

Healthier WA Plan for Improving Population Health External Advisory Group

March 29, 2016, Meeting Notes

Attending: Gary Goldbaum, Alison Carl White, Barry Kling, Danette York, Glenn Puckett, Ian Corbridge, Kat Latet, Katie Eilers, Laura Johnson, Marguerite Ro; by phone: Brian Seppi, Tizzy Bennett, Molly Haynes, Stan Ledington, Tracy Hilliard; DOH: Janna Bardi, Kathleen Clark, Marilyn Dold

Topic	Notes	Outcome/next steps
Introductions, Overview	<ul style="list-style-type: none"> - Gary/Kathleen/Marilyn - welcomed group, re-visited Advisory's purpose - Janna - DOH supports project, looks to Plan to help guide investments to communities; noted 55% of funds out to communities from DOH flow through Prevention and Community Health. 	
Draft visual	<ul style="list-style-type: none"> - Reviewed draft visual of P4IPH and related committees/entities/initiatives - Noted entities missing, recommended redesign to illustrate movement and connection, add hyperlink/pages for Prevention Framework/HW 	DOH revise draft to incorporate suggestions, send to members for review
Small Work Group follow-up	<p>Summary – highlighted themes, principles, key actions, local examples identified by small groups – organized as model for improvement. Themes: early wins, upstream, mutual benefit, mutli-faceted, prioritize prevention, incentivize, capitalize where there is momentum. Principles: Assess and prioritize, engage the community, assure sustainable infrastructure, use data to guide, meet the community's need, tell the story.</p> <p>Interactive session - key points included:</p> <ul style="list-style-type: none"> - Add: robust public health as key action - Make sure we have key strategies around Prev. Fr. objectives - Final product must be usable – recipe-like - Look at NQF framework (10 steps) - Not easy to get agreement at “500 ft. vs. 30,000 ft.” - Think of “phone cord” cycle through principles/activities - Construct is high-level – need to get to areas of focus - Need political will and resources; “collaboration isn’t free” - Need to align current work and resources 	<p>-Members review National Quality Forum (NQF) population health framework http://www.qualityforum.org/Publications/2014/07/improving_pop_health_guide-1.aspx</p> <p>-DOH refine summary to incorporate input</p> <p>- Next meeting- focus on the “how” of the 4 Prev. Framework objectives, incorporate into model</p>
Resourcing the work	<p>Report out – small group consensus: fiscal support essential to sustainability, P4IPH recommendations should guide existing and potential fiscal support</p> <ul style="list-style-type: none"> - Potential resources identified: <ul style="list-style-type: none"> - DOH, hospitals, transformed payment strategy - Potential “investors” identified: <ul style="list-style-type: none"> - Legislature, payers, employers, new taxes (i.e. sugar-sweetened beverages), social investment bonds <p>Deeper dive into fiscal considerations; highlights:</p> <ul style="list-style-type: none"> - Collection of “little things” or a systematic approach? - Consider percentage in healthcare delivery system for prevention - Need both government (tax base) and philanthropy 	-DOH/members continue to provide updates/considerations for resourcing the work, revisit as Plan is developed

	<ul style="list-style-type: none"> - Strategy prioritization important to help partners understand - Start conversation among hospitals/healthcare systems/community partners to decrease ED visits; (penalties increasing) - Look at tax structure, i.e. “huge amount” to criminal justice - work on jail diversion, complex case management - HCA includes requirements in MCO contracts for upstream support - Hospitals – related to needs assessment, opportunity to invest in community activities - not just clinical prevention (i.e. if Plan called diabetes with ten ways communities could work on prevention) - Health insurance companies can be influential – don’t overlook - Health care savings – agreements up front as to where directed. - Noted – healthcare savings are supposed to reduce what is spent; does not necessarily translate into funds on hand to re-invest 	
State Health Assessment	<ul style="list-style-type: none"> - Cathy Wasserman presented update on State Health Assessment - Draft matrix of indicators being developed for population health status and contributing factors - External Advisory Group invited to provide stakeholder input; Community Health Advisory Committee (CHAC) also providing input as may other stakeholders - Members offered that localized data is most meaningful to communities – informs local priorities; breakdown by legislative district helpful for communicating w/ elected officials; capturing “short term wins with a long term view”; opportunities for population health convergence with Common Measures - Cathy shared that prioritization guidance is forthcoming; will have opportunity for deeper dive, sharing of slides/graphics at the May 25 joint meeting of Interagency and External Advisory 	<p>-Members can provide input via email to measures@doh.wa.gov</p> <p>-full presentation and deep dive at May 25 joint meeting</p>
Resource inventory	<ul style="list-style-type: none"> - Reviewed draft formats for P4IPH resource inventory - Suggestions included: organize within Prevention Framework, at level of strategies; identify strengths/weaknesses of resources; have filters; consider other models for organizing such as the Spectrum of Prevention; suggest re-visiting the list of interventions developed by the Prevention Framework workgroup; needs to be useful, time-saving for implementing strategies - Some like “list” format with headings; some preferred grid with columns for clinical/community/clinical/population-wide and rows for focus areas/objectives - Need two types of inventory – one: national expertise, guidance, models, frameworks; two: current population health improvement efforts going on in communities across the state; - Purpose is to inform prioritization process and development of recommended strategies - Also can serve communities doing actual implementation of strategies - Some key questions to ask when including resources in the inventory include: where is the traction? Where are the successes? Where is there potential for alignment i.e. clinical with community, community with state? What has potential for bringing to scale? 	<p>-DOH continue revisions and send out to group ahead of next meeting</p> <p>-DOH create electronic version of potential model drafted by Marguerite</p> <p>-members continue to send suggested resources to Marilyn to incorporate in revision</p>

Prioritizing strategies	<p>Brainstormed potential criteria for narrowing down recommended strategies and intervention:</p> <ul style="list-style-type: none"> - Is it feasible, actionable, scalable - Multi-faceted and mutually reinforcing - Strength of evidence or promise - Early wins – look at cost and ROI - Work toward co-investments - Include media and legislative strategies - Look at Community Guide’s criteria and the “Berkeley model” - Need to recommend – and defend - strategies - Consider severity of problem - Health Equity - population of impact? Burden of disease? Disparity? - Has to be “preventable” - Availability of local partners - Sustainability - Local cultural fit (i.e. palatable in conservative community) - Pioneer communities can “pave way” (innovation, early adopters) - Leverage state support/alignments - Align community work with clinical efforts - Look for “bi-partisan potential” - Strategies that address multiple health issues <p>-Consider getting perspective of UW Northwest Center for Public Health Practice – Janna will follow up</p> <p>-Discussed whether Plan is for ACHs or the state; DOH clarified that is “both/and” - task is to develop a plan to guide population health improvement in our state; will be implemented in ACHs and available to local and state partners and stakeholders engaged in this work</p> <p>Agreed this brainstorm “good start” and will continue to hone in on priorities at next meeting.</p>	<p>-DOH bring forward list of projects based on criteria</p> <p>-</p>
Next steps –	<ul style="list-style-type: none"> - In person meeting May 25 will be joint meeting of Interagency and External Advisory. - DOH will send documents for members to review ahead of that meeting - Consider a Gotomeeting between now and May 25 	

Population health definition for purposes of this Plan: *total population health in our state, including the health outcomes of specific populations*

Purpose of Plan for Improving Population Health (P4IPH)

Guide how the state and local communities can best implement population health improvement strategies and ensure the Healthier Washington initiative addresses prevention, health equity and the social determinants of health.

Purpose of External Advisory:

- Provide input and guidance on development of the P4IPH
- Offer regional, local and statewide member associations’ perspective regarding implementation and sustainability
- Assure health equity is addressed in development of the P4IPH

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