



OREGON ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS 2009-2011 STRATEGIC PLANNING MAP

Proposed Mission Statement: "OAHHS provides leadership in health policy and advocacy and comprehensive member services that strengthen the quality, viability and capacity of Oregon hospitals to best serve their communities."



<p>GOAL: Desired outcome, impact or result.</p>	<p>Every Oregonian has access to medically-necessary health care services.</p>	<p>Oregon hospitals have appropriate staff to deliver high quality health care.</p>	<p>Oregon hospitals are integral and trusted partners in achieving healthier communities.</p>	<p>Oregon hospitals provide quality health care services that meet or exceed national benchmarks.</p>	<p>Oregon hospitals will reduce health care cost inflation in collaboration with patients, providers, purchasers and insurers.</p>	<p>Oregon hospitals receive fair, adequate and sustainable reimbursement from public and private payers.</p>
<p>ISSUE STATEMENT: Current environment and challenges to address.</p>	<p>Access problems are increasing at an alarming pace as unemployment rates spiral and people lose insurance coverage. Declining access to essential care and safety net services within a community combined with the gap in insurance coverage creates an inefficient and costly outcome for all.</p> <p>Increasing health care costs result in employers changing or eliminating health insurance.</p>	<p>Oregon health care workforce shortages and increased care demands add stress on the health care system and impact the ability to provide quality, efficient and sustainable care.</p>	<p>There is a perceived lack of public trust in hospitals in Oregon and nationwide.</p>	<p>Hospitals must provide high quality and safe patient care on a consistent basis. Patient care systems in hospitals are complex and variable in outcome. Variation in care impacts quality and cost within the organization.</p>	<p>Rising health care costs jeopardize the stability of the entire health care system.</p>	<p>Increased demand for health care services and shrinking reimbursement negatively impact the ability of hospitals to serve their communities.</p> <p>Increases in the number of uninsured and under insured impact realistic health care reform goals.</p>
<p>GUIDING ASSUMPTION, PRINCIPLES: Underlying values, reasoning or beliefs.</p>	<ol style="list-style-type: none"> 1) A well-functioning community requires universal coverage and access to appropriate care. Patients need to have access to care at the right time in their own neighborhoods as available and appropriate. While hospitals play a large role in community health, they are only part of the continuum of care and safety net services. 2) Coverage should not be limited to traditional insurance models. 3) Basic benefits should include a full spectrum of evidence-based services that improve health while also including the following design features: <ul style="list-style-type: none"> • Portability • Individual cost-sharing based on ability to pay • Regulated insurance with community risk adjustments • Ability to buy-up additional coverage • The most cost-effective delivery system • Adequate comprehensive coverage including dental and behavioral health 4) The availability of specialty providers in hospitals is critical to access, cost and consistency of services in order to address community responsibility. 	<p>Optimal community health requires a workforce that is adequate to meet the community's health care needs. Oregon is facing a major health care workforce shortage. The growth and aging of our population contribute to this crisis, creating the need for an estimated 60,000 additional health care workers in Oregon by 2016.</p>	<p>Public trust and support is built on community engagement and public accountability. Health care is local and hospitals must continue to seek sustained community commitment to their missions.</p>	<p>Hospitals have the opportunity to lead the work in meeting the Institute of Medicine's definition of quality: care that is equitable, timely, effective, efficient, patient-centered and safe.</p> <p>Focus should be on developing value-added resources for patient care management, encouraging standardization where appropriate and continuous process improvement.</p> <p>Consumers and providers should have easy access to accurate and unbiased information from all providers and insurers about cost, quality (including information about the patient experience) and evidence-based standards of care.</p> <p>Providers and payers must agree to establish and review common quality measures, clinical outcomes and cost-containment efforts. OAHHS should assist in designing an accountability process to ensure long-term commitment to these principles.</p>	<p>Oregon hospitals are accountable for the cost of the care they provide.</p> <p>Hospitals must:</p> <ul style="list-style-type: none"> • Reduce the cost per unit of service provided • Reduce the need for hospital services by emphasizing personal responsibility, prevention and early intervention programs; and • Ensure the appropriateness of care and services. 	<p>There must be long-term commitment to equitable, broad-based and sustainable funding for health services.</p> <ul style="list-style-type: none"> • Any reform model may require an initial public investment and result in increased costs at the outset. • No unfunded mandates. • Everyone shares in the cost of the system. • Individuals, providers and insurers must share responsibility for containing costs and ensuring that those costs are predictable over time. • A stable, growing commercial insurance market is vital to an affordable/sustainable delivery system. • The system must be aligned for all payers including Medicare and Medicaid to adequately reimburse providers and eliminate cost-shifting. • Individuals must be accountable for controllable health care costs. Any plan must include incentives that encourage personal wellness. • Incentives must be aligned across all providers including hospitals and physicians. • True cost savings (i.e., reduction in premiums) must include changes to Medicare. Those changes must address payment inequities between states. • Financing should be transparent.



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<p>OBJECTIVES:</p> <p>Goals in specific, measurable terms.</p>	<p>1) Stabilize and expand access for people in all geographic regions through a delivery system that a) responds to the characteristics and needs of patients; and b) provides services to meet those needs.</p> <p>2) Broaden access to community-based inpatient and outpatient mental health.</p>	<p>1) Increase knowledge and understanding of statewide health care workforce needs.</p> <p>2) Create a positive environment to make Oregon attractive to providers.</p> <p>3) Address workforce licensing issues to provide high quality, cost-effective health care.</p>	<p>1) Increase awareness of hospitals' contributions as key community partners, employers and critical economic engines.</p> <p>2) Create community understanding of hospital contributions beyond emergency services and treating the uninsured.</p> <p>3) Drive community collaboration to improve the health of the community.</p>	<p>1) Based on publically-reported data, adopt Oregon hospital quality standards, set benchmarks and communicate these efforts to stakeholders.</p> <p>2) Lead statewide adoption of IOM aims: equitable, timely, effective, efficient, patient-centered and safe.</p>	<p>In order to impact the cost of hospital care, the following elements must be addressed:</p> <p>1) Reduce the cost of services provided</p> <p>2) Reduce the need for hospital services</p> <p>3) Promote appropriate collaboration and coordination among hospitals to avoid duplication of high acuity services</p> <p>4) Promote efficacious and appropriate care through the use of evidence-based medicine.</p>	<p>1) Advocate for payment reform that fosters provision of the right care at the right time, in the right place by the right level of provider;</p> <p>2) Advocate for funding mechanisms that are broad-based, equitable and sustainable; and</p> <p>3) Seek opportunities to gain additional/enhanced federal matching funds for state dollars supporting health-related services.</p>
<p>STRATEGIES:</p> <p>Identified steps to achieve the objectives.</p>	<p>A. Help to develop optimal provider payment methodologies to encourage access in underserved areas.</p> <p>B. Seek agreement to reopen enrollment in OHP Standard, improve the benefits package in Plus and expand SCHIP.</p> <p>C. Develop a model for aligned basic benefits package under both the OHP Plus and Standard programs.</p> <p>D. Address barriers in county mental health programs and processes and secure effective state oversight.</p> <p>E. Leverage and focus hospital and health system community benefit investments to strengthen access.</p>	<p>A. Assess the role and viability of Oregon Healthcare Workforce Institute (OHWI).</p> <p>B. Stabilize and expand Medicaid malpractice reinsurance beyond 2011 for rural doctors.</p> <p>C. Assess processes and evaluate barriers regarding health professional licensing. Develop new strategies to address those barriers.</p> <p>D. Advance alternative delivery models to drive practice to the "top of the license."</p> <p>E. Stop nurse staffing ratio proposals in 2009 Legislative Session.</p>	<p>A. Identify community hospitals as vital local employers and community contributors.</p> <p>B. Serve as a resource for community benefit reporting and telling the broader hospital story.</p> <p>C. Work with hospital trustees and local community leaders to support their local hospitals in various ways.</p>	<p>A. Use publically reported data elements to create a central data base.</p> <p>B. Identify member hospitals that have opportunity for improving Oregon standards and measures.</p> <p>C. Provide resources and assist with statewide implementation of quality projects and initiatives.</p> <p>D. Develop communications plan that promotes trust and educates patients and the public on hospital quality activities.</p>	<p>A. Participate in the collaborative work of the Healthcare Leadership Task Force which is focused on several key aspects of cost reduction across the payer, provider and hospital fields.</p> <p>B. Identify direct and indirect cost drivers and share data with members to support cost-saving action.</p> <p>C. Seek grants and funding sources for process improvements that drive efficiency.</p> <p>D. Support tort reform actions.</p>	<p>A. Identify and advocate for equitable payment structures which ultimately align incentives between hospitals and physicians.</p> <p>B. Allow payments for alternative care models that support integrated, comprehensive and coordinated services (case management, registry management, mental health).</p> <p>C. Support reimbursement that covers the cost of care provided and minimizes the practice of shifting costs between payers.</p> <p>D. Reopen enrollment in OHP Standard and SCHIP to levels commensurate with available resources, and return to uniform benefits between OHP Plus and Standard;</p> <p>E. Develop funding and financing strategies in concert with the governor and legislature that meet our mutual goals around health care access and are compatible with our health care reform principles.</p>