

Oregon Health Policy Board
Oregon Health Improvement Plan Committee

Approved by OHPB on January 12, 2010

I. Authority

The Oregon Health Policy Board, under House Bill 2009, Section 8(1) may establish advisory and technical committees as the Board considers necessary to aid and advise in performance of its functions. The Board establishes the Oregon Health Improvement Plan Committee to recommend to the Board and continually refine uniform, statewide health care quality standards for use by all purchasers of health care, third-party payers, health care providers and consumers. The Committee will be guided by the Triple Aim of improving population health, improving the individual's experience of care and reducing per capita costs. The Committee will also be guided by the Oregon Health Fund Board's final report, "Aim High: Building a Healthy Oregon," (November 2008), particularly in reference to Building Block 4: Stimulate System Innovation and Improvement:

Improve population health by:

- Focusing on wellness, prevention and chronic disease management to improve population health
- Focusing on evidence-based interventions that incorporate policy, systems and environmental approaches to promote population health at the state and community levels.
- Supporting communities in developing local solutions to community health problems
- Supporting development of community-based initiatives to reduce chronic disease in the population

Improve the individual's experience of care by:

- Encouraging individuals to establish personal, continuous relationships with patient-centered health practices, engaging individuals in improving their own health, making it easier for people to access culturally appropriate mental health and physical health services, and improving the quality and safety of care they receive
- Improving access to community-based preventive services to reduce disease risk factors in individuals
- Allowing patients to be more engaged in their own health care

Reduce per capita costs by:

- Allowing health resources to be spent more effectively and efficiently at the local level
- Reducing the utilization of health care services by decreasing chronic disease

This charter shall be reviewed annually to ensure that the work of the committee is aligned with the Oregon Health Policy Board's strategic direction.

II. Objective

The committee is chartered to provide leadership, direction and oversight for the development of an Oregon Health Improvement Plan (name TBD), under the direction of the Oregon Health Policy Board (OHPB). This plan supports a key OHPB goal to improve the health of all

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Oregonians by promoting and supporting lifestyle choices that prevent and manage chronic diseases. The plan will outline evidence-based interventions that incorporate policy, systems and environmental approaches to promote population health at the state and community levels. The plan will emphasize a strategy that links population health to the health care delivery system and communities.

The Committee's purpose is to conduct a strategic planning process that involves public and private sector organizations and individuals and engages policy makers, schools, government, business and community leaders. The result will be a comprehensive, multi-sector, multilevel action plan to improve population health through a decrease in tobacco and obesity and the prevention, early detection and management of chronic diseases such as asthma, arthritis, cancer, diabetes, heart disease and stroke.

III. Scope

The Committee's recommendations will serve as the foundation to develop the statewide health improvement plan. The work of the committee is based on several key factors outlined in HB 2009, the Health Fund Board report (November 2008) and public health practice related to a statewide health improvement plan/program:

1. Population health (or public health), the health care delivery system and communities must work together to promote and support individual and community health for all Oregonians;
2. Create and maintain a bridge between population health and communities as an essential part of improving the health of all Oregonians;
3. Population health, chronic disease prevention, early detection and management is a high priority for the Oregon Health Authority and its divisions;
4. The "plan" will be grounded in culturally and socially appropriate evidence-based primary and secondary prevention interventions to prevent and manage chronic diseases;
5. The plan will be grounded in policy, systems and environmental interventions at the state and community levels;
6. The plan will address the impact of development on population health;
7. A range of community partners, including behavioral health and multicultural stakeholders will be actively engaged in the strategic planning process;
8. The plan will include performance criteria and measurable outcomes to demonstrate improvements in population health status and a reduction of chronic disease risk factors;
9. The plan will include the collection of data related to the social determinants of health (e.g., poverty, employment, disparities) and related economic data;
10. The plan will include strategies to reduce health disparities.

IV. Deliverables

- A. A plan is created and approved by consensus of the committee that will:

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- a. List measurable objectives related to tobacco use, obesity prevention, and chronic disease prevention, early detection and management, including baseline and target metrics;
 - b. Outline metrics that will define health empowerment zones: communities that experience disproportionate disparities in health status and health care;
 - c. Outline metrics that define progress towards these goals;
 - d. Outline an implementation strategy, budget and timeline.
- B. A statewide stakeholder coalition for implementation is identified and selected. The coalition will:
- a. Have sufficient influence to impact the issue;
 - b. Have sufficient reach to impact the issue;
 - c. Be representative of geographic and demographic diversity;
 - d. Include representation from behavioral health organizations;
 - e. Include representation from the Oregon Health Authority's health care purchasers including Medicaid;
 - f. Be representative of business, public sector and non-governmental organization wellness and senior leadership teams;
 - g. Have official backing and endorsement of the plan from stakeholder organizations.

V. Timeline

Key milestones include:

1. Committee meetings are held regularly, beginning January 2010
2. Committee reports to the Oregon Health Authority Board, beginning Spring 2010
3. Plan outline completed, February/March 2010
4. Stakeholder meeting held, March 2010
5. Designated task force groups meet, February/March through September 2010
6. Public hearings held around the state for input, Summer 2010
7. Finalized health promotion/health improvement plan by September 2010
8. Plan released at statewide conference in Fall 2010
9. A 2-year operational plan is finalized by June 2011
10. A 2-year progress report is completed by Fall 2012

VI. Committee Membership

The committee will be composed of members with expertise, experience and knowledge in the implementation of a broad range of evidence-based interventions supporting and promoting population health at the state, regional and community levels. Members will also be representative of Oregon's geographic and demographic diversity. Members will be selected through a nomination and application process.

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VII. Dependencies

The Health Improvement Plan Committee will seek information from:

- a. Health Care Workforce Committee
- b. Public Health Advisory Board
- c. Coalition of Local Health Officials
- d. The All-Payer, All-Claims (APAC) data program

The Health Improvement Plan Committee will provide information to:

- a. Health Systems Performance Committee
- b. Public Employers Health Care Purchasers Committee

The Health Improvement Plan Committee will provide draft recommendations for input to:

- a. OHA senior staff
- b. Oregon Health Policy Board

Staff Resources

The work outlined above will be supported by:

- Oregon Health Authority Divisions, including Oregon Public Health Division (OPHD)
- An external contractor facilitates the committee and its work and provides technical assistance to task force groups, supported by the Health Promotion and Chronic Disease Prevention (HPCDP) section, Oregon Public Health Division
- Staff support to the committee from OPHD programs, led and coordinated by HPCDP