

**Future of Public Health Task Force
2/19/14 – Meeting Summary (Draft)**

Labor and Industries Building, Conference Room B
350 Winter Street, NE
Salem, OR 97309
9:00 am – 1:00 pm

Task Force Members in Attendance:

Tammy Baney (Chair)	Liz Baxter (Vice Chair) (phone)	Carrie Brogoitti
Carlos Crespo (phone)	Charlie Fautin	Nichole Maher (phone)
Jennifer Mead	Gary Oxman	Alejandro Queral (phone)
John Sattenspiel		

Task Force Members Not in Attendance:

Rep. Jason Conger	Rep. Mitch Greenlick	Sen. Bill Hansell
Sen. Laurie Monnes Anderson		

OHA Executive Sponsor: Lillian Shirley

Meeting Summary

- **Roll was taken; a quorum was present (Tammy Baney).**
 - Chair Baney called the meeting to order.
 - Reminder for the group process: decisions are made by majority vote by the task force members and a quorum must be present.
 - Minutes were approved by unanimous vote.
 - Chair Baney acknowledged the work done by staff to the Task Force.
 - A change to the agenda was noted: Jim Morefield, Executive Director of the Willamette Neighborhood Housing Services based in Corvallis, will speak with Tricia Tillman about Health Equity.

- **Review Task Force Charter and Work Plan (Michael Tynan)**
 - The Charter was discussed after staff edited it to reflect the changes from the January meeting
 - After reviewing the changes to the Charter, the Task Force recommended a change to Paragraph Four: *This work is collaborative and carried out through federal, state, local, private and community partners. A strong partnership among, including but not limited to, Oregon’s 35 county health departments and health districts, the Oregon Health Authority, Coordinated Care Organizations (CCOs) and other components of the health care delivery system is critical to the effectiveness of the public health system.”*
 - January’s minutes reflected the seven topic areas that were identified in January to be explored by the task force. Those items have been incorporated into the work plan.
 - In May, June and July the task force will move away from background/overview and into decision-making.

- We have identified May as the time we can meet in Bend. (After the meeting, May 12 was secured as the date the Task Force will meet at St. Charles Medical Center.) Task Force members identified an interest in dedicating a full day to that meeting.
 - A suggestion was made to identify a question or two that we wanted to discuss and learn from the community and to allow for greater public comment.
- The work plan is a living document and minor adjustments will be made to the Work Plan as needed.

- **Social Determinants of Health and Health Equity**

Tricia Tillman, Director of the Office of Equity & Inclusion, Oregon Health

Authority

Tricia Tillman provided an overview of the social determinants of health and health equity, with a focus on the issue in Oregon as it relates to public health's essential services.

- Increasing diversity in Oregon and in the United States, along with the increasing focus on health equity and the ability to help people achieve optimum health, means we have to look at the functions through an equity lens.
- Who is most impacted? Who is making those decisions? Do people really understand the diversity of lived experiences by those impacted by various health threats? Who is implementing the intervention? Do they connect with the people who impact them?
- If we only focus on the social determinants of health without a focus on health equity or social determinants of health equity, there could be greater disparity.
- By 2043 the US will be a majority/minority country; fastest growing community is Latino and there are many social determinants of health that are unique to that community.
- The work we are doing in the social determinants of health equity means we may have to undo generations of policies that have impacted the health outcomes of specific populations.
- Workforce shortages exist throughout Oregon. There are general health professional shortages as well as specific shortages (especially among mental health professionals). We need to look at strategies to increase workforce diversity and access to a middle class job as well as a strategy for improving the quality of care.
- Traditional health care workers, community health care workers, health navigators are important for the public health workforce – how do we implement strategies to make sure they continue and expand in the public health workforce?
- Social determinants of health and social determinants of health equity strategies look different in how we engage a diverse community and how we fund the social determinants of health equity. It might mean having a more robust public health presence when we talk about the prison system and educational reform.

Jim Morefield, Executive Director of the Willamette Neighborhood Housing Services based in Corvallis

Jim provided an on the ground perspective on the work they are doing with health and social determinants of health and their partnership with one of the regional health equity coalitions.

- His partnership with the community has given him opportunities to decide how grant money would be used and to work in the community around social determinants of health – choosing between a doctor and food on the table; using public transportation to go shopping in a different part of town; living in housing that is not affordable.
- His experience in designing a housing project was key in looking at breaking down barriers and providing innovative solutions in community development.
- Communities gain from housing partnerships among nonprofits and the state; each works with underserved populations and provide alternatives to resolve housing conditions.
- How do we tie this back to advancing health equity that grows greater efficiencies within the system? How do we quantify the benefits of the public health system as a whole?

Discussion:

- What about the connection between abuse and neglect and the social determinants of health? Are there metrics in the educational system? The issue of childhood events is something the Task Force should look at.
- The Early Learning Council is not addressing abuse/neglect right now and more could be discussed around intervention.
 - This will be added to the task force work plan.

- **Health Transformation Panel Part 1: Historical Context (Tina Edlund OHA Acting Director, and Eric Parsons, former Health Policy Board Chair)**

Tina and Eric were asked to provide an expert perspective on public health and health system transformation to help craft meaningful recommendations for the future of governmental public health.

Having an understanding of how health system transformation is being implemented in Oregon will be critical to developing meaningful recommendations to build a governmental public health system for the future.

- **Tina Edlund:**

- Tina provided a timeline for the history of health reform in Oregon in modern times and context for the major landmarks that have transpired to date.
- Due to the Affordable Care Act about 195,000 have been enrolled in the Oregon Health Plan since January 1 and 35,000 have enrolled in health care coverage. In 2010 the Health Policy Board outlined its action plan for health and created specific action steps. In 2011, SB3615 passed which created the plan for the Coordinated Care Organizations (CCOs). This was a bipartisan effort.
- Coordinated Care Organizations (CCOs). This was a bipartisan effort.
- The health delivery system could not be sustained as it was. Change was needed to make system delivery more efficient.
- There are now have 16 CCOs in the state; the CCOs are meeting the agreements with the federal government, reduced Medicaid by 2% points against a 5.4% trend. The quality metrics for the first 9 months show that:
 - Hospital admissions for congestive heart failure have declined 32%.

- Emergency room visits have declined by 13%
 - Primary care visits have gone up by 16%
 - Enrollment for patient centered primary care homes have increased by 51%.
 - It is an incredible success story but now it is time to move to the next phase and that is:
 - How do we think about community health and improving the actual health of these people who have coverage? We need to keep moving forward.
 - **Eric Parsons:**

Eric provided a his understanding of the framework for health are transformation in Oregon and his ideas about how public health fits in.
 - The Health Policy Board started with the Triple Aim and our goal was to break down silos to full integration of medical, dental and physical health.
 - Providing flexibility was key; the CCOs were charged with specific outcomes and we gave them the flexibility to get it done.
 - Health and wellness is at the core of what we are trying to accomplish.
 - Consumer and patient education and accountability strategies are important; Public Health is good at this.
 - We want to pay for outcomes in health, make sure there is good alignment within the care delivery system with what patients need and what the delivery system provides; we need to rely on accurate, reliable, understandable cost and quality data. We need to put our resources where they make a difference.
 - We need a coordinated system that is providing the right services to the right people at the right times and in the right places. All of those are important attributes for success.
 - When we get to the point where everyone is covered by a plan and incorporate the above attributes we will achieve success.
 - There is a lot we can do to support public health contributions to the success of transformation efforts:
 1. Understand and support those attributes that public health provides that contribute to health.
 2. Redouble efforts to create and sustain healthy populations.
 3. Work tirelessly for true coordination of health care delivery, including mental health.
 4. Emphasize funding and other resources that support prevention and wellness, education, early childhood development and engagement efforts, effective management of chronic diseases,
 5. Promoting EHRs and supporting and insisting on consistent measurements of public health.
 - Triple Aim is at the top of the foundational elements for public health; if you want to save money in healthcare, keep people healthy and they won't need to use the services.
- **Health Transformation Panel Part 2 –**

The next panelists (Pat Luedtke, Cathy Kaufman, and Jennifer Pratt) were asked to address the following questions during their presentation to the task force:

1. Please describe your organization, your current role and how you or your organization is involved in public health and/or health system transformation implementation.
2. What opportunities do you see for public health to leverage Oregon's health system transformation? What opportunities do you see for the health system to leverage the public health system to achieve the Triple Aim?
3. For Jennifer/Pat: What are some specific projects or initiatives your organization has either planned or implemented to leverage a public health approach in health system transformation? What about projects or initiatives led by public health that leverage health system transformation?
For Cathy: What opportunities do you see for public health to leverage Oregon's health system transformation?
4. Finances aside, what do you think are some of the biggest challenges facing the public health system in light of health system transformation? What might be needed to overcome those challenges?

Pat Luedtke, Lane County Public Health

- Lane County has done a variety of public health primary care integration and reverse integration programs.
- Opportunities exist for Public Health:
 - Community Health Needs Assessments (CHAs) – part of the Affordable Care Act.
 - Health Equity and Public Health Equity
 - Tracking Health and Process Outcomes
 - Patient experience – tracking health and process outcomes
 - Use claims data to determine priorities and how to move forward
 - The Good Behavior game – began in the 80s with kindergarteners and first graders with follow-up on patients until they were 21; children who went through the game had lower smoking rates; lower antisocial personality disorders, lower suicides, lower incarcerations, lower delinquency.
 - CCOs should join PH in advocacy efforts on proven public health interventions (cigarette tax).
 - EHRs should be integrated so they can talk with other electronic health records
 - Preventive measures – we need to change the focus from the short term economy to those longer term generational health improvement changes; we should spend more money on prevention than on acute care.

Cathy Kaufman, OHA Transformation Center

- The goal of the Transformation Center is to be a resource to CCOs as they go down the path of transformation. We connect them to their community. We are a learning network between the CCO, their Community Advisory Council (CAC) and the community.
- 80% of providers in Oregon see Medicaid patients so it is a good place to develop a model.

- Innovator agents are state employees embedded with their CCO. Their job is to be out in the community, know the community and work with their CAC
- There is tremendous opportunity and challenges for leveraging health system transformation:
 - Challenge – there is much to be achieved in a short time. It will be a struggle for each community to figure out the right priority.
 - Opportunities – finding that common goal that will help them all

Jennifer Pratt, Oregon Primary Care Association (OPCA)

- OPCA provides hands on help with the clinics and bring in experts to support the clinics; we advocate for legislation, have been involved in chronic care management and self-management work.
- Very involved in *It Takes a Neighborhood*; an initiative to protect the impact of a new public health role serving vulnerable/costly subpopulations.
- Instigators take on barriers and remove them; it is a soft role and this will be a critical role in the future.
- Challenges for Public Health:
 - Disease-oriented
 - Public health is not well understood
 - Public health is under resourced
 - Public health can be seen as bureaucratic

• **Guiding Principles Discussion**

The Task Force reviewed the list of proposed Guiding Principles with the focus on putting forward recommendations and conclusions. The Committee discussed areas of overlap with Public Health and the healthcare system and the need to have a shared vision. They suggested wording changes in the phrase “Oregon data” and made a recommendation that the guiding principles reflect what is happening in Oregon and one that performs with integrity and transparency. This will be brought back for discussion at our next meeting.

• **Public Comment**

Gloria Krahn, PhD, MPH from Oregon State University appeared for public comment. She is interested in the workforce development process with regards to the Guiding Principles document and recommended that the Task Force consider the broad scope of Public Health that is rooted in community and working collaboratively.

• **Meeting adjourned at 1:00**