

Population Health Work Group – Session 2		
2.17.2015	9:00 AM – 12:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy	
Type of meeting	Population Health Work Group Meeting	
Chair(s)	Karen Hacker, MD, MPH, and Loren Robinson, MD, MSPH	
Introduction and Recap of Last Work Group Session		
9:00 – 9:15 AM	Lauren S. Hughes, MD, MPH, MSc, FAAFP	
Discussion	The work group was kicked off with a recap of the previous population health work group and brief overview of conclusions from the other four work groups.	
	<ul style="list-style-type: none"> ▪ Reviewed timeline for HIP Plan development and stakeholder engagement. ▪ Discussed desired outcome of the meeting to consider metrics to support the strategies and tactics associated with the five health priorities. ▪ Shared preliminary conclusions from other work groups that affect population health. 	
National Diabetes Prevention Program		
9:15 – 10:30 AM	Ann Albright, MD, Director, Division of Diabetes Translation, CDC	
Discussion	Dr. Albright shared the National Diabetes Prevention Program (DPP) as a case study to frame public health outcomes with value-based payment methodologies.	
	<p>Several aspects of the DPP can be applied to similar efforts in Pennsylvania. In particular, how to:</p> <ul style="list-style-type: none"> ▪ Apply a value-based payment model using an evidence-based approach through: <ul style="list-style-type: none"> ○ Identifying effective metrics (weight loss and attendance, in the case of the DPP) ○ Employing economic incentives at both the program and individual levels to positively alter lifestyle choices and improve health outcomes ▪ Use the state to organize participation, convene stakeholders, and promote the program. ▪ Garner the participation of payers, providers, patients, employees, and the community at-large. ▪ Leverage technology to support data collection. 	
	<p>Work group discussion focused on:</p> <ul style="list-style-type: none"> • Sustainable funding for local YMCAs • Use of lay providers in the local DPPs • Scalability at the local level • Whether DPPs allow for free or low-cost access • Sources of startup funding • County level data to identify and monitor the at-risk population (pre-diabetics) 	
Health Equity and Population Health Metrics		
10:40 – 11:00 AM	Loren Robinson, MD, MSPH, and Karen Hacker, MD, MPH	
Discussion	Dr. Robinson advised the work group of the importance of considering health equity in population health. Health inequities occur in a number of areas (i.e., length and quality of life, rates and severity of disease, etc.). Dr. Hacker provided an overview of the strategies, tactics, and metrics identified for the five health priorities.	
Population Health Focus Area Exercise		
11:00– 11:50 AM	Stephanie Koppersmith, MPH, CHES	
Discussion	All attendees split up into break-out groups for the exercise. Each break-out group focused on one of the five health priorities: childhood obesity, diabetes (prevention & self-management), oral health, substance abuse, and tobacco use.	

Childhood obesity:		
<ul style="list-style-type: none"> ▪ Tactics: Focus on promoting healthier nutrition and more activity at school. ▪ Metrics: BMI from schools; DOH to validate height and weight data; release evidence-based best practices around wellness committee policies, “brain breaks”, school gardens, and funding sources 		
Diabetes:		
<ul style="list-style-type: none"> ▪ Tactics: Participate in National DPP and healthy corner store initiative (HCI) ▪ Metrics: Number of stores participating in HCI; provider referrals to DPPs 		
Oral health:		
<ul style="list-style-type: none"> ▪ Tactics: Collaborate with other ongoing programs; focus on water fluoridation efforts and promote dental care through primary care providers ▪ Metrics: Education for communities on benefits of water fluoridation; percent of providers who provide regular oral health assessments at well child visits; and percent of providers who provide dental sealant or varnish applications to children ages one to three 		
Substance abuse:		
<ul style="list-style-type: none"> ▪ Tactics: Continue effective efforts at care coordination ▪ Metrics: Number of prescribing guidelines developed; number of dispensers and prescribers using the system, and passage of regulations or legislation to support payment reform 		
Tobacco use:		
<ul style="list-style-type: none"> ▪ Tactics: Focus on pregnant and reproductive aged women ▪ Metrics: Number of patients (women ages 18-44) referred to the PA Quitline; number of hospitals/health systems that require inpatients' direct handoff to PA Quitline; and percent of conversion (enrollment) rate 		
Conclusions		
Overall		
<ul style="list-style-type: none"> ▪ Align on specific metrics and data sources to establish population health outcomes at baseline and future monitoring of outcomes ▪ Incorporate feedback from the work group on metrics to determine direction for the HIP plan 		
Closing and next steps		
11:50 AM – 12:00 PM	Stephanie Kuppersmith, MPH, CHES	
Action Items	Person Responsible	Deadline
Participate in follow-up webinars or calls	Work Group Members	TBD
Review and reflect on draft provided ahead of the next work group meeting	Work Group Members	April 4, 2016
Participate in third work group meeting to refine population health strategies and identify interdependencies with other work groups	Work Group Members	April 2016

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