

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

NOVEMBER 7, 2011

PUBLIC HEALTH PARTNERING WITH THE HEALTHCARE WORKGROUP

PARTICIPANTS

Co-Chairs Joan Brewster (Grays Harbor); Karen Jensen (DOH)

Staff Jane Lee (DOH), Tiffany Escott

Members Bonnie Burlingham (WSHA); Jason Zaccaria (Benton-Franklin); Kristen West (Empire Health Foundation); Marsha Crane (Tribal Representative); Mary Looker (CMHC); Peter House (UW-SPHCM); Pam MacEwan (GHC), Rachel Quinn (PHSKC); Regina Delahunt (Whatcom); Shelly Pricco (St. Elizabeth's Hospital); Anne Shields, Mike Lee, Daisye Orr, Tracy Mikesell (DOH)

MEETING NOTES

WELCOME AND INTRODUCTIONS

Joan Brewster and Karen Jensen, Co-Chairs

Karen briefly summarized the purpose of the workgroup as outlined in the Agenda for Change. She provided an overview of the charge of the group; that we need to agree upon strategies and policies that we can do together among governmental public health, community partners and the health care delivery system. We also need to look at “how” we in public health do our work differently in terms of workforce development, business practices, and funding structures.

TOPIC 1 SUMMARY

Joan Brewster

Joan summarized the feedback from the Sept 12 meeting around the key problems with access to quality, affordable and integrated healthcare. These also reflect the feedback from the JCH meeting 10/17/11.

- Capacity – shortage in workforce, available resources are mismatched to needs and too many people at once. Will be exacerbated with 400K additional people.
- Confusion – hard to get the right care at the right time with fragmented services, compounded for many vulnerable populations with socially complex issues.
- Payment- many unable to pay even the co-pays, reimbursement rates are too low, and the public budget is inadequate to meet demand.

The group added:

- Could public health collect and publish more community health data?
- Coordinate the hospital assessments with the Community Health Assessments needed for HD accreditation.
- Remember the tribes, as these assessments are being done.
- The community transformation grant may have some capacity for community health assessment. Additional county level data on the predictors of health would be useful such as education and ACE (Adverse Childhood Events). Use the Public Health Indicators and the County Health Rankings data to tell the health story.
- To make bigger impact we (PH and HC) need to identify the populations most at risk and target the right care to these issues.

Public Health can help in the following ways:

- Providing assistance with population data and trends, demographics, health planning and analysis of workforce and population needs.
- Public education for better health behavior, better use of resources, more health education, and specific patient and community education such as for chronic disease self management.
- Policy advocacy and outreach and wrap around services for vulnerable populations.
- Track trends through health surveys (BRFSS).

Additional discussion points:

- Public health has a role connecting with vulnerable populations.
- PH is developing more expertise in chronic disease prevention.
- PH link with mental health system to teach providers more about chronic disease issues.
- Increase education to providers about prevention.
- ACOs will track needed services and quality. Prevention is a long term investment so we will have to get better at cost estimates to show benefits.

POPULATION-BASED PREVENTION STRATEGIES *(Examples from Public Health)*

- Access –Hospital emergency room use - Choice, Grays Harbor Reduce emergency room use and costs dramatically by bringing the high users into a clinic based program
- Communicable Disease Prevention - Washington Vaccine Association
- Injury Prevention - Seat Belt Use, Drowning, Opioid Poisoning
- Chronic Disease Prevention – Tobacco
- Emergency Response - H1N1

ACHIEVING SUCCESS IN PREVENTION: THE ROAD AHEAD

Pam MacEwan, Executive Vice President of Public Affairs & Governance at Group Health Cooperative

Pam thanked the group for inviting her to speak, and assured the group that there are opportunities for the healthcare delivery system to better with public health to improve population health. For non profits to maintain their 501c3 tax exempt status organizations are required to look at ways to improve population health. Her presentation included:

- Group Health has a long history of identifying and incorporating prevention into the continuum of care. Their research institute helps drive these efforts. The Chronic care model can be used for prevention (medical home model) and Group Health is building tools for providers (guidelines, prompts) and relies/uses their clinical information systems.
- Group Health continually improves through Lean principles with clear bottom line incentives (not so apparent in fee for service systems).
- She shared a planned care model with two ovals; the smaller oval is the healthcare system within the larger community resources and policies oval. Pam said this association is underleveraged. Goal to improve health not just take care of sick people.
- In health care as in public health the challenge is to measure what is accountable and what will make a difference. Examples of reported performance measures include HEDIS, Puget Sound Health Alliance and Medicare 5 Star.
- Public health could play a larger role driving measures that affect population outcomes. Data incentivizes providers when it is made public. For example the Medicare 5 star measures are very motivating and have shown to change providers' actions, and include prevention measures such as senior falls and cardiovascular health.
- Another way public health has influence over population health is through public policy. Examples include tobacco use, car seats and bicycle helmets. This is also true in systems where the public pays for the health care such as in New Zealand where there are good discussions and early interventions to reduce childhood obesity.
- Group Health is developing a 'Community Health Initiative' which aims to increase the knowledge base available to providers. For example, if a doctor sees an overweight child who watches too much TV, the initiative allows him to connect to specific community resources near where they live for after school sports and activities.

Pam was asked about premiums given the cost savings achieved with the closed system. Group Health is beginning to see this in the large urban areas where they have good relationships with hospitals such as Virginia Mason and Overlake. In other areas of the state where Group Health uses contracted network providers the cost savings is not as good. The cost savings for King County employees enrolled in Group Health is now \$4000 a year per employee. Group Health is working to improve contracted care cost with tools such as the Medicare 5 star.

Additional comments:

- In Grays Harbor, the health department has worked to engage the medical providers in discussions about their community health, and how they might work together to improve health. A similar example is in Mason County where an organization 'Mason Matters' reviews the status of current service delivery systems capacity to provide cross-agency care coordination.
- The concept of public health helping with chronic disease education and data sharing would be welcomed in all systems.
- Encourage all local health jurisdictions to develop strong relationships with their health officers, who in turn will bring you better relationships with the providers and health care delivery systems in the community.
- Most of the 29 tribes in Washington have electronic records and 22 of these are using ChildProfile to manage their immunization records.

TOPIC 2

How public health supports the healthcare system to improve access to care and prevention services?

- Why public health and the healthcare delivery systems could partner to improve community health?
- Should public health continue to provide clinical services?
- Can the community assess the healthcare services provided?
- Can public health help build a strong healthcare system in your community?
- How can we think of the healthcare system as a whole and how can we show the benefits of working together to improve access to care?
- Unintended consequences of changes to the delivery system that result in bad public health practices and outcomes?

Additional comments:

- It is not easy to say if public health should continue to provide clinical care, because each community and their needs are so different. Some may provide services because there are no other providers available in the community; i.e., CSHCN.
- A request was made by several that public health could aid providers by providing online resources and referrals. A resource guide could tie in with local health assessments that show the community needs and how to connect with providers. Additional resources from public health could help providers address some of the issues faced with non immunization parents. Public health can help with this.
- Affordable Care Act reimburses health teams, Vermont funds on population.



NEXT STEPS

Meeting materials will be summarized and shared with the group. The key informants will be surveyed for additional thoughts and then themes will be identified and shared with the group.

The group will meet early in 2012 by ilinc.