Building a Prevention Framework

Public Health - Health Care Delivery System Partnership

February 27, 2014

Meeting Objectives

- Understand the background, history and context of the work
- Understand the purpose and scope of the Partnership
- Increasing awareness of survey results, environmental scan and state health data
- Agree to Prevention Framework definition
- Identification of Prevention Framework components
- Selection of three to five initial priorities for the Partnership to address

Meeting Culture

- Fast moving
- Mix of techniques to get to end product
  - Surveys, small groups, large group, voting
- At the beginning of every meeting we will review what was done at the last meeting/work in between meetings
- Your role is to let us know of any fatal flaws
- We are in decision making mode
- Evolutionary – this is a journey!

Partnership Ground Rules

- Everyone participates
- Attend all four meetings
- Complete the home work in between meetings
- Represent your constituency, not your organization
- No one person should dominate meetings
- Group members may be called upon to participate, if silent
- If you do not like something, offer a solution; need to operate in problem solving mode
- When bogged down we may stop, change course or course correct
- Utilize various decision making techniques

Background, History and Context

Public Health Improvement Partnership (PHIP)

- Established in 1993 to guide and strengthen the public health system and improve population health in Washington (RCW 43.70)
- 2011: PHIP formed a workgroup to address partnering with health care priority under the *Agenda for Change Action Plan*
- The workgroup's goal was to improve 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

Background, History and Context

Public Health Improvement Partnership (PHIP)

- 2012: Partnering with Health Care Workgroup identified the following areas for improvement:
  - Increase information about community's health care system
  - Engage community leaders in improving health
  - Promote and adopt use of evidence-based clinical prevention services
- PHIP adopted the *Agenda for Change Action Plan* to respond to continuously changing economic and health care landscape by transforming the public health system through three approaches:
  - Foundational public health services
  - Strategic priorities
  - Transform business processes

Background, History and Context

Public Health Improvement Partnership (PHIP)

- 2013: Partnering with health care efforts reinvigorated to align with:
  - Governor Inslee's *Results Washington*
  - Secretary of Health's priorities
  - Priorities for improving health identified through community assessments by local health agencies and non profit hospitals
  - National efforts (ACA, Prevention Strategy, CDC's Winnable Battles, IOM's Primary Care and Public Health Integration)
- 2014: Public Health – Health Care Delivery System Partnership
  - Identify and recommend to the Secretaries of Department of Health and Health Care Authority actions on which the health care delivery and public health systems can collaborate to improve population health, improve individual outcomes, reduce costs and improve health equity

A Healthier Washington

The Five-Year Plan

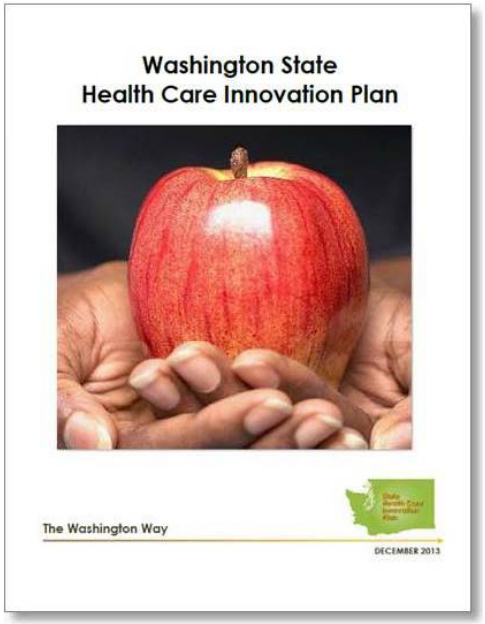
What the Innovation Plan Is/Isn't

Context

- Developed through a planning grant, not a testing grant
- Anticipated second-round of testing grants in early 2014

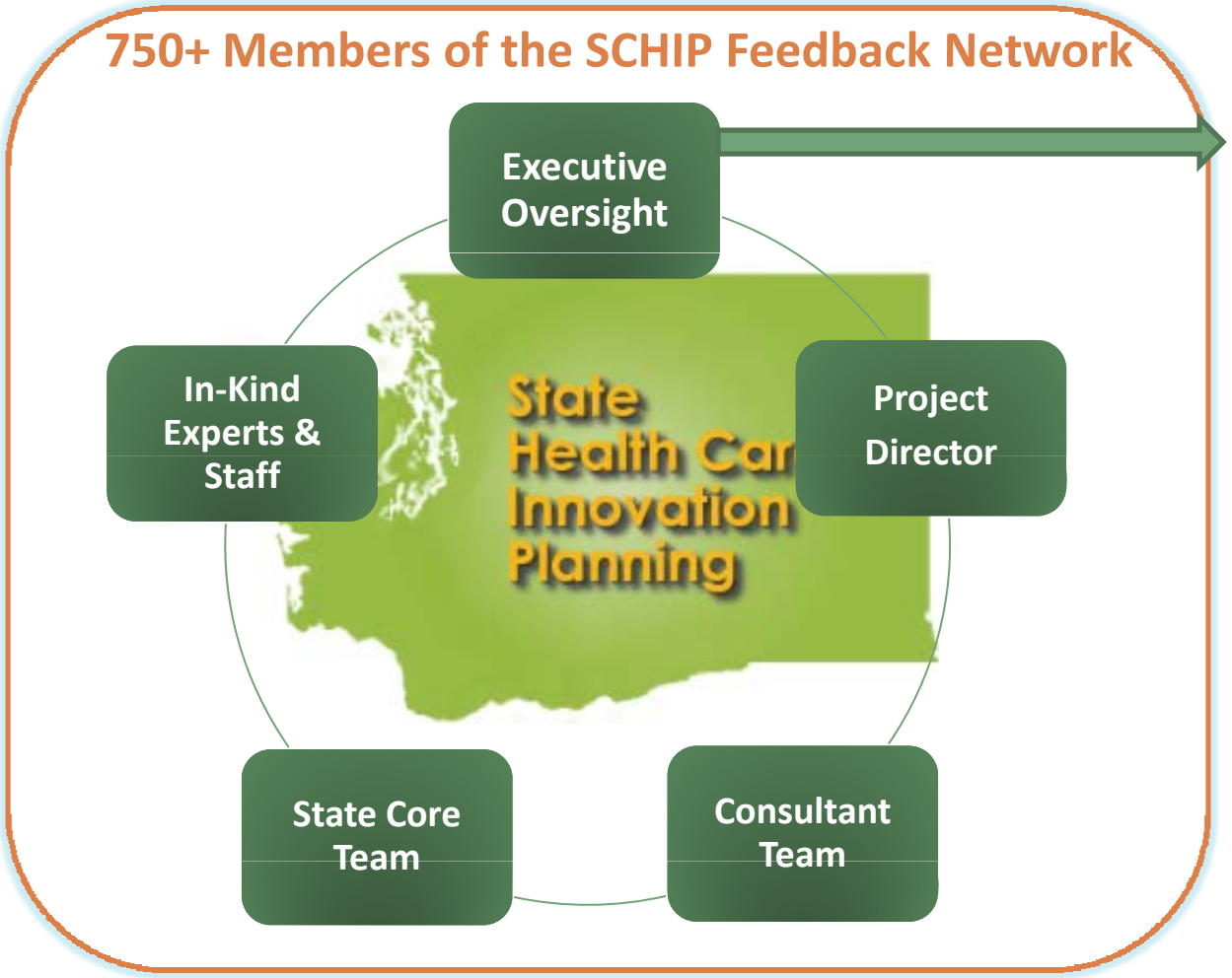
Developed Collaboratively

- Grant received in April 2013
- Extensive stakeholder engagement
- Draft plan released on October 31
- Feedback collected on the draft plan through November 15
- Document released December 19



The Plan is a beginning, not an end

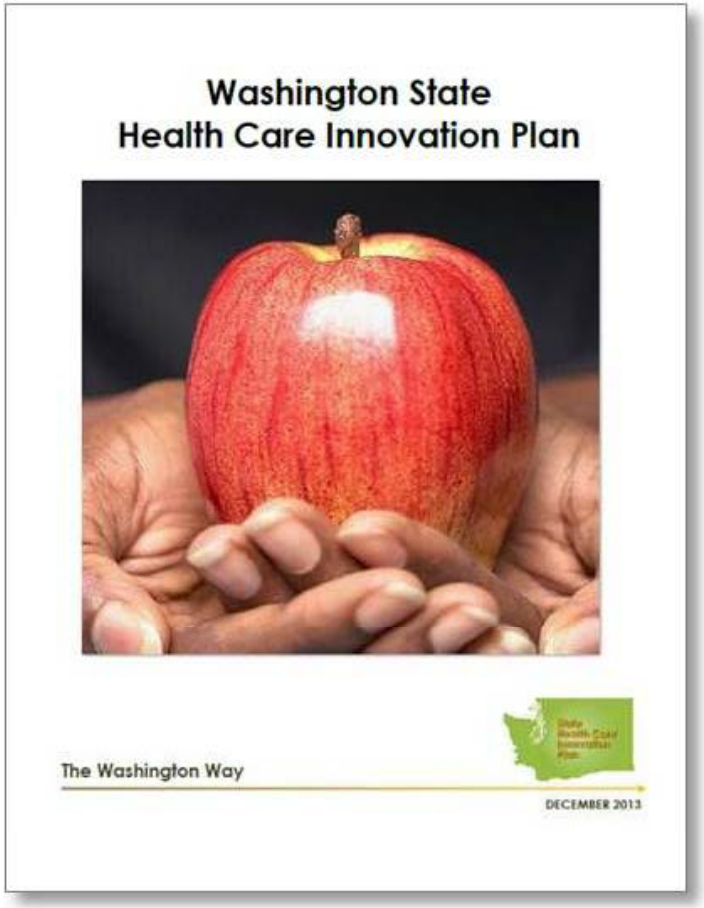
Governance and Roles



Executive Management Advisory Council

- Governor's Office
- Health Care Authority
- Department of Health
- Dept. Social and Health Services
- Office of Financial Management
- Office of Insurance Commissioner
- Health Benefit Exchange
- Department of Labor and Industries
- Department of Commerce
- Department of Early Learning
- Office of Superintendent and Public Instruction
- State Board of Community and Technical Colleges

What's In the Plan?



- SEVEN Essential Building Blocks
- THREE Core Strategies
- The building blocks and strategies work together to move innovation forward

What's In the Plan?

Three Strategies

- Drive value-based purchasing across the community, starting with the State as 'first mover'
- Build healthy communities and people through prevention and early mitigation of disease throughout the life course
- Improve chronic illness care through better integration of care and social supports, particularly for individuals with physical and behavioral health co-morbidities

What's In the Plan?

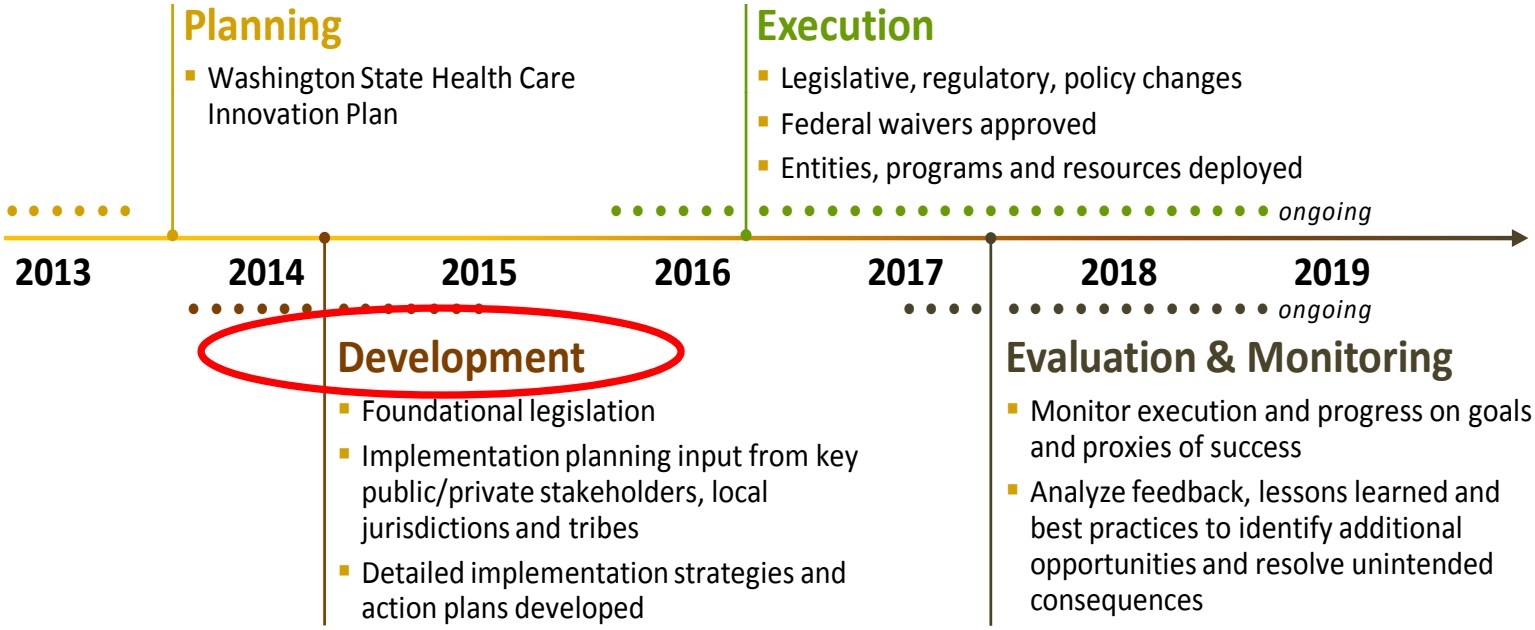
Seven Building Blocks

- Quality and price transparency
- Person and family engagement
- Regionalize transformation
- Create *Accountable Communities for Health* (ACHs)
- Leverage and align state data
- Practice transformation support
- Workforce capacity and flexibility

- Public Private Action Strategy developed in partnership with purchaser, payer and provider thought leaders with a primary focus on hospitals and ambulatory care settings
- A Prevention Framework will be a companion guide to help foster healthy communities and populations through interrelated state, regional and local strategies. Inform the State's Health in All Policies Approach at EMAC
- The two working actively together can drive Washington toward the triple aim

Roadmap for Health System Transformation

From planning to implementation…



- Tracking Governor requested legislation and budget request
- Continuation of Executive Management Advisory Council to guide development and implementation; will move forward with a Health in All Policies approach
- Planning for anticipated CMMI SIM Round 2 Grant
- Moving forward on a number of fronts, including building a Prevention Framework

Prevention Framework Scope

(Handout)

- Purpose
- Timeline
- Objectives
- Scope
  - What's In?
  - What's Out?
- Key Questions

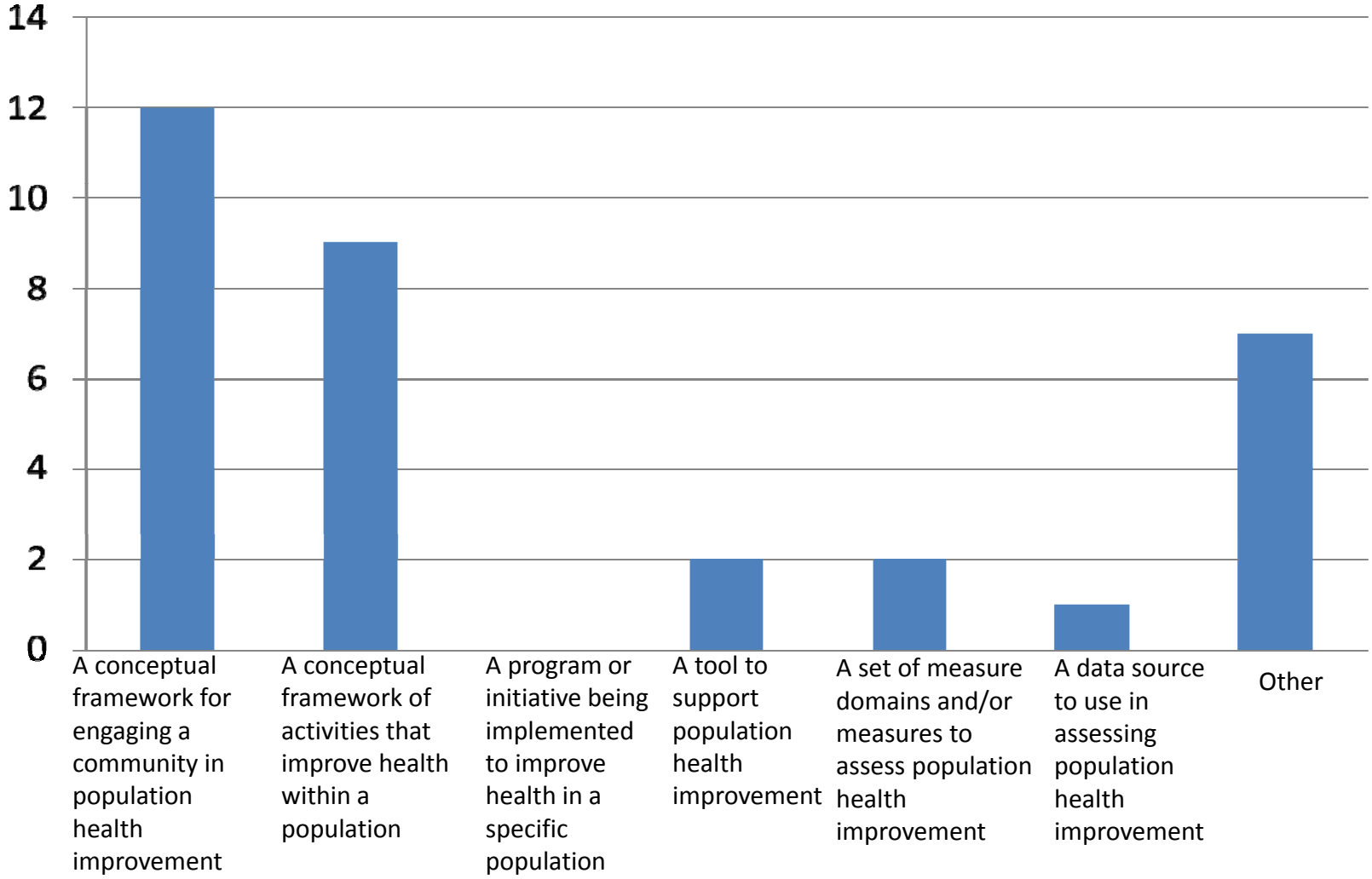
Getting Grounded in the Information to Inform Our Work

- Survey Results
- State Environmental Scan
  - State Strategic Plans
  - Community Benefit Summary
  - LHJ CHNA Summary
- State Data
  - Leading Cause of Death
- Decision-making Criteria
- Partnership Input

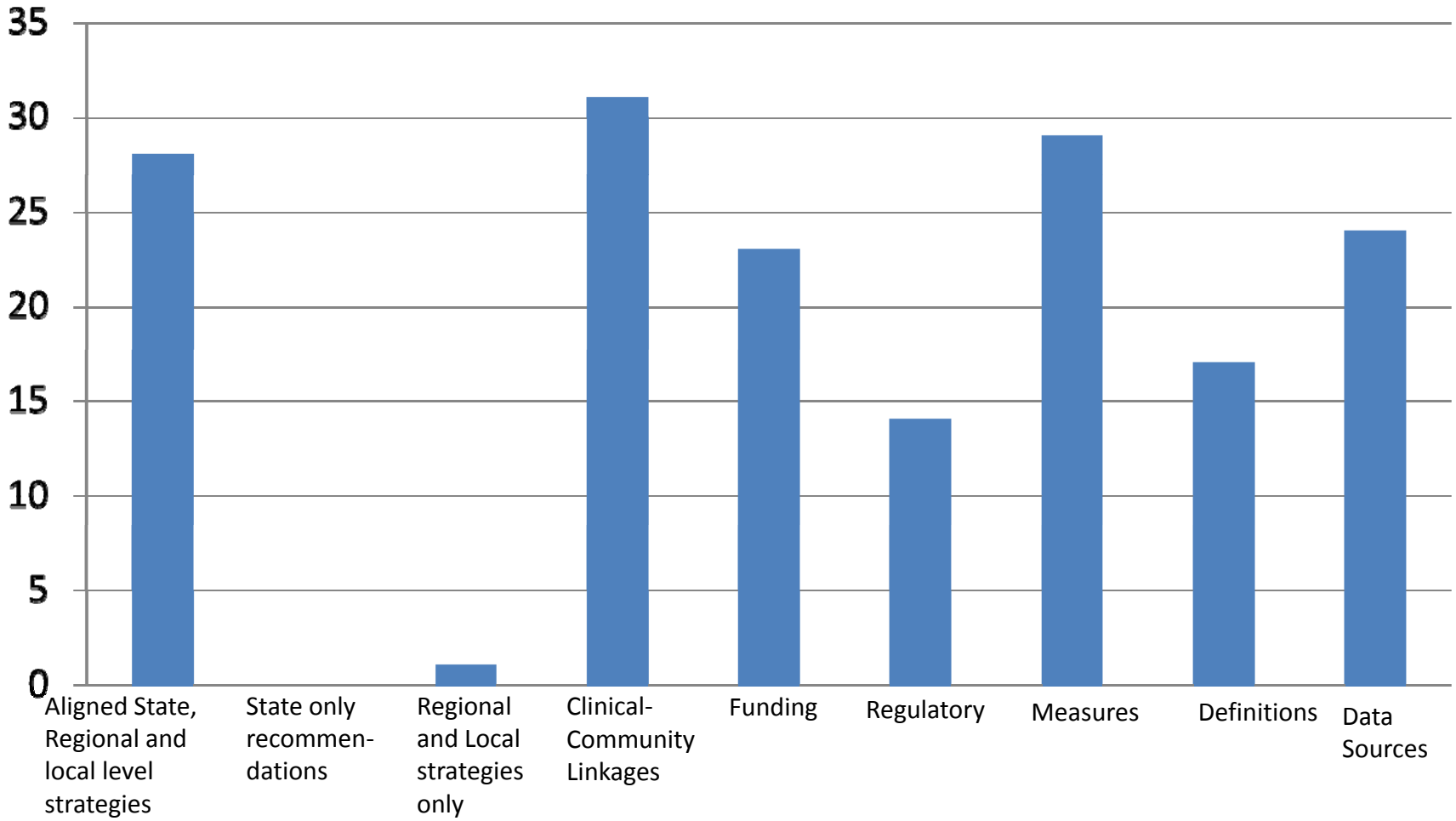
Review Survey

- Modeled after Puget Sound (Washington) Health Alliance process which developed Public-Private Action Strategy
- Survey is intended to inform and speed up the decision making process
- Survey is not based on science
- Total survey responses: 30 out of 39

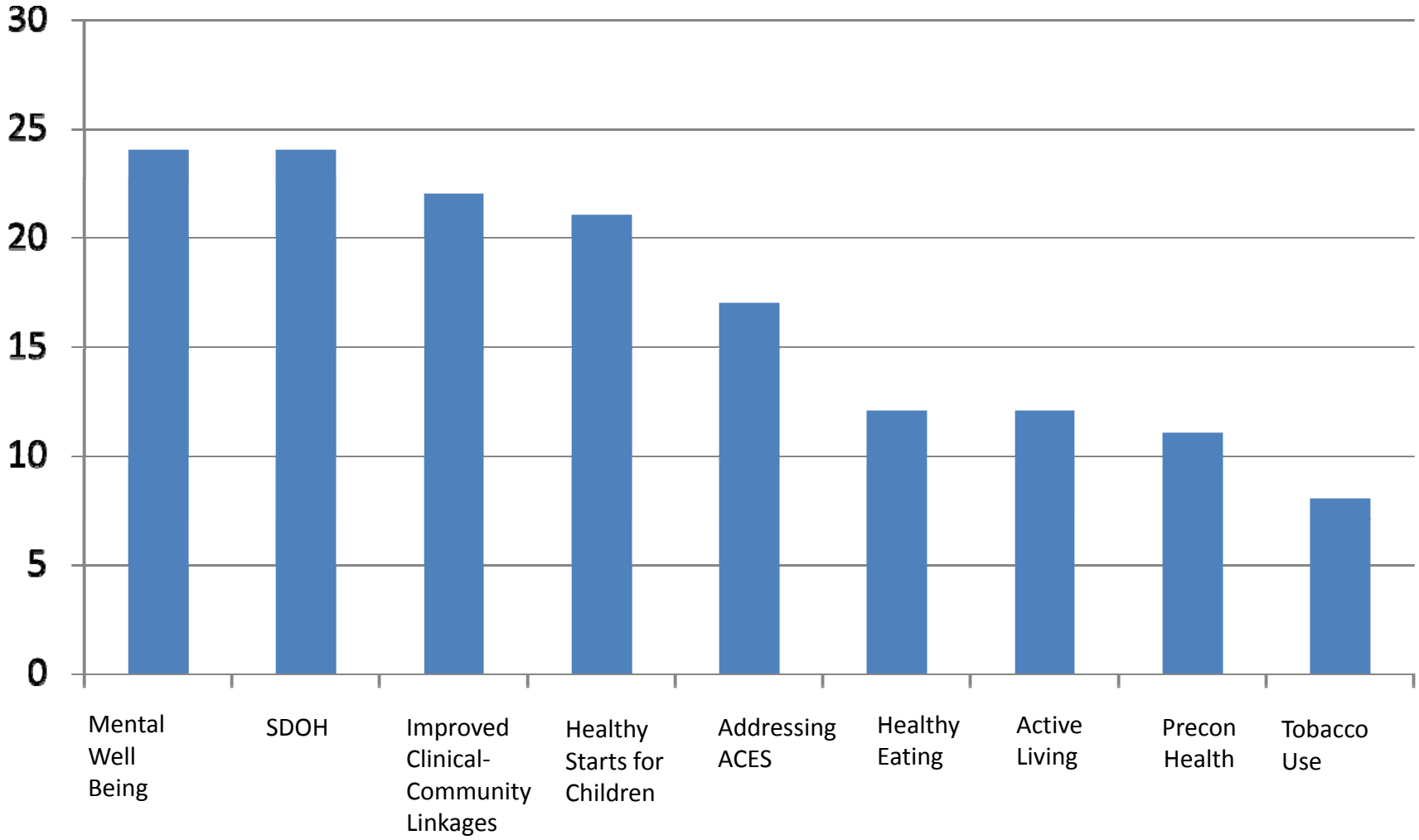
Which of these best describes what you think is the definition of a framework?



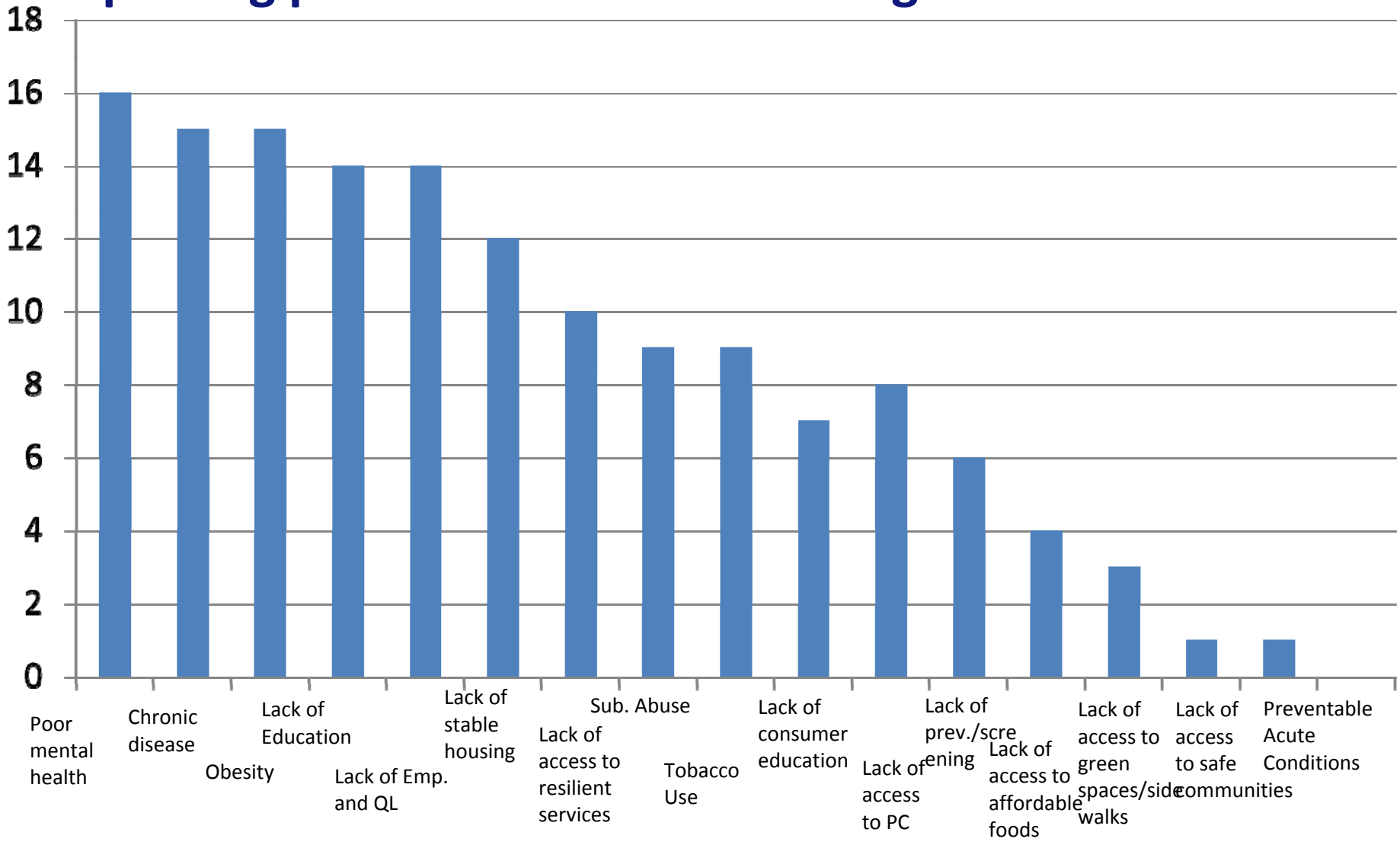
What components should be included in the Prevention Framework?



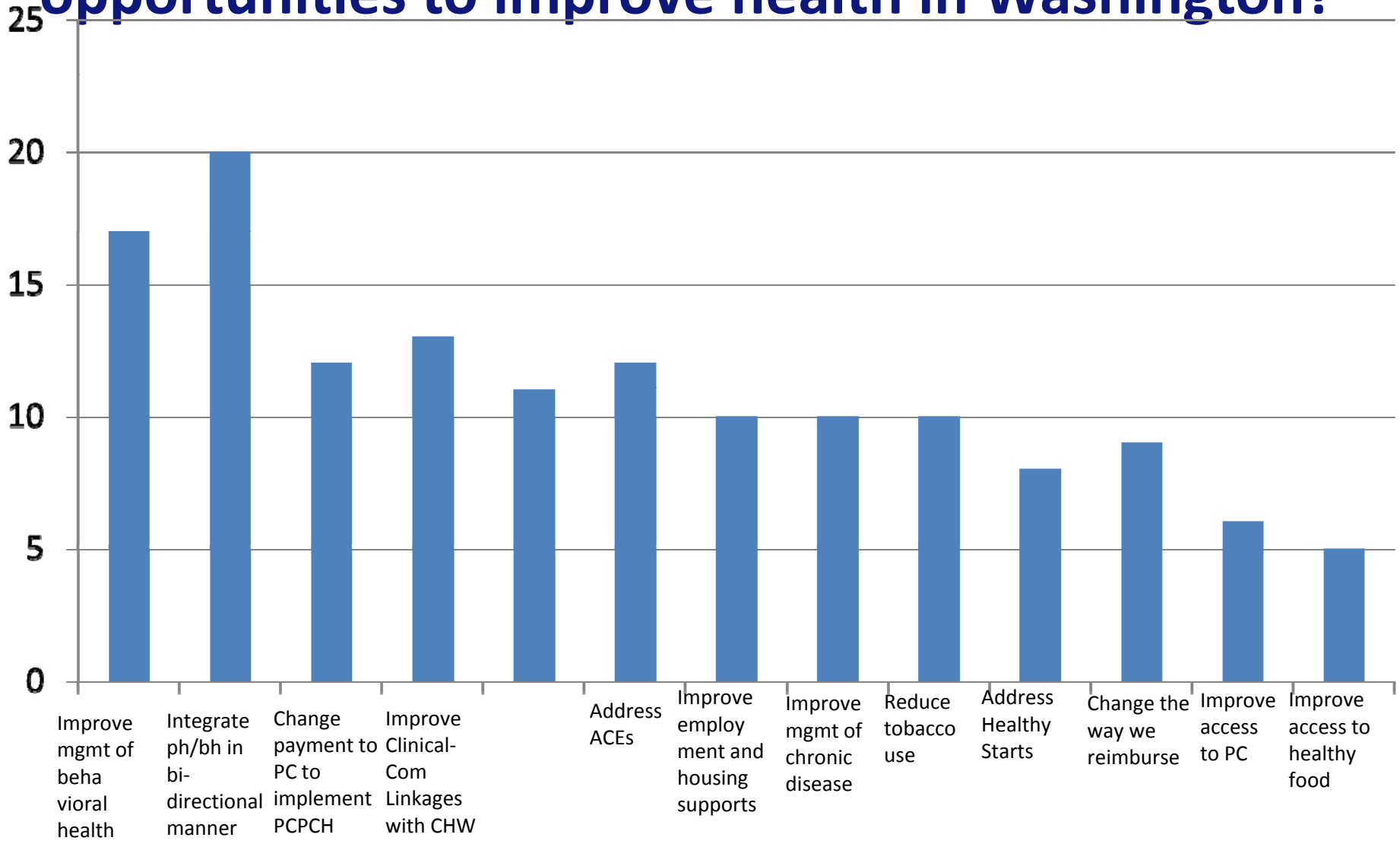
Of the following priorities, choose the top five to be addressed initially in the Prevention Framework



What do you believe are the biggest factors currently impacting poor health and increasing health care costs?



What do you believe are the biggest opportunities to improve health in Washington?



What are the barriers that inhibit success of health improvement priorities?

Overview of Comments

- Slow and difficult change at policy and regulatory level
- Lack of political will
- Fragmented administrative and funding mechanisms
- No mechanism for shared savings
- Lack of buy-in and collaboration across levels and sectors
- Lack of and/or wrong focus of funding
- Adverse incentives
- Health inequity
- Fear of change
- Health information exchange and use of data
- Lack of capacity/spread to thin
- Stigma of mental health and lack of education

What do we need to keep in mind to move this work forward?

- Focus, focus, focus
- You get what you pay for…
- Good to have early wins
- Balance between short term and long term activities
- Balance upstream and downstream efforts
- Building relationships and partnerships are important
- We can’t boil the ocean

Review of State Strategic Plans

(Handouts)

- High level summary and analysis of numerous state agency strategic plans
- A key concept within the SHCIP was to utilize the prevention framework to build on existing state plan efforts to align and leverage work
- As we move forward in the process there may be identification of other plans (national, state, regional)

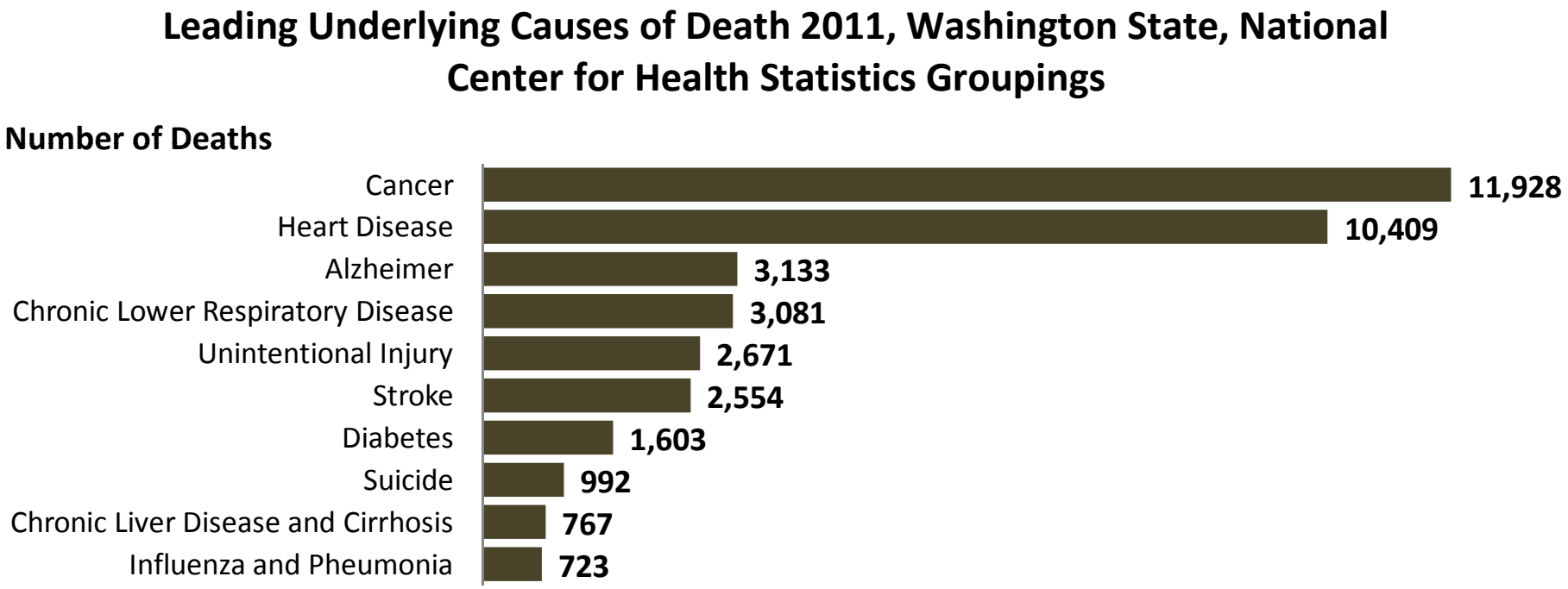
Non-Profit Hospital Community Benefit Assessments

• Access to care	38
• Behavioral health/substance abuse	23
• Chronic disease prevention	
o Obesity	19
o Chronic disease – diabetes/CVD	19
o Tobacco Prevention	5
• Health disparity	7
• Healthy eating/active living	
• Health promotion/education	9
• Pre-conception/perinatal	7

Local Public Health Departments Community Health Needs Assessment

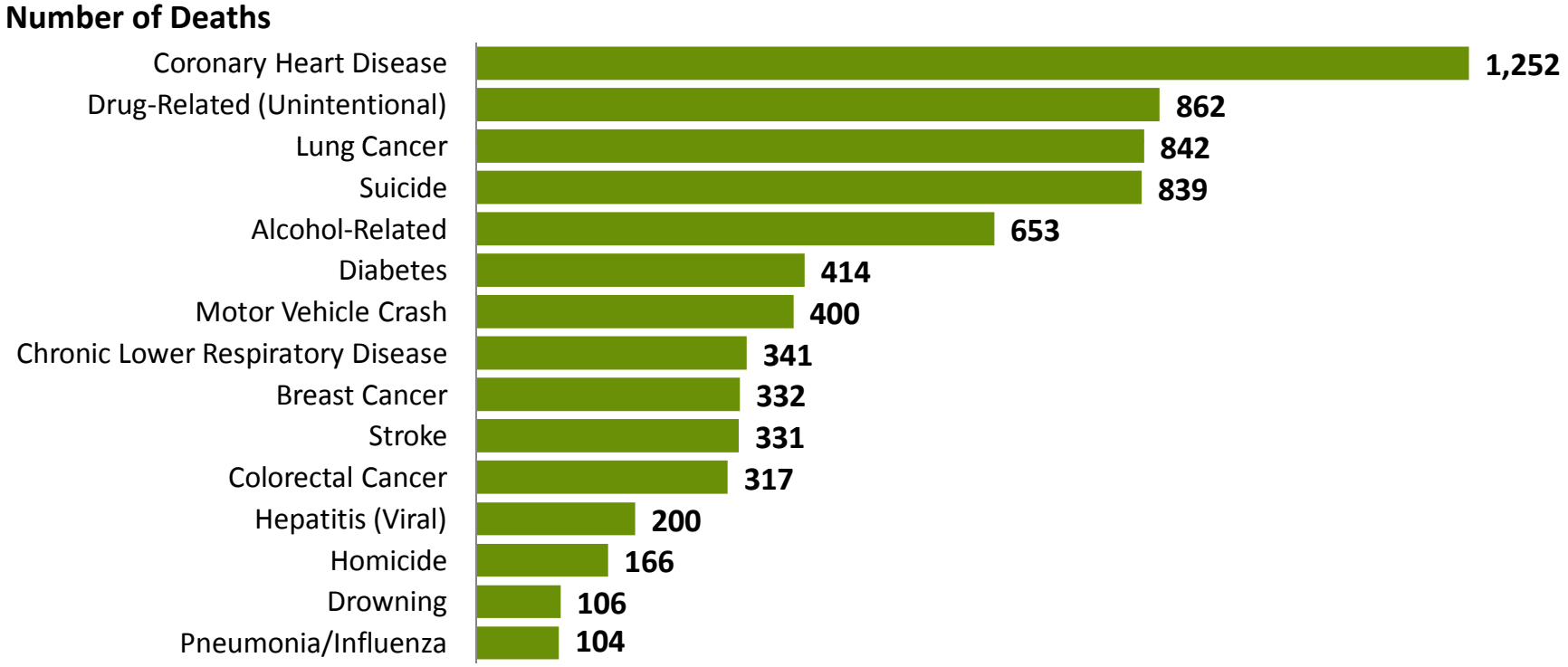
Priority Health Area	LHJs (N = 28)
Access to Care	
Access to care (incl dental)	10
Behavioral Health	
Behavioral Health –mental health substance abuse	9
Chronic disease prevention	
Obesity	1
Chronic disease including diabetes and cardiovascular disease	9
Tobacco Prevention	4
Health Promotion	
Healthy Eating Active Living /Health promotion/education	7
Healthy Starts	
Pre-conception/ perinatal/low birth weight babies	8
Health Disparity	
Health Disparity	5
Environmental Health	
Food Safety, Climate Change, Healthy Fish, water, air, general	10
Public Health Infrastructure	
PH Infrastructure (workforce, funding, technology)	11
Internal operations/Stakeholder Development	8
Transparency , accountability	8
Community Health Assessment and Implementation	7
Partnerships and Public Health Policy Development	13

State Data


Leading Underlying Causes of Death 2011, Washington State, National Center for Health Statistics Groupings
Number of Deaths
Cancer
11,928
Heart Disease
10,409
Alzheimer
3,133
Chronic Lower Respiratory Disease
3,081
Unintentional Injury
2,671
Stroke
2,554
Diabetes
1,603
Suicide
992
Chronic Liver Disease and Cirrhosis
767
Influenza and Pheumonia
723

State Data

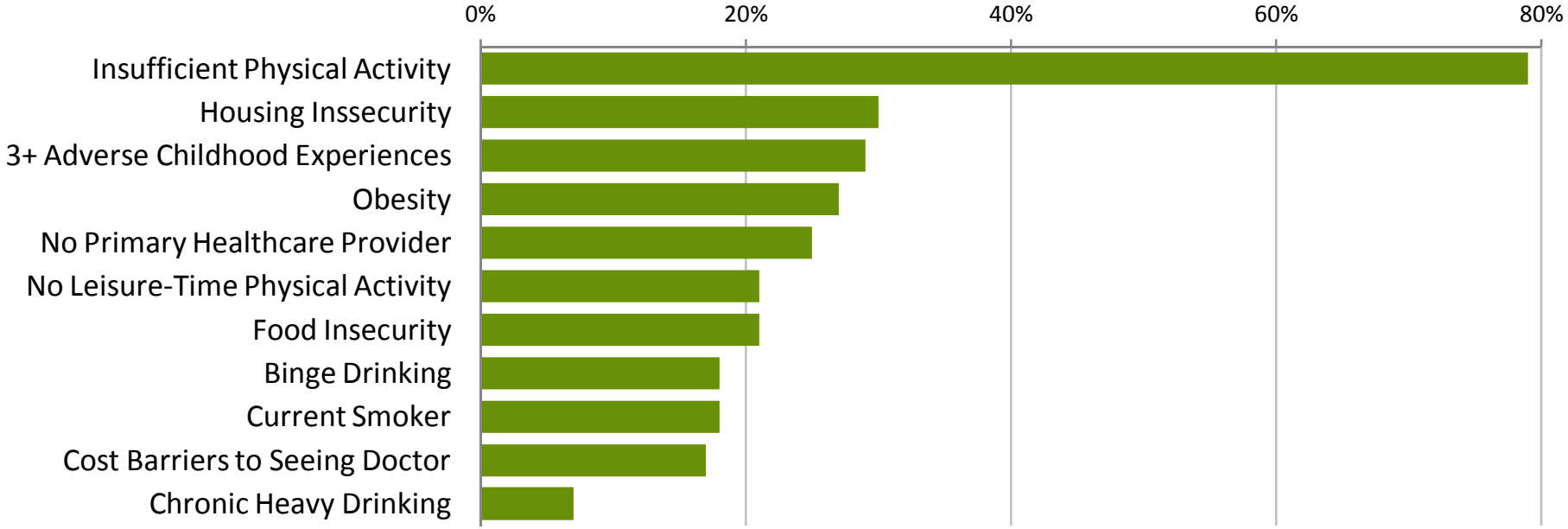
Leading Underlying Causes of Premature Death 2011, Washington State, Ages 0-64



DOH, CHARS Data

State Data

Important Risk Factors for Poor Health, 2011



Source: Washington Department of Health, Behavioral Risk Factor Surveillance System Data (BRFSS)

Discussion and Questions

Lunch Break

Stretch, Bio-Break, Grab Lunch

Return to seats

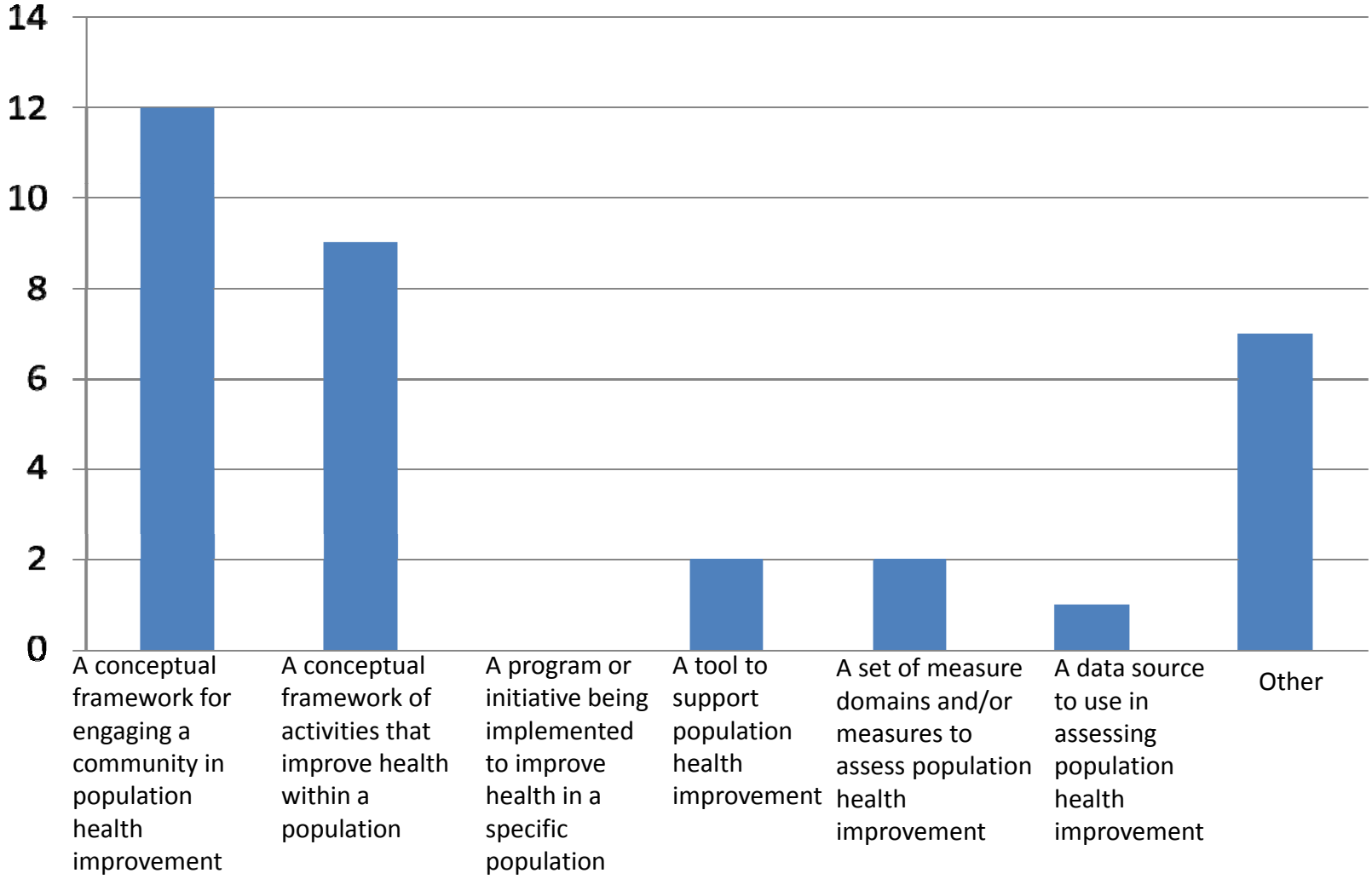
Framework Discussion

- Lots of national and other state activity reviewing and building frameworks
- Mental models
  - Re-review survey results
- Partnership members need to agree on Washington's Prevention Framework
  - Definition
  - Purpose
  - Components

National and Other State Frameworks

- NQF Initiative: Building a Community Action Guide
  - Reviewed 700 Frameworks and narrowed to 40 (including National Prevention Strategy, Health in All Policies Guide, Primary Care and Public Health: Exploring Integration to Improve Population Health, etc.)
  - Recognized the wealth of organizing structures, program examples and ideas, measure sets, tools, etc. could create white noise
  - Important to focus and prioritize
  - Opportunities to address 'what else is needed for success'
- Massachusetts
  - Prevention and Wellness Trust: Prevention and Wellness Advisory Board
  - Used fact sheet to inform ratings of potential for short term health care cost savings
- New York
- California
- Minnesota

Which of these best describes what you think is the definition of a framework?



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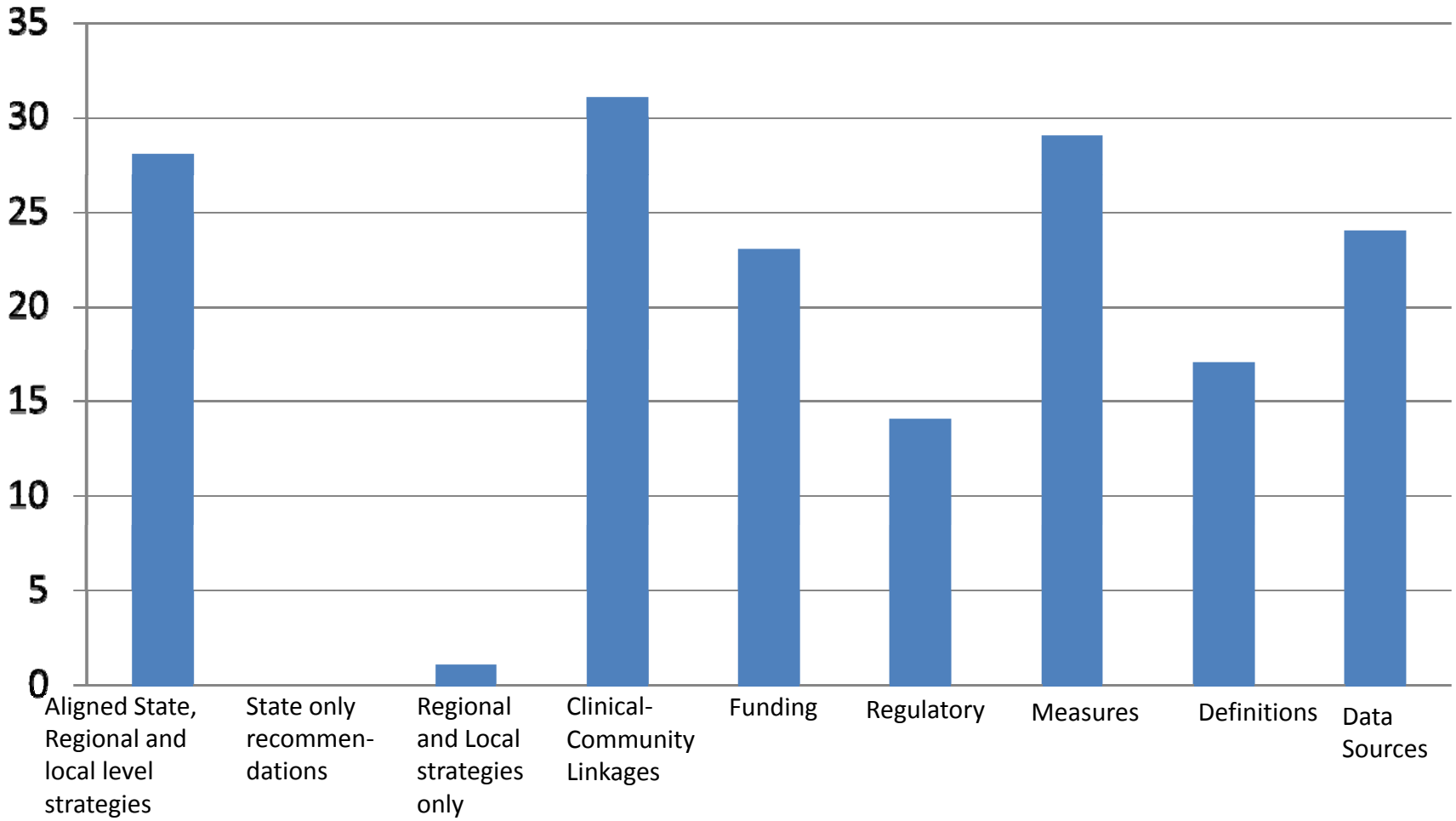
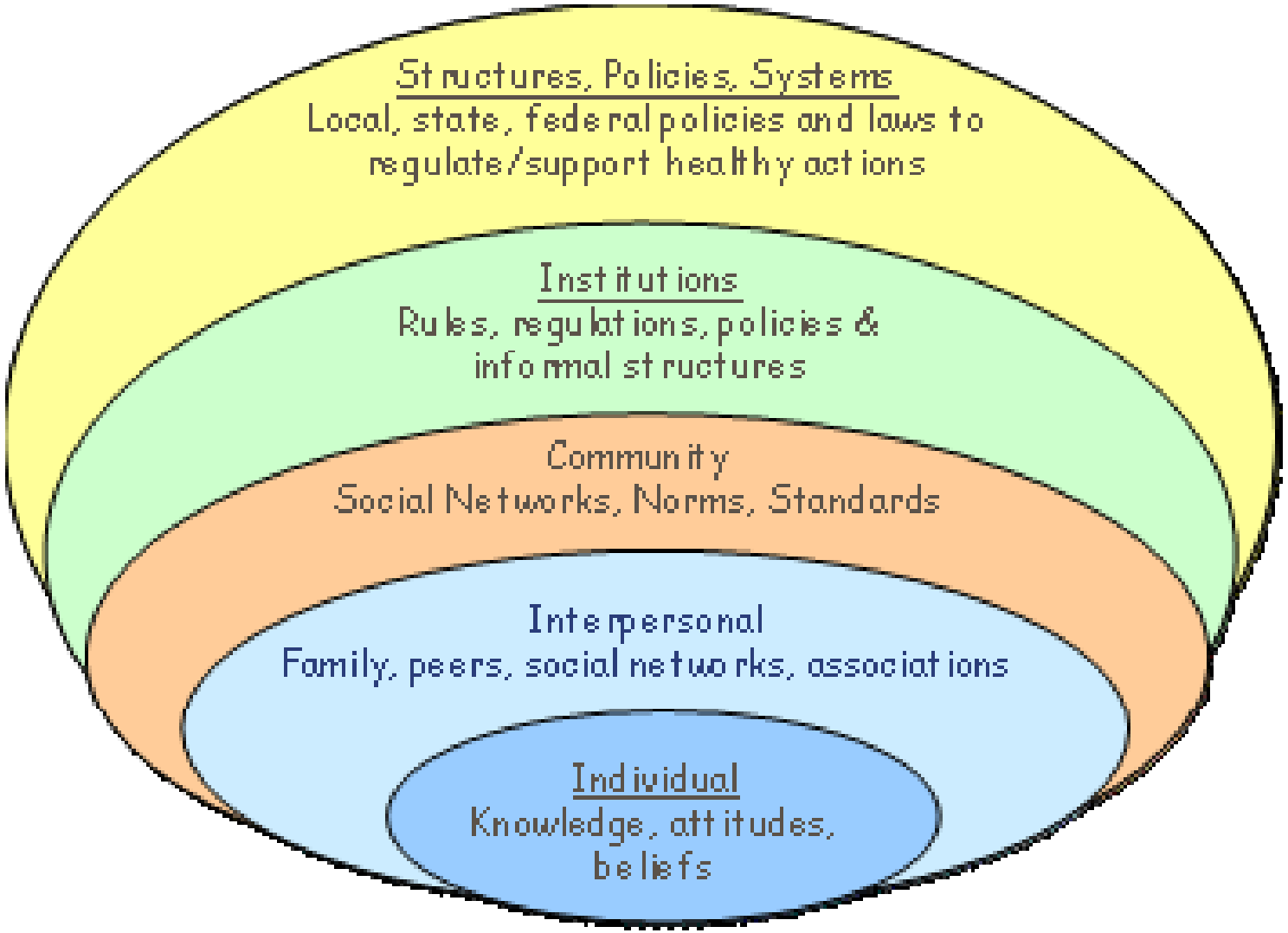




Levels of Influence in the Social Ecological Model

Large Group Discussion: Prevention Framework Template

Desired Outcome (Handout)

Gain agreement on Prevention Framework Template Components

- Review Draft Prevention Framework Template Handout
- Does the template of the prevention framework meet your needs?
- Are there components listed on the template that don't need to be included?
- Are there components that should be on the template that you are not seeing?

Break

Small Group Break-Out Discussion: Priority Focus Areas

Desired Objective

Identify initial 3-5 high impact priority areas for the Prevention Framework

- Go to assigned break-out room
- Review information and discuss priority areas
- Report out to full group
- Final decision

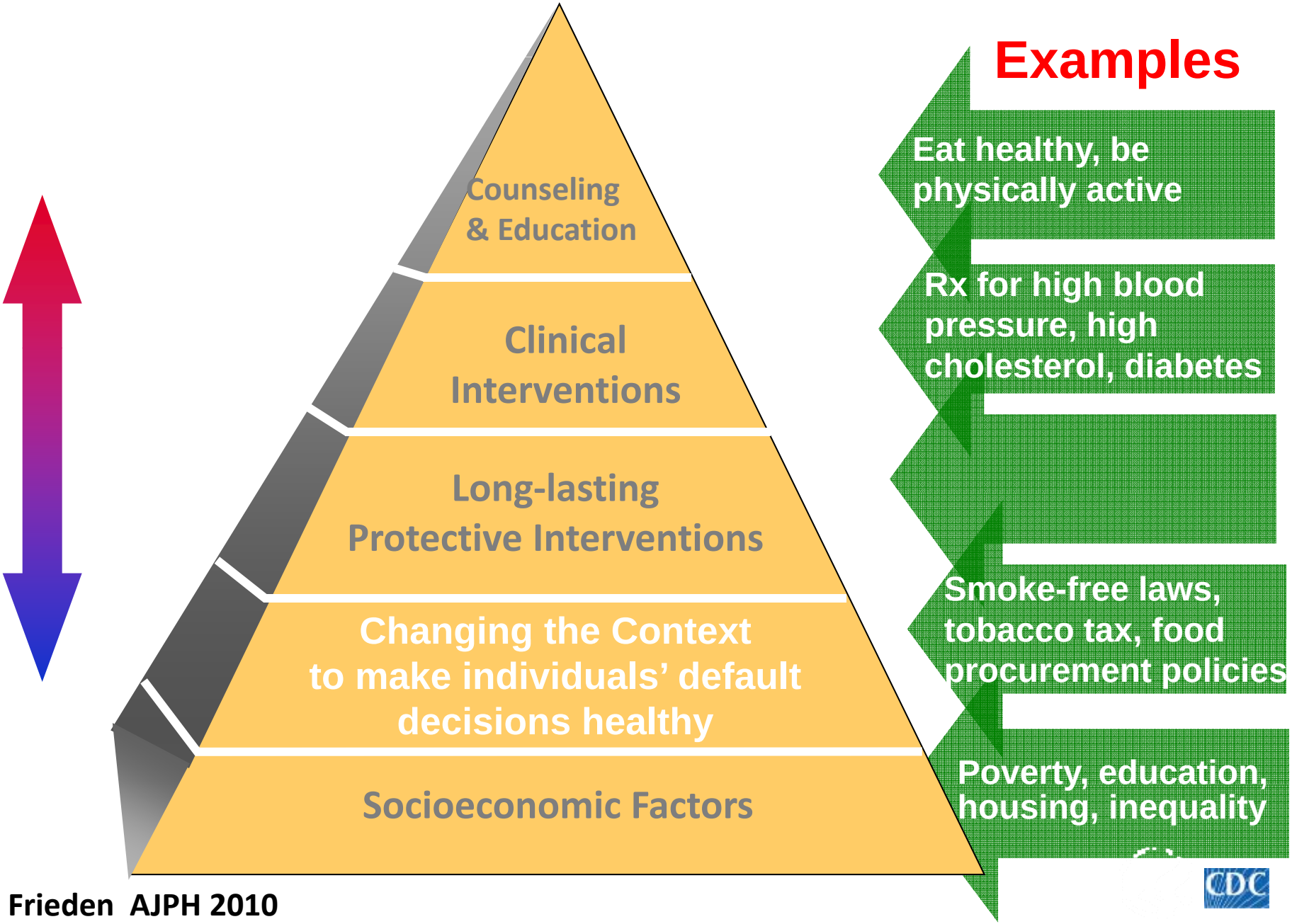
Next Steps

- Staff will revise documents to reflect discussion and decisions
- Staff will provide revised materials to partnership for review and comment
- Staff will send materials for group to review prior to March meeting
  - Tentatively, next meeting will cover principles and identify measures/measure concepts
- Partnership members engage constituency around topics discussed, get feedback, provide to staff
- Question: Is there ability to add more time to the next three meetings? (9:30 AM to 3:30 PM)

Closing

- Reminder: Next Meeting – Thursday, March 27
- Meeting evaluation: Plus/Delta
- Final Thoughts

Factors that Affect Health



Frieden AJPH 2010