

Healthier WA Plan for Improving Population Health External Advisory Group

December 16, 2015 Meeting Notes

Attending:

Gary Goldbaum, Ann Christian, Bill Rumpf, Brian Seppi, Tizzy Bennett, Glenn Puckett, Ian Corbridge, Kat Latet, Laura Johnson, marguerite Ro, Molly Haynes, Scott Daniels, Stan Ledington; (by phone) Barry Kling, Jan Olmstead, Sue Dietz; (DOH) Janna Bardi, Kathleen Clark, Marilyn Dold, Laura Blaske

Topic	Notes	Outcome/next steps
Introductions, Overview	<ul style="list-style-type: none"> - Gary: shared his role as Prevention Framework Co-chair and P4IPH External Advisory (EA) Chair, described criteria/process for inviting EA members, set tone of engaged participation - Janna shared role of DOH/Prevention and Community Health, potential for P4IPH to inform funding and policy decisions; noted group was “Advisory”, as final responsibility rests with DOH. - Kathleen invited all participants to share “what brought them to this work”, which proved insightful for all. 	Set framework and tone, especially helpful as members had varying levels of previous engagement with this project.
Context, timeline	<ul style="list-style-type: none"> - Marilyn provided context regarding Public Health Improvement Partnership, State Health Improvement Plan, State Healthcare Innovation Model, and Prevention Framework. P4IPH is implementation piece - the “how”. - Kathleen reviewed P4IPH Charter, and described the “change package” model used in chronic care that could provide a framework for the systems change necessary to operationalize population health. - Members discussed idea of convening an “Expert Panel” and agreed that instead would engage outside consultants as needs arise over length of the project 	<p>-“Change package” may naturally emerge; does not need to be task of this group</p> <p>-Bring in consultants as need/topic warrants</p>
Strategy, structure	<p>Interactive discussion included:</p> <ul style="list-style-type: none"> - Mission, purpose and scope of this work – how it is different from a routine strategic plan - Differing perspectives on definition of population health - Differing perspectives on whether this project should address clinical/community-clinical or focus primarily on prevention/population health that is non-clinical (“the 80%”) - Need to zero in on “what is the problem we’re trying to solve?” - Agreed “skeleton” of Plan will help organize project in relation to what this group can contribute - Suggested Project Timeline with itemized buckets of work could inform agenda/approach of future meetings - Re-visited Charter and determined direction going forward would be to follow that guide 	<p>-DOH to develop “bones” of P4IPH and an itemized project timeline prior to next meeting</p> <p>-Next meeting to include agenda item to address “what is the problem we’re trying to solve?”</p>
Advisory membership	<ul style="list-style-type: none"> - Role of ACH and sector representatives (liaison only or “other hat”) - Need for the group to reflect more diversity 	<p>-Members are asked to:</p> <p>1) identify when speaking for their sector/ACH; 2) not limit participation solely to that role.</p> <p>- DOH to provide “guide” for ACH liaison role, for sake of consistency among ACHs</p>

		-Members will email Marilyn with recommendations of potential Advisory members that would contribute strong diversity perspective related to this project
Communication	<ul style="list-style-type: none"> - Need “elevator message” that Advisory members can share with regional/sector partners - Need messaging to clarify “what will be produced”, and definition of population health. - Would help to have “visual” of who is at the table, how P4IPH fits within Health Systems Transformation; this will need to be a changing “map” as the work continues to evolve. 	-DOH will produce messaging, related documents, and visual of P4IPH-related HST partners
Key considerations	<ul style="list-style-type: none"> - P4IPH - and this work group - an opportunity to ensure community and upstream focus of prevention is key component of Health Systems Transformation/Healthier Washington - How to address social determinants of health (Using image of unequal height looking over fence – do we provide step stool? Lower the fence? Rebuild the fence? What would that look like?) - Guard against “evidence-based” emphasis in light of cross-cultural implications, i.e. tribes - Identify fiscal considerations and potential resources that could be brought to work - Connect to interagency Health Systems Transformation efforts as related to P4IPH (invite HCA to meeting?) - Connect to Foundational Public Health Services work and other initiatives related to P4IPH - Connect with hospitals – they are asking for the “how” of Community Health Improvement 	<p>-These considerations will be incorporated into next meeting’s agenda</p> <p>-Members are encouraged to email/phone with additional considerations so we may address at next meeting.</p>
Next steps – meeting dates	<ul style="list-style-type: none"> - Consensus that in-person was more productive and meetings could be less frequent if in person. - Consensus that four in-person meetings between now and July 31, 2015 would probably work. - Could possibly form small work groups, topic-specific, that could conference between Advisory meetings - Proposal for “listen-only” phone line for public to hear meetings. Members agreed that would be fine if logistics could be worked out. 	<p>-DOH will send Doodle poll</p> <p>-DOH will send meeting notes and updated roster to all</p> <p>-In future meetings, if possible, facilitate public listen-only phone in option</p>