

Population Health Work Group		
11.17.2015	1:00 – 4:00 PM	Harrisburg, PA
<b>Meeting called by</b>	Secretary Karen Murphy	
<b>Type of meeting</b>	Population Health Work Group Meeting	
<b>Chairs</b>	Karen Hacker, MD, MPH, and Loren Robinson, MD, MSPH	
Population Health Initiatives Across the Commonwealth		
1:15 – 2:00 PM	Karen Hacker, MD, MPH	
<b>Discussion</b>	Dr. Hacker led a discussion on innovative population health strategies that are already underway across the Commonwealth. Examples included the Allegheny County Health Department- Live Well Allegheny, Temple University Health System- Community-based Care Transitions Program, Lancaster General Health- Care Connections, and the Keystone Rural Health Center- Cervical Cancer Screening Program.	
<b>Conclusions</b>	The Commonwealth will build upon these and other strategies as it develops the HIP Population Health Plan.	
<b>Action Items</b>	<b>Person Responsible</b>	<b>Deadline</b>
Participate in ad hoc meetings or webinars	Work Group Members	TBD
Population Health Priority Areas for the HIP Plan		
2:10 – 3:00 PM	Loren Robinson, MD, MSPH	
<b>Discussion</b>	<p>Dr. Robinson presented the five HIP population health priorities, which included childhood obesity/physical inactivity, diabetes (prevention and self-management), oral health, substance use, and tobacco use. Core strategies include exploring policy change, pursuing patient and provider engagement, and creating connections to other state and local plans such as the State Health Improvement Plan (SHIP) and the Community Health Improvement Plans (CHIPs).</p> <p>Stakeholders discussed how to operationalize these five priorities in different breakout groups. The group discussion focused on suggestions expanding the core strategies:</p> <ol style="list-style-type: none"> <li><b>1) Obesity:</b> We were asked to look both inside and outside of schools; suggestions included school gardens and incentivizing parents to participate in their child's health.</li> <li><b>2) Diabetes:</b> The focus was on utilizing evidence-based programming to get the best results. Suggested additions included engaging payers and broader public awareness groups, increasing utilization of programs by providers, and supporting programs such as the Healthy Corner Store Initiative.</li> <li><b>3) Oral health:</b> In order to move forward with water fluoridation, we were asked to define who is already working on this issue. Other strategies included developing baseline oral health data at the state level and engaging non-traditional stakeholders.</li> <li><b>4) Substance abuse:</b> In addition to the implementation of the Prescription Drug Monitoring Program (PDMP) system, we were asked to look at the integration of physical health and behavioral health, educate stakeholders on how to use the PDMP system, increase awareness of the use of naloxone, and work to ensure insurance is reimbursing for these services.</li> <li><b>5) Tobacco use:</b> In addition to focusing on smoking cessation among pregnant women, we were asked to look into the following: establishing a statewide dashboard where we can hold ourselves accountable for outcomes and looking at populations that incent tobacco such as the military.</li> </ol>	
<b>Conclusions</b>	The Health Innovation Center Team will take the input of the work group members and integrate them into the Population Health Plan to be presented to the group in February for discussion.	

Action Items		Person Responsible	Deadline
Use Work Group feedback to build tactics and metrics in Plan		DOH	February 2016
Population Health and Value-Based Payment			
3:00 – 3:45 PM	Karen Hacker, MD, MPH		
<b>Discussion</b>	Dr. Hacker led a discussion on the importance of the integration of population health outcomes and value-based payment methodologies. The discussion highlighted baseline data that will support these efforts and help with accountability, bridge the gap between hospitals and social service agencies, and clarify protected information in regards to behavioral health.		
<b>Conclusions</b>	The work group will continue to advance alignment of population health outcomes and value-based payment throughout the course of the HIP planning process.		
Action Items		Person Responsible	Deadline
Participate in follow-up webinars or calls		Work Group Members	TBD
Participate in second work group meeting to review preliminary plan		Work Group Members	February 2016

Note: Any policy suggestions included in the minutes do not reflect the Administration's position or intentions.