

ADVISORY BOARD MEETING SUMMARY

University of Wisconsin Population Health Institute

November 16, 2010

10:30 AM to 2:00 PM

Wisconsin Hospital Association, Fitchburg, Madison, WI

Members Present: Bevan Baker (by phone), Rep. Charles Benedict, Steve Brenton, Melissa Duffy (for Cheryl DeMars), Gregory Nycz, Christopher Queram, David Reimer, Ayaz Samadani, Tim Size (by phone), Karen Timberlake, Arvid Tillmar,

Staff Present: Tom DeLeire, Bridget Booske, Colleen Comeau, Donna Friedsam, D. Paul Moberg, Patrick Remington.

Members Absent: Cheryl DeMars, Kurt Eggebrecht, Curt Gielow, Sheri Johnson, Rep. Sandy Pasch, Peggy Rosenzweig, Susan Turney.

A. Introductions and Review of Agenda

The meeting was called to order at 10:35 AM. David Reimer, Chuck Benedict, and Karen Timberlake announced that they will be stepping down from the Advisory Board after this meeting.

B. Review of Minutes

The minutes of the last meeting were approved.

C. Directors' Reports

Organization Update and Director Search

Dr. DeLeire gave an update on the search for a new Institute Director and referenced the two-position listings for the Director: one for a clinical track faculty member and one for a tenure track faculty member. The deadline for full consideration on applications is December 15, 2010. Based on discussion at the last Advisory Board meeting, Tim Size is serving as the Advisory Board representative to the Search Committee. Seventy percent of the tenure track faculty position will be funded by the Department of Population Health Sciences and 30 percent from the Institute's budget. However, the intent would be that the faculty candidate's research program would be fully aligned with Institute work. Funding for a clinical track faculty member might be more complex. Dr. Remington provided some additional background about advertising and hiring of tenure track and clinical faculty within the School of Medicine and Public Health. The definition of "clinical" has been revised to cover issues of addressing health in populations or communities, not just direct patient care. In response to a question about whether broadening of the definition also ensured funding for addressing community health, the answer was given that funding sources would not be assured by the Department. Questions were asked about the timing of selecting a candidate, evaluation and accountability for the different types of faculty positions, and the number and quality of applicants to date.

Health Policy

Donna Friedsam provided an update of the work of the Health Policy Group. She cited the productivity of the Medicaid/BadgerCare Plus team where several products are nearing completion for the Department of Health Services (DHS) portion of the work and a new contract has been established with DHS to evaluate the Core Plan for Adults without Dependent Children. She described the latest activities under the Evidence-Based Health Policy program and the Healthcare Quality and Disparities in Outcomes project. She thanked Advisory Board members for their reviews of draft Issue Briefs. Based on input from the last Advisory Board meeting, an Issue Brief is under development addressing Wisconsin's physician supply and workforce needs. A question was raised about the quality and availability of physician supply data and workforce projections (building upon the Wisconsin Legislative Council on Medical Education and Workforce report). It was noted that the UW SMPH does not do as good a job of tracking its alumni as does the MCW. The Wisconsin Hospital Association's board has asked for work investigating the potential for a third medical school. However, even if class sizes were increased, the issue would be finding sufficient residency positions (and funding for these positions) in Wisconsin. There was further discussion around the ability and desirability of Wisconsin retaining its own trained medical students versus importing physicians from other states. There was interest in scheduling a more in-depth discussion on reviewing both the Legislative Council and Institute's work in this area at a future meeting. The Health Policy Group launched a new url: www.evidencebasedhealthpolicy.org

Evaluation Research

Dr. Moberg gave an update on the Evaluation Research Group's activities, highlighting their work in behavioral health, particularly in the area of recovery schools research and evaluation; and their work in health disparity-related areas. He announced that the Institute and the Collaborative Center on Health Equity (CCHE) have reached an agreement to begin establishing an Evaluation Shared Service allowing CCHE to access the broad range of skills available within the Institute's Evaluation Research group rather than having to hire a single individual to conduct program evaluation in communities. This Shared Service could then be used by other entities within and beyond the UW. Dr. Moberg also highlighted the new work that is beginning to evaluate the new Public Health Infrastructure program for which DHS received funds from CDC. He also noted work in health promotion and criminal justice/correctional health. A question was asked about the ability of the federal government to address the multiple needs of adolescents (and others) that cross silos (or agencies), such as alcohol, drugs, tobacco, and mental health issues, and whether the Institute should look to funding sources that cross these areas rather than working issue-by-issue. Another question was asked about research in the area of Attention Deficit Disorder and the issue of identification by parents.

Population Health Assessment and Community Engagement (PHACE)

Dr. Booske described the latest activities for the Robert Wood Johnson Foundation-funded Mobilization Action Toward Community Action (MATCH) project including numerous presentations around the nation about the 2010 release of the *County Health Rankings* and the work underway to collect data for the 2011 release. In order to build upon the success of the 2010 release of the *County Health Rankings*, the Robert Wood Johnson Foundation (RWJF) board approved funds for a new initiative—the RWJF MATCH Action Initiative. UWPHI has been invited to submit a proposal for a planning grant towards the development of a MATCH Action Center to lead efforts to provide training and technical assistance, convening, and development of online strategies to help communities move towards improved health. Dr. Booske also provided an update on other projects within the PHACE group including the newly revised whatworksforhealth.wisc.edu, the Healthy Wisconsin Leadership Institute, and the Population Health Fellowship. A board member pointed out that the National Quality Strategy to be released by the Health and Human Services secretary is likely to include reference to the Triple Aim (goals to *improve* the health of the population, *enhance* patient experience of care, and *reduce* or at least control the per capita cost of health care) and represents an opportunity to build links public health and health care. The Wisconsin Collaborative on Healthcare Quality (WCHQ) will focus on Triple Aim at its next general session in January (with representatives from Bellin Health Care Systems in Green Bay, UWPHI, and the Institute for Healthcare Improvement (IHI) Triple Aim to speak). One way for the health care system to become more involved in population health is by collecting information on key population health measures such as obesity – with the advances underway in electronic medical records; this could lead to broader capabilities for the role of health care in population health improvement.

D. Old Business

Dr. Remington provided an update on the School of Medicine and Public Health Transformation. Three subcommittees have been charged with putting together specific, measureable time-delimited objectives in the areas of research, education, and service and then these will be put together into a combined plan for the transformation (i.e., to track

whether and to what degree the transformation is taking place). A suggestion was made that one key measurable benchmark is the budget and parity within the budget between clinical care and community health.

E. Post-Election Debrief

Donna Friedsam introduced the topic of the Advisory Board composition and engaging with the new Administration and Legislature. Institute leaders will meet with the new Secretary of Health Services and key legislative members to introduce the work of the Institute. The Evidence-Based Health Policy Forum also participates in the New Legislator Orientation that is run by the Legislative Council. Members of the board discussed some important considerations in engaging with the new legislature. The importance of having the Secretary of Health Services serve on the Advisory Board was stressed and it was suggested that a member of Advisory Board with an existing relationship might accompany the Institute leadership to visit the new Secretary. It was suggested that two big issues that the new government will likely be working on are the Medicaid/BadgerCare budget and the Health Insurance Exchanges. The new governor has already expressed interest in cutting costs in BadgerCare. Regardless of people's positions on the new health care reform legislation, there is still interest in moving forward with insurance exchanges (but there is no real model to build from in Wisconsin). The governor has already indicated the desire to bring ¼ million new jobs to Wisconsin—what is the relationship between unemployment rates and Medicaid participation, i.e. reducing the Medicaid budget by putting people into jobs (with coverage)? Is there evidence to show that this will happen? It was also suggested that it will be important to point out what is already working “on the ground” and not put all our efforts into new initiatives and ignore sustainable efforts that are underway. It will be helpful to meet with new legislatures ready to talk about what is already been done that already works.

F. New Business

Dr. DeLeire introduced Pat Guhleman from the Department of Health Services to talk about Healthiest Wisconsin 2020, the State Health Plan. Ms. Guhleman gave the background on the development of the Plan, and referenced the Institute's involvement in many of the steps. She highlighted the 9 infrastructure, 12 health and 2 overarching focus areas and the 5 recurring themes and the links to relevant components of the health care reform act. She then reviewed the steps needed to implement the plan and the roles that various organizations/individuals can play in the plan.

- 1) Tracking progress: The Institute's role in the 2010 health plan was particularly key in assessing where Wisconsin was in meeting its *overall* goals (improving health and reducing disparity) – is the health of the Wisconsin population improving? This need continues to exist. The plan includes specific measurable objectives for the 21 focus areas but not for the broader pillar objectives. These areas will be tracked by DHS at the state level but not necessary at the county or local level. The *County Health Rankings* might provide some assistance in this area.
- 2) Engaging and aligning partners and systems: how to communicate key messages and determine how well organizations have integrated the plan objectives into their own plans.
- 3) Assuring effective actions and results.

The Advisory Board discussed a variety of topics addressed in Ms. Guhleman's presentation including community health center funding, disparities and the paucity of information in hospitals and clinics (although hospitals are further along than on the ambulatory side). There is some emerging collection of data about race/ethnicity but little to no information about domains of disparity such as sexual preference. This latter measurement effort is very complex. The Board also discussed the tension between the breadth of coverage within the State Health Plan versus the need for focus and prioritization to make it useful as a management tool and to make it actionable. Members discussed the three major causes of poor health that we can address: socioeconomic factors (and this is more important), public health system, and health care system. One member suggested that since poverty, unemployment, and income inequality are so key that these topics should be addressed by the Institute. It was also suggested that we need to do a better job of explaining what has been done in public and population health (e.g., Smoke-Free Wisconsin is an example of a success) and that an incremental approach is better than no approach at all.

The meeting was adjourned at 2:00 PM.