

Appendix D – Overview of Public and Stakeholder Input into the *Action Plan*

The Oregon Health Policy Board’s community engagement efforts included staff members meeting with more than 300 stakeholders in at least 29 counties; six community meetings with more than 800 participants; an online input website that received approximately 1,500 visits; and regular roundtable discussions with stakeholder and consumer groups. The themes heard by staff and the Board through the community input process support Oregon’s *Action Plan for Health*.

- » **Local accountability.** Local communities believe they best understand the health and problems of their residents, as well as the possibilities for innovation to achieve the Triple Aim. Health reform policies must take into account the differences between different regions across the state. Innovation will occur when there is local control and accountability rather than one-size-fits-all policy decisions.
- » **Coordinated care and streamlined purchasing.** Funding streams often unintentionally create barriers to achieving the Triple Aim goals. Local communities feel they could better work to achieving statewide goals if funding streams were consolidated and reporting requirements were streamlined. There is also support for integrating care delivery, such as integrating behavioral and mental health with physical health. However, the ways in which health care services are paid for need to support integration that results in high quality, patient-centered care and improved health.
- » **Ongoing consumer and patient engagement.** While the state has included the voices and input of thousands of Oregonians in its plans for health reform, the role of consumers and patients will only become increasingly important. OHA should continue to engage consumers in policy decisions, as well as decisions about their own health and the services they receive. Patients need the tools to make informed decisions, and the system must be patient-centered and provide high quality care that improves health and contains costs.

- » **Focus on prevention and chronic disease management.** Prevention must be addressed from multiple angles. There should be incentives that encourage patient responsibility and choices which improve health and contain costs. However, it is also important to remember the differences between communities and to encourage innovative community-based preventive efforts.
- » **Access.** Access means more than coverage. The lack of appropriately trained providers in all areas of the state is directly affecting health, costs and quality of care. OHA must ensure that communities have access to the providers they need, regardless of geographic location, income, health status, or other social and economic factors.
- » **Ensuring health equity.** To achieve the Triple Aim and a healthy population, the current disparities in health and health care delivery must be eliminated, including ensuring access to culturally-competent care. As Oregon's population becomes increasingly diverse, policies and health reform must take into account the state's changing demographics.