

Safety Net Advisory Council

Logic Model – 2005-2007

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	MID-TERM OUTCOMES	LONG-TERM OUTCOMES
NGA Report	SNAC developed	Advise/Educate	<i>Improve knowledge and understanding of safety net(through data driven policy)</i>	<i>Impact policy and administrative decisions on behalf of safety net</i>	Health care safety net adequately understood and supported
Governor endorses Council Members and Chair	SNAC convenes (typically 6-12 per year with addtl workgroups)	Policy Priorities (2007) <ul style="list-style-type: none"> • Medical home • EHR • Workforce • S.N. language 	SB 562, HB 3097 HB 3367	Medical home written into SB 329 BME rules changes streamline process reduce expense HB 3367 – not passed definition and principle contained in SB 329	<i>Medical Homes deliver integrated healthcare services to Oregonians/Payment Reform</i> More retired doctors able to volunteer Safety net defined in statute. Shared understanding, policy statement supporting the safety net.
Staff support HSP OHPR FPA DMAP	Refine Charter, communication and organizational scope: <ul style="list-style-type: none"> • SecureGrant funding • Charter document • DHS – safety net workplan Deploy SNAC workgroups 2007-2008 work plan	Retreat <ul style="list-style-type: none"> • Endorse charter • <i>Refine communication and decision-making</i> • Adopt workplan 	Better clarity of scope/charge	<i>Efficiency prioritizing work/moving into action</i>	SNAC provides timely responsive advice on relevant policy issues- perceived as expert resource.

Moderators = Insufficient data, limited staff resources, no statutory authority, multiple organizations needed to adequately reflect safety net