

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

PUBLIC HEALTH - HEALTH CARE DELIVERY SYSTEM PARTNERSHIP

February 27, 2014 Meeting

PARTICIPANTS

Co-Chairs	Gary Goldbaum (Snohomish Health District); Bruce Gray (NWRPCA)
Leads	Sue Grinnell (DOH); Kat Latet (HCA)
Members Present	Bob Perna (WSMA); Erin Hafer (Community Health Plan); Jesus Hernandez (Community Choice); Janna Wilson (Seattle-King); Janis Koch (Clark); Kyle Unland (Spokane); Regina Delahunt (Whatcom); Rebecca Cavanaugh (OSPI); Jill Sells (Reach Out and Read); Thomas Varghese (Harborview); Teresa Litton (WHA); Tom Martin (Lincoln Hospital); Tao Kwan-Gett (NWCPHP); Brian Myers (Empire Health Foundation); Ann Christian (WCMHC); Candace Goehring (DSHS); Charissa Fotinos (HCA), Claudia Sanders (WSHA); Kathleen Clark (WCMHC); Julie Peterson (CHEF); Karen Jensen, Janna Bardi, Maria Courogen, Jane Lee, Simana Dimitrova, Diana Ehri, Megan Davis (DOH)
Facilitator	Judy Hall (DOH)
Guests	Ann Clark (St. Joseph MC); Lena Nanchand (UW), Karen Merrikin, Laura Zaichkin (HCA)

Meeting began with introductions.

Overview and discussion of the State Health Care Innovation Plan was provided by Karen Merrikin.

The following items were reviewed and discussed:

PREVENTION FRAMEWORK DEFINITION

- The *Prevention Framework* definition needs to be tweaked a bit
 - Want this to be more action oriented- less passive
 - It should be referenced as a Blueprint or call for action

PREVENTION FRAMEWORK PURPOSE STATEMENT

The Prevention Framework purpose was reviewed comments were provided.

Comments included:

- Referencing it as a blueprint with interlinked goals, objectives, strategies, measures and recommendations
- Foundation for measurable outcomes of progress for population health improvement in Washington State.
- Tool for communities to use to choose actions to improve population health such as start prevention momentum, synergy, evolving dynamic framework.

ELEMENTS OF THE PREVENTION FRAMEWORK

Goals

Similar to the Puget Sound Health Alliance (PSHA) the Partnership proposed to use the Triple Aim for the goal. Some potential options for goals are:

- Use the PSHA goals as the goals for the Prevention Framework (these correspond with the Triple Aim goals)
- Create our own goals
- Combination of the PSHA goals and the creation of our own.

Objectives

- The purpose of the objectives is for the prevention framework and what it aims to achieve
- Need to create objectives as part of the 'straw man'
- Should be discussed at the next meeting and possibly a review prior to the meeting
- Objectives in the charter and scoping are clear
- The objectives should be geared to statewide actions that regional and local can contribute to and drive action
- Need to be clear on who is doing what for whom

Definitions

- Discussed the need for definitions for the priority areas
- Ann Christian and Charissa Fotinos volunteered to draft a definition for mental health
- Possibly ask other members to assist with drafting definitions. .
- Having definitions is important for clarity sake
- We had additional definitions/words that came up during the day which were incorporated into the *Glossary* document

Strategies (from survey)

The survey indicated the Partnership wants:

- Aligned strategies at the state, regional and local level
- Strategies at the clinical, linkage and community (environmental level)
- Some indicated cross cutting strategies and perhaps not priority dependent. This would provide a structure that enable actions to move forward
- May want a menu of choices to select from

Tools

The Partnership suggested resources such as tools etc. that would be available for local use.

Measures

- Would like to see:
 - Measures of success
 - Measures of health improvement and accountability
- Need to clarify where we are trying to move and identify measures for that
- These measures should become part of the core measure set
- Where does the other measure work that is going on fit here?

Priority Areas

- Confusion in this area – some felt that perhaps it is due to addressing this first?
- Some felt that the survey indicated the priorities and should go with that
- Discussion regarding the top five priorities and how they are linked together
- Some felt a disconnect between the data and the priorities
- Some felt a disconnect between how to address the root causes or underlying causes of death/chronic disease
- Some want to know where the bulk of the costs are being directed. This would help to know where to direct energies.
- The group wants priority area recommendations to go to Executive Management Advisory Council.
- Some want examples of things (addressing priority areas) that can be done at the regional and local level
- It is not clear how this would address Partnership's wish for aligned state, regional and local strategies
- Concerns were expressed in regards to priorities: being too bound by State Health Care Innovation Plan

WHAT WORKED IN THE MEETING?

- Excited by the opportunity presented in front of them
- Appreciation for the diversity of voices
- Recognition that it is a messy process
- Understanding that recommendations are to be provided to John, Dorothy and EMAC
- Desire to have impact
- Clear understanding that this is about bridging the divide between public health and the health care delivery system
- Understanding of the purpose of the framework (from proposed purpose statement)
- Appreciation for the overview of background and context
- New facilitator
- Good prep work
- Very engaged

- Hard work and hard to wrap head around
- Great flexibility in the agenda
- Great opportunity to hear from other sectors
- Optimistic
- Great ideas, much to accomplish
- Some indicated that they have not been in a group like this before and do not want to lose the opportunity

WHAT COULD BE IMPROVED?

- The work needs a time frame
- It wasn't clear that this was a transitional meeting. In spite of that felt that there was a great conversation and there was a movement forward.
- Some want small groups
- Overwhelming
- Not enough people here to represent early childhood.

NEXT STEPS

- Consider different homework for three separate groups (different contributions to purpose by experts):
 - Health care delivery system
 - Local public health
 - Department of Health
- Prepare a clear straw person for the Partnership to react to.

Next meeting: March 27th, 10 am to 3:30 pm | DOH offices, Kent