

# Ohio



**DEPARTMENT OF HEALTH**

**2015 STRATEGIC PLAN**



## Table of Contents

|   |    |
|---|----|
| Message from the Director.....  | 4  |
| About the Ohio Department of Health.....                                | 5  |
| Mission, Guiding Values, Public Health Pillars and Vision.....          | 6  |
| External Trends, Events or Factors Impacting Public Health and ODH..... | 7  |
| Strategic Issues, Goals and Objectives                                  |    |
| Strategic Issue #1 – One Mission, One Voice.....                        | 8  |
| Strategic Issue #2 – System Alignment.....                              | 9  |
| Strategic Issue #3 – Data-Driven Performance.....                       | 10 |
| Strategic Issue #4 – Workforce Development.....                         | 11 |

## Appendix

|  |    |
|--|----|
| Linking ODH Strategic Plan, SHIP and Quality Improvement Plan..... | 12 |
| Agency Strengths and Weaknesses Assessment.....                    | 12 |



## Message from the Director:

The healthcare and public health fields are changing nationally and in Ohio as a result of the federal Affordable Care Act, the extension of Medicaid coverage in Ohio and efforts to increase value in healthcare and public health spending.

The Ohio Department of Health (ODH) is positioning itself structurally and strategically for this change in order to continue fulfilling our mission to protect and improve the health of all Ohioans.

ODH has implemented a new senior leadership model with both a Director and a Medical Director to strengthen agency management and ensure broader medical participation in agency decision-making.

ODH has approximately 120 programs and 1,200 employees. A large organization needs strong management oversight, and ODH's new senior leadership model allows me to use my management experience to focus on leading and managing the agency. ODH also must address many complex medical and clinical issues on a daily basis, and the agency's new senior leadership model allows Medical Director Mary DiOrio, M.D., to focus her attention on these issues.

We also have realigned ODH's organizational structure to make a good agency even better by promoting collaboration, operating more effectively and efficiently, and better planning for and managing change.

What will not change is ODH's commitment to its core public health responsibilities. In the midst of the changing healthcare environment ODH must renew its focus on our core public health responsibilities – what we call our “Pillars of Public Health”: Infectious Diseases, Preparedness, Health Improvement & Wellness, Health Equity & Access, Environmental Health, and Regulatory Compliance.

This ODH 2015-2016 Strategic Plan outlines the strategic issues, goals and objectives the agency is pursuing to move the agency forward and position it for continuing success in the new healthcare environment. These strategic issues include aligning ODH's work with the state health improvement plan, state health initiatives and priorities; ensuring effective decision-making processes to support the agency's goals; developing our workforce to support ODH's public health priorities; and to ensuring that ODH's data infrastructure supports data-driven decisions.

Sincerely,

Richard Hodges, MPA  
Director of Health

# About the Ohio Department of Health:

Public health in Ohio has undergone many changes since 1886 when the State Board of Health was established to help coordinate the fight against tuberculosis. In 1917, the Ohio Department of Health (ODH) was created by the Ohio General Assembly to control the spread of all infectious diseases.

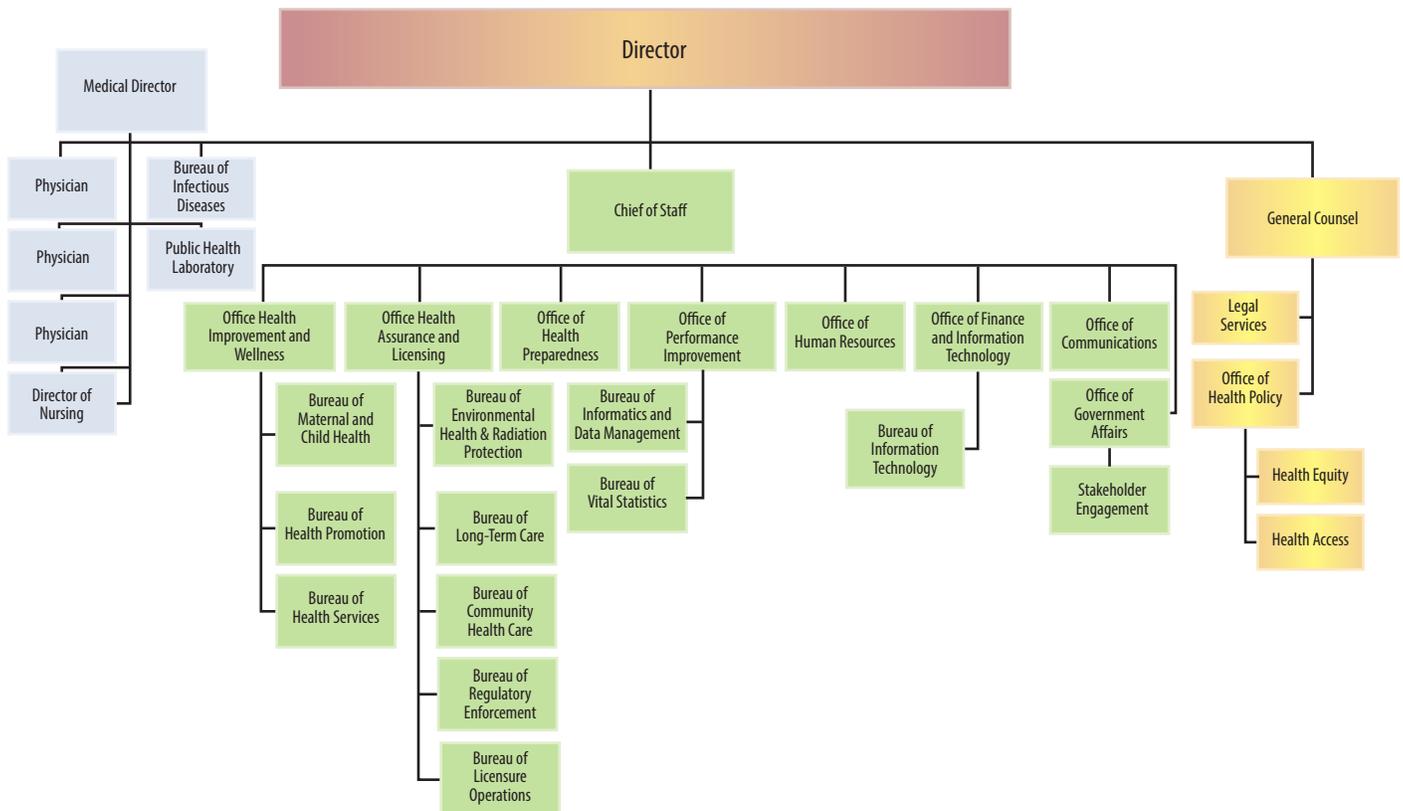
Today, ODH is a cabinet-level agency, and its Director reports to the Governor. ODH fulfills its mission through collaborative relationships in the public and private sectors, including with Ohio's 123 local health departments, which are each governed by a Health Commissioner and a locally-appointed Board of Health. ODH is committed to continuous quality improvement and to operating at a consistently high level of performance. The agency's strategic agenda is informed by a Strategic Plan, State Health Assessment and a State Health Improvement Plan.

## New Senior Leadership Model

ODH implemented a new senior leadership model in State Fiscal Year 2015 incorporating a Medical Director to address the numerous complex medical and clinical issues addressed by the agency on a daily basis. This new model allows the Director to concentrate on leading and managing the agency.

## Organizational Realignment

The ODH organizational structure was realigned during State Fiscal Year 2015 to improve cross-agency collaboration, to operate more effectively and efficiently, and to foster better planning for and management of change.



# ODH Core Public Health Responsibilities and Guiding Values

## Mission

Protect and improve the health of all Ohioans.

## Vision

Optimal health for all Ohioans.

## ODH Pillars of Public Health

Infectious Diseases – Prevent and control the spread of infectious diseases.

Preparedness – Provide direction, support and coordination in preventing, preparing for and responding to events that threaten the public's health.

Health Improvement & Wellness – Build healthy communities to enable Ohioans of all ages and abilities to live disease and injury-free.

Health Equity & Access – Value everyone equally, address health inequalities and disparities, and support access to comprehensive, integrated healthcare for all to achieve the best possible outcomes.

Environmental Health – Assess and monitor environmental factors that potentially impact public health including air, water, soil, food and physical and social features of our surroundings.

Regulatory Compliance – Assure quality in health care facilities, health care services, and environmental health through smart regulation to protect the health and safety of Ohioans.

## ODH Values (I CARE)

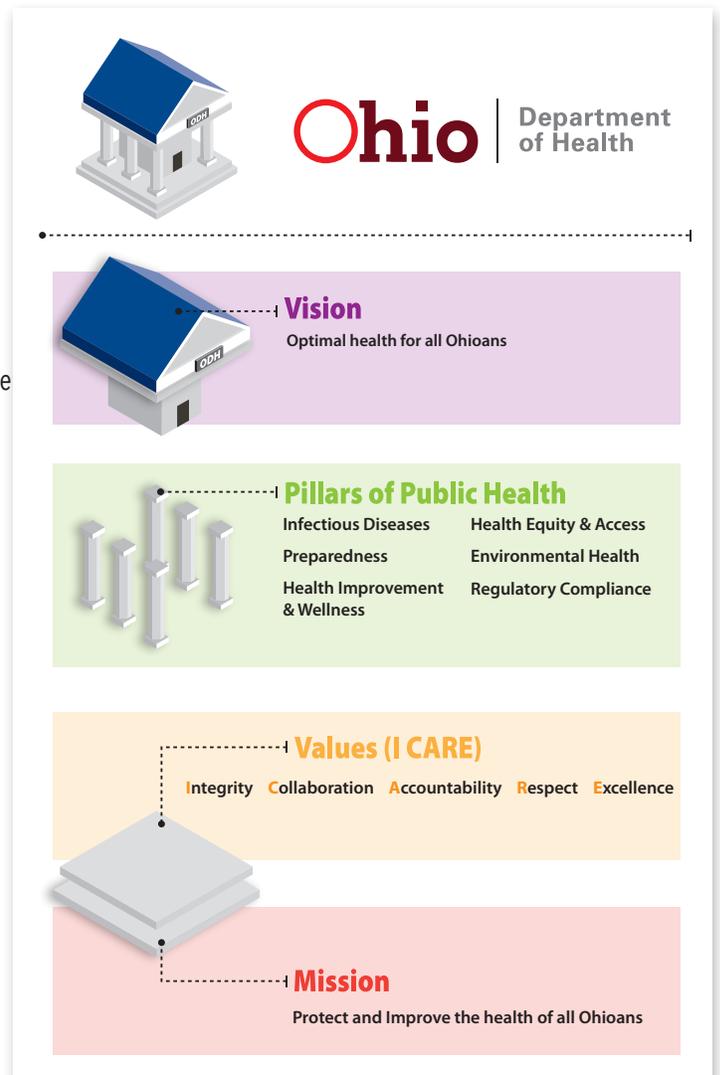
Integrity – We embrace high ethical and professional standards.

Collaboration – We build strong collaborative relationships that increase innovation.

Accountability – We take responsibility as stewards for our actions and results.

Respect – We treat other with respect and value equity, diversity and inclusion.

Excellence – We strive for excellence through empirical, data-driven, evidence-based decision-making.



## External Trends, Events or Factors Impacting Public Health and ODH

The healthcare environment in the U.S. is changing due to the Affordable Care Act. This is especially true in Ohio due to additional factors such as the extension of Medicaid coverage in Ohio, and efforts to increase value in the state's healthcare spending. Ohio Gov. John Kasich created the Governor's Office of Health Transformation (OHT) in January 2011 to engage public and private sector partners to improve Ohio's overall health system performance. Ohio ranks 40th on a composite measure of healthcare costs, with 39 other states spending less, according to the non-profit, non-partisan Health Policy Institute of Ohio (HPIO). While Ohio spends more than most other states on healthcare, Ohioans are less healthy than people in most other states. Ohio ranks 40th among states on a composite measure of population health, according to HPIO. The organization ranks Ohio 47th on a composite measure of health value – the combination of healthcare costs and population health.

In February 2013, Ohio was one of 16 states to receive a State Innovation Model (SIM) Design Award – and one of only two states to receive the maximum grant amount – from the Centers for Medicare and Medicaid Services to design healthcare payment and service delivery innovation models that will improve health system performance, improve quality of care, and decrease costs. Through OHT's coordination, Ohio used the federal grant to develop a plan to expand the use of patient-centered medical homes (PCMH) and episode-based payments for acute medical events for most Ohioans who receive coverage under Medicare, Medicaid and commercial health plans.

ODH has been very involved in the PCMH initiative, leading the Ohio Patient-Centered Primary Care Collaborative, a coalition of primary care providers, insurers, employers, consumer advocates, government officials and public health professionals promoting the expansion of PCMH's across the state. The number of PCMHs in Ohio has increased from 157 in June 2012 to 293 in June 2013, to 513 in August 2014 and 620 in spring 2015.

In December 2014, Ohio received a round-two SIM Test Grant that is being used to support projects which test new payment and service delivery models for PCMHs and episode-based payments, and related investments in health information technology, workforce development and performance measurement.

ODH along with other state health and human services agencies is collaborating with OHT to support these efforts. ODH will embark on a new State Health Improvement Plan (SHIP) over the next 12 months which will include aligning the SHIP with the SIM. Also, improving Ohio's health system performance, quality of care, and health outcomes requires close collaboration involving Ohio's 123 local health jurisdictions, hospitals and other healthcare providers – particularly in population health planning to support these efforts. ODH will play a major role in fostering this coordination. Moreover, ODH has an immense amount of public health and healthcare data that can be used to help inform planning and public policy. ODH is creating a Bureau of Informatics & Data Management to strengthen the agency's capabilities to convert public health data into actionable information.

## Strategic Issue #1: One Mission, One Voice

As ODH has transitioned from a decentralized decision-making organizational structure to a unified, coordinated structure, the agency must ensure that it is aligned behind "one mission" supporting the agency's Pillars of Public Health, State Health Improvement Plan and State Innovation Model and speaking with "one voice" to stakeholders. ODH also must be aligned closely with other state health and human services agencies.

---

### **Goal 1: Provide strategies for efficient/effective decision-making processes to support ODH's strategic health priorities and overall organizational goals.**

**Objective 1:** Conduct Lean sessions with each Office/Bureau by December 31, 2015.

**Objective 2:** Develop a recommended decision making process based on feedback from Objective 1 by December 31, 2015.

**Objective 3:** Develop and implement a communications and training plan utilizing results of the Lean process by January 31, 2016.

**Objective 4:** Develop and implement an evaluation process by January 31, 2016.



## Strategic Issue #2: System Alignment

ODH's priorities must be aligned with its Pillars of Public Health, the State Health Improvement Plan and State Innovation Model. ODH must help coordinate public health's role in the changing healthcare landscape, including as it relates to the State Innovation Model, Medicaid expansion and population health planning.

---

### **Goal 1: Ensure that all ODH systems fully support the activities of the State Health Improvement Plan (SHIP), State Innovation Model (SIM) and State Priorities.**

**Objective 1:** By September 30, 2015, complete a 2015 addendum to the 2012-2014 SHIP to ensure alignment with national, state and local public health priorities to reflect current activities and data.

**Objective 2:** By December 31, 2016, lead a collaborative SHIP process to align with national and state population health planning.

**Objective 3:** By June 1, 2016 develop a process to assess agency alignment with SHIP and Strategic Priorities.

**Objective 4:** By October 1, 2015 implement a Performance Management System to monitor progress on ODH and Ohio priorities.

### **Goal 2: Align ODH payor programs with Ohio Medicaid.**

**Objective 1:** By July 1, 2017, report utilization data of public health safety net programs to identify gaps and drive policy change.

**Objective 2:** By April 1, 2016 participate with the enterprise in the development of a technical assistance and training toolkit with ODH staff to ensure enrollment of Ohioans in the most appropriate coverage.

### **Goal 3: Facilitate regional and local population health improvement planning.**

**Objective 1:** By December 31, 2016, develop guidance for regional health improvement planning.

**Objective 2:** By July 31, 2017, 75% of applicable ODH RFPs will require RHIP/CHIP alignment.

**Goal 4: Ensure the ODH organizational structure is aligned for effective and efficient use of resources and response to public health priorities and threats.**

**Objective 1:** By July 1, 2015, align ODH Offices and Bureaus to focus on core public health priorities to allow for greater collaboration and effective, efficient operations.

**Objective 2:** By July 1, 2015, centralize fiscal functions to ensure progress toward fiscal priorities.

**Objective 3:** By October 1, 2016 develop capacity and process to respond to trends and threats in public health.

**Goal 5: Foster a Quality Improvement environment where continuous quality improvement initiatives can be developed to ensure efficient/effective processes to support ODH’s strategic health priorities and overall organizational goals.**

**Objective 1:** Revise and update the existing Quality Improvement directive to enhance the role of QI/LEAN in ODH by October 31, 2015.

**Objective 2:** Identify, prioritize and conduct CQI/LEAN projects as identified in Strategic Issue #1: One Mission One Voice Goal 1, Objective 1 by December 31, 2016.

**Objective 3:** Identify and conduct 2 -3 CQI/LEAN projects that support ODH’s strategic health priorities and overall organizational goals by December 31, 2016.



## Strategic Issue #3: Data-Driven Performance

ODH must leverage its resources and capacity to enable data-driven decisions to support its Pillars of Public Health to protect and improve the health of all Ohioans. ODH must be consistently responsive and timely in providing stakeholders with requested data and information.

---

### **Goal 1: Ensure the ODH data infrastructure supports data-driven decision-making.**

**Objective 1:** Inventory and assess information technology resources by June 30, 2016.

**Objective 2:** Conduct a gap analysis for data needs for public health priorities by June 30, 2016.

**Objective 3:** Remediate critical shortfalls and manage known risks by January 31, 2015.

### **Goal 2: Identify and ensure data-driven decisions support for key public health priorities.**

**Objective 1:** Create work plans for each public health priority by June 30, 2017.

### **Goal 3: Leverage data to improve ODH collaboration with stakeholders in support of optimal health for all Ohioans.**

**Objective 1:** Establish a standardized process for information/data requests through policy review and approval by December 31, 2015.

**Objective 2:** Ensure that program Data Stewards are properly trained and equipped to respond to data requests by January 31, 2016.

**Objective 3:** Increase data analysis capacity through business relationships with outside organizations with public health analytics expertise by March 1, 2016.



## Strategic Issue #4: Workforce Development

ODH is developing its workforce for the changing healthcare landscape. It is preparing employees for success at every level, and positioning the agency to operate at maximum efficiency. The more diverse and technically competent ODH's staff is, the more seamless and flexible agency operations will be.



---

### **Goal 1: Develop ODH's workforce to support the foundation of ODH's strategic public health priorities.**

**Objective 1:** By March 31, 2016, implement an enhanced orientation/onboarding program for new employees.

**Objective 2:** By December 31, 2015, support leadership training that is aligned with the agency's values (e.g., OhioLead, agency mandated training, professional development opportunities)..

**Objective 3:** By December 31, 2015 develop an agency annual training program for employees.

### **Goal 2: Foster an ODH culture of accountability.**

**Objective 1:** By December 30, 2015, define ODH agency/goals competencies to ensure consistent focus in ODH's mission, vision, and values.

**Objective 2:** By June 30, 2016, managers are trained to define performance expectations, set goals and provide staff coaching.

**Objective 3:** By June 30, 2016, provide managers with tools to have difficult conversations to address work performances issues and hold staff accountable.

### **Goal 3: Develop a sustainable process for succession planning and knowledge transfer.**

**Objective 1:** By December 31, 2016 develop a sustainable process to identify critical functions and knowledge gaps within the agency on recurring basis to be reviewed annually.

**Objective 2:** Establish ODH agency mentorship/job exploration program by June 30, 2016.

# Appendix

## Linking ODH Strategic Plan, SHIP and Quality Improvement Plan

Under the leadership of a new Director of Health appointed in August 2014, ODH's new senior leadership team is making sure that the agency's efforts and budget are aligned with and support the strategic plan, SHIP and quality improvement plan.

Proposed initiatives, funding/expense requests and grant applications must clearly outline how they help advance the strategic plan, SHIP and quality improvement plan. Such requests are reviewed and discussed during a weekly meeting of several senior leaders with requestors.

ODH's Quality Improvement Plan focuses on initiatives that support the Strategic Plan and the SHIP.

ODH has strengthened its monitoring of progress on its strategic plan, SHIP and quality improvement plan through a more robust performance management system.

## Agency Strengths and Weaknesses Assessment

| Strengths  | Weaknesses  |
|--|---|
| <ul style="list-style-type: none"> <li>• Desire to Improve</li> <li>• Staff – passion, dedication and skill</li> <li>• Collaboration</li> <li>• Adaptability</li> <li>• Institutional Knowledge</li> <li>• Leadership support for change and improvement</li> </ul>  | <ul style="list-style-type: none"> <li>• Constant Leadership Change</li> <li>• Organizational Structure – fragmented</li> <li>• Workforce – Professional Development, Succession Planning</li> <li>• Visible and Consistent Performance Management</li> </ul>   |
| Opportunities  | Threats   |
| <ul style="list-style-type: none"> <li>• Accreditation</li> <li>• Leveraging Stakeholder Relationships</li> <li>• Opportunity of advancing population health and the unique role of public health in the face of health reform</li> <li>• Sharing and analyzing data</li> <li>• Agency Partners</li> </ul> | <ul style="list-style-type: none"> <li>• Aging population / chronic disease</li> <li>• Fragmented systems / internal &amp; external</li> <li>• Changing demographic population means a change in programs</li> <li>• Lose of institutional knowledge internal and external</li> <li>• Perceptions of ODH / credibility</li> </ul> |



**Ohio**  
Department of Health