**Systems and Innovations Committee Minutes**

August 13, 2018 2 to 3:30 pm

PSOB room 915 –

Webinar and conference Call Information: <https://attendee.gotowebinar.com/register/7260000899878142978>

Dial: 1-877-873-8017 - Access Code: 767068# - Host code: 230823# (PHD to host)

Members present: Sara Beaudrault , Michael Baker, Florence Pourtal-Stevens, Frank Brown, Muriel DeLaVergne-Brown, Brian, Amanda Garcia-Snell, Heather Kaisner, Caitlin Hill

Guest: Kim La Croix

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| **Agenda Item** | **Detail**  | **Action Item** | **Presenter** |
| Welcome, Introductions (as needed) and roll call | Quorum is 50% +1 of committee membershipQuorum reached |  | Mike/Florence |
| Review of minutes | Review and approve minutes from June and July workshopJune minutes approved as written. July workshop minutes approved as written. |  | Mike/Florence |
| LPHA and Tribal Training and Travel Guidelines | As of July 1, 2018, PHD staff that work with LPHAs and/or Tribes must follow the LPHA and Tribal Training and Travel Guidelines. To support implementation of the guidelines PHD is considering hosting a webinar for LPHAs about remote participation and the new *Remote Engagement and Training Toolkit.*Would it be useful to have a webinar for LPHAs regarding use of the toolkit? Training has changed over the years. This will help people know the process and expectations. This will be phase one. Phase two will include different technology guidance. The webinars will be recorded. | Provide feedback about the potential webinar, specifically what would be useful to LPHAs. | Kim LaCroix |
| Review various propositions to operationalize PHAB principles  | Sara will take us through a review of the various propositions put forward to operationalize PHAB funding principlesSometimes we are talking about cuts and sometimes we are talking about new money coming in. Principle #1: Question 1. We do need to know whether these are services that should be provided to everyone or whether they are services targeted to a specific group. This question is necessary to defining scope.Question 2. Not every solution will lend itself to one answer. Other stakeholders might be better positioned to make these decisions rather than CLHO. Perhaps adding examples of what a service would be would help clarify. The order in which this question is asked may be changed to come later in the process. Some of the answers to this question will be informed by answers to the others. This question will be set aside pending further clarification. Principle #2: Questions 1 and 2 ensure that data presented is not an anomaly. Do indications need to be part of the funding formula? The data sources should be those that all areas are tracking. Include ‘population at risk’ with burden of disease in question 1. Include example. Question 3 – Can the source be trusted? Question 4 allows us to focus on burden of disease location. Question 5 ensures there is not a resurgence of disease by maintaining a minimal level of funding. Most funding formulas include a base amount.Principle # 3: Can we be more specific about what populations are being affected and can a change in distribution of resources change that? This could be an opportunity to emphasize the PHAB principles of equity in health care. How are affected communities included in this conversation? Principle #4: There is some crossover with principle #1. This assumes cross-jurisdictional sharing is more efficient which may not be the case. Can money be withheld or rewarded based on outcomes? Can this be folded into principle #2? Is more funding directed to LPHAs that are accredited? Principle #5: This is Intended to help understand the broader landscape. Question 2 is similar to 6.1. A broader economic picture of counties might be useful in understanding this. Should general funds be factored in as an indicator? Counties lacking in resources may have little in the way of general funds and be unable to support programs at a certain level. Differences in county funds lend to a fragmented system.Principle #6: When we say gaps, we’re talking about outcome gaps. If there is a cut in the funding stream we must adjust the work accordingly and clarify how that might change the outcome. Do we want to eliminate 2 and 3 as principle #7 captures them? After we review all the principles we need to go back to prioritize and condense. Establish timelines that line up with the Program Elements revision timelines but remain flexible to emergencies. Principle #7: Are we talking about literal limitations to the use of funds? That, and the political implications. This principle echoes much of principles 2 and 3 and some of 6. We will move Principle #1 to the bottom to show it being informed by the others.  | Discuss and develop an initial first draft proposal for 8/16/18 CLHO meeting | Sara Beaudrault |
| To do item for next meeting | Discuss to do items for next meeting – if any.Sara will clean up the CLHO Funding Formula Checklist document for posting before tomorrow COB. Discuss guidelines/examples for the document. Have someone walk through and see if more clarification is necessary. Perhaps the TPEP formula funding group could try it out. | Discuss and approve | Mike/Florence |
| **Co-Chair**Michael BakerJefferson County Public Health Administrator541-475-4456Michael.baker@co.jefferson.or.us |