

**ADVISORY BOARD MEETING SUMMARY**  
*University of Wisconsin Population Health Institute*  
*July 29, 2010*  
*10:30 AM to 2:00 PM*  
*University of Wisconsin-Madison, Madison, WI*

**Members Present:** Rep. Charles Benedict, Steve Brenton, Cheryl DeMars, Curt Gielow, Gregory Nycz, Christopher Queram, Ayaz Samadani (by phone), Tim Size, Karen Timberlake, Arvid Tillmar, Susan Turney (by phone).

**Staff Present:** D. Paul Moberg, Donna Friedsam, Marion Ceraso, Bridget Booske, Tom DeLeire, Colleen Comeau.

**Members Absent:** Bevan Baker, Kurt Eggebrecht, Sheri Johnson, Rep. Sandy Pasch, David R. Riemer, Peggy Rosenzweig.

**A. Introductions and Review of Agenda**

The meeting was called to order at 10:35 AM.

**B. Review of Minutes**

The minutes of the last meeting were approved with a correction with a motion by Curt Gielow and seconded by Cheryl DeMars.

**C. Directors' Reports**

**Organization Update and Director Search**

Dr. Moberg gave an update on the Institute Director Search. A search committee has been appointed within the School of Medicine and Public Health and a draft copy of the job advertisement was circulated. The Board requested that a member of the Advisory Board be appointed to the Search Committee.

Dr. Moberg reviewed the updated organization chart for the Institute. Key changes include the addition of Dr. Tom DeLeire as the Faculty Director for Health Policy. Dr. DeLeire has been serving as the Principal Investigator for the BadgerCare Plus Evaluation and he gave a brief overview of his professional background in academia and government. The other major change is the merging of two other units into the Population Health Assessment and Community Engagement (PHACE) unit with Dr. Remington as the Faculty Director and Dr. Booske as the Program Director.

**Health Policy**

Ms. Friedsam reviewed the information in the handout on the Health Policy Programs on work in the areas of Medicaid/BadgerCare Plus, Evidence-Based Health Policy, with the Wisconsin Collaborative for Healthcare Quality, on Issue Briefs. The Board will soon receive draft Issue Briefs for review and comment. A question was asked about who is involved in the peer review process for the BadgerCare Plus findings and manuscripts and whether community members were involved in this process. Ms. Friedsam distributed abstracts for four manuscripts to give the Board an idea of the types of findings that were under review. Dr. DeLeire described a draft publication on Wisconsin's experience with "auto-enrolling" parents of children who are already enrolled in Medicaid/CHIP. There were several questions from the board about enrollees with

dual coverage (Medicaid and private insurance). Dr. DeLeire also gave an overview of forthcoming information about the rates of crowd-out (the degree to which public insurance substitutes for private coverage). There was discussion about the wide range in the level of coverage offered under private plans. Mr. Nycz, in particular, noted the need to assess the quality of the coverage offered (especially given that many insured persons lack coverage for dental care). Secretary Timberlake asked to what extent the team was looking at comparable information in other states, for example, on self-funded offerings. Board members also asked about how soon the findings would become publicly available due to the relevance and timeliness of this work. A question was also asked about what was known about people exiting the Medicaid or BadgerCare Plus programs. Dr. DeLeire explained that we can know something about their status by looking at subsequent earning status as reporting from UI data. Ms. Friedsam explains the gaps in data about employer offering and how the evaluation team is putting together data from various sources – UI, EVHI, TPL and U.S. DOL data about self-funded employers. Secretary Timberlake suggested that the team also look at whether persons who exit from BadgerCare remain on FoodShare.

### **Evaluation Research**

Dr. Moberg highlighted a few items from the handout on the Evaluation Research program. The Behavioral Health area, the SBIRT and SPF-SIG projects (two of the largest evaluation projects) will both be ending in 12-18 months. He gave a brief overview of two relatively new projects: the Partnership Program funded Lifecourse Initiative for Healthy Families and the evaluation work that is beginning for this multi-year initiative and the Active Schools Evaluation (an ARRA initiative). Rep. Benedict expressed some frustration regarding the lack of state-level initiatives to address childhood fitness. Mr. Size expressed similar frustration with an area where the data are clear but little action is happening in the policy community: health workforce. Both are examples of the need for better dissemination of the information produced by the Institute.

### **Population Health Assessment and Community Engagement**

Dr. Booske highlighted some items from the handout on the Population Health Assessment and Community Engagement including the MATCH project and Making Wisconsin the Healthiest State. She requested input from the Advisory Board on lists to include in the dissemination plan for the revised What Works for Health website. Mr. Nycz noted that this work has played an important role in the 2020 Health Plan, bringing the use of evidence to the process. However, he also suggested the need for increased education on better incorporation of evidence and for not ignoring programs where this is no evidence. The board discussed the importance of the changes in reporting requirements for hospitals related to community benefit, and particularly the requirement to conduct a community health needs assessment every three years, the value of the What Works database and County Rankings as resources for hospitals in this regard, and the opportunity to stimulate more hospital/community collaboration around health assessment and improvement. Activities underway by the National Quality Forum in the area of population health were also noted.

## **D. Old Business**

### **Fellowship Program**

Ms. Ceraso described information on a handout about fellow placement, highlighting in particular their rural community service. She highlighted the fact that one of the recent fellow graduates, Kate Konkle, was based in the Eau Claire regional public health office, but spent much of her time in surrounding rural communities. Secretary Timberlake inquired how placement sites are identified, noting the tension between the Department's interest in placing fellows in

DHS versus the rural needs. Ms. Ceraso described the matching process that goes on between individual fellow interests and placement site and mentoring availability. Mr. Size stressed that in addition to the rural/urban placement issue, another key issue is the nature of the sponsoring organizations (government versus non-governmental/nonprofits). Mr. Nycz suggested that perhaps 4-5 rural hospitals with similar priorities could jointly provide a placement opportunity for a fellow. He also suggested the potential for partnering with the WARM and TRIUMPH programs that encourage medical students to serve in rural and urban settings. Mr. Size noted that his own rural nonprofit organization has had difficulty in recruiting students.

The board reviewed three proposals presented by Ms. Ceraso for increasing fellow engagement in improving rural health. One possibility is to reserve one of the four fellow slots for a rural placement. Another is to encourage fellows who are not primarily focused on rural health to do short-term fieldwork in rural communities. A third possibility is to encourage each fellow to complete at least one project with rural health implications. The board supported the proposals with language modifications to replace the word “encourage” and make these expectations. Secretary Timberlake suggested that it would be important to make these expectations clear to sponsoring organizations. Mr. Size also suggested that to the extent that fellows come from the UW MPH program, it will be important to work with this program to encourage interest in working with community organizations as well as government agencies.

#### **E. Health Reform Update (DHS Secretary Karen Timberlake)**

Secretary Timberlake provided a handout on health care reform activities from the Wisconsin Office of Health Care Reform. Policies to be addressed in the next six months include exchanges, funding for community health centers, high risk pool, Medicaid, statutory changes, and insurance market reforms. The Governor has directed that the exchange be integrated with Medicaid. Other goals are to educate and raise awareness in Wisconsin and to influence reform at a national level. She recommended that all organizations monitor <http://www.grants.gov/> to be aware of all the new grant opportunities that will be forthcoming. She also discussed current work being done by the Wisconsin Payment Reform Initiative.

#### **F. New Business**

Ms. Friedsam facilitated discussion by asking the board to provide input to the Institute on what its role should be as health reform is defined and implemented. Board members first focused on workforce issues. They expressed concern that the UW SMPH was not sufficiently addressing the primary care needs in Wisconsin. A recommendation was made for the Institute to prepare an Issue Brief on health care workforce issues. There was also a suggestion to conduct research into evidence/best practice for encouraging students to go into primary care. Another suggestion was made to connect with Thrive to assist with motivating employers to do more in terms of population health. Mr. Nycz suggested connecting with Molly Jahn, CALS Dean. Ms. Friedsam noted that one area of potential work that the Institute is likely to pursue is evidence-based benefit design. Several board members affirmed this need and noted that benefit discussions need to be linked to payment reform discussions. Other areas of interest linked to current initiatives include school-based promotion and screening and brief interventions for behavioral health and substance abuse. Secretary Timberlake inquired about the Institute’s involvement in the next phases of the State Health Plan, moving from objectives to measurement and implementation. This is a potential focus for the next Board meeting.

**G. Member Updates** Members provided brief updates and the meeting was adjourned at 2:00 PM.