

Population Health Work Group – Session 3		
4.11.2016	1:00 PM – 3:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy, Department of Health	
Type of meeting	Population Health Work Group Meeting	
Chair(s)	Karen Hacker, MD, MPH, and Loren Robinson, MD, MSPH	
Introductions and Recap of Last Work Group Session		
1:00PM – 1:20 PM	Lauren Hughes, MD, MPH, MSc	
Discussion / Conclusions	Dr. Hughes led the work group through a recap of the goals of the work group, work group charter and timeline, and the vision and objectives for population health in the commonwealth.	
Population Health Path Forward and Group Discussion		
1:20– 2:30 PM	Karen Hacker, MD, MPH	
Discussion / Conclusions	Dr. Hacker discussed Public Health 3.0, which is an initiative that emphasizes cross-sectoral environmental, policy, and systems-level actions that directly affect the social determinants of health. Dr. Hacker also presented the strategic direction for population health in the health innovation plan, engaging stakeholders directly about their questions and comments about the direction laid out in the strategy. The commonwealth's strategy includes:	
	<ul style="list-style-type: none"> • Addressing childhood obesity and inactivity through existing programs and working with schools. Specific new recommendations from work group members: <ul style="list-style-type: none"> ○ Target childcare, because a number of children are already pre-diabetic at early years ○ Take advantage of parks and trails to encourage physical activity ○ Consider the cost of improved nutritional requirements and/or competing interests in schools. Selling sodas and candy may send a conflicting message 	
	<ul style="list-style-type: none"> • Promoting prevention and self-management of Type-2 diabetes among high-risk populations. Specific new recommendations from work group members: <ul style="list-style-type: none"> ○ Conduct more and earlier screenings, targeting children especially ○ Focus on medication compliance ○ Work with insurance to cover the diabetes prevention program (DPP). Currently, the cost is preventing some from getting access to the program ○ Leverage community health workers, peer support and family members, which has been shown to be effective 	
	<ul style="list-style-type: none"> • Working to improve oral health of children by collaborating with family medicine providers, pediatric dentists, and pediatric providers. Specific new recommendations from work group members: <ul style="list-style-type: none"> ○ Take a family approach (oral hygiene of the children will likely be dictated by the habits of the family) ○ Consider looking at other diseases at the same time (e.g., diabetes can often be revealed in dental health visits) 	
	<ul style="list-style-type: none"> • Focusing on substance abuse, especially opioid addiction as a major health crisis for the commonwealth. Specific new recommendations from work group members: <ul style="list-style-type: none"> ○ Target children through programs such as Lifeskills. A survey being conducted by the Department of Education will provide data that can serve as a baseline. ○ Develop a strong network of treatment options to make sure that once someone is identified, they can be immediately referred ○ Investigate the concept of using drug money seized by law enforcement as a funding source for drug prevention programming ○ Encourage use of the PDMP through a seamless user interface that does not require multiple log-ins and entries (i.e., does not put an undue burden on providers) 	

<ul style="list-style-type: none"> • Curbing the use of tobacco products among women of child-bearing years. Specific new recommendations from work group members: <ul style="list-style-type: none"> ○ Potentially use the state's policy levers to <ul style="list-style-type: none"> ▪ Eliminate exceptions to the Clean Indoor Air Act ▪ Limit the sale of tobacco products to minors ▪ Restrict smoking on college campuses ▪ Tax non-cigarette tobacco products ▪ Eliminate smoking at (and around) government buildings 		
<ul style="list-style-type: none"> • Additional stakeholders to include: <ul style="list-style-type: none"> ○ Municipalities ○ Department of Parks and Recreation ○ Local area aging agencies (AAA), aging population (grandparents raising grandchildren) ○ Faith based communities 		
Update on overall HIP Strategy		
2:45 –2:55 PM		Lauren Hughes, MD, MPH, MSc
Discussion / Conclusions	Dr. Hughes presented the overarching HIP strategy, an implementation timeline, and discussed the opportunity for work group members to give their feedback.	
<p>The Commonwealth has determined a set of drivers for its approach to achieve its goals to improve population health, improve health care quality and care experience, and reduce costs.</p> <ul style="list-style-type: none"> • Payment reform: The Commonwealth will focus on establishing a target for the percent of care paid for under a value-based reimbursement structure through the use of advanced primary care, episode-based payment, and global payments • Transparency: The Commonwealth will promote price and quality transparency through broad primary care transparency for all data users, consumer health literacy, and “shoppable” care transparency for both commodities and episodes of care • HIT: The Commonwealth will drive the expansion of a statewide HIE, support the efforts to determine the feasibility and capabilities of an APCD, work to spur the use of telehealth, develop a population health dashboard, and promote the use of the PDMP • Health Care Transformation: The commonwealth will focus on efforts related to community health workers, oral/dental health access, integrating behavioral health, data analytics and collection, tele-health expansion, primary care workforce, and rural health access and quality 		
Closing and Next Steps		
2:55 – 3:00 PM		Lauren Hughes, MD, MPH, MSc
Action Items	Person Responsible	Deadline
Provide access to a preview copy of the complete HIP plan	DOH	Late April
Provide feedback on HIP plan	Work Group Members	Early May