

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

QUARTERLY MEETING

June 16, 2014

AGENDA

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Work Sessions

- ▣ State Health Improvement Plan
- ▣ Public Health - Health Care Delivery System Partnership
- ▣ Foundational Public Health Services

Updates

- ▣ 2013 Public Health Activities & Services Inventory
- ▣ Foundational Performance Set
- ▣ Performance & Accountability
- ▣ From the Partnership Co-Chairs

Open Mike

STATE HEALTH IMPROVEMENT PLAN (SHIP)

*A plan for improving
people's health in Washington State*

WHAT IS SHIP

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- ▣ Planning process to identify 2 or 3 key public health issues
- ▣ To champion together with our partners to improve health
- ▣ Based on current assessments and improvement plans/initiatives
- ▣ Visionary – upstream
- ▣ What we do now determines tomorrow's health outcomes (10, 15, 20 years down the road)
- ▣ Due December 2014

WHY NOW, ESPECIALLY WHEN WE HAVE MANY OTHER PLANS?

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- ▣ The SHIP **builds** on
 - Many LHJ – CHAs and CHIPs
 - 42 non profit hospital CHNAs
 - Agenda for Change
 - Other statewide planning efforts, including State Health Care Innovation Plan (SHCIP), Essentials for Childhood, Healthy Communities (DOH), Healthy Communities: The Journey Forward (AIHC)
 - Governor Inslee's *Results Washington*
 - National efforts (RWJF, CDC, etc.)
- ▣ Sets course for **A Culture of Health**

PRIORITY 1

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Invest in the health and well-being of our youngest children and families

- ▣ Healthy relationships
- ▣ Healthy weight
- ▣ Healthy development (readiness to learn)

PRIORITY 2

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Support development of healthy neighborhoods and communities

- ▣ Community safety
- ▣ Quality housing
- ▣ Health promoting community structures

PRIORITY 3

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Broaden health care to promote health outside the medical system

- ▣ From the PHIP Public Health – Health Care Delivery System Partnership
- ▣ Objectives from the Prevention Framework
 - By December 31st, 2018, Washington State will increase the number of people who receive evidence based preventive services that lead to a reduction in preventable health conditions.
 - By December 31st, 2018, Washington State will increase the number of people with better physical and behavioral health outcomes by engaging individuals, families, and communities in a responsive system that supports social and health needs.
 - By December 31st, 2018, Washington State will increase the number of communities with improved social and physical environments that encourage healthy behaviors, promote health and health equity.
 - By December 31st, 2018, Washington State will increase the number of integrated efforts between public health, health care and systems which influence social determinants of health that lower costs, improve health, improve the experience of care and contribute to the evidence base.

SHIP NEXT STEPS

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Engagement plan July - September

- ▣ Share with partners: WSALPHO, SBOH, AIHC, WSPHA, WSHA, etc.
- ▣ Input on refined focus areas and measures
 - Assessment work, plans, data sources, etc.
- ▣ SHIP web pages
- ▣ Webinars
- ▣ LHJ/Tribal leaders meeting (September 19)
- ▣ WSPHA Annual Meeting presentation/discussion (October)

PUBLIC HEALTH – HEALTH CARE DELIVERY SYSTEM PARTNERSHIP

*Bridging the divide between
public health and the health care delivery system*

WORK TRAJECTORY

- By July 2014, the workgroup will:
 - Recommend community health and health care delivery improvement strategies that build healthy communities
 - Advise EMAC—the guiding governing body for the State Health Care Innovation Plan—on opportunities to shape and align policies and actions that foster and support healthy communities
 - Propose a companion guide to the *Public-Private Action Strategy* developed for the State Health Care Innovation Plan

PREVENTION FRAMEWORK

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Definition

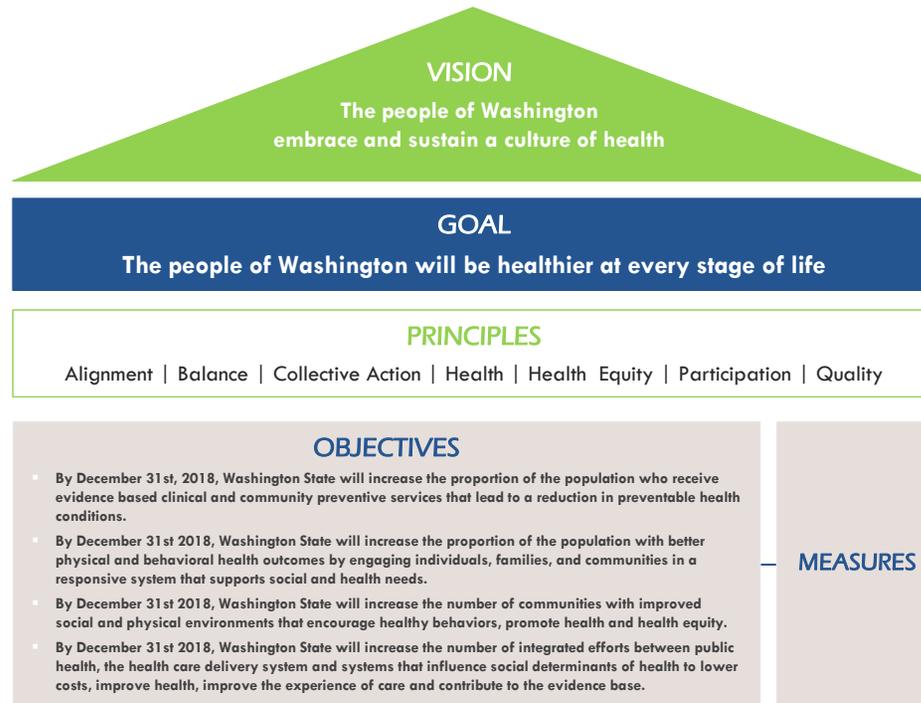
- ▣ The Washington State Prevention Framework is the blueprint for state, regional and local partners to drive population health improvement. The framework contains interlinked goals, objectives, measures, strategies and recommendations guided by a set of principles.

Purpose

- ▣ The Prevention Framework will improve the health of Washingtonians through intentional linkages between the public health system, health services delivery system and those systems that influence the social determinants of health

Washington Prevention Framework

Improve the health of Washingtonians through intentional linkages between public health, health service delivery, and systems influencing the social determinants of health



STATE HEALTH CARE
INNOVATION PLAN

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

FOUNDATIONAL BUILDING BLOCKS

SHCIP Building Blocks		Prevention/Population Health Enhancements
1	Build a culture of robust quality and price transparency	<ul style="list-style-type: none"> • Recommendations for prevention performance measures. • Price and quality data will be available at an ACH level • ACH will be held accountable for improvement of population health • Performance management system should encompass an overall eye to improving population health • PCMH recognition
2	Activate and engage individuals and families in their health and health care	<ul style="list-style-type: none"> • Assure strategies are evidence based and culturally appropriate • Utilize motivational interviewing in engagement • Make sure efforts are place based and within community settings • Build and support a statewide health literacy campaign • Utilize flexible payment methods • PCMH recognition • Shared decision making aids aligned with Prevention Framework
3	Regionalize transformation efforts	<ul style="list-style-type: none"> • EMAC agency members commit to alignment • Local needs will be tied to the risk bearing entity contracts • Use regional approach to better elevate effective local best practices
4	Create Accountable Communities of Health	<ul style="list-style-type: none"> • Utilize flexible payment methods • Incentivize addressing priority Prevention Framework items • Use a Health in All Policies approach across state agencies and communities

FOUNDATIONAL BUILDING BLOCKS

SHCIP Building Blocks		Prevention/Population Health Enhancements
5	Leverage and align state data capabilities	<ul style="list-style-type: none"> • EMAC utilizes data to align resources, data and efforts • Include measures relevant to the prevention framework priority areas • Develop clinical data repository enabling clinical community linkages • Adopt non-medical risk factors mechanism for clinical systems to assess • Fund BRFSS sufficiently to enable better tracking of population health
6	Provide practice transformation support	<ul style="list-style-type: none"> • Create a Washington Transformation Support Regional Extension Service • The RES serve as a backbone support structure for additional transformation efforts • CHNA, community based policies • Data and analytics • The Community Health Teams prioritize population health improvements
7	Increase workforce capacity and flexibility	<ul style="list-style-type: none"> • Utilize flexible payment methods • CHW will be an essential part of the community health team • Prioritize development of CHW • Increased training and understanding of population health included in academic medical schools

OBJECTIVES

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STRATEGIES

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1. Reorient health and other systems to improve health, quality, reduce cost and improve experiences for both people and providers
2. Align funding and resources to incentivize prevention and health improvement
3. Foster and engage people, communities and systems in health promotion activities that enable them to exercise control over their health and environments

PRIORITY FOCUS

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Prevention and management of chronic disease and behavioral health issues

Initial Focus Areas:

- ▣ Cardiovascular disease and diabetes
- ▣ Healthy eating, active living, tobacco free living and obesity prevention
- ▣ Mental illness, substance abuse/use (opioids)
- ▣ Trauma informed practices (e.g., ACES)

FOUNDATIONAL PUBLIC HEALTH SERVICES (FPHS)

*Securing stable funding for
a uniform set of basic services statewide*

TECHNICAL UPDATE

FPHS Cost Estimate, Current Spending Estimate, and Estimated Gap by Program (2013 \$)

Program	Service Delivery	(1)	(2)	(3)	(4)		(5)
		FPHS Cost Estimate	FPHS Current Spending Estimate	Preliminary FPHS Gap	FPHS Gap Adjustments (a) Exclude LHJs without gaps	(b) Exclude Inappropriate Revenue	Estimated FPHS Gap
Foundational	DOH	\$ 27.8 M	\$ 26.2 M	\$ 1.6 M	-	\$ 0.0 M	\$ 1.6 M
Capabilities	LHJs	\$ 47.9 M	\$ 36.3 M	\$ 11.6 M	\$ 1.6 M	\$ 1.9 M	\$ 15.1 M
Environmental	DOH	\$ 35.2 M	\$ 30.3 M	\$ 4.9 M	-	\$ 0.0 M	\$ 4.9 M
Public Health	LHJs	\$ 69.5 M	\$ 64.6 M	\$ 4.8 M	\$ 7.8 M	\$ 0.0 M	\$ 12.6 M
Communicable	DOH	\$ 9.0 M	\$ 5.0 M	\$ 4.0 M	-	\$ 0.0 M	\$ 4.0 M
Disease	LHJs	\$ 24.8 M	\$ 19.4 M	\$ 5.4 M	\$ 0.9 M	\$ 0.8 M	\$ 7.1 M
Chronic Disease & Injury Prev.	DOH	\$ 27.9 M	\$ 8.7 M	\$ 19.2 M	-	\$ 0.0 M	\$ 19.2 M
	LHJs	\$ 40.3 M	\$ 6.8 M	\$ 33.4 M	\$ 0.0 M	\$ 0.0 M	\$ 33.4 M
Access/Linkage to Clinical Health Care ⁶	DOH	\$ 62.1 M	\$ 62.1 M	\$ 0.0 M	-	\$ 0.0 M	\$ 0.0 M
	LHJs	\$ 3.4 M	\$ 0.0 M	\$ 3.4 M	\$ 0.0 M	\$ 0.0 M	\$ 3.4 M
Maternal/ Child/ Family Health	DOH	\$ 13.8 M	\$ 9.0 M	\$ 4.7 M	-	\$ 0.0 M	\$ 4.7 M
	LHJs	\$ 11.4 M	\$ 9.4 M	\$ 2.0 M	\$ 2.0 M	\$ 2.1 M	\$ 6.0 M
Vital Records	DOH	\$ 3.6 M	\$ 3.6 M	\$ 0.0 M	-	\$ 0.0 M	\$ 0.0 M
	LHJs	\$ 3.5 M	\$ 4.4 M	(\$ 0.9 M)	\$ 1.2 M	\$ 0.0 M	\$ 0.3 M
Laboratory ⁷	DOH	-	\$ 12.6 M	(\$ 12.6 M)	-	\$ 0.0 M	(\$ 12.6 M)
	LHJs	-	-	-	-	-	-
DOH Total		\$ 179.4 M	\$ 157.6 M	\$ 21.8 M	\$ 0.0 M	\$ 0.0 M	\$ 21.8 M
LHJ Total		\$ 200.8 M	\$ 141.0 M	\$ 59.8 M	\$ 13.4 M	\$ 4.8 M	\$ 78.0 M
Total Statewide		\$ 380.2 M	\$ 298.5 M	\$ 81.6 M	\$ 13.4 M	\$ 4.8 M	\$ 99.9 M

NEW EMERGING PUBLIC HEALTH ROLES

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Additional Technical Analysis

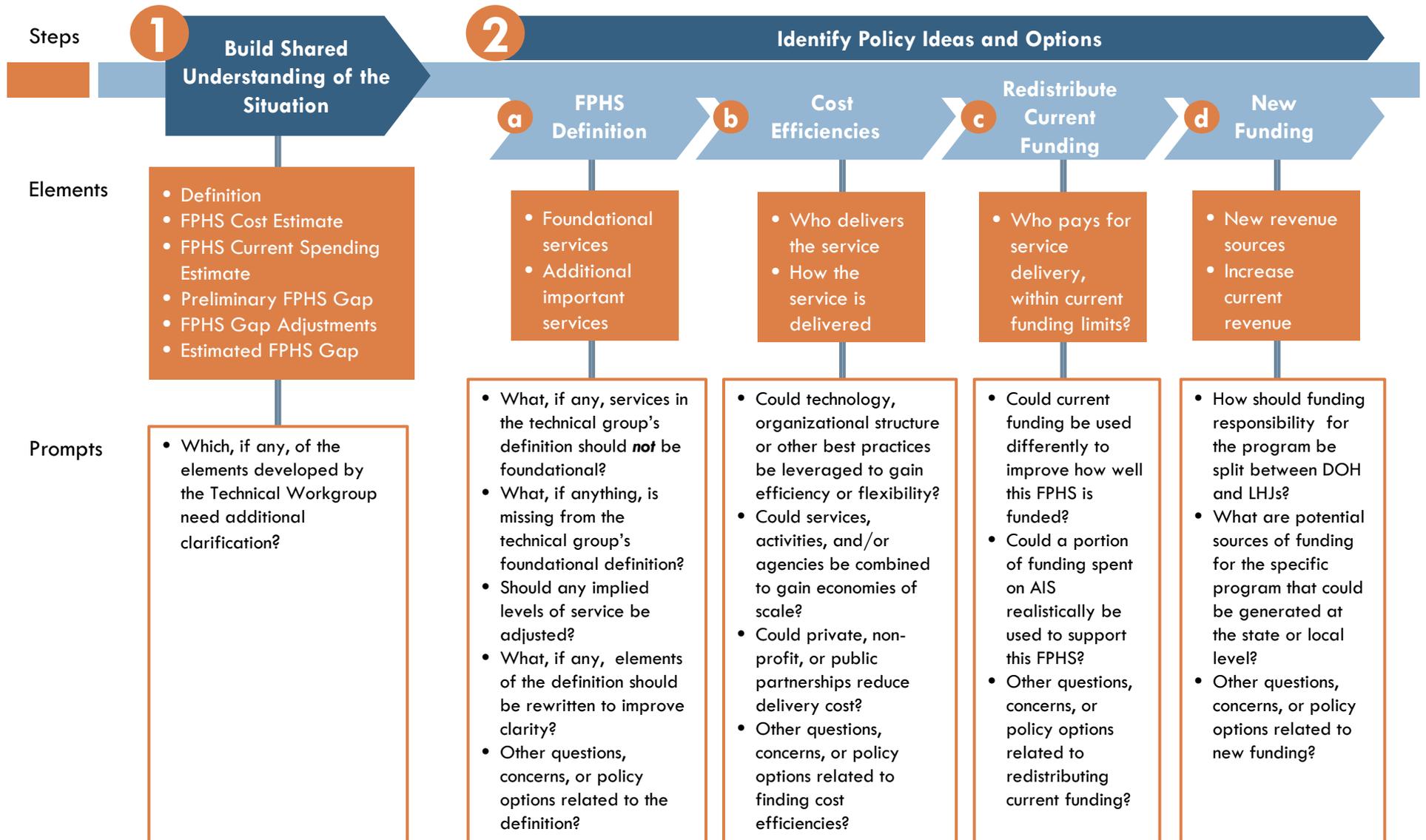
1. Affordable Care Act (ACA), State Health Care Innovation Plan (SHCIP), Accountable Communities of Care (ACC), Public Health – Health Care Delivery System Partnership (PHIP), etc.
2. Adverse Childhood Experiences, trauma informed services, etc.
3. Tribal populations and services

POLICY UPDATE

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- ▣ FPHS Policy Workgroup is to propose governance and financing solutions that ensure appropriate funding for FPHS statewide. May include:
 1. Identify a reasonable share of state and local responsibility
 2. Re-prioritize or reallocate current state and local funding
 3. Identify additional or other governance/organizing or shared services principles and options for the delivery FPHS
 4. New funding options
 5. Some combination of the above or other

OPPORTUNITIES FOR POLICY ACTION



UPDATES

PUBLIC HEALTH ACTIVITIES & SERVICES

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- ▣ The 2013 Public Health Activities & Services Annual Inventory is under way...
- ▣ The 2013 data will be available online by end of September

Thank you for participating!

FOUNDATIONAL PERFORMANCE SET

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- A subgroup of the Public Health Standards Workgroup has developed a set of measures to determine whether each LHJ is delivering the Foundational Capabilities and Services
- The set includes measures for each element of the Foundational Public Health Services which answer two questions – does this LHJ provide the service and if so, how well is it done?
- The **Foundational Performance Set** aligns as far as possible with the Foundational Public Health Services, with the PHAB standards, the public health activities and services, local public health indicators and other program performance measures
- The draft set is ready to test this fall with a few volunteer LHJs

PERFORMANCE & ACCOUNTABILITY WORKGROUP

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Purpose

- ▣ To ensure the systems are in place to measure the effectiveness and efficiency of our public health work

Scope

- ▣ Evaluate the current performance management systems to determine whether we have the right systems in place to measure the results of our work (local public health indicators, activities and services inventory, etc.)
- ▣ Identify the performance management systems that are needed to measure the performance of Partnership initiatives
- ▣ Provide metrics of the State Health Improvement Plan

UPDATES FROM THE PARTNERSHIP CO-CHAIRS

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- ▣ Whatcom County PHAB visit
- ▣ DOH Strategic Plan

OPEN MIKE

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PLEASE ADD YOUR THOUGHTS

(limit to 3 minutes)

NEXT STEPS

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- ▣ Quick meeting evaluation
- ▣ Next meeting
 - September 15, 2014
DOH Offices in Kent