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# Oregon's Public Health System Transformation: Findings from the Future of Public Health Task Force

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The logo for the Oregon Health Authority. It features the word "Oregon" in a small, white, serif font positioned above the word "Health". The word "Health" is in a large, white, serif font. Below "Health" is the word "Authority" in a smaller, white, serif font. A thin white horizontal line is positioned between "Health" and "Authority". The entire logo is set against a dark blue background with a lighter blue curved shape behind it.

Oregon  
Health  
Authority

# What is Public Health?

Public health refers to all organized measures to **prevent disease, promote health, and prolong life** among the **population as a whole**.

Its activities aim to provide **conditions in which people can be healthy** and focus on **entire populations**, not on **individual patients** or diseases.

-World Health Organization, 2014

# What Does the Public Health System Do?

Three main public health functions are:

- Assessment and monitoring of the health of communities to identify health problems and priorities.
- Formulation of public policies designed to solve identified local and national health problems.
- To assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services.

-World Health Organization, 2014

# Population Health Data

- Public health monitors **diseases** and **health behaviors** of the entire population.
  - Vital records: Birth and Death Data
  - Reportable diseases
  - Population-based surveys
  - Clinical service delivery data

# Support to Policy Makers

- Public health has an important role in protecting the health of everyone in Oregon.
  - Food and water safety
  - Health care facility licensing
  - Smokefree laws
  - Water fluoridation
  - Health Impact Assessments

# Promote Healthy People Across Sectors

- Public health works to ensure all individuals can achieve optimal health.
  - Active and safe transportation; parks
  - Access to healthy foods
  - Healthy Environment –natural and built
  - Promotion of clinical preventive services and screenings (colorectal cancer; contraceptive services, immunizations, etc.)

# Public Health in Oregon

- Decentralized public health structure
- State public health
  - OHA Public Health Division
- Local public health
  - 34 local public health authorities (one three-county health district)
  - Local public health authorities may delegate public health authority to another entity (nonprofit organization, etc.)

# Public Health in Oregon: Funding

## OHA Public Health Division

- Federal grants
- Private grants
- Fees
- Tobacco tax
- State General fund

## Local Public Health Authorities

- Medicaid reimbursement
- County general funds
- Pass-through federal grants
- Fees and donations

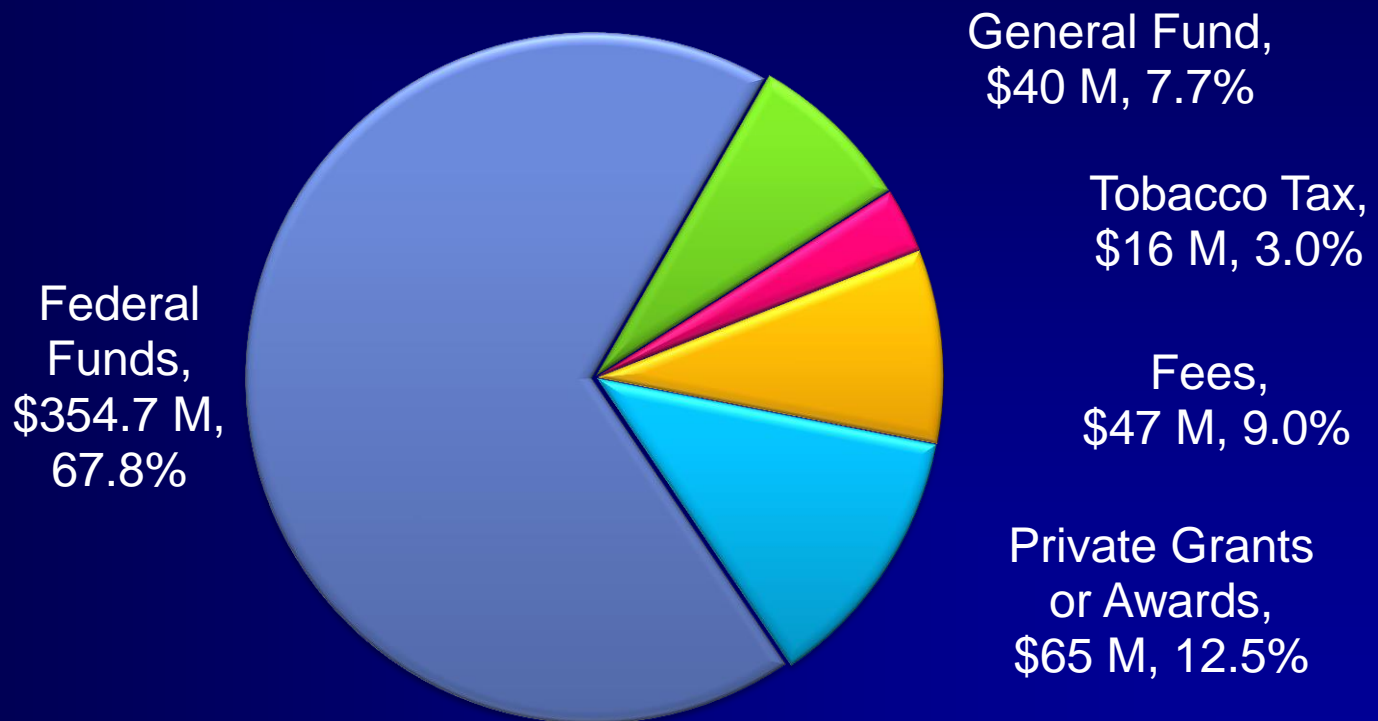


# Public Health Regulatory and Enforcement Authority

- State and local public health have authority to:
  - Isolate and Quarantine
  - Investigate possible violations of law
  - Issue subpoenas, orders, civil penalties
  - Seek court orders to enforce public health law
  - Require removal or abatement of toxic substances
  - Refer matters for possible criminal prosecution

# State Public Health Budget by Fund Type

Total budget \$523,079,350



# Task Force on the Future of Public Health Services: HB 2348 (2013)

- Introduced in 2013; would have created eight public health regions
- Amended to become a task force studying the future of public health services in Oregon and to make recommendations for legislation.
- Report sent to the Legislature Oct 1, 2014

# Task Force Charge

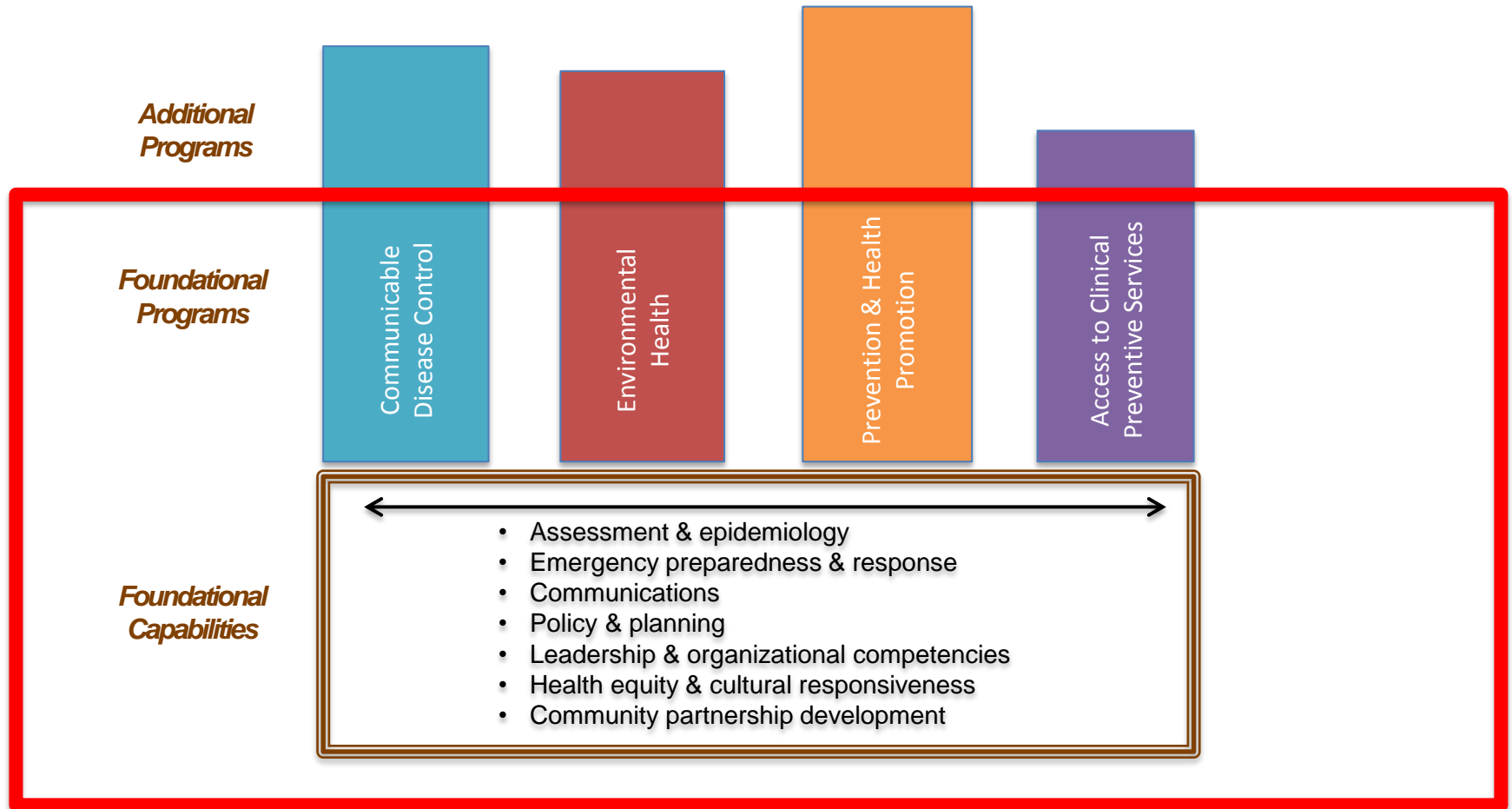
Legislation requires the task force to focus on recommendations that:

- Create a public health system for the future
- Explore the creation of regional structures
- Enhance efficiency and effectiveness
- Allow for appropriate partnerships with regional health care service providers and community organizations
- Consider cultural and historical appropriateness
- Are supported by best practices

# Task Force Membership

- Tammy Baney (Chair), Deschutes County Commissioner
- Liz Baxter (Vice Chair), Oregon Public Health Institute
- Carrie Brogoitti, Union County Public Health
- Carlos Crespo, Portland State University
- Charlie Fautin, Benton County Public Health
- Nicole Maher, Northwest Health Foundation
- John Sattenspiel, Trillium Community Health Plan CCO
- Jennifer Mead, Department of Human Services
- Gary Oxman, Multnomah County
- Alejandro Queral, United Way of the Columbia-Willamette
- Eva Rippeteau, AFSCME Council 75
- Rep. Jason Conger (R-Bend)
- Rep. Mitch Greenlick (D-Portland)
- Sen. Bill Hansell (R-Pendleton)
- Sen. Laurie Monnes Anderson (D-Gresham)

# Conceptual Framework for Governmental Public Health Services



□ = Present @ every Health Dept.

# Recommendations for *Modernizing Oregon's Public Health System*

- The Foundational Capabilities and Programs should be adopted in order for Oregon's public health system to function efficiently and effectively
- Significant and sustained state funding be identified and allocated for proper operationalization of the Foundational Capabilities and Programs
- Statewide implementation of the Foundational Capabilities and Programs will occur in waves over a timeline to be determined

# Recommendations for *Modernizing Oregon's Public Health System* (continued)

- Local public health will have the flexibility to operationalize the Foundational Capabilities and Programs through a single county structure; a single county with shared services; or a multi-county jurisdiction
- Improvements and changes in the governmental public health system be structured around state and local metrics established and evaluated by the Public Health Advisory Board, which will report to the Oregon Health Policy Board





# Oregon's Transformation : Moving toward community-based accountability



## PAYMENT MODELS

|                 |                             |                              |                  |
|-----------------|-----------------------------|------------------------------|------------------|
| Fee for service | Episode-based reimbursement | Partial/full risk capitation | Global budgeting |
|-----------------|-----------------------------|------------------------------|------------------|

## INCENTIVES

|                    |   |   |  |
|--------------------|---|---|--|
| Conduct Procedures | Evidence-based medicine<br>Clinical PFP | Expanded care management<br>Risk-adjusted PFP | Reduce obstacles to behavior change<br>Address root causes |
|--------------------|---|---|--|

## METRICS

|                         |  |  |  |
|-------------------------|--|--|--|
| Net revenue improvement | Improved clinical outcomes<br>Reduced readmits | Reduced/preventable hospitalizations/ED<br>Reduced disparities | Aggregate in health status & QOL<br>Reduced HC costs |
|-------------------------|--|--|--|

## GOVERNANCE

|                                    |  |  |  |
|------------------------------------|--|--|--|
| Informal relationships & referrals | Joint partnerships between organizations<br>e.g. mental health & behavioral health |  | New community-based accountability linking all |
|------------------------------------|--|--|--|

# Public Health in a Transforming Health System

- 95% of Oregonians now insured
- Nationally, state and local public health has been overburdened and has struggled to be financially secure over time
- Need for the public health system to focus on policies, systems and environmental changes to be the **foundation** for a successful health system

# Intersection of Public Health and CCO's

- Community Health Assessments and Improvement Plans
- Core CCO Performance Measures Population Focused
- State Innovation Model Funds
  - MCH
  - Opioid Overdose
  - Tobacco
  - Pre-conception Health

# Factors that Affect Health

**Smallest  
Impact**



**Largest  
Impact**



## Examples

Advice to eat healthy,  
be physically active

Rx for high blood  
pressure, high  
cholesterol, diabetes

Immunizations, brief  
intervention, smoking  
cessation, colonoscopy

Fluoridation, 0g trans  
fat, iodization, smoke-  
free, cigarette tax

Poverty, education,  
housing, inequality

# What This Means for Health System Transformation

- Greater alignment between governmental public health and health system transformation
- Greater consistency in available public health services across jurisdictions
- Local flexibility in determining additional public health services
- Improved sustainability for governmental public health services over time

# Next Steps