

**Tri-Board of Health Meeting
Tulsa City-County Board of Health (TCCBH)
Oklahoma State Board of Health (OSBH)
Oklahoma City-County Board of Health (OCCBH)**

Tuesday, October 2, 2018, 1:00 p.m.
Oklahoma City-County Health Department - Auditorium
2600 NE 63rd Street
Oklahoma City, OK 73111

I. CALL TO ORDER, OPENING REMARKS, INTRODUCTIONS

Kian Kamas, Chair, TCCBH
Tim Starkey, MBA, President, OSBH
Dean Gary Raskob, PhD, Chair, OCCBH

II. HEALTH DEPARTMENT UPDATES (Five Minutes Each)

Bruce Dart, Ph.D., Tulsa Health Department (THD)
Kian Kamas, Chair, TCCBH

Gary Cox, J.D, Oklahoma City- County Health Department (OCCHD)
Dean Gary Raskob, Chair, OCCBH

Tom Bates, J.D., Oklahoma State Department of Health (OSDH)
Tim Starkey, President, OSBH

III. GENERAL POLICY DISCUSSION

- a) Joint Commission Report Update
- b) Big Picture Issues and Strategies (Policy Priorities) / Legislative Advocacy
- c) Two to Three Focus Items that will Impact Health

Discussion and possible action

IV. NEW BUSINESS

Not reasonably anticipated 24 hours in advance of meeting.
Discussion and possible action

V. ADJOURNMENT



JOINT COMMISSION RECOMMENDATIONS

Executive Summary

Over the last few weeks Advisory Committees have been meeting to develop core recommendations in the following identified areas: legal/legislative, budget and programs, data and IT infrastructure. Clear themes and trends have emerged as a result of this work and should be considered central to our efforts to move forward in adopting recommendations and developing an actionable plan forward. Accountability resource allocation, and decision-making autonomy is found across all recommendations, explicitly or implicitly, illustrating a consensus among advisors. Resource allocation cannot just consider population density, however, as the needs of the rural communities are multi-faceted and per capita funding allocation alone will not address the needs of those citizens residing in our rural communities. Efforts to improve health outcomes must focus on increasing efficiency, allowing local health departments to develop community specific partnerships and governance structures that best meet the needs. Examples of implementation may include shared jurisdictional arrangements enabling multi-county or regional delivery of programs and services and development of joint governance structures to allow for equal partnership between local, regional and state health departments. Another theme that emerged across all Advisory Committees is the need to update and modernize public health data and financial IT infrastructure. Real time public health data is a critical missing link for decision makers to develop programs, policies and services to meet the needs of Oklahoma communities. Transparency of public health data is not limited to the traditional health data we associate with health outcomes, but must also include the financial and operational data that drives those outcomes. Finally, each Advisory Committee recognized the evolution of public health over the last decade requires an ability to develop relationships with non-traditional partners in the community. The opioid epidemic, challenges in resource sustainability and increases in natural disaster are examples of the need for public health to move away from program-driven delivery of services, and towards population-driven strategies that reflect community identified needs and avoid duplications. Defining foundational public health services is only the starting line for these efforts, articulating the specific clinical and community strategies that will impact health outcomes for the greatest number of Oklahoma residents is a collaborative endeavor that will require multi-stakeholder engagement from our local health department experts and the communities they serve.

Updates:

Oklahoma's 10-year Roadmap for Connected Health draft produced by Cedarbridge. Group stakeholders currently reviewing.

OCCHD Board approved draft of Investigation and Treatment of STI Contract with OSDH on September 5, 2018.

Joint Council discussions currently ongoing regarding Joint Commission Recommendations.

Advisory Committee Recommendations

Budget/Program Assessment

The Budget/Program Assessment Advisory Committee was tasked with developing recommendations that address transparency in budget forecasting and funding sources. In addition, this committee was tasked with developing recommendations to address governance of the overall public health system to include strategies to become more lean and efficient, effectively developing partnerships, engaging in resource-sharing and determining the applicability of defining foundational public health areas and capabilities.

- Develop and implement a transparent zero-based budgeting, billing and overall financial system for the Oklahoma State Department of Health (OSDH) that can easily be assessed, shared and reported on.
- Adopt the Foundational Public Health Services Model and ensure programming and budgets align with the foundational areas and capabilities. Determine a formula to appropriate public health funds by region/county, which incorporates per capita funding, community population and needs, and allows for autonomous county decision making, with general administrative oversight and monitoring remaining as a central office function.
- Conduct an environmental health program/services scan to identify opportunities to reduce duplication, develop public/private partnerships, and consider co-locating programs/services to create comprehensive, holistic service in each community.
- Develop and establish an evaluation system that will allow the Oklahoma State Board of Health to receive updates and engage partners in the implementation of a statewide strategic plan.
- Create a Joint Council to review health data, plan health initiatives, prioritize services, develop private/public partnerships, evaluate outcomes, and review per capita public health spending in each county. This Council would include all governmental public health agencies as partners, and consist of the state Commissioner of Health, Regional Administrative Directors, and the Executive Directors of the Oklahoma City-County Health Department, and Tulsa City-County Health Department.

Data Assessment

The Data Assessment Advisory Committee was tasked with developing recommendations that address the health assessment process, access to data, and effective messaging to the public. This included addressing needs to modernize IT infrastructure and enhance the ability for decision makers to utilize real time data to inform strategies.

1. Maintain a cadence of collaboration:

By working together across agency and public-private sector boundaries, the Data Committee was able to make progress in just a few short meetings. In order to sustain and build on this progress we request that our meetings continue as we enter the crucial phase of planning short, medium and longer term strategy for public health information infrastructure and pursue funding to support and sustain these efforts.

2. Modernize Oklahoma's public health data infrastructure:

Significant gaps and inefficiencies exist in Oklahoma's public health data infrastructure, and we recommend the following improvements be made:

Implement a statewide public health electronic medical records system to provide real time data for health improvement. This data system should integrate disease surveillance, immunization registry, electronic Master Patient Index (eMPI), link all public health systems, OHCA and OSDMHSAS systems

and should leverage existing resources and investments. These data systems and analysis can provide the data needed to address public health challenges, gaps in coverage, needed resources, community interventions and evaluation of effectiveness towards improving community health.

This goal includes short-, mid-, and long-term objectives identified by committee members.

Short-term:

- Complete upgrades and deployment of the public health immunization bi-directional messaging.
- Continue state agency interoperability project to link public health systems, OHCA, and ODMHSAS, and other state agencies.
- Planning for state/city-county data integration solutions with PHIDDO, PHOCIS, and OSIIS.
- Legal review of secondary use of state public health data in external systems (i.e., Health Information Exchange (HIE), Electronic Health Record (EHR), Insurance).
- Pursue available funding for implementation and long-term sustainability for HIE and public health interoperability for state match funding.
- Coordinate with existing HIEs to leverage clinical data exchange and public health messaging

Mid-term:

- Synchronize eMPI's between state and private sector
- Synchronize provider and services directory/index
- Participate in national initiative, Digital Bridge, for electronic case reporting
- Evaluate potential implementation plans for integrated statewide public health analytics system
- Implement state/city-county data integration solutions with PHIDDO, PHOCIS, and OSIIS

Long-term:

- Deploy statewide Public Health EHR
- Evaluate potential implementation strategies for statewide syndromic surveillance monitoring

Legislative/Legal

The Legislative/Legal Advisory Committee was tasked with developing recommendations that address opportunities to proactively work with locally elected officials to improve transparency in public health through budgeting, accountability and modernized legislation.

- Develop statewide coalition who will provide input to the Joint Commission and educate around public health generally and the Joint Commission's recommendations.
- Develop a cohesive and unified message for communication around both public health and the recommendations of the Joint Commission.
- Work with the Governor and Legislature to develop strategy for implementation of the Joint Commission Policy recommendations.
- Continue the Joint Commission through implementation of policy reforms and facilitate additional opportunities for healthcare, education and business community stakeholders to participate in the process.



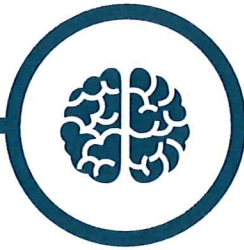
oklahoma health improvement plan

policy responses by OHIP members • 2018 Update

top 5 priorities



access to care
& provider
shortages



mental health



opioid addiction
& prevention



childhood
trauma



increase tobacco
excise tax by \$1.50

other responses



paid family
leave



criminal justice
reform



data
interoperability



tobacco
cessation



health insurance
coverage



poverty



comprehensive
indoor air

* Statute sunsetted in 2014. OHIP is no longer covered under statute. A discussion is needed to decide if that will be an 'ask' moving forward.