

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

PUBLIC HEALTH – HEALTH CARE DELIVERY SYSTEM PARTNERSHIP

Summary for discussion at PHIP

December 2, 2013

UPDATE

The new workgroup—Public Health – Health Care Delivery System Partnership—has met twice this fall and will meet again in December. Its members, which represent broad range of public health and health care delivery system sectors, are beginning to get to know each other and gain a better understanding of how they can work together. Secretary of Health John Wiesman and Robert Crittenden, MD—Senior Policy Advisor to Governor Inslee—welcomed the formation of the group, stressed the importance of this work and timing which is just right to seize the opportunity for innovation, to bridge the divide between public health and health care delivery systems with the implementation of health reform.

The workgroup is co-chaired by Gary Goldbaum, MD (Snohomish Health District) and Bruce Gray, MPA (Northwest Regional Primary Care Association). Sue Grinnell is the Department of Health Lead.

WORKGROUP CHARTER ABSTRACT

Public Health – Health Care Delivery System Partnership	
1. Purpose <i>What is the need or issue the group is to address?</i>	To identify and recommend to the Secretary of Health and the PHIP actions where the health care delivery and public health systems can collaborate to improve population health, improve individual outcomes, reduce costs, and improve health equity
• Current state <i>What is the current problem or situation?</i> <i>What is the scope and impact of the problem?</i>	<ul style="list-style-type: none">• ACA and other changes to health care delivery community• Dramatic rise in preventable illness• Rapidly increasing health care delivery costs; spending too much with inadequate return• Decreasing funding for public health; uncertain role and lack of capacity for public health• By working apart our public health and health care delivery systems have compromised our effectiveness• Past evidence of successful health collaborations (e.g., tobacco control, universal vaccination for children)
• Desired state <i>What is the ideal, future state?</i>	The health care delivery and public health systems seamlessly and routinely collaborate to assure access to quality health care delivery at lower cost and to create a social and physical environment that promotes health at the community level

<p>2. Scope of work</p> <p>What is the group's work?</p>																			
<p>• Goals</p> <p>What goals are expected to be achieved by the group?</p>	<ol style="list-style-type: none"> 1. Identify opportunities and barriers for effective collaboration 2. Develop a set of principles that will guide future collaboration that is sustainable 3. Agree on a shared, transparent agenda for the public health and health care delivery systems to work together to have the most impact 4. Identify one to three concrete actions that demonstrate our capacity to collaborate 5. Define an infrastructure to sustain the public health and health care delivery partnership 																		
<p>• Deliverables</p> <p>Are specific deliverables or milestones expected? If so, when?</p>	<table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: right; width: 20%;">Date</th> </tr> </thead> <tbody> <tr> <td>A prioritized list of opportunities and barriers</td> <td style="text-align: right;">March 2014</td> </tr> <tr> <td> a. A list of preliminary projects</td> <td style="text-align: right;">April 2014</td> </tr> <tr> <td> b. A list of principles for future collaboration</td> <td style="text-align: right;">June 2014</td> </tr> <tr> <td> c. Shared, transparent agenda for collaboration</td> <td style="text-align: right;">July 2014</td> </tr> <tr> <td> d. Draft charter for steering committee to provide on-going oversight of projects and continued advancement of collective impact</td> <td style="text-align: right;">Sept 2014</td> </tr> <tr> <td> e. Final list of one to three projects to charter</td> <td style="text-align: right;">Oct 2014</td> </tr> <tr> <td> f. Draft charters for workgroups to implement projects</td> <td style="text-align: right;">Oct 2014</td> </tr> <tr> <td> g. Final recommendations</td> <td style="text-align: right;">Dec 2014</td> </tr> </tbody> </table>		Date	A prioritized list of opportunities and barriers	March 2014	a. A list of preliminary projects	April 2014	b. A list of principles for future collaboration	June 2014	c. Shared, transparent agenda for collaboration	July 2014	d. Draft charter for steering committee to provide on-going oversight of projects and continued advancement of collective impact	Sept 2014	e. Final list of one to three projects to charter	Oct 2014	f. Draft charters for workgroups to implement projects	Oct 2014	g. Final recommendations	Dec 2014
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<p>Sunset date</p>	<p>December 31, 2014</p>																		



QUESTIONS FOR THE PARTNERSHIP

1. Should federal funds become available:

Is there a role for the Public Health – Health Care Delivery Systems Partnership to advise and give feedback to the Secretary of Health regarding how public health and the health delivery system can work together to improve population health under the construct of Accountable Communities of Health and other emerging opportunities in the changing landscape?

Expected Timeline

- Submission of SIM planning grant deliverable – Dec. 15, 2013
- RFP expected for federal funds for Testing Grant – January / February 2014
- Submission deadline - March / April

2. Regardless of federal funding:

How might this workgroup advise the Secretary on how Accountable Communities of Health can play a role in bridging a historical divide between clinical care and public health and how public health and the health delivery system will work together under that construct?

3. Narrow focus:

Should this workgroup more narrowly identify 1-3 actions that the public health and health care delivery systems can and should implement, that demonstrate how we move forward within the proposed SIM framework and other emerging opportunities? This is somewhat closer to our current goal but with a new caveat of the SIM work.