

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

DECEMBER 2, 2013 MEETING

PARTICIPANTS

<i>Co-Chairs</i>	John Wiesman (DOH); Regina Delahunt (Whatcom)
<i>Staff</i>	Karen Jensen, Jane Lee, Simana Dimitrova, Marie Flake (DOH)
<i>Members Present</i>	Lydia Buchheit, Michael Baker (WSALPHO); Janis Koch (Clark), Torney Smith (Spokane); Jan Olmstead (AIHC); Maryanne Guichard, Jennifer Tebaldi (DOH)
<i>Others Present</i>	Barry Kling (Chelan-Douglas); Gary Goldbaum (Snohomish); Marguerite Ro (Seattle-King); Bruce Gray (Northwest Regional Primary Care Association); Sue Grinnell, Daisye Orr (DOH)

MEETING NOTES

WELCOME

Regina Delahunt, Co-Chair

Regina welcomed members to the fourth Partnership meeting for 2013. After brief introduction by all, Regina reviewed the agenda.

WORK SESSIONS

Public Health – Health Care Delivery System Partnership

Garry Goldbaum and Bruce Gray, Workgroup Co-Chairs and Sue Grinnell, DOH Lead

Garry Goldbaum, workgroup co-chair, briefed the Partnership on the launch of the Public Health - Health Care Delivery System Partnership and what they have accomplished during their two meetings so far – getting to know each other, hear various perspectives from public health and the health care delivery system representatives, agree on a charter. Due to the fast moving environment of health care reform, however, after today's discussion with the Public Health Improvement Partnership, the course of this group may change in order to take advantage of brand new opportunities.

The initial focus of the group was to determine the role of public health within the health care reform. But in order to be relevant in this dynamic environment, the group must change its timeline to provide rapid and useful response.

Sue Grinnell, Department of Health lead, introduced the concepts and context of State Innovation Models (SIM) and State Health Care Innovation Planning (SHCIP). The Affordable Care Act (ACA) provided funds to states to test innovation to improve health while reducing cost. Washington State received some of these funds, developed a SIM and local health agencies were invited to provide feedback. Main focus of the SIM are developing *Accountable Communities of Health* and the integration of behavioral health and health care delivery services. Even if no further funding becomes available, reform in the state will take place based on these concepts.



Regina Delahunt pointed out that discussions lead with WSALPHO support the vision that this new group would be the ideal venue where public health and the health care delivery system can collaborate on how *Accountable Communities of Health* can work.

Discussion: It was asked if the new group should focus more on short term questions around the development of State Health Improvement Plan (SHIP) and the SIM, or should the goal be to work on how public health and the health care delivery system partner on more broad level. The group's co-chairs pointed out that the SIM proposal will be the future direction for health care delivery activities around the state and public health must be involved in a big way to have equal opportunities.

Public health can inform how we can bring return on investment, but for that it must be present at the table early on. The Public Health Improvement Partnership was unanimous that this new group adjusts its direction in order to be swift and responsive. Guidance from the Secretary Wiesman for the group was to stay attuned to the rapid transformation of health care delivery, to provide real time information on where all this is going and work on systems design with big picture in mind. He encouraged the group to work rapidly, and seek and focus on gaps and opportunities in order to be relevant as it has the perfect make up of strong energy, policy makers and big system thinkers. Jan Olmstead from the American Indian Health Commission (AIHC) shared that feedback gathered from local tribes already shows potential opportunities and can participate in these efforts.

State Health Improvement Plan

Karen Jensen, DOH

Karen reminded that during the September meeting, the Partnership decided to go forward with creating a State Health Improvement Plan (SHIP) by the end of 2014. To do so, we as a system, need to identify and agree on 2 to 3 concrete goals and how to start moving the needle. To begin this work immediately, we first need a short-term planning group which will focus between now and the next meeting of the Partnership on reviewing ongoing priorities and activities and organize already existing data.

Discussion: Secretary Wiesman urged taking a look of the *Agenda for Change* priorities and the funding efforts for the Foundational Public Health Services and decide where we want to go as public health system, agree on concrete goals, how all of these can come together. Torney Smith stressed the importance of showing linkages with the health care reform and emphasizing prevention and social determinants. Regina Delahunt reminded to focus on very few areas in order to make a difference. These focus areas can be based on what local health agencies are focusing on. If there are commonalities in the Community Health Improvement Plans (CHIPs), then the SHIP should reflect the same goals. Michael Baker backed the importance of local perspective. Janis Koch brought up regional efforts and encouraged the use of existing synergies there. Margaret Ro felt focus should be given on prevention in the communities.

Volunteers for the SHIP planning group are: Jennifer Tebaldi, Jan Olmstead, Torney Smith, Janis Koch. In addition, the Partnership felt that there is a need for an assessment representative from local health as well as from local health agencies which already have experience creating CHIPs. Jennifer Tebaldi will bring epi resources from the Department of Health, but there is still a need for Community Health Needs Assessment representation from hospitals.

Question was posed if we should go outside the governmental public health system for this undertaking. Gary Goldbaum shared his concern that it shouldn't be only a governmental public health system goal, we need other partners and the community, similar to the CHIPs. The challenge would be to bring people early on to negotiate and claim investment. That means we have to be prepared that the priorities which come out of this collaborative work may not match these from the *Agenda for Change*. The Public Health – Health Care Delivery System Partnership is a good initial venue to do this external partner outreach.

The SHIP planning group will look at all we already have and align with the 2 to 3 areas chosen. Then we will work with communities to vet and see what partners are best poised for this work. The SHIP planning group should stay small. Sue Grinnell reminded that we must look to future and regional work such as the *Accountable Communities of Health*. Each of these will be doing a regional health improvement plan and we must pay attention who they involve in creating these. When picking the priorities, the group was urged to focus on population health, not on health care. Any additional ideas can be sent to [Karen Jensen](#).

The SHIP planning group will bring back to the Partnership during their next meeting in March a high level outline of the SHIP, possible new partners, initial data, a timeline for the rest of year and recommendations.

New Members to the Partnership

John Wiesman and Regina Delahunt, Co-Chairs

In addition to the proposed list of possible new members: Washington State Association of Counties (WSAC), representatives from the health care delivery system, academia and other state agencies (i.e., Health Care Authority), suggestions were brought about inviting representatives from various foundations as well as community members. It was suggested that the Partnership also includes all workgroup co-chairs. While thinking of new members, we must remember that this is the venue where we can plan system development on broad scale and move beyond governmental public health. In addition, we must develop strategies how to engage these new partners, how can we become more visible and nurture reciprocal relationships.

Foundational Performance Set

Torney Smith, Workgroup Chair and Barry Kling

Torney Smith, workgroup chair, reminded that during the last Partnership meeting it was agreed that the public health system reviews on the full set of standards will no longer continue. Any local health agency can pursue accreditation with PHAB on their own.

Currently PHAB is working on alignment with some IOM components. The Washington State's *Foundational Performance Set* is a concept similar to this national work. It is currently being developed cross walking Foundational Public Health Services with local health agencies' measures, applicable PHAB measures, public health activities and services and other sources of data. A beta test using this set is anticipated in 2015-2016.

Discussion: The development of the *Foundational Performance Set* was driven by the need for accountability since there will no longer be system wide reviews. It made sense to focus on and use the Foundational Public Health Services. Michael Baker shared his observation how the *Foundational Performance Set* would bridge the existing gap. If funding becomes a focus in the near future, it may become mandatory for every local health agency to do reporting on the Foundational Public Health Services anyway. While the *Foundational Performance Set* is not a substitute for a standards review or PHAB accreditation, there are quality improvement components in it. Unfortunately we have lost the snap shot view of the system as a whole, but we can still ask for accountability via the *Foundational Performance Set*.

The Partnership encouraged this work to go on and the *Foundational Performance Set* perfected. However, the discussion about how it can be used continues. Washington State Association of Local Public Health Officials (WSALPHO) and the American Indian Health Commission (AIHC) need to be involved in this conversation as well.

UPDATES

- From the Secretary of Health
 - Budget - Secretary Wiesman briefly informed the Partnership that details are still being worked out with the Governor's office.
 - [Health Information Exchange \(HIE\)](#)
 - [Informatics Group](#)
- [Foundational Public Health Services](#)
- [New Data 2012 Public Health Activities and Services](#)
- [Communicable Disease and Other Health Threats](#)
- [Healthy Communities and Environments](#)

NEXT STEPS

Karen summarized the meeting and announced that the schedule for the 2014 Partnership meetings will be announced soon.