University of Wisconsin Population Health Institute
ADVISORY BOARD MEETING SUMMARY

Tuesday, July 23, 2013
10:00 AM to 1:00 PM
Wisconsin Hospital Association

Staff Present:	Kayla Brenner, Bridget Catlin, Andrew Fisher, Donna Friedsam, Paul Moberg, Pat Remington, Anne Roubal, Karen Timberlake
Members Present:	Tim Bartholow, Bevan Baker (via phone), Steve Brenton, Cheryl DeMars, Kurt Eggebrecht, Curt Gielow, Sen. Terry Moulton, Greg Nycz (via phone), Rep. Sandy Pasch, Chris Queram, Ayaz Samadani (via phone), Annette Severson, Greg Simmons
Members Absent:	Sen. Julie Lassa, Dr. Demond Means, Peggy Rosenzweig, Tim Size, Rep. Jeff Stone, Dick Tillmar

Review of Minutes: The minutes were approved.

Welcome & Introductions: Karen Timberlake

Karen welcomed members of Advisory Board. Paul Moberg announced his reduction in day-to-day involvement in the management of the Evaluation Group within the Population Health Institute. Curt Gielow announced move to Ann Arbor, Michigan to take over directorship of Concordia - Ann Arbor but he will remain involved with the advisory board.

Health Policy Group Updates: Donna Friedsam

State Budget Update

Donna Friedsam began the Health Policy Group updates with highlights of the recently-signed State Budget, focusing on provisions that are of interest to the work of the Institute.

The biggest changes in the State Budget are the changes to Medicaid and BadgerCare programs and how the state is choosing to implement Medicaid relative to what was specified in the Affordable Care Act (ACA). Essentially, rather than expand Medicaid, the State will put all people under 100% of the Federal Poverty Line (FPL) into Medicaid and keep children's coverage as is, but send adults currently covered under Badger Care over 100% of FPL to get their coverage through the subsidized coverage opportunities provided by the ACA exchanges.

This is a major change for WI, where parents and caretaker adults were covered up to 200% of the FPL and we had a program for childless adults that under law covered up to 200% of the FPL but was capped because of budget constraints.

Rough estimates of changes show that about 89,000 parents and caretaker adults who are currently covered will move off Medicaid and BadgerCare and be sent to purchase coverage through the exchanges; about 82,000 childless adults will gain opportunity for coverage. There is a small net loss in the overall number of people being covered in the Medicaid program but a big change in who is having the opportunity to have that coverage.

The Health Policy Group does a lot of work studying Medicaid and BadgerCare, as well as various waivers and pilot and demonstration projects that Medicaid undertakes. The waiver that has been granted to WI by CMS for BadgerCare makes the Population Health Institute the designated evaluator for the programs. Over the next year, what happens due to the new policy regime being put into place as well as with cost sharing changes made last year, will be assessed.

The budget authorized DHS to administer medical home pilot projects to additional populations within the Medicaid program. They are not required to be statewide. The current program is limited and will continue to be in a limited geographic area. The Health Policy Group is evaluating the current program and is funded by the WPP. The Population Health Institute will be getting matching federal funds that will allow for two more years of funding for evaluation of the programs authorized under this initiative.

WHIO: Also in the budget is a $5 million grant to WHIO an organization that collects healthcare claims data from insurers and administrators and analyzes and reports information for effectiveness and quality of care. Currently WHIO is a broad repository of all claims data, currently excluding Medicare fee for service. The budget also calls for establishing an internet site, with language understandable to consumers, and a statewide health literacy campaign. There is a lot of detail to be worked out but it has the potential to transform healthcare delivery and payments in Wisconsin.

Graduate medical education: the State Budget provides $1.75 million in funds to expand graduate medical programs (residencies) specifically focusing on shortage areas including family medicine, pediatrics, psychiatry, general surgery, internal medicine. Another $.75 million adds positions to existing programs. Language in the budget specifies that some new positions be allocated to rural hospitals.

A report released by the WI Hospital Association a few years ago recommended that WI needed 100 new primary care physicians per year and recognized need to expand non-physician practitioners. The best way to address this problem is to expand residencies.

Affordable Care Act Update

Donna Friedsam is working with Covering Kids and Families on developing a health insurance literacy effort to help those who may have never had commercial insurance before. In addition to helping people understand what their coverage options are, we need to help previously marginalized consumers understand how to appropriately and effectively utilize health insurance.

With ACA implementation, the focus is almost entirely in the question of outreach and enrollment and education. UW PHI is working closely with DHS on this question of how to reach the people that most need to be reached. A Wisconsin Health Insurance Enrollment Summit was recently convened, in partnership with a broad network of groups that represent and broad range of sectors promoting coverage through Medicaid, BadgerCare, and the Exchanges. A coalition of groups has formed called Enrollment for Health (http://e4healthwi.org/) that will oversee outreach and enrollment efforts in the state and there will be a progressive community effort to make sure that enrollment activities are responsive to the interested and needs of all communities. There is a lot of effort to make sure everyone who needs to be involved is involved. State Medicaid Director Brett Davis is fully engaged and is listening to community groups and is very supportive of this formation. There is a regional enrollment strategy and people from different sectors are working together and building trust.

The main activities of the Institute around the ACA are research and evaluation of the Wisconsin Medicaid reform. There is not currently a funded research component for research and evaluation related to the exchanges, enrollment, take-up, or use of subsidies.

Making Wisconsin the Healthiest State: Bridget Catlin and Anne Roubal

The Making Wisconsin the Healthiest State *Wisconsin Health Trends: 2013 Progress Report* will be released in September and feedback from Advisory Board members is critical.

The point of the report is to measure progress by looking at trends in health outcomes and trends in health factors to predict how healthy the population will be in the future. We do regressions on ten years of data, and you can see the color coded graphs where the ten year trend is going, where we are right now, and whether we are going in the right direction. We also have summary tables and individual graphics that break out overall population into geography, race, gender, and other socio-economic factors.

The overall trend line is going in the right direction for death rates, though you can see differences in urban and suburban populations. If you break out smoking rates by race you can see there is a downward trend for whites but for African Americans there is not a downward trend. Obesity broken out by race is going up for all, but with a steeper curve for non-whites.

Self-reported poor to fair health is increasing. This could be driven by increasing diversity of populations, since non-majority populations may be more likely to self-report fair or poor health. This is a leading indicator: if people are reporting poor health today, this foreshadows increased healthcare costs and other problems in the future.

This report is a good example of something we have done since the creation of the Institute, which is to produce reports that give a snapshot of "how we are doing" as a state. We view this as one of the core functions of the Institute.

This report does not tell us what to do about certain policies; instead, we will provide links to the "What Works for Health" database. Another program of the Institute, the Evidence Based Health Policy Project, creates opportunity for deeper dialogue with legislators and offers them access to the best people doing policy work in the country.

While a simplistic report could lead to simplistic solutions, it is important to make this kind of report very simple to understand. It is striking when you get to socioeconomic determinants – a lot of people do not know we are on the wrong track for these indicators.

Another motivator for affecting policy would be to clearly state the financial impact of the trends the state is experiencing. How do these trends relate to the biennial budget? Some of the findings can be monetized. It is clear for example that obesity and smoking have a clear cost. The next version of the report may go more in this direction. If people are not working and being unproductive, it is lost wages. Being less healthy makes us less prosperous as a state. Health and economic well-being go hand in hand. Educational achievement, geography and racial diversity all have an impact on our health.

There are three things to highlight: One, education continues to be closely related to all other indicators of health and well-being. Second, when we look at the averages, we miss the fact that the opportunity to be healthy and the actual experience of health is not the same for all groups in our state and that is one of the major additions to this report that we want to call attention to. Third, trends in all socioeconomic indicators are bad. They are all in the wrong direction for the state and this requires a whole set of multi-sectoral strategies to address, including policy change.

Community Engagement around the linkage between community economic development and community investment and health promotion: Karen Timberlake and Kayla Brenner

This last agenda item also relates to a portion of the Making Wisconsin the Healthiest State Project, which is a Partnership Fund activity. Last year we did a series of "Bright Spots" profiles, of communities that are working across multi-sectoral boundaries to move health forward. For this upcoming grant cycle, we are looking at doing something a bit different, which is outlined in the concept paper: "Advancing Health of Rural Communities."

There has been a series of meetings happening across the country cosponsored by the Robert Wood Johnson Foundation and the Federal Reserve System with the premise that two sectors – the community development financial institutions and public health – are not sufficiently connected. There is the idea that financial institutions support affordable housing and infrastructure investments and public health departments work in parallel for the health of the community but they don't communicate or understand each other.

There have been 11 meetings around the country. UW PHI staff have the meetings in Minneapolis and Chicago. The basic function of the meeting is to put representatives of various sectors into a room together and see what happens -- to get public health people talking to community development people. While we see value in getting people together, there is more value if you do it with a bit more focus and thought behind who is in the room and why they are invited.

As part of the renewal of the Making Wisconsin the Healthiest State project, we included a proposal for seed money to support a portion of the cost of either one of these meetings in Wisconsin, or a series of meetings. We would propose the meeting or meetings would focus on advancing health in rural communities, where some of our health indicators are most challenging. We now have a set of agendas around health improvement that are being developed locally. Local health departments have been doing health needs assessments for quite some time, hospitals have been doing them under the ACA, as well as Chambers, regional economic development entities and United Ways. We want the meeting to be focused and impactful to address the unique needs and opportunities that exist in Wisconsin.

Questions: are Advisory board members supportive of these meetings and should the Institute consider a statewide meeting, or a series of regional meetings? What are the potential opportunities of these meetings?

Board members discussed experiences building dental clinics in small communities and the support these kinds of projects received from local Chambers and local financial institutions. It was noted that healthcare supports jobs for those who have higher education in rural communities. There was also

discussion of where communities will be in several decades, what makes communities desirable to young people, what makes communities livable, and how does that related to workforce retention.

Board members agreed that regional meetings make sense since needs of communities would vary based on geography. It will be important to get a picture of what the healthcare infrastructure needs of communities are in order to focus attention on where there are gaps. Building partnerships with local universities and tech schools is vital to building qualified healthcare workforce.

How can the Institute better engage with the business community? Some work has been done, but is health the leading message? Businesses are concerned with questions of healthy workforce, livable communities; places where they can locate and grow. There is opportunity for connecting the work economic development entities are doing with the public health/health improvement sector. The Institute can continue to play the role of a convener.