

AGENDA

PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee

December 6, 2016

1:00-3:00 pm

Portland State Office Building, room 710

Conference line: (888) 251-2909

Access code: 8975738

Webinar link: <https://attendee.gotowebinar.com/register/8649512008301847555>

Meeting Objectives

- Review proposed accountability metrics for communicable disease, environmental health and emergency preparedness
- Finalize list of recommended measures to review at December 15 PHAB meeting
- Review accountability metrics overview for statewide modernization plan

PHAB members: Muriel DeLaVergne-Brown, Eva Rippeteau, Eli Schwarz, Teri Thalhofer, Jennifer Vines

1:00-1:05 pm	Welcome and introductions <ul style="list-style-type: none">• Review and approve November 8 minutes	Sara Beaudrault, Oregon Health Authority
1:05-1:10 pm	Debrief PHAB discussion <ul style="list-style-type: none">• Discuss whether any changes are needed to current approach based on questions or feedback from PHAB members at November 17 meeting	All
1:10-2:20 pm	Review recommended measures for communicable disease, environmental health and emergency preparedness <ul style="list-style-type: none">• Identify whether recommended measures meet selection criteria• Finalize list to be presented at the December 15 PHAB meeting	All
2:20-2:30 pm	Review accountability metrics overview <ul style="list-style-type: none">• Discuss whether changes are needed to the accountability metrics overview that will be included in the statewide modernization plan	All

2:30-2:40 pm

Next steps

All

- Determine who will provide the update and review recommended accountability metrics at the December 15 PHAB meeting
- Plan agenda for January 26 (10-11 am) subcommittee meeting

2:40-2:50 pm

Public comment

2:50 pm

Adjourn

PUBLIC HEALTH ADVISORY BOARD

DRAFT Accountability Metrics Subcommittee Meeting Minutes

November 15 2016

2:00 – 4:00pm

PHAB Subcommittee members in attendance: Muriel DeLaVergne-Brown, Eva Rippeteau, Eli Schwarz, Teri Thalhofer, Jennifer Vines

PHAB Subcommittee members absent: none

OHA staff: Sara Beaudrault, Myde Boles, Angela Rowland, Lillian Shirley

Members of the public: Kelly McDonald, Kathleen Johnson

Welcome and introductions

The October 27 draft meeting minutes were unanimously approved by the subcommittee.

Lillian sat in on the meeting to provide guidance as needed.

Review process and timeline through the end of the year

Sara reviewed the process and timeline through the end of 2016.

The remainder of the year will be used to identify measures for the areas of work that have been prioritized in 2017-19.

Muriel and Teri proposed to the subcommittee that Coalition of Local Health Officials (CLHO) committees serve as subject matter experts for the areas of communicable disease, environmental health and emergency preparedness to help identify measures. CLHO committees will complete this work by Dec 2nd so their recommendations will be available for review at the next Accountability Metrics subcommittee meeting. Subcommittee members and PHAB Chair Jeff Luck were supportive of this proposal.

The December Accountability Metrics subcommittee meeting was rescheduled for Dec 6th. At this meeting subcommittee members will review the recommended measures from the CLHO committees and finalize a set of measures to review with the full Board at the Dec 15th meeting.

It was suggested there be a core set of metrics, but local public health authorities should also identify local measures as well.

Review Accountability measure matrix

The subcommittee spent the remainder of the meeting discussing NAACHO and Accreditation Board Standard measures compiled by OHA for priority areas in public health policy and health disparities.

The subcommittee agreed that each priority area should have a limited number of related measures, perhaps 2-3 per priority area.

Subcommittees emphasized the need to develop outcome measures or measures that are transformative, realizing that there is concern among local public health that the bodies of work to achieve metrics will become an unfunded mandate. Many of the proposed measures are process measures and do not measure the intended outcome. Eva asked how the measures can be used to demonstrate an influence on intended outcomes.

The subcommittee discussed how local communities are not all equally able to pass policies, in part based on local governments. However, measurement at the system level could demonstrate progress.

Selected public health policy measures:

Communicate with Legislators, Regulatory Officials and Policymakers / Prepared Issue Briefs for Policymakers –Similar to CCO performance metrics, public health could measure the number of policy changes based on specific State Health Improvement Plan (SHIP) or Healthy People 2020 objectives. While it is a process measure, it would be a step toward demonstrating that public health is involved in local policy decisions. The subcommittee recommends adding language to the measure to include the provision of evidence based recommendations.

Cross jurisdictional sharing and community partnerships - Cross jurisdictional sharing can be linked with outcomes for improved efficiencies. While cross jurisdictional sharing is a means to an end, it requires planning to decide how services can be provided most efficiently. Cross jurisdictional sharing can help with resource distribution but does not necessarily save money. A recommendation was provided to base the measure on memoranda of understanding (MOUs) and documentation that planned work was accomplished.

Selected health disparities measures

Health equity should be incorporated into measures for all priority areas as well as stand on its own. While it needs to be fully integrated into all our work, it needs to be specifically highlighted. Lillian cautions that in addition to including use of an equity lens, measures need to be actionable. The six essential components of health equity in the

Public Health Modernization Manual (pg. 20) address the steps that should be taken to implement health equity and could be used as the basis for an equity lens. The subcommittee feels it's important to have both process and outcome measures.

Recruiting Workforce from Communities Adversely Impacted by Health Disparities – This could be a transformative measure.

Sara referenced pg. 26 of the Public Health Modernization Manual deliverables, which could be changed into process measures. Deliverables include completing an assessment and developing an action plan, documenting that demographic data are used to evaluate the impact of policies, making sure health equity is a component of our state and local health improvement plans and increasing workforce diversity. The subcommittee agreed to include these as potential measures.

Subcommittee Business

Eli will present at the Nov 17th PHAB meeting.

- Review key decisions that have been made to date.
- Solicit feedback on metrics buckets.
- Determine if 2-3 measures is an adequate number for each priority area.
- Schedule a joint meeting with Incentives and Funding Subcommittee sometime after Jan 1st.

Public comment

Kathleen Johnson, Coalition of Local Health Officials

Kathleen recommends that metrics for cross-jurisdictional arrangements measure formal agreements. As the subcommittee develops a measure for collaboration, Kathleen recommends that the subcommittee determine whether the measure would look at all collaborations or only those related to foundational areas. Again, she recommends measuring formal agreements like MOUs, shared work plans or contracts.

Kathleen supports the subcommittee's recommendation to look at health equity within each priority area and on its own. Many counties don't have an internal policy for how they plan to incorporate health equity in all of their work. This could be a measure.

Adjournment

The meeting was adjourned.

Accountability Metrics

In 2014, the Task Force on the Future of Public Health Services called for a set of state and local metrics to track improvements and changes to the public health system. These metrics would be established and monitored by the Public Health Advisory Board.

House Bill 3100 requires the use of incentive payments as a component of the local public health funding formula to encourage the effective and equitable provision of public health services. Through this requirement, local public health authorities (LPHAs) will be eligible to receive performance-based incentive payments for achieving a set of accountability metrics.

Oregon Health Authority and the Public Health Advisory Board will establish a comprehensive set of accountability metrics that will be used to monitor improvements across Oregon's public health system for all foundational capabilities and programs. A subset of these metrics will be selected as performance-based incentive measures for LPHAs. LPHAs will be eligible to receive incentive payments with a portion of monies made available in the 2019-21 biennium.¹

The Public Health Advisory Board Accountability Metrics subcommittee

The Public Health Advisory Board formed a subcommittee to develop a set of accountability metrics that will demonstrate progress toward achieving improved health and system outcomes. This Accountability Metrics subcommittee has met monthly since June 2016.

Key activities to date

The PHAB Accountability Metrics subcommittee has completed the following key activities:

- Developed criteria for measure selection
- Reviewed existing state measure sets to identify areas for alignment
- Identified measures for 2017-19 priority areas (*in process*)

Measure selection criteria

The subcommittee applied the following criteria to proposed measures to determine whether each would be an appropriate measure of a modernized public health system:

Must pass criteria	Additional criteria to be considered
a. Promotes health equity	f. Consumer engagement

¹ The Public Health Advisory Board's Incentives and Funding subcommittee has recommended that all monies made available to implement foundational capabilities and programs in the 2017-19 biennium be directed toward base funding for local public health authorities. This will allow LPHAs to develop capacity and make changes to their current operating structure before being eligible to receive incentive payments. Also, this will allow time to set up data collection and reporting systems and collect baseline data.

b. Respectful of local priorities	g. Relevance
c. Transformative potential	h. Attainability
d. Consistency with state and national quality measures, with room for innovation	i. Accuracy
e. Feasibility of measurement	j. Reasonable accountability
	k. Range/diversity of measures

The subcommittee will develop a recommended measure set that balances the following:

- Process and outcome measures
- Measures that monitor our current, core work and aspirational measures that we will work toward
- Measures that monitor the progress of the entire public health system and measures of LPHAs that will be used to award performance-based incentive payments

The final set of recommended accountability metrics will require each state and local public health authority to work toward a common set of accountability metrics. LPHAs may select additional metrics that align with local priorities identified in the community health improvement plan.

Timeline for establishing and implementing accountability metrics

The PHAB Accountability Metrics committee will continue to meet in 2017. Additional work to be completed includes:

Solicit input through a survey of partners on recommended measures for the 2017-19 biennium	Q1 2017
Identify and recommend accountability metrics for foundational capabilities and programs that will be implemented in 2019 or later	Q1 2017
Work with the PHAB Incentives and Funding subcommittee to develop a structure for local public health performance-based incentives through the funding formula	Q1 2017
Develop process for collecting and reporting on metrics annually. This includes developing or modifying existing data collection methods	Q2 2017
Collect baseline data on accountability metrics for 2017-19; set statewide benchmark and LPHA improvement targets	Q3 2017
Issue annual accountability report	Q4 2017, and annually thereafter
Review and make changes to measures and targets	Q1 2018, and biannually thereafter

Recommended accountability metrics for 2017-19	
Communicable disease control	<i>(available in December 2016)</i>
Environmental health	<i>(available in December 2016)</i>
Emergency preparedness	<i>(available in December 2016)</i>
Health equity	<p>Reduce health disparities by ensuring that measure sets for all 2017-19 priority areas include a focus on achieving health equity.</p> <p>Increase capacity for state and local public health authorities for advancing health equity. This will be measured by:</p> <ul style="list-style-type: none"> - Evidence of increased workforce recruitment from communities adversely impacted by health disparities <i>(NACCHO measure)</i> - Increased percent of state and local public health authorities with policies for training, engagement and recruitment <i>(Public Health Modernization Manual)</i> - Increased percent of state and local public health authorities with health equity fully integrated into strategic plan and SHIP/CHIP <i>(Public Health Modernization Manual)</i>
Public health system change	<p>Increase public health leadership, expertise and involvement in state and local policy that may affect health. This will be measured by:</p> <ul style="list-style-type: none"> - Prepared issue briefs and recommendations for policymakers <i>(NACCHO measure)</i> - Technical assistance provided to legislative, regulatory or advocacy groups <i>(NACCHO measure)</i> - Evidence of Health in all Policies <p>Increase the efficiency and effectiveness of the public health system through cross jurisdictional sharing. This will be measured by:</p> <ul style="list-style-type: none"> - Increased percent of LPHAs with MOUS or contracts with other LPHAs or the Public Health Division for cross jurisdictional sharing <p>Increase the impact of health interventions by forming cross-sector partnerships and collaborations. This will be measured by:</p> <ul style="list-style-type: none"> - Increased percent of state and local public health authorities with MOUs, contracts or shared work plans in place with health care and early learning providers, CCOs and other community partners - Evidence of evaluation of shared projects or initiatives