

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

PUBLIC HEALTH - HEALTH CARE DELIVERY SYSTEM PARTNERSHIP

March 27, 2014 Meeting

PARTICIPANTS

<i>Co-Chairs</i>	Gary Goldbaum (Snohomish Health District); Bruce Gray (NWRPCA)
<i>Leads</i>	Sue Grinnell (DOH); Kat Latet (HCA)
<i>Members Present</i>	Ann Christian (WCMHC); Andrea Tull (Coordinated Care); Bill Rumpf (Mercy Housing NW); Bob Perna (WSMA); Christine Giber (WHBE); Doug Bowes (United Health Care); Erin Hafer (Community Health Plan); Jan Olmstead (AIHC); Janis Koch (Clark); Matt Canedy (Amerigroup); Ian Corbridge (WSHA); Scott Forslund (Premera Blue Cross); Sharon Beaudoin (WithinReach); Theresa Tamura (GHC); Melanie Gillespie (CHEF); Janna Wilson (Seattle-King); Joan Brewster (Grays Harbor); Kathie Olson (Molina Healthcare); Kyle Unland (Spokane); Thomas Trompeter (HealthPoint); Rebecca Cavanaugh (OSPI); Teresa Litton (WHA); Tom Martin (Lincoln Hospital); Tao Kwan-Gett (NWCPHP); Kristen West (Empire Health Foundation); Charissa Fotinos (HCA), Kathleen Clark (WCMHC); Drew Bouton, Karen Jensen, Janna Bardi, Maria Courogen, Jane Lee, Diana Ehri, Megan Davis (DOH)
<i>Facilitator</i>	Judy Hall (DOH)
<i>Guests</i>	Lena Nanchand (UW), Rebecca Burch (HCA)

DEFINITION AND PURPOSE FO THE PREVENTION FRAMEWORK

Comments

- Suggestion to add 'tribal' to partners list
- Much stronger, did a good job incorporating what we talked about and they are good
- One point to include is accountability, including that and action ability so it's not just something that looks pretty on the shelf
- Call out health equity more specifically. Triple Aim – some people like it and some people felt it was too medical. Incorporating all this into what is presented to the group.

Comment re Principles

- Fourth bullet point from the bottom, people need to be actively engaged in the process from the beginning or it will fail.

SUMMARY OF LARGE GROUP EXERCISE ON PRINCIPLES

- Agreement to consolidate and simplify
- Have fewer so we can remember them all
- Comments on wordings
- The notion of balance is important (short term and long term investments)
- Important point that this is more than health care
- Assure that tribal and sovereign nations are included.
- Understand the concept of silos, but do not like the word

GOALS AND OBJECTIVES (SMALL GROUP BREAKOUTS)

High level summary

- We can't make these goals without identifying some short-term outcomes.
- There may be winners and losers. To make systemic change may need to extend the timeline for success.
- The current system seems to award programs/systems that continue the status quo
- To get to the long term vision means some partners may not get what they need right away or next year. There could be changes that have short-term negative impacts but need to keep in mind the long-term gain, so system to address the short-term losers and *compensate for the hit*.
- This is a once in a generation opportunity, the juxtaposition between the urgency and not hurting anyone
- We will have to make it implicit somewhere that we talk about community interventions versus clinical interventions
- Vision Statement – goals are sort of aspirational, so maybe having a vision statement and the goal a little more concrete
- Reiterate a prevention framework doesn't focus on individuals, the framework is really about providing a community and environment for individuals to be healthy if they chose to be.
- Marketing standpoint, if we create the environment and people don't get healthy then we did it wrong. We can't force the individual, but we can queue it all up so they can make the decisions

GOALS AND OBJECTIVES (SMALL GROUP BREAKOUTS)

Small Group Report Back

Blue Group

Goal: Improve the health and wellbeing of every stage of life in all communities and all populations in Washington

Objective 1: Comfortable with the first objective except for the cost portion, is the cost portion all within our control? Is it about prevalence? Impact versus costs?

Objective 2: Like the old one

Objective 3: Foster healthy and safe community environments (policy is just one piece of it)

Comments: group thought the complex patients and access and care needed to be called out somewhere, something with linkages

Green Group

Goal: All Washingtonians live in communities that have policies, services and environments and systems to support their ability to be health.

Objectives: 1 and 2 are good, 3 Implement policies that create healthy physical and social environments that promote health and health equity

Orange Group

Goal: Increase the number of people in Washington that are healthy at all stages of life

Objective 1: To reduce the incidence and prevalence of preventable health conditions and reduce the impact of chronic conditions for people in WA.

Objective 2: To improve access to integrated systems

Objective 3: Enact policies and If we don't engage people in their health care and their communities we won't get where we want to get Washingtonians is kind of clunky and might not be the right word, people in Washington

Yellow Group

Made a logic model → wanted to make it general, picked option 3 with a note about sustainability and cost and community, three buckets to address → health, access and prevention, logic model goes from upstream to downstream interventions

WHAT WORKED IN THE MEETING?

- Thank you for strong facilitation, extraordinary work and mix on large group, small group, medium group
- Appreciate the nudge to get Homework in
- Richness of discussion with the structuring and work by Sue/Kat



WHAT COULD BE IMPROVED?

- Meeting Culture or Agreement – if you can't be at the meeting, except the decisions that were made in your absence

NEXT STEPS

- Revising the side-by-side document, so starting to read as what we are intending, people being reviewers, starting to become a work group
- DATA Subgroup – Tao and Janna volunteered
- Group agreement to add one more meeting for a total of five

Next meeting: April 21st, 9:30 am to 3:30 pm | DOH offices, Kent