

Safety Net Advisory Council

Logic Model – 2007-2008

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	MID-TERM OUTCOMES	LONG-TERM OUTCOMES
WORKPLAN					
Data Project	<p>Convene data committee</p>	<p>Develop/vet core data set</p> <p><i>Ongoing work refining tool and coordinating IAIMS and other data projects</i></p>	<p>3-4 reportable measures</p> <p>Coordination of safety net data collection efforts. Additional resources.</p>	<p><i>Inclusion in Safety Net Report</i></p> <p>CDS Tool captures reliable description of broad safety net capacity and unique features</p>	<p>Robust data across the safety net consistently captured and maintained. Regularly updated and disseminated.</p> <p>Accurate picture of safety net utilization, capacity, quality, safety and viability</p>
SNAC participation in SB329 Committees	<p>Staff and Council members regular attendance at HFB meetings</p> <p>1 Council member on HFB, 4 Council members on Committees</p>	<p><i>Monitor progress, share with SNAC committees, inform SNAC policy approaches</i></p> <p>Ongoing</p>	<p>Advise/respond to Health Fund Board process</p>	<p><i>Strategic Responsiveness - successfully able to respond to emerging issues – engaging in the right process at the right time, with a clearly understood message</i></p>	<p><i>Influence recommendations and outcomes. Ensure that the health care safety net is incorporated into broader health reform decisions.</i></p>
Deploy SNAC sub-committees	<p>Convene;</p> <p>Delivery System Committee</p> <p>Finance Committee</p>	<p>Developed Report Outline</p> <p>Developed Financial “Dashboard” and related financial metrics and Stable Funding Recommendation</p>	<p>Reviewed early Report Drafts</p> <p>3 Initial SNAC recommendations – presented to the HFB:</p> <ul style="list-style-type: none"> ▪ Stable Funding ▪ Critical 	<p>Presentation to the HFB:</p> <ul style="list-style-type: none"> ▪ Feb. 2008 	

	<p>EHR Workgroup</p> <p>Workforce Workgroup</p>	<p>Catalogued Barriers to HIT adoption, developed “Critical Infrastructure” Recommendation(s)</p> <p>Developed Workforce recommendation(s)</p>	<p>Infrastructure Tools</p> <ul style="list-style-type: none"> ▪ Supportive Workforce strategies 	<p>Presentation to the Delivery System Committee</p> <ul style="list-style-type: none"> ▪ Feb. 2008 <p>Presentation to the Equities Committee</p> <ul style="list-style-type: none"> ▪ March 2008 <p>Presentation to the Delivery System Committee</p> <ul style="list-style-type: none"> ▪ May 2008 <p>Strategic engagement with HIACC</p> <ul style="list-style-type: none"> ▪ June 2008 	<p>Supportive Language added into the Delivery System Recommendations including SN in “Accountable Care Organizations” and workforce (specifically)</p>
<p>Provide “Real Time” Analysis</p>	<p>Council responds to emerging policy (ONGOING)</p>	<ul style="list-style-type: none"> • SNAC signs onto Health Reform Collaborative Letter highlighting policy priorities for 2008 Special Session • SNAC drafts letter in support of HB 3614 • SNAC signs on to Health Reform Collaborative letter supporting expansion/sustainability of Standard OHP 	<p>Letters sent to legislature</p>	<p>HB 3614 – incorporated into HB3626/\$500,000 for 2 community health pilot projects</p>	<p><i>State support for safety net system and community approaches to improving the delivery of health care services and increasing access for vulnerable populations</i></p>

State of the Safety Net Report	Staff takes outline developed by Delivery System Committee and develops DRAFTS of report narrative	SNAC provides input and revisions to DRAFTS and staff incorporates	<i>Final vetting process of State of the Safety Net Report with the Council</i>	<ul style="list-style-type: none"> • SNAC endorses the report and it is released to the public. • The Report is broadly disseminated across stakeholders and policy makers. • Report is carved into several smaller briefs to focus on particular issues. 	Oregonians receive an up-to-date and comprehensive document providing historical and contextual information and highlighting strengths and weaknesses within the health care safety net.
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Moderators = Insufficient data, limited staff resources, no statutory authority, multiple organizations needed to adequately reflect safety net

BOLD = task accomplished

ITALICIZED = task in-process/progress being made but not complete

REGULAR = task not accomplished