

ADVISORY BOARD MEETING SUMMARY
University of Wisconsin Population Health Institute
Tuesday, February 7, 2012
9:30 AM to 12:30 PM
Wisconsin Medical Society

Staff Present: Karen Timberlake, Pat Remington, Paul Moberg, Bridget Catlin, Donna Friedsam, Colleen Comeau

Members Present: Bevan Baker, Cheryl DeMars, Gregory Nycz, Chris Queram, Peggy Rosenzweig, Tim Size, Dick Tillmar, Tim Bartholow, Curt Gielow, Ayaz Samadani (call in)

Absent: Steve Brenton, Kurt Eggebrecht, Representative Sandy Pasch, Greg Simmons

Welcome & Introductions: K. Timberlake

- Agenda looks familiar to previous but with a lot of activity in PHI the focus will be (1) on the Directors' Reports, (2), the feedback from the Board in conversations prior to the meeting and (3) a discussion of the Making WI the Healthiest State grant; both current status and the renewal.
- The Healthiest State grant renewal will be an organizing vehicle for the Director to engage PHI and the rest of the State and input from the Board on structuring the renewal.
- Invitation to the Board for their ideas on future topics
- Ms. Timberlake discussed her work with PHI since beginning in Oct 2011. PHI is in a solid place with a lot of strengths, a strong tradition of great work and not a case of deficiencies that need to be addressed.
- The Summary, derived from preliminary conversations, was discussed as far as the current state of PHI; strengths and opportunities. The role of the Board is to help PHI with trends and opportunities that are noticed by the Board members. Summaries of the conversations were discussed with the theme being how PHI gets its work noticed, implemented and acted on and to work on who is not engaged so health improvement can be a more coordinated and effective plan.
- From the conversations two areas were noticed, (1) having the Board stay engaged, both in and outside the Board meetings and (2) what conversations as a Board will be complimentary and best use of meeting times.
- Ms. Timberlake would like to develop cross-cutting themes that will connect the work and will use the feedback.

Comments: Dr. Samadani appreciated the conversations held prior to the meeting and the enthusiasm. Mr. Nycz commented on the Clinical Translational Science Award (CTSA) grant funded through NIH, which was renewed for five years with a high score, and questioned how the Institute might relate to this. Dr. Moberg explained the ICTR science award is intended to speed the translation of research into practice (clinical practice or practice in community settings. The UW has been receiving around nine to ten million a year, supplemented by the UW Medical Foundation and the Partnership Program. It includes the community academic partnership and enhanced medical research services within the hospital and in out-patient settings, a major training component for scientists and physician scientists in translational research and biostatistics and other components. Ms. Friedsam explained how the Health Policy Group serves as the policy arm of ICTR-CAP and Mr. Nycz noted the value PHI brings. Mr. Size noted the complexity of the UW and the branding issue, understanding how all these programs fit together, and that this is a barrier to communication.

Review of Minutes: Approval moved by Mr. Gielow; Seconded by Mr. Nycz.

MATCH: Rankings / Roadmap: B. Booske Catlin

Dr. Catlin announced the release of the Rankings, scheduled for April 3, 2012. She discussed the Roadmap component. Leadership for the projects in the communities comes from various sources including mayors, physicians, United Way and other sources. Roadmaps are used as a guide to form partnerships. Dr. David Kindig's part of the grant will award a prize for contributions made to health in communities to recognize improvements. The Robert Wood Johnson (RWJ) Foundation will be funding the use of the WhatWorks database as a national resource. More information is available on the expanded CountyHealthRankings.org/Roadmaps website. The website will have more tools and resources for communities.

Ms. Timberlake said more information on getting the Rankings message out would be forthcoming.

Comments: Mr. Nycz praised the social determinants model and that it was picked up by CMS and used as part of its challenge grants model. He asserted, however, that the model assigning medical, behavior, mental and dental care with only 20% of health is based on one study and is not well-founded. He explained the difference between total contribution to health versus value-added from current status and mentioned various examples such as immunizations. Ms. DeMars asked for expansion and interpretation of the information on the slide. Dr. Bartholow suggested greater clarity. Mr. Nycz stated it undervalued the work of health care providers. Dr. Catlin responded that the allocation of percentages to various determinants is not intended to be definitive science but rather a consensus process. She noted that her team has conducted sensitivity testing of the models outcomes with alternative percentage assignments. She also asserted that the model is less about the science of the inputs than about generating dialogue and action.

Dr. Samadani asked if gatherings in churches are not another source of educational leadership. Mr. Nycz mentioned the contribution of the Fellow funded by RWJF and also suggested oral health be more embraced.

HEALTH POLICY: Core Plan Evaluation: D. Friedsam

Ms. Friedsam discussed the two data reports on the BadgerCare health plan recently submitted to the WI Dept of Health Services. She identified the reason the Core plan is relevant in this transitional coverage environment. What happened in Core plan is very instructive for what we can expect to happen for a group that was formally not eligible for public coverage. Their group focused on pre- and post-enrollment utilization. The increase was evident for all of the subgroups. There was a 29% decline in hospitalization within this group indicating that people are receiving adequate care to maintain their health. In outpatient visits, there was a statistically significant increase of 35%, but this was manifested in an increase of 39% in emergency visits defined as ambulatory care sensitive. Reasons could be inadequate capacity in the community to handle the care needs and possibly the enrolled group not understanding how to utilize the health care coverage they have. Hospitalization, via the emergency department, declined by 52%. Medicaid considers an appropriate emergency visit when it results in admission to the hospital.

Ms. Friedsam also discussed her team's study of Medicaid's health needs assessment that is utilized for the Core plan. The health needs assessment, when combined with demographic information, approached the predictive value of commercial modeling programs and required a lower time and resource investment. Ms. Friedsam also discussed future study plans and funding for these projects.

Comments: Ms. DeMars asked if the design of the Core plan for those who did not have a preferred physician and matching them with a better valued provider had been implemented. Ms. Friedsam explained that DHS did not implement this plan due to the volume of applications. Mr. Nycz noted additional research would be beneficial in answering what are the policy options in exchanges to utilize providers rather than emergency

visits and to look at areas where providers are scarce. Ms. Friedsam explained the funding plan and how it affected their study evaluation. A suggestion made was presenting the information in an issue brief. Mr. Size also noted the value of dissemination. Dr. Bartholow said the implications are huge on how decisions are made and mentioned the role of the Board in dissemination. Ms. Timberlake remarked on the need for a systematic approach to dissemination.

EVALUATION: SBIRT: P. Moberg

Dr. Moberg highlighted the final stages of analyzing the five-year SBIRT model. The WI model (WIPHL) did brief screening of a universal population of those in 29 primary care settings with a focus on substance abuse and other unhealthy behavioral issues. A positive full screen was followed by intervention and determination. A telephone follow up was done six months later on 10% of the population with a 77% completion rate. They found a significant decrease in risky behaviors. Participants reported positive changes in their behavior based on the project. The participants indicated the project helped them make changes in a number of areas regarding their health. Data bears out other literature reporting the benefits of brief intervention, particularly in a health care setting.

Comments: Mr. Gielow asked if there was an honesty factor and how does it affect the outcome. Dr. Moberg said there was and also a clinic process factor. He said the numbers were in agreement with other data sources. Mr. Tillmar said that honesty is high in employee health risk assessment. A discussion followed regarding the drinking habits in WI were seen differently by the drinkers and the medical field. Dr. Bartholow said a big problem was the non-relevancy to rural settings and this may be a good area for telehealth application. Dr. Moberg reported telehealth is built into the CMS grant application.

Mr. Gielow noted the value of the health educator and reported a conversation with Gary Gilmore (UW LaCrosse) on new track of certifying faculty to work in a field called motivational interviewing which will certify health educators. Dr. Moberg said this was a grant from the WI Partnership to Gary Gilmore and Rich Brown (UW Madison) to develop the training program. Mr. Queram talked about his participation with Rich Brown in an AHRQ grant to integrate depression and substance abuse screening into primary care. There has been difficulty taking this to scale because of funding for health educators, not only in rural areas but in other areas. Mr. Tillmar noted a contact in Milwaukee which puts health educators, many times nurses, on employer sites. Ms. DeMars noted the benefits it would drive if we had a skilled set of physician extenders for care management. Discussion followed on getting employers to look at this as a benefit and the role dissemination plays.

Ms. Timberlake suggested having Rich Brown utilize the resources of the Board and a possible issue brief.

Making WI the Healthiest State: P. Remington

Dr. Catlin reported where the data has been distributed. She linked the County Health Rankings and the Making WI the Healthiest State. Dr. Remington explained the background of the project. He said the WhatWorks project was widely known and businesses are interested in the report. He noted that Ms. Timberlake is now the program director for this project. A draft of a report on grading the data was distributed. He asked for feedback on the table looking at 10 years of data.

Comments: A discussion followed on the grading scale used and how outcomes are shown. In particular, the statistically significant grades were questioned as being readable and able to understand by those who are not statisticians. The Board suggested lay language be used and geared toward a non-technical audience. The purpose of the report is to show progress and the grading is confusing. Dr. Remington expressed gratitude for the comments and stated the report will be re-done.

Ms. Timberlake discussed historically how the Healthiest State project is a long standing effort by PHI and it is a competitive funding process with the major components being to measure, assess and report health indicators. She raised the question of as the project continues should other components be added, changed or deleted. Dr. Remington talked about Ms. Timberlake's role and background and to build on that and also the stakeholder's role at the state level. He said it was important to keep a statewide focus.

The effort of PHI was lauded for measurement and assessment but the dissemination needs to be stepped up. It was suggested that there is a UW brand chaos problem. The concept of funding needs to be more clearly defined and understandable and a partner found for the action arm of the work. It was suggested that on the medical education and research side, the work continue to show what will benefit people in the communities. There is value in continuing the work of the program but marketability is enhanced by new direction and bringing the work to a new level. A point was made that the Partnership should see the value of the research and that continued funding will help market the product on a regular basis. Hopefully it will be a product with a revenue string and not a reliance on grant support. It was also pointed out that SHOW may overlap on a conceptual level. It was stated that the County Medical Society was viewed differently in the rural areas and a connection should be made with hospitals and to make them part of the grants and collaboration. We need to show, on a county level, the improvement and identify where forward progression has stopped. United Way focuses on income, health and education and there may be a way to tie PHI work into business by showing a healthy workforce. A business model could be created which would enhance businesses relocating to WI.

Member Update

Mr. Nycz: Marshfield dental initiative will spend 3.5 million in educating physicians and dentists.

Mr. Tillmar: looking for studies on productivity increases as a result of wellness, incentives or behavioral changes and welcomed the discussion on dissemination.

Mr. Gielow worked on a bill which passed and now allows pharmacists to immunize down to age six.

Mr. Size: RWHC has a UW PHI fellow for two years. The work tied in with Dean and Unity and brought forward that the immunization record is not good in rural areas and also low in Madison. They are working on a non-governmental face for the program which has low rates due to groups who are anti-government.

Next Meeting: June 5, 2012