

State Innovation Model (SIM) Better Health Workgroup

Tuesday, July 21st 2015 - 9:00 a.m. – 12:00 p.m.
Marshall University Graduate College – South Charleston Campus – Room 116

MEETING SUMMARY NOTES

Today's Expected Results:

- Develop a clear understanding of the SIM project and workgroup member's role in developing the WV State Health System Innovation Plan (SHSIP)
- Strengthen working relationships among workgroup members
- Review and apply baseline documents (“Workgroup Charter,” “Mutual Understandings and Assumptions” and “Baseline Trend Assumptions”)
- Begin to address “Workgroup Charter” topics and key questions
- Select preliminary strategies around the focus areas of obesity, tobacco and behavioral health based on selected criteria
- Identify additional workgroup members, next steps and materials and expertise needed for future sessions

Co-Chairs: Dr. Lesley Cottrell and Anne Williams

Facilitator: Bruce Decker

Participants: 33 people – 26 in person and 7 electronically

TOPIC	OVERVIEW/DISCUSSION/DECISIONS
<p>Welcome, Introductions and Opening Remarks</p>	<p>The session opened with a welcome and opening remarks indicating that this is the first meeting to launch SIM workgroups, building on work that has been done through the WV Health Innovation Collaborative. Roles of the facilitator, co-chairs and workgroup members were reviewed. Joshua Austin, SIM grant project coordinator, was recognized for his role as liaison among the workgroups. The agenda with expected results for the meeting and ground rules were reviewed with workgroup members. A sign in sheet was distributed for any needed revisions.</p> <p>Workgroup members recorded on index cards their response to the following question: “If you had a Magic Wand and could change <u>one thing</u> that would significantly improve or transform ‘<u>your piece</u>’ of the health care system in West Virginia, what would that be?” Workgroup members were asked to identify what “their piece” of the health care system is and the one thing they would change. Workgroup members then found someone in the room that they did not know or did not know well and shared who they are, what entity they represent and their response to the Magic Wand question.</p> <p>Verbatim responses recorded on the index cards follow:</p> <ul style="list-style-type: none"> • Pass legislation to implement a strong statewide tobacco tax • Make great strides in preventing youth starting tobacco use • Pass a significant tobacco tax (up to national average – \$1.60 a pack – and dedicate a portion of the funding to prevention/health) • Eliminate tobacco usage • Health in All Policies (HiAP) • Implement coordinated care manager strategy, comprehensive and not duplicated • Everyone has access to medical care that is patient-centered, doctor driven and community focused, a Patient-Centered Medical Home • Patient-Centered Medical Homes • Workplace wellness/incentives for exercising and losing weight • Create effective obesity treatment plan

	<ul style="list-style-type: none"> • Eliminate childhood obesity/related illnesses • Shared responsibility without silos = collective impact • Remove payment silos and incentives (chronic and terminal illness) • Alleviate fragmented funding • Every pregnancy a planned pregnancy • Increased access to contraception and contraceptive counseling • Improve social determinants of health (Ex. self-esteem, income, etc.) • Give people skills for effective living • Utilization of nursing to full extent of education/training (i.e., change scope of practice for APRNs in WV) • Access to transportation
<p>Setting the Context for Our Work: SIM Overview</p>	<p>A PowerPoint presentation was shared with workgroup members to set the context for their work. “Workgroup Charters” and “Mutual Understandings and Assumptions” documents were briefly reviewed with participants.</p>
<p>Review of Baseline Trend Assumptions: Small Group Discussion</p>	<p>In small groups, workgroup members discussed the “Baseline Trend Assumptions” document and recorded their responses to three (3) questions related to the document on flipchart paper. Small group discussion guidelines were provided to help direct workgroup interaction. Small groups provided a brief report to the larger group.</p> <p>The questions and verbatim responses follow:</p> <p>Is anything missing?</p> <ul style="list-style-type: none"> • State specific data on utilization of services • More recent data • Qualitative data – add later • Add disabilities data • Incorporate broader baseline data and strengths • Obesity-related adverse birth outcomes • Generational obesity

- Physical activity is not built into lifestyle – cities do not promote walking or cycling to work and school
- Breastfeeding/infant early child statistics
- Education data
- Utilizing providers to fullest extent of training / expertise; not based on regulation
- Access needs to be one of baseline trend assumptions – access to care and healthy life-styles
- “Food deserts,” poor access to healthy food
- Racial, gender and age disparities
- Define per capita public health funding: where is the current funding going?
- Focus on childhood outcomes
- Focus on components that are new (in the Affordable Care Act) that are related to population health and preventative health
- Gestational diabetes
- Including public health pyramid
- Emotional wellness tied to obesity / overall health
- Understanding generational poverty and Appalachian culture

The following answers provided are grouped into themes based on the small group discussion / output:

What do you see as the top three (3) strengths to transforming our current health care system?

- West Virginia has engaged, well-connected health care stakeholders
- West Virginia is undertaking multiple collaborative efforts to improve its health care system, including but not limited to the “Try This” campaign, the WV Health Innovation Collaborative and the SIM grant itself
- West Virginia has the biggest opportunity to improve its population health due to its poor rankings and position compared to other states
- Changes to how health care is paid for by the federal government is a strong motivational force for health care delivery and payment change in West Virginia

- West Virginia has a host of strong public health programs already in operation, particularly those aimed at addressing childhood obesity, physical inactivity and nutrition
- On the whole, West Virginia has a high insurance coverage rate, especially after opting to expand Medicaid under the Affordable Care Act
- West Virginia has a strong network of community health centers and community-based health care delivery mechanisms, such as FQHCs, health departments, etc.

What do you see as the top three (3) challenges to transforming our current health care system?

- West Virginia has a culture that does not place a high priority on public health, healthy living and wellness
- Political leaders in West Virginia have not made health care and health care system reform a priority
- Generational poverty—related to socio-economic status and lack of education—has created a difficult barrier to change West Virginia’s health care system
- West Virginia lacks the basic technical infrastructure to make significant changes to its health care system
- West Virginia’s rural geography makes it a challenge for consumers to access health care, especially experts or specialists
- West Virginia’s consumers often receive fragmented and uncoordinated health care (i.e., focus on the illness at hand, not on prevention or targeted interventions)
- West Virginia’s public health status frequently ranks at or near the bottom in most measures, such as heart disease, obesity and tobacco use (**also listed as an opportunity / strength**)

<p>Workgroup Charter Key Questions: Small Group Discussion</p>	<p>In small groups, workgroup members discussed “Workgroup Charter” Key Questions and recorded their responses on flipchart paper. Small group discussion guidelines were provided to help direct workgroup interaction. Small groups provided a brief report to the larger group.</p> <p>The answers provided below are grouped into themes based on the small group discussion / output:</p> <ol style="list-style-type: none"> 1. In reviewing the population health assessment, what are the most significant lifestyle issues that underlie the prioritized health improvement conditions identified in the SHIP? <ul style="list-style-type: none"> • Recurrent theme: West Virginians can frequently have a fatalistic attitude—that is, nothing can be done to change a problem—and this perspective can create a road block to changing unhealthy behavior(s) • Recurrent theme: Health care delivery in West Virginia is episodic and often focuses on treating symptoms and not the underlying disease • West Virginians generally have a sedentary lifestyle and lack of physical activity • West Virginians often have a poor diet and nutritional habits • West Virginians lack access to programming and resources to change unhealthy lifestyles or behavior(s), such as substance abuse treatment, healthy eating options, education / information on available programs, etc. • Some West Virginians have a fear of or aversion to visiting a health care provider • West Virginia’s health care system(s) lack accountability / support to ensure patients are meeting benchmarks or goals established in consultation with their health care provider(s) 2. What are the barriers to effectively modifying behaviors that lead to healthier lifestyles? <ul style="list-style-type: none"> • Recurrent theme: West Virginia has a culture that does not place a high priority on public health, healthy living and wellness • Recurrent theme: West Virginians have limited access to appropriate health interventions and resources
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- **Recurrent theme:** West Virginia has many “food deserts,” which makes finding healthy food a challenge
- There exists a strong marketing / media presence for unhealthy foods and behaviors, such as eating fast and convenience foods, drinking alcohol and/or smoking / chewing tobacco
- West Virginia consumers may lack the public health knowledge to make better nutritional choices
- Political leaders have not made healthy living / lifestyles areas of legislative priority
- West Virginia typically separates mental health diagnoses and treatment from primary care, making it difficult to coordinate care and adequately address the health care needs of that population

3. What are the patient engagement and education needs to accomplish the health improvement objectives?

- **Recurrent theme:** West Virginia political leaders making it a priority to change the status quo of the health care delivery system
- **Recurrent theme:** Health care delivery in West Virginia is episodic and often focuses on treating symptoms and not the underlying disease—need a more whole-person orientation to health care
- West Virginia should provide community-based care coordinators to provide direction / guidance regarding a patient’s care and avoid duplicative services, unnecessary costs and reduce the burden to the health care system
- West Virginia should include a cultural component to health care coordination and throughout service delivery layers
- West Virginia must better integrate community-based institutions, such as public schools, into the health care delivery system
- West Virginia should incorporate comparative effectiveness research into the training of health care providers to increase awareness of best practices

4. What is the focus population for our approach? What are the prioritized recommendations of this workgroup to engage our population in improving health?

- Target West Virginians of low socio-economic status

	<ul style="list-style-type: none"> • West Virginia should focus on age bands and develop different strategies for these five groups: 1. Prenatal, 2. Early Childhood, 3. Youth / Adolescent, 4. Adult and 5. Senior, with specialized outreach to those in those age bands for minority populations • Focus on West Virginia children—the younger the intervention, the better • Emphasize engagement of the decision makers in families, such as patriarchs / matriarchs <p>5. How should the interventions be prioritized at the patient level for impactful population health change?</p> <ul style="list-style-type: none"> • West Virginia should look to implement interventions that intersect and are applicable for several targeted or chronic diseases / comorbidities • West Virginia’s care coordination model should seek to link patients to community-based resources • West Virginia should track obesity, nutrition, tobacco use / substance abuse as a “vital sign” and chart for every patient encounter • West Virginia should develop a community care team that best addresses the mix of providers needed in a given region or locale—not a one-size fits all care coordination model • West Virginia should focus on super utilizers of the health care system
<p>Potential Strategies Around Areas of Focus: Small Group Discussion</p>	<p>In small groups, workgroup members discussed and identified potential key strategies for each of the three (3) State Health Improvement Plan areas of focus (1) obesity, (2) tobacco use and (3) behavioral health and recorded their responses on flipchart paper. Small group discussion guidelines were provided to help direct workgroup interaction. Small groups provided a brief report to the larger group.</p> <p>The answers provided below are grouped into themes based on the small group discussion / output:</p> <p>Obesity</p> <ul style="list-style-type: none"> • Expand and bolster community-based initiatives such as the “Try This” campaign to develop local solutions to local health problems • Deploy community care teams to serve different regions of the state • Eliminate SNAP benefits paying for unhealthy foods • Consider implementing / increasing a sugar / sweetened beverage tax

	<ul style="list-style-type: none"> • Work with non-grocery stores that sell foodstuffs, such as Dollar General and Family Dollar, to offer healthier options • Health impact assessment / Health in All Policies (HiAP) • Offer insurance premium incentives for healthy lifestyles / activities • Better advertise and promote active and healthy lifestyle initiatives such as Complete Streets and schools as community hubs <p>Tobacco Use</p> <ul style="list-style-type: none"> • Increase the excise tax on tobacco products • Integrate smoking cessation specialists into community care teams • Engage in a positive message campaign to avoid tobacco rather than a negative or consequences-driven campaign • Further increase premiums for insureds using tobacco • Expand clean air ban scope to other types of places and to each county in West Virginia <p>Behavioral Health</p> <ul style="list-style-type: none"> • Deploy community care teams to serve different regions of the state, with behavioral health as a component of the team • Integration of behavioral health with primary care • Further develop clean needle exchange programs • Expand prescription drug take back / amnesty programs to reduce diversion and abuse of medications • Increase provider availability so consumers can access behavioral health services • Provide transportation for prevention programs covered by Medicaid • Work to eliminating / lessening the stigma in seeking behavioral health care
Public Comments	None

Next Steps, Action Items and Assignments	The next Better Health Workgroup meeting will be held on Tuesday, August 18 th from 9 a.m. – 12 p.m. at the West Virginia University Health Science Center in Charleston, West Virginia.
Parking Lot	<p>Items / questions identified at the workgroup session that need further attention are:</p> <ul style="list-style-type: none"> • What is the definition of an “Advanced Primary Care Health Delivery System?” Is it different from a patient-centered health care delivery system? • The “Workgroup Charter” seems to focus on disease and providers rather than health promotion. Is this the case? • The HIT Workgroup should be aware that our current electronic health record systems do not include questions / fields for identifying or documenting “social determinants” such as housing / homelessness, educational attainment, etc. This makes it difficult to assess a patient in a holistic manner.

Suggested Ideas for Additional Workgroup Members:

- WV Department of Education, Rick Goff – Office of Child Nutrition, Becky King, Josh Grant
- Department of Agriculture
- Early Child Care expert – Dr. Jamie Jeffrey
- WV Wellness Council – Adam Flack
- Consumers
- WV State Medical Association
- Behavioral Health
- BMS – Cindy Beane
- MH – Peg Moss
- BCF – Nancy Exline
- Youth
- American Heart Association – Christine Compton
- WV Chamber of Commerce
- WV Legislature
- WVU Center on Excellence in Disabilities