



Population Health Workgroup

Meeting Minutes:

DATE: September 2nd, 2015
LOCATION: PTC Building, 450 West State Street
3rd Floor Conference Room A

Agenda Item	Discussion (Key Points, Decisions, etc)	Objective/Decision Needed	Due Date	Responsible Person
Introductions	Round robin			Shaw-Tulloch
Review of 7/23/15 Meeting	<p>Review Action Items from Last Meeting</p> <ul style="list-style-type: none">Review of meeting materialsMeetings from prior meeting approvedReview of action items - Charter review - no comments received. Charter has been finalized and submitted to Mercer. May be updated as the workgroup evolves.Cynthia York -Charters will be submitted to IHC workgroup this week. If no feedback from today's meeting will be considered final.	Ensure actions were completed		Shaw-Tulloch
Population Health Data Matrix	<p>Review the catalog of SHIP clinical measures, <i>Get Healthy Idaho</i> measures, and Leading Health Indicators to identify population health measures to recommend to the IHC</p> <p>PHWG will make recommendations to the IHC for which measures we should follow. Elke developed draft of measures to begin the conversation. The intent of today is to begin conversations. Identified performance standards are: Access to Care, Diabetes, Tobacco, Obesity,</p>	Identification of population health measures		Shaw-Tulloch

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	<p>Respiratory Health, and Immunizations.</p> <p>The matrix includes measures from Get Healthy Idaho, SHIP, Leading Health Indicators, 1305 Chronic Disease Grant, and the Qualis Healthy Hearts Northwest. An internal Department group will review matrix and make recommendations back to PHWG for measures to submit to IHC in October. Those measures would then be shared with the data analytics contractor to develop dashboards for Regional Health Collaboratives and PCMHs. Certain clinical measures not included because they did not directly align with bigger performance standards. Anticipate presenting back to PHWG prior to next IHC meeting.</p> <p>Feedback- good start Questions: Respiratory Health is misleading because it is not intuitively Tobacco. Plan is to include both tobacco and asthma under this.</p>			
Health Neighborhood	<p>Develop working definition of the health neighborhood to recommend to the IHC</p> <p>List is not all inclusive at this point. Just to get people recognizing the function of a health neighborhood.</p> <p>Feedback - health neighborhood is better than medical, all positive, broader scope. First time there is a connection felt among community organizations outside of medical. Maybe still to medical with terminology, but definitely better.</p> <p>Where do social determinants of health fit in with the definition? Need to think more about why a health neighborhood is so important, continually think broader. Possibly add a role of community leader - could mean health leaders, church leaders, business leaders etc.</p> <p>Discomfort about including specific entities to the accidental exclusion of</p>	<p>Definition created</p> <p>Provide feedback to Elke within next 2 weeks.</p>	<p>Sept 25</p>	<p>Rackow</p>

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	<p>others. Maybe we need to group and broaden. Cynthia - need to keep specialists front and center because they are the first outreach in these regional groups. Neva Santos - agreed, suggested to ensure we keep them in the definition. Support creating categories that include these groups.</p> <p>Chris H. - Propose 2 definitions</p> <ol style="list-style-type: none"> 1. Medical neighborhood (providers, specialists, etc) 2. Health neighborhood (define as broader) <p>Supported by the group</p> <p>Rene - is another group already defining Medical Neighborhood because we are the population health workgroup. Don't veer from purpose of the workgroup....leave it to IHC to merge</p> <p>Cynthia - thinks the definition meets the request of the IHC to define population health</p> <p>Planning to take to IHC next week, but waiting on Dr. Epperly's feedback.</p> <p>Final comments - This is a good definition that is inclusive. Move forward with it.</p>			
PHWG Charter	<p>Review the PHWG Charter as provided by Mercer</p> <p>Walked through charter with the group</p> <p>Business Alignment - group comfortable</p> <p>Deliverable 1 – Get Healthy Idaho is complete</p> <p>Project risks, assumptions, and dependencies - importance of this section. Ongoing risk assessment should be done at each meeting. Need to be true to where the risks really lie. Risks are potential stumbling blocks to the success of the project. Things that could derail the project.</p> <p>Three risks identified:</p> <ol style="list-style-type: none"> 1. Lack of population health data to 	<p>Overview of charter and plan to further develop risks, associations, and dependencies</p> <p>Review risks, associations, and dependencies</p> <p>Provide Elke feedback on risks within 2 weeks.</p>	<p>Sept 25</p>	<p>Shaw-Tulloch</p>

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	<p>establish 'baseline': Date is too soon, we cannot make it, consider changing from 9/30/15.</p> <ol style="list-style-type: none"> 2. Data analytics contractor not collecting population health measures: Internal conversations have occurred since this was developed. Conceptual resolution may drop the risk from high to medium. Risk may be more appropriately the interdependence on data analytics contractor. Consider revising this risk. 3. Scheduling PHWG meetings with members: 4. Kathy T. proposed new risk - BRFSS funding for data reduced. High level risk. <p>Risk assessment should be a brainstorming session to identify new/evolving risks.</p>			
<p>Update on Regional Health Collaboratives and Virtual PCMH</p>	<p>Review the regional health collaboratives status</p> <p>All SHIP managers hired, not all started yet</p> <p>Some health districts have met with their champions already.</p> <p>CHW - deliverable is recommendation of curriculum to IHC by October. Goal: 200 CHW trained in Idaho in 4 years. Need to still identify the curriculum and how it will be delivered. Need to get CHWs on advisory group this month.</p> <p>CHEMS - curriculum not a concern. Train 50 CHEMS, 36 community paramedics and 16 advanced EMTs. Identified 5 agencies- Miro will share with members. 12-15 will start training in January. Focus has shifted a bit to look at establishing programs, not so much training. Ada County Paramedics will partner with us to provide training.</p> <p>Telehealth - Working on expansion plan as part of SHIP goal. By end of November hope to have blueprint for plan over next 3 years.</p>	<p>Knowledge about the initiatives</p> <p>Miro will share the 5 CHEMS agencies with members of the workgroup</p>	<p>Completed</p>	<p>Barac</p>

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Participant List Review	<p>New member Jennifer Wheeler, Idaho Oral Health Alliance, member of IHC</p> <p>Will modify participant list to include SHIP managers if they will be working on PHWG.</p> <p>Anyone missing? IAAP - Others that have approached Elke -</p> <p>No feedback</p>	Introduction of new member		Shaw-Tulloch
Next Meeting Agenda	<p>Develop agenda items for October meeting and determine tentative date</p> <p>Next meeting prior to next IHC meeting</p> <p>Group preference – First Wednesday of each month @ 3pm</p>	<p>Schedule next meeting</p> <p>October 7 November 4 December 2</p>	<p>October 7 3:00 – 4:30</p>	Shaw-Tulloch