

Future of Public Health Task Force
Implementation Work Group
IMPLEMENTATION STRAW DRAFT
(Aug 15, 2014)

The focus of this proposal -- in combination with the foundational capabilities & programs -- is on establishing a new approach to providing Governmental Public Health (GPH) services in context of reforming health care and early childhood systems, and a robust set of community health partners. This requires taking a “public health system” perspective - one that aligns approaches and bridges differences in state/local, public/private, health care/population health, and disciplinary perspectives. The intent is to promote appropriate and efficient integration of GPH, medical care system, early childhood system, and community goals, activities and leadership to improve the public’s health.

GOVERNANCE

See Figures 1, 2, and 3 at the end of the document for schematic representations.

1. For GPH transformation to succeed and to maintain a public health system perspective, appropriate sharing of governance is necessary. Inclusion of three perspectives is essential: 1) Community which includes medical care community, community members and organizations, and early childhood community; 2) State Governmental Public Health, and 3) Local Governmental Public Health
2. There are two underlying governance needs:
 - a) To embrace a PH system perspective that is statewide in its scope, and
 - b) to address local governance challenges that arise from the four different implementation pathways. Adoption of a given pathway by a county or region will occur in the context of differing community situations with regard to operational approach, local political culture and history, community resources, and other factors. As a result, it is appropriate to have governance approaches that offer enough flexibility to allow for some variation while still maintaining overarching commonalities for a particular LHA/LHD.

State-Level Governance Needs

The main tasks of state-level governance are:

- Participation in and adoption of a statewide community health assessment (CHA)
- Approval of Community Health Improvement Plan, including prioritization of health improvement outcomes arising from the statewide CHA
- Approval and policy-level oversight of plans to address statewide health improvement outcome priorities

- Monitoring of progress towards meeting a) health improvement outcome targets, and b) foundational capability targets
- Approval of funding/resource distribution proposals
- Advocacy for and actively pursue funding/resource support with the legislature, the governor, and external funders

State-Level Governance Structure

Central to the approach is an expansion and repurposing of the Public Health Advisory Board (hereinafter “PHAB-2.0”).

1. Expansion.

- a) Group size as specified in ORS 431.195 (n=15) seems adequate.
- b) PHAB-2.0 Membership needs to be more specific - examples
 - At least one CCO representative
 - At least one non-CCO health system representative
 - Local public health administrators
 - Local public health association (CLHO)
 - Academic PH representative
 - State PH technical expert staff
 - State HO
 - A local HO
 - Population Health metrics expert
 - Representation from all regions of the state including rural and frontier counties
 - Front line public health worker
 - OPHD Director is ex-officio
 - Remaining to be determined by governor

2. Repurposing: Address “State-level Governance Needs” identified above

Local Governance Structures

Notes

1. It is assumed that local governance approaches will be customized to address a) the challenges of the chosen local implementation pathway, and b) the unique circumstances and arrangements of the community.
2. Local governance has some tasks that parallel those of state-level governance. It also has some distinct tasks, largely related to implementation, and related monitoring and modification of implementation.

• Local Governance Tasks

- Participation in and adoption of a local community health assessment (CHA)
- Prioritization of local health improvement outcomes (i.e., beyond common statewide outcomes)
- Policy and operational-level oversight of plans to address statewide health improvement outcome priorities

- Approval, and both policy and operational-level oversight of plans to address local health improvement outcome priorities
- Monitoring of progress towards locally meeting a) health improvement outcome targets, and b) foundational capability targets
- Acceptance and policy-level accountability for funds provided by the state, local government, and other funders
- Advocacy for and actively pursue funding/resource support with local government, and other local external funders

IMPLEMENTATION PATHWAYS

Assumption: Participation in implementation waves will follow a competitive procurement/contracting model that follows an objective evaluation process. Technical assistance will be available to ensure all willing counties are able to apply for procurement.

LHAs and their LHDs will apply to receive funding and assistance to implement the foundational capabilities and programs to achieve PHAB 2.0 determined population health outcomes. Several possible scenarios for how counties could propose to implement the foundational capabilities and programs are:

- 1. *Single County.*** A single county may implement the Foundational Framework approach in a way that the local health department (LHD) is solely responsible for assuring that foundational capabilities and foundational program services/activities are available within that jurisdiction. While community partners are still critical in this pathway, jurisdictional governance rests with a single Local Health Authority - LHA (e.g., board of county commissioners, county judge). Program services/activities for which the state has been identified as having primary responsibility will remain under state assurance.
- 2. *Single County with Shared Features.*** A single county may implement the Foundational Framework approach in a way that the LHD is primarily responsible for foundational capabilities and foundational program services/activities. However the LHD shares responsibility for certain operations (e.g., communicable disease control program, tobacco control program) or supports (e.g., epidemiology, health officer, health education) with other jurisdictions (state/OPHD or other LHDs) or other organizations (e.g., community health NGO, CCO, etc.). Jurisdictional governance rests with the LHA with participation of other entities in governance as specified in intergovernmental agreements (IGAs) or other contracts.
- 3. *Multi-County District.*** Two or more counties may implement the Framework for Governmental Public Health Services through forming a legally binding partnership (e.g., IGA or similar mechanism). The operating organization (“district”) created by the IGA is solely responsible for foundational capabilities and foundational program

services/activities in all participating counties. The operating organization may rely on a variety of approaches to sharing responsibility for services and supports - e.g., a single district structure, a consortium with certain services and supports provided by one or more specified counties, or other structures as determined by the participating LHAs. Jurisdictional governance is shared among the LHAs of the participating counties with terms of sharing defined by the negotiated intergovernmental agreement.

Devolution of Local Health Authority to the State

While not a desired implementation pathway, there is the possibility that a county governing body may choose to relinquish its authority and responsibility for GPH to the state. In this circumstance, the Oregon Public Health Division (OPHD) may implement the Foundational Framework approach in a way that OPHD is primarily responsible for foundational capabilities and foundational program services/activities. However the OPHD may negotiate to share responsibility for certain operations or supports with other jurisdictions (LHDs) or other organizations (e.g., community health NGO, CCO, etc.). Jurisdictional governance rests with the Oregon Legislature with participation of other bodies as specified in (IGAs) or other contracts.

- CRITERIA: Choosing participants for first implementation wave
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- Desire one or more qualified applicants for each of the four Implementation Pathways
- Balance of sizes of communities:
- Balance of rural and urban communities
- Varying levels of current availability of foundational capabilities/programs and a spectrum of current/historical comprehensiveness of GPH services
 - Basic services only
 - Basic plus limited additional services
 - Comprehensive services
- Geographic balance:
- A spectrum of current/historical local investment levels
 - Low
 - Medium
 - High

FUNDING AND INCENTIVES

Goals of funding approach are to:

1. Develop an accountable public health system that encourages engagement and investment by non-governmental partners in order to achieve health improvement goals
2. Maintain current local funding and policy/political investment
3. Increase state funding

Incentive-based Approach to Funding

- 1) Establish a state match for local investment above an established baseline
 - a) Establish an equitable baseline for local investment in GPH while maintaining existing LPH investments
- 2) Using PHAB-2.0 governance structure, establish financial consequences for inadequate operational performance. Options could include:
 - a) Payback of state funding (base and/or incentive match funds)
 - b) Decreased eligibility for state funding for a defined future period
 - c) Establish a quality pool and hold back a % of state funding to be paid out based on achievement of defined outcome metrics.
- 3) Utilize global budgeting approach to avoid fragmentation/siloing and promote a focus on achieving Foundational Capability and Health Improvement outcomes

ASSUMPTIONS AND DEFINITIONS:

This implementation straw proposal developed by the workgroup was guided by the following assumptions:

1. Regardless of implementation pathway chosen by a county or region, it is desirable to deliver most GPH services locally to achieve effectiveness and efficiency through:
 - a) responding to community context, characteristics and needs, and
 - b) engaging local communities and their leaders participating and investing in public health
2. All implementation pathways must incorporate “learning organization” principles and mechanisms (e.g., continuous improvement cycles and structured approaches to learning/improvement)
3. All implementation pathways must incorporate accountability through
 - a) clearing articulating community health problems and plans to address them including specific health outcome goals; utilizing quality improvement techniques that involve monitoring and improving process, programs and interventions; and reporting to the community and its leaders on progress and shortcomings,
 - b) defining financial and organization incentives and consequences for successes and shortfalls/failures,

- c) embracing an epidemiologic approach to planning - one that features robust health data analysis and clear expressions of the causes and potential interventions to address health problems,
 - d) using SMART capability and health improvement objectives (Specific, Measurable, Achievable, Relevant, Time-bound)
- 5. Initial implementation wave will test and evaluate multiple implementation pathways so that future waves can benefit from the lessons learned
- 6. Initial wave will:
 - a) be substantial in scale (e.g., 10-30% of state's counties and/or population),
 - b) embrace the diversity of Oregon's communities - rural/urban, small/medium/large populations, etc.)
 - c) be organizationally and financially sustainable through a period long enough to allow implementation at the chosen scale, and evaluation of process and outcomes
- 7. Definitions:
 - Local Health Authority (LHA): The entity with political authority and responsibility to provide GPH services in a given county
 - Local Health Department (LHD): The operating department that is responsible for providing GPH services under the direction of the LHA

Figure 1: PH System Governance - Overview

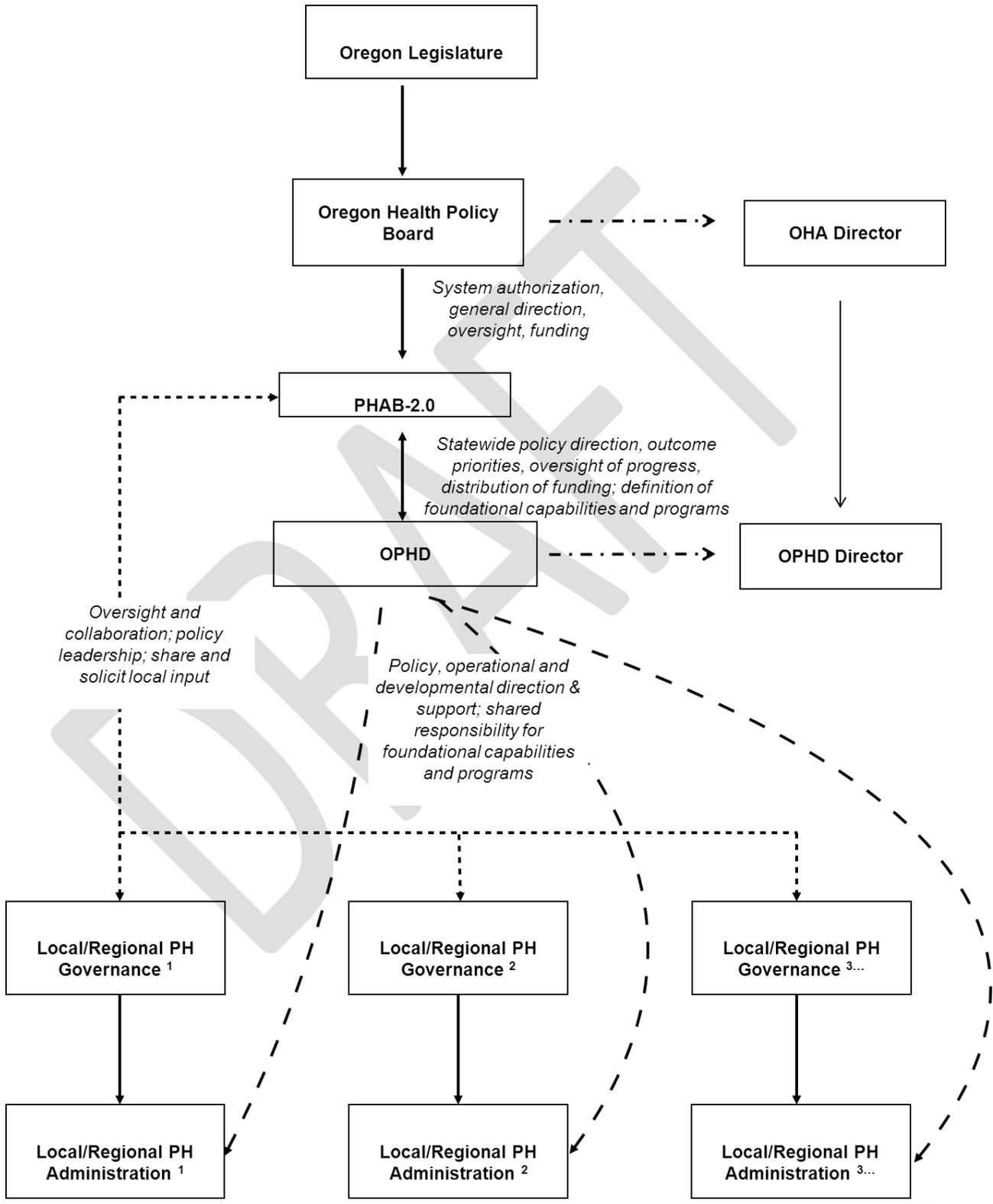


Figure 2: PH System Governance - State Components

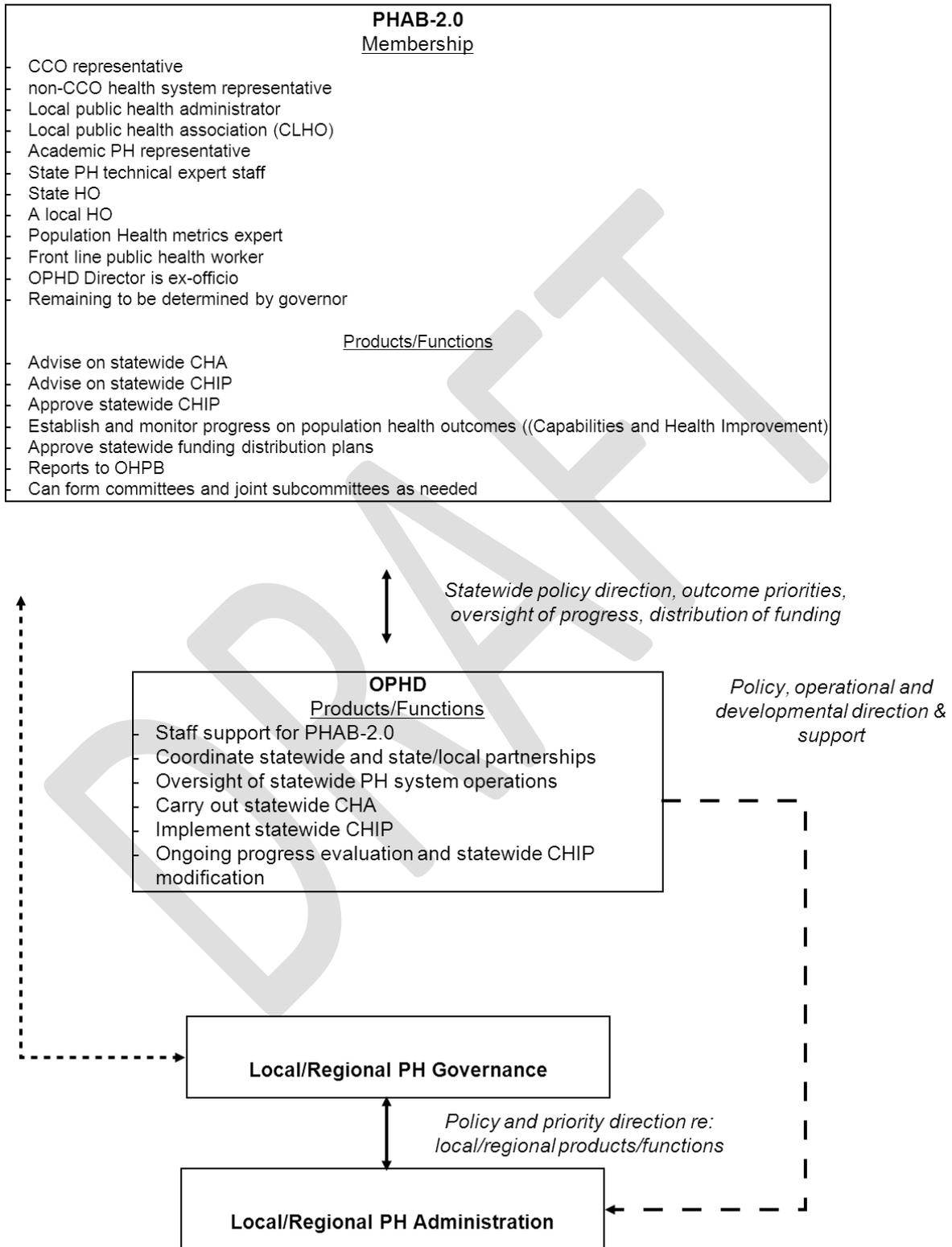


Figure 3: PH System Governance - Single County Implementation Pathway Components

