

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

PUBLIC HEALTH PARTNERING WITH THE HEALTH CARE WORKGROUP

OCTOBER 31, 2013 Meeting

PARTICIPANTS

Participants Gary Goldbaum (Snohomish); Andre Fresco (Yakima); Joan Brewster (Grays Harbor); Joel McCullough (Spokane); Regina Delahunt (Whatcom); Ann Christian (WCMHC); Bruce Gray (NWRPCA); Charissa Fotinos, Katherine Latet (HCA); Christine Gibert (WHBE); Claudia Saunders (WSHA); Scott Forslund (Premera Blue Cross); Stephen Tarnoff (GHP); Tao Kwan-Gett (NWCPHP); Thomas Varghese (Harborview/UW); Tom Martin (Lincoln Hospital); Tom Trompeter (HealthPoint); Jan Olmstead (AIHC); Robert Crittenden (Governor's Office); Eric Svaren (GroupSmith Consulting); Sue Grinnell, Janna Bardi, Jane Lee, Karen Jensen, Simana Dimitrova (DOH)

WELCOME FROM THE SECRETARY OF HEALTH

Secretary of Health John Wiesman welcomed the formation of this new group and its participants. He expressed his hopes that their work will focus on reducing the divide between public health and the health care delivery system. Despite the fact that we spend more on health care than any other country our outcomes are poor, and we need to work toward paying for outcomes and value. Secretary Wiesman pointed out that the current Health Care Reform and particularly the Affordable Care Act provide us with a great opportunity to transform the system and improve outcomes. The focus on prevention and using the Triple Aim concept provide further opportunities. Initial work done on this subject focused on improving access to quality, affordable and integrated health care that incorporates routine clinical preventive services and is available in rural and urban communities alike, by effectively and strategically partnering with the health care system. We need to build on the good work already done. And now you have been invited as leaders from across the many sectors in the health care and public health systems to work together on moving forward. Secretary Wiesman expressed his gratitude to all participants for their willingness to work together in new ways to lay the groundwork for improving the health of Washington.

COMMENTS FROM THE GOVERNOR'S OFFICE

Robert Crittenden, MD, Senior Health Policy Advisor to Governor Inslee noted that the Governor is very pleased to see this work underway, it has been needed for a long time, and with health reform the time is right to look for opportunities to integrate. We need to think about bringing different strings of funding and working out the specifics. There will not be any extra dollars, but reallocation of funds is a possibility. Dr. Crittenden reiterated the Governor's priorities on prevention and supporting community based projects. Successful recommendations and actions from this group are expected by the Governor as other activities are in play to improve health.

Dr. Crittenden reminded the group to look for opportunities to propose this legislative session. Good policy work is hard to do, but well worth the effort down the road.

INTRODUCTIONS

Gary asked the members to introduce themselves, and briefly say what keeps them up at night.

Regina Delahunt: Health care is failing across the system.

Tao Kwan-Gett: First hand seen the divide. When we look back, we want to make sure that we have not missed the opportunity.

Jane Lee: It would be helpful if public health's role here was clearer.

Joan Brewster: Focus on integration of substance abuse and behavioral/mental health. Also, a lot of good work integrating is occurring at the local level, but not at the state level.

Tom Trumpeter: Be mindful of how we marry the clinical and social efforts. Keep asking people with disparities what they need.

Charissa Fotinos: How to bridge public health and primary care services.

Steve Tarnoff: Worry about costs and how disconnected they are from value. This is very difficult to fix.

Janna Bardi: Much good work underway through federal grant but concern is how this will become institutionalized.

Claudia Sanders: How to fund hospitals with Medicaid and shift to value from the traditional DRG reimbursement system.

Scott Forslund: Health care costs and a % of GDP has a tremendous impact on other programs such as education and transportation. How to get communities the opportunities to participate in improving health?

Tom Martin: How rural communities can be included in the Affordable Care Act application. Tom shared examples from his community for possible consideration for a statewide model – focus on changing indicators (reduced breast cancer and cardiological incidents, virtual stroke program, childhood obesity and work with local health department and schools).

Bruce Gray: Look thoughtfully for opportunities to improve health, wellness and care. Where do we bring social determinants?

Eric Svaren: Not only seizing the opportunity, but how can deliver results.

Simana Dimitrova: Communicate clearly and effectively the vision of this group for this work throughout the system.

BACKGROUND AND PURPOSE

Dr. Goldbaum, chair, presented some [background information](#) on this work.

- The Institute of Medicine recommends integration between health care and public health
- Majority of health is not about health care. US is way behind on prevention. Investment in prevention will reduce health care costs.
- Data provides opportunities
- Environmental changes/intervention provide the biggest cost savings
- Delivery system evaluation is needed
- Health is public health; health care is only part of public health. Explore the opportunities for integration.
- Immunizations are a dramatic example of cost savings

What to do first? The governor is expecting practical results very soon. Maybe create a governing structure; maybe take advantage of the upcoming legislative session. We need to compel the legislature to invest in public health as funding continues to dwindle. Models similar to Lincoln County are a possibility for bringing together leadership and community for better health outcomes.

DRAFT CHARTER DISCUSSION

An independent contractor, Eric Svaren from GroupSmith Consulting, facilitated the draft charter discussion. Eric reminded everyone of the purpose of a charter – be clear on roles, goals and a coordinated direction. Once the charter has been agreed upon and approved by the group, it will be shared with Secretary Wiesman as executive sponsor of this work.

Group Name

Overall guidance:

- More specific and clear on scope

Suggestions: Partnership for Health

- Partnership for Health
- Partnership for the Public's Health
- Suggestion to revisit when purpose and scope are clear

Purpose

- Results are to improve population's health
- Original expectation access to care, but that is too narrow. Needs to be broader, but still specific. Is it too broad to focus on social determinants?
- Substitute synergistic approach to health with collaborative approach to health
- Return on investment, cost effectiveness
- Recommendations from this work to affect the delivery system, outline collective action
- Describe what will be expected to be different in the future?
- What can public health bring to the table
- Examples of intended outcomes. How can this group be different than others doing similar work.
- Reference PHIP work done earlier this year. Purpose was to guide and create actionable tools. Purpose of this group should be beyond informing each other of what tools from each side we can use to get this work going. How can we partner to better the outcomes and agree on how public health can effectively support the delivery system?
- Intended audience - The Secretary of Health, the Governor and the Legislature. The recommendations of this workgroup should translate to real actions.
- Should use the Triple Aim - how to improve health status, reduce health care cost and improve patient experience and build on that.
- Use socio-ecological model to create scope, find ways of improving the health of communities and individuals.
- Call out health equity so it does not get lost.

Current State:

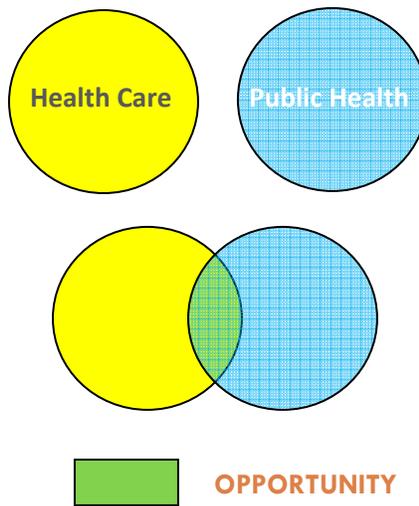
- Acknowledge the Department of Health's work with primary care to transform practices
- We don't have common agenda, because of different functions

Desired State:

- Create a backbone organization or applicable principles so in the future there is an entity that would house a collective model
- Have a common goal: improved health of the state. The Department of Health is now that backbone organization. However, who should shepherd this work so we can do this together as a system?
- Having common definitions: population, community, etc. If we know the meaning, then we can clarify the purpose
- Have a system organization that can be supportive on local level
- All inclusive participation: while much is happening in different communities, how can we make sure it happens all over the state
- Having a common vision to work together
- Work on factors outside the medical system
- Assure this work stays at the highest level
- Raised awareness and changing practice as each system is unique
- Better integration as defined by the Institute of Medicine
- Ongoing opportunities for all represented sectors to work together
- Look to local communities for examples of better collaboration for the larger state level
- Clearly defined policies and work
- More innovation

Scope of Work

- Depends on the audience
- If it strengthens the system, we should do it
- Improve individual experiences and outcomes
- Agree on transparent agenda, our outcomes are complimentary
- Practical: restructuring mental health locally with integration and contracts
- Focus on certain initiative
- Make distinction of the different types of primary health



- What is the right amount of overlap? Not a static shape. We must continue to inform each other and share information.
- Sustainability must be a goal
- Not another shelf document
- Find some concrete things to begin with
- Use this forum to talk about what is going on in the different parts of the system
- Figuring out each others' roles in the State Health Innovation Plan (HCA)
- Look for funding opportunities

NEXT STEPS

We will share another version of the draft charter incorporating comments from this first meeting of the workgroup. Participants were encouraged to share more thoughts via e-mail between meetings. It was brought up to the attention of the group to not lose sight of national efforts on similar work.

Evaluation

What worked:

- Meeting in person
- Good structure, context, background and materials
- Good diversity of representation
- Appreciation for the ambition

What could be improved upon:

- Breakdown in smaller groups
- Providing Like document to respond to