

Advisory Board Meeting Summary

University of Wisconsin Population Health Institute, June 3, 2009

11:00 am – 2:00 pm

Wisconsin Medical Society, Madison

Members present:

Bevan Baker (by phone)
Rep. Chuck Benedict
Steve Brenton
Kurt Eggebrecht
Cheryl DeMars
Curt Gielow
Helene Nelson
Greg Nycz
Chris Queram
David Riemer
Peggy Rosenzweig
Tim Size
Arvid Tillmar
Karen Timberlake
Susan Turney

Staff Present:

Patrick Remington
D. Paul Moberg
David Kindig
Judy Knutson
Bridget Booske
Marion Ceraso
Donna Friedsam
Colleen Comeau
Tom Oliver

Members absent:

Sheri Johnson
Ayaz Samandani

The meeting was called to order at 11:05 am. Paul Moberg introduced two new members to the board: Cheryl DeMars and Rep. Sandy Pasch.

Review of Minutes

Minutes from the previous meeting were distributed and approved. The minutes will be posted at www.pophealth.wisc.edu/uwphi.

New Business

Institute Leadership Transition:

Pat Remington described his role as the Associate Dean for Public Health in the transformation of the Medical School to the School of Medicine and Public Health. (He referred to document titled “Transforming the UW School of Medicine and Public Health, January 2008”). The Transformation document referred to the creation of a new position (Associate Dean for Public Health) and that is now his job description.

Tim Size asked for clarification about the respective roles of the Dean’s Transformation External Advisory Committee and the UWPHI Advisory Board. Peggy Rosenzweig spoke from the perspective as a Regent during the UWSMPH name change discussions that included an acknowledgement that the service and engagement component would be challenging. Pat Remington noted that many Schools of Public Health began as part of medical schools but eventually separated because of the inherent conflict between the medical and public health goals. He also noted the critical role that the Wisconsin Partnership Program does and will play in the engagement process and the clear vision of the UWSMPH Dean that all physicians will be trained in public health (versus encouraging some to get MPHs). Greg Nycz also observed that there is a movement toward increasing personalization of medicine. Pat Remington believes that the changes in the educational mission will be the easiest part of the Transformation plan to implement, followed by the research changes, with the service and engagement components being the most challenging. Greg Nycz also questioned whether the changes in curriculum to cover population health concepts will encourage more physicians to enter primary care versus specialties. Dick Tillmar stressed the need to provide appropriate financial incentives for physicians to enter primary care. Kurt Eggebrecht suggested that it might be possible to provide other forms of incentives. Chuck

Benedict encouraged the use of physician extenders and also referenced the medical home model and the possibilities for retraining specialists in fields such as geriatrics. Pat Remington pointed out the challenge of retraining practising physicians (versus those in the pipeline). Tim Size sees the transformation document as not just a commitment to change outcomes but also to change processes. Helene Nelson described the role of an advisory group (this is probably the Transformation External Advisory Board referred to in the transformation document) to the Dean that advises him. Helene is the only Wisconsin representative and is very supportive of a Wisconsin-based advisory group for the transformation process. Peggy Rozenweig talked about the importance of the public health/population health culture change and the need for reallocation of resources towards this end. Greg Nycz believes that there should be markers of progress toward the transformation, and one of those markers should be changes in the allocation of funds in the budget (toward public/population health).

Dave Riemer suggested that we add the Institute for Research on Poverty as a potential collaborator, with the arrival of Tim Smeeding.

Peggy Rozenweig's question about whether the Institute faculty were MDs served as a transition to the plans for the changes in the Institute's leadership. The position description for the Director is not yet final but an MD degree will not necessarily be a requirement.

Pat Remington pointed out the central role that the UWPHI Advisory Board will serve as part of the transformation, either indirectly or potentially directly.

Acting Director's Report and Program Updates (see handout)

Paul Moberg described the organization charts and the space plans, then reviewed the Evaluation Program update. Donna Friedsam described the work of the Health Policy unit. Steve Brenton and Karen Timberlake expressed interest in seeing the results of the BadgerCare Plus Evaluation which will be presented at several AcademyHealth sessions. Donna noted that two additional Issue Briefs will be distributed shortly for review. Peggy Rozenweig recalled the concerns about the crowdfund analysis and suggested that the board might be able to provide some useful input in this area.

Tom Oliver informed the board about the October conference on New Governance for Health.

Susan Turney inquired (and Karen Timberlake supported) whether there were particular findings from the BadgerCare Plus evaluation that would be relevant to know about now as health care reform is discussed at the federal level. David Riemer also talked about this debate: whether or not they pass national health insurance and if they pass, what form might it take? Each pathway represents different contexts within which to think about state and local health policy. We should think about the type of research that might be needed for each pathway. Karen Timberlake indicated support for release of the findings in a timeframe to be of value to the current debate.

Marion Ceraso reviewed activities of the Education and Training unit, such as the First Monday Seminar Series (she asked if board members would be interested in providing input on potential topics/speakers). Greg Nycz expressed appreciation for the numbers of Population Health Fellows that have ended up employed in Wisconsin.

Bridget Booske provided a brief overview of the Population Health Assessment Program, and the plans for the next funding cycle of the "Making Wisconsin the Healthiest State" project. She provided an overview of the MATCH project (Mobilizing Action Toward Community Health), which includes the development of County Health Rankings for all 50 states.

Special Topic: Communication Plans for the new 50-state County Health Rankings

Pat Remington introduced the communication plans for the new 50-state County Health Rankings.

Curt Gielow asked who the audience is? David Riemer suggested that the need is to find a spokesperson that can communicate the message that it is not the county's fault that it ranks poorly (i.e., the people who live in the City of Milwaukee did not do anything wrong). The message is key.

Curt Gielow suggested that the best messenger is the Governor and asked whether contact had been made with the National Governors' Association. Peggy Rosenzweig suggested that when a community gets the Rankings, the local public health official becomes the person to call for action—alternatively, the key person might be the county executive. Tim Size suggested making use of several people as spokespeople such as state hospital association executives. Greg Nycz pointed out that anybody can improve but we don't know how far we can improve--the Rankings provide this information about what is possible. When looking for messengers, UWPHI needs to explain how we want this presented (e.g., governors won't want to talk about the poorly ranked counties).

Pat Remington described the key messages as: health is broadly determined, that it varies and that there are opportunities for improvement. Our goal is to get spokesperson to a) accept the Rankings as credible and b) issue a call for action.

Helene Nelson inquired about how much action can be done and by whom and why? Rankings come out all the time about everything. The standard response for those who are ranked poorly is to put down the rankings methods or, if done well, say that it is not "my" (or the governor's responsibility). The release of the Rankings is also an opportunity to ask for money from someone else. The spokesperson needs to be seen as someone without self-interest, with credibility, e.g., the Robert Wood Johnson Foundation.

Chris Queram suggested a "call to action" might be an unrealistic goal. (Wisconsin has cultural aspects and experience that tends toward working together and using the Rankings). Instead, he suggested that we think about this as a process. It will take time: other similar initiatives such as the Dartmouth Atlas took 30 years to take off but is now the authority in looking at variation in health care utilization—some of which we know the causes, some we do not. He agreed (and Steve Brenton concurred) that getting help from the Robert Wood Johnson Foundation would be critical and that we should use multiple distribution channels.

David Riemer noted that some health determinants are rooted in local causes, others are not, and these need to be separated out. He also suggested that counties look to other similar counties to see what they are doing. Greg Nycz noted that using county-level data might result in blaming counties (or state or federal) when some problems are best solved regionally.

Cheryl DeMars suggested that the release of the Rankings will need a choir not a soloist, and that the choir members may be different in each state. UWPHI should look within each state to see who are most influential. She also expressed the opinion that the source of the Rankings does not necessarily needs to be the one who provides the support for action. Susan Turney suggested two key questions that need to be answered: 1) why should I care and 2) what should I do about it?

Chuck Benedict suggested not letting a crisis go to waste saying that legislators and community have myopic vision but the issues are long term for public health. We need to take a longer view and even though it is difficult, we should try anyway to generate more resources to increase Wisconsin's low public health per capita spending.

The meeting adjourned at 2:00 pm.