the review would be presented to the Board  
31 of Health.

32  
33 The Public Health Accreditation Board site visit has been **tentatively** scheduled for May 22 through 24,  
34 2012. The full Executive Team will be asked to conduct a 1-2 hour interview regarding the Board of  
35 Health governance structure.

36  
37 Lastly, Dr. Alexopulos reminded the Board members of the following:

- The June Board of Health meeting will be held at the Payne County Health Department.

- 1 • The Nominating Committee, consisting of Barry Smith, Pastor Baldwin, and Dr. Woodson, will
- 2 provide a report to the Board at the June Board meeting.
- 3 • The first quarterly performance & operational dashboard report will be mailed to the Board on April
- 4 24, 2012 for review at the May Board meeting.

5  
6 **Finance Committee**

7 Dr. Krishna directed attention to the Executive Summary of the OMB A133 Single Audit provided to the  
8 Board members. He indicated this audit is separate from the audit results provided in December. This audit  
9 was conducted in the WIC program, and does address minor areas for correction. Dr. Krishna asked if there  
10 were any questions. Hearing none, he directed attention to the Financial Brief provided to each Board  
11 member and presented the following SFY 2012 Finance Report and Board Brief as of March 20, 2012:

- 12 • Payroll forecasted through June 30, 2012 including vacancies likely to fill within the current budget
- 13 period
- 14 • Encumbrances shown as actual as of the report date
- 15 • Expenditure forecasts limited to realistic amounts expected to spend out during the current budget
- 16 period
- 17 • Surplus/(Deficit) is projected as of June 30, 2012

18  
19 Dr. Krishna indicated that no dashboard warnings exist at present as all performance rates are above 95%  
20 indicating a “Green Light” both for individual areas and for the Department as a whole.

21  
22 Dr. Krishna briefly provided an overview of the Financial Budget Brief, by SFY 2012 by Public Health  
23 Priority: Of the total agency budget, 2% or \$7,740,944 is included in programs which focus on attempting  
24 to Assure Access to Competent Personal, Consumer, and Healthcare Services. This 4<sup>th</sup> priority area within  
25 the budget includes such programs as Alarms and Locksmith Licensure, Barber Licensure, the Child  
26 Abuse Training Council, Fire Extinguisher Licensure, the Oklahoma Health Insurance Exchange Project  
27 (OHIEP), the Office of Primary Care and Registered Sanitarian Licensure. Provided below the pie chart is  
28 table detail regarding the amount of department resources devoted to these projects.

29  
30 The table and pie chart provided in the Financial Brief depict the total budget by public health priority,  
31 indicating that 81% of the agency’s resources are directed at the top three Public Health Priorities. Also  
32 discussed, were the programs which assure access to competent, personal, consumer, and healthcare  
33 services:

|   |             |                    |
|---|-------------|--------------------|
| 34 Alarms and Locksmiths                              | \$524,062   |                    |
| 35 Barber   | \$161,468   |                    |
| 36 Child Abuse Training Council                       | \$407,413   |                    |
| 37 Fire Extinguisher                                  | \$60,683    |                    |
| 38 Oklahoma Health Insurance Exchange Project (OHIEP) | \$851,422   | Project Closed Out |
| 39 Office of Primary Care                             | \$6,414     |                    |
| 40 Registered Sanitarians                             | \$7,740,944 |                    |

41  
42 The Office of Primary Care constitutes 74% of the resources within this priority area. The office’s  
43 primary mission is to collaborate with agencies, organizations, and communities to identify and address  
44 issues surrounding the lack of health care access within Oklahoma’s borders through its programs and  
45 partnerships. The office serves as the department’s primary point of contact and interaction with Federally  
46 Qualified Health Centers (FQHCs) within the state, assisting in organizing the establishment of new  
47 facilities and providing supplemental funding for un-insured/under-insured clients within the existing  
48 system. The majority of the \$5.729 million dollars in this area (\$5.012 million, 87.5%) emanates from  
49 state appropriation and is directed at supporting care for un-insured/under-insured clients. Federal grants  
50 and revolving funds constitute the remainder of the resources of this office.

51  
52 **Accountability, Ethics & Audit Committee**

1 The Accountability, Ethics, & Audit Committee met with Lloyd Smith, and Dan Durocher. Mr. Baldwin  
2 reported that there are no known significant audit issues to report at this time; however, the A133 audit  
3 report has been received. Reportable findings have been attributed to documentations and corrective  
4 action has been taken. Mr. Baldwin indicated a need for Executive Session.

### 5 6 **Public Health Policy Committee**

7 The Policy Committee met on Tuesday April 10, 2012. Dr. Woodson, Dr. Davis, and Ms. Burger were  
8 present at the Oklahoma State Department of Health in Oklahoma City, Oklahoma. Dr. Woodson served  
9 as Chair of the meeting. Mark Newman provided information about the OHIP and department request  
10 legislation for 2012. Electronic copies of the bill tracking list have been sent to all BOH members weekly  
11 and will continue to be sent each Monday throughout the legislative session.

12  
13 **HB 2266** the Public Health Delivery Act passed the Senate Committee on Health and Human Services  
14 and now goes to the Senate floor for a vote. **SB 178** which would give the BOH the authority to adopt  
15 administrative rules to deal with adaptive standards of care in emergencies has passed the House and is  
16 now on the Governor's desk. **SB 1882** which would protect schools from liability in allowing the use of  
17 their facilities for physical exercise and other activities after hours has been signed by the Governor. **HB**  
18 **2267**, which would have restored local rights to communities regarding smoking ordinances, failed to  
19 receive a hearing in the Senate Committee on Health and Human Services and is dead for this session.

20  
21 If members of the Board have any questions regarding any of the bills on the tracking list or any other  
22 legislation that comes to their attention, please do not hesitate to contact Mark Newman for additional  
23 information or to provide your input.

24  
25 Dr. Woodson commended Representative Doug Cox and the House of Representatives for their efforts in  
26 moving HB 2267 forward. He also recognized Governor Mary Fallin for her leadership and contribution  
27 in advancing public health efforts in Oklahoma.

28  
29 The next meeting of the Policy Committee will be on May 8, 2012.  
30 The Standing Committee reports concluded.

### 31 32 **PRESIDENT'S REPORT**

33 Dr. Alexopoulos further discussed HB 2267. This development will have the very unfortunate  
34 consequence of slowing down our fight against the efforts and the effects of tobacco on the people of  
35 Oklahoma. There will continue to be many lives lost as a result of this in the order of approximately  
36 6,000 Oklahomans each year. The legislature had an opportunity to save lives with this bill. I would like  
37 to commend the very diligent work of the House, on this bill, because they passed it and specifically Dr.  
38 Doug Cox, who is a fervent leader and has been a leader in this initiative on all healthcare aspects.  
39 Unfortunately, the bill was not heard in the Senate Committee. We believe that had it been heard, that it  
40 would have passed out of the Senate Committee, as well as passed the Senate. The Governor has  
41 repeatedly supported efforts that will improve the health of Oklahomans. We will continue to fight against  
42 tobacco at every step because it is the number one preventable cause of death in this country and in the  
43 state of Oklahoma.

44  
45 The report concluded.

### 46 47 **COMMISSIONER'S REPORT**

48 Dr. Cline thanked the Board for their leadership towards improving the health of Oklahomans.

49  
50 Dr. Cline highlighted the success of the Certified Healthy Oklahoma event held in March. This event,  
51 funded through community donations and sponsored by Mary Malone, was an opportunity to recognize  
52 entities receiving Certified Healthy Oklahoma status. There were more than 750 people in attendance,

1 with 250 businesses, 154 schools, and 43 communities being recognized. Since inception, the program  
2 has awarded Certified Healthy Oklahoma status to over 1,000 entities. This demonstrates that these  
3 entities care about the health of their employees as well as their visitors.  
4

5 Secondly, Dr. Cline recognized the Cleveland County Healthy Improvement Plan Launch. The  
6 community assessed the needs of that county, collaborated with local stakeholders, and developed a plan  
7 tailored to meet the needs of that community. Dr. Cline thanked Deputy Commissioner Steve Ronck for  
8 his leadership and support provided to the communities in this area. This plan was developed in part as a  
9 result of the Oklahoma Health Improvement Plan and the Public Health Accreditation standards to ensure  
10 that we are tailoring efforts to meet the needs of each community.  
11

12 Next, Dr. Cline he highlighted a meeting he attended with the Association of State and Territorial Health  
13 Officials (ASTHO) concerning the potential reduction in federal funding and the impact on public health.  
14 ASTHO had the opportunity to meet with administration officials representing the Department of Health  
15 and Human Services (DHHS), Centers for Disease Control (CDC), and the Health Resources and Services  
16 Administration (HRSA) to explain the impact of federal budget reductions on agencies such as the  
17 OSDH, whose budget is approximately 60% federally funded.  
18

19 Lastly, he discussed the Public Health Thought Leaders meeting funding by the Robert Wood Johnson  
20 Foundation, and attended by 20 – 25 public health leaders. Robert Wood Johnson supported a series of 3  
21 meetings designed to promote discussion regarding the current shape of public health as well as generate  
22 ideas about what public health might look like in the future. The resultant outcome is a meaningful  
23 document which hopefully can be used to strengthen public health systems.  
24

25 Dr. Krishna inquired about the national leader's perspective on the role of public? Do national leaders  
26 believe public health has a role in the promotion of an individual's well-being or is this role being shifted  
27 to employers and individuals? Dr. Cline responded that there is an increased focus on wellness. While,  
28 public health has traditionally focused on prevention, we have not fully understood public health's role in  
29 promoting this within the communities and have not always partnered without outside entities to create an  
30 environment of wellness. A key partner for public health is the business community.  
31

32 Pastor Baldwin inquired as to how to help those individuals who are already ill and need healthcare? He  
33 further stated that as a pastor and moderator of more than 26 churches in Oklahoma, he has experienced  
34 first-hand the burden of those who haven't had good healthcare and need treatment.  
35

36 Dr. Cline discussed the importance of access to care, stating that access to primary care accounts for  
37 approximately 10% of our overall health. It is important to educate the population and healthcare  
38 industry in the area of prevention. Currently individuals must manage chronic disease such as diabetes at  
39 much younger ages than ever before and for much longer. He further stated that the Oklahoma Health  
40 Sciences Center campus has the highest concentration of physicians and hospital beds; however, the  
41 community surrounding the campus has one of the highest concentrations of sick people in the nation.  
42 There are many challenges around poverty, unemployment, education, and connecting this population to  
43 healthcare. Communities of faith have also struggled in this area to assist their population in accessing  
44 healthcare. Dr. Krishna suggested that communities of faith and churches without adequate healthcare be  
45 linked up to coordinate volunteer and Medicare services.  
46

47 Dr. Alexopulos addressed the design of the healthcare delivery system in the 60's and 70's as directed at  
48 acute care, however, now the system has become a chronic disease management healthcare delivery  
49 system. Physicians are unable to provide enough access to care around other illnesses. There is a need  
50 for primary care physicians in rural areas.  
51

52 Dr. Woodson agreed and addressed the need to provide financial incentives for physicians to move into

1 primary care as opposed to a specialized practice. Both Dr. Alexopoulos and Dr. Gerard provided  
2 suggestions to incentivize medical students to move into primary care, such as loan repayment programs  
3 and recruitment and training of students in rural areas. The report concluded.  
4

#### 5 **NEW BUSINESS**

6 Barry Smith asked to comment during this portion of the agenda regarding the failure of HB 2267 to be  
7 heard by the Senate. Although disappointed, he encouraged all to continue to rally around the external  
8 partners who supported this legislation. It is critical that they do not lose momentum or feel a sense of  
9 futility in the work they have accomplished. He further stated that an individual's right to smoke ends in  
10 public places where it invades the rights of others.  
11

12 Dr. Krishna commented that eventually the truth of science will prevail and will translate into action. He  
13 thanked Barry for his remarks and words of encouragement.  
14

#### 15 **PROPOSED EXECUTIVE SESSION**

16 **Ms. Wolfe moved Board approval to move into Executive Session at 12:29 p.m.** pursuant to 25 O.S.  
17 Section 307(B)(4) for confidential communications to discuss pending department litigation and  
18 investigations; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring, appointment,  
19 promotion, demotion, disciplining or resignation of any individual salaried public officer or employee and  
20 pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of information would  
21 violate confidentiality requirements of state or federal law.

- 22 • Discussion of the Office of Accountability Services investigation number 2012-011.

23 **Second Dr. Krishna. Motion carried.**  
24

25 **AYE: Alexopoulos, Baldwin, Davis, Gerard, Krishna, Smith, Wolfe, Woodson**

26 **ABSENT: Burger**  
27

28 **Ms. Wolfe moved Board approval to come out of Executive Session at 1:09 p.m. and open regular**  
29 **meeting. Second Mr. Baldwin. Motion carried.**  
30

31 **AYE: Alexopoulos, Baldwin, Davis, Gerard, Krishna, Smith, Wolfe, Woodson**

32 **ABSENT: Burger**  
33

#### 34 **ADJOURNMENT**

35 **Mr. Baldwin moved to adjourn. Second Dr. Davis. Motion carried.**  
36

37 **AYE: Alexopoulos, Baldwin, Davis, Gerard, Krishna, Smith, Wolfe, Woodson**

38 **ABSENT: Burger**

39 The meeting adjourned at 1:10 pm.