

Public Health Council

Friday February 6, 2015
American Family Insurance National Training Center
A-Building, Room A-2142
6000 American Parkway
Madison, WI 53783
9:00a.m. – 2:00p.m.

Council Members Present:

Ms. Mary Dorn; Dr. Gary Gilmore; Mr. Dale Hippensteel; Mr. William Keeton; Mr. Bob Leischow; Dr. James Sanders (online); Ms. Stephanie Schultz; Mr. Jay Shrader; Ms. Joan Theurer; Mr. Thai Vue; Mr. Michael Wallace (online); Dr. Darlene Weis

Council Members Excused:

Mr. Terry Bradenburg; Ms. Bridget Clementi; Dr. Sandra Mahkorn; Dr. Alan Schwartzstein; Mr. Mark Villalpando

Division of Public Health (DPH) Staff:

María M. Flores	Program & Policy Analyst, Minority Health Program
Tasha Jenkins	Director, Office of Policy and Practice Alignment
Karen McKeown	Division Administrator and State Health Officer
Kim Whitmore	Policy Section Chief, Office of Policy & Practice Alignment

ACRONYM GUIDE & LINKS

DHS	<u>Wisconsin Department of Health Services</u>
DPH	<u>Wisconsin Division of Public Health</u>
HW2020	<u>Healthiest Wisconsin 2020 / State Health Plan</u>
MHLC	<u>Wisconsin Minority Health Leadership Council</u>
PHC	<u>Public Health Council</u>
SIM	<u>State Innovation Models Initiative</u>

Meeting commenced at 9:15am.

OPEN FORUM

None. Bill Keeton took a few moments to share highlights of the DHS budget.

ELECTIONS OF OFFICERS

Acting on behalf of Nominating Committee Chair Bridget Clementi, Thai Vue explained the voting process. Dr. Gary Gilmore assisted Thai with the process.

There were no nominations from the floor.

Each candidate named on the ballot made a few remarks to the group.

RESULTS:

- **Chair:** Bill Keeton
- **Chair Elect:** Thai Vue and Dr. Gary Gilmore asked the Council to consider a voting situation. Bill Keeton was also on the ballot for Chair-Elect, and he received a few votes. They asked the Council to decide if they want to leave Bill out of the Chair-Elect position and those present cast votes again (because votes for Bill came from those in the room), or leave Bill and his votes in the mix and go with the plurality vote. Mary Dorn suggested revisiting the voting process for future elections.

The Council decided to go with the plurality of votes for Chair-Elect.

- **Chair Elect:** Dr. Darlene Weis
- **Secretary:** Mary Dorn

Dr. Darlene Weis and Mary Dorn are Interim Officers until they complete one year on the Council per the Rules of Order §1.05(2).

COUNCIL BUSINESS

Review of Minutes of December 5, 2014

- Dr. Gary Gilmore moved to approve as distributed.
- Dr. Darlene Weis seconded.
- None opposed.

Health Equity Liaison to the Wisconsin Minority Health Leadership Council:

- Bill Keeton briefed the Council about a Council member representing the Council at WI Minority Health Leadership Council quarterly meetings (the next meeting is in Racine on March 12). This is a first step for the Council to identify, increase interaction/find ways to work together with other Boards and Councils. This individual would have a standing agenda item in Public Health Council meetings. At a previous meeting, three individuals were identified as being interested in forming an ad-hoc health disparities committee: Dr. Alan Schwartzstein, Mark Villalpando, and Thai Vue volunteered. The Executive Committee decided that the best course of action right now would be a liaison to the Minority Health Leadership Council.
- Thai Vue brought up the possibility of all three people switching off liaison duties and working together between MHLC meetings. Bill Keeton felt that one person could be the primary point of contact, and another could be a liaison. Dr. Schwartzstein and Mark Villalpando will be followed-up with to see who would be interested. Thai Vue could be the primary point of contact with either Dr. Schwartzstein or Mark as a liaison.
- Bill Keeton will consider if this type of relationship is something that should be formalized in the future.
- Kim Whitmore stated that the Public Health Council may ask other Councils or Boards for updates.

Disparities Resolution

Now that Bill Keeton is the official chair, this will be disseminated. Dale Hippensteel stated that there is a need for awareness as minority health is at the top of the list for the health of the state.

Decision Making Guidelines

- Passed unanimously

LEGISLATIVE UPDATE

Alex Ignatowski

The session just started. There are a large number of new Assembly members and new Senators. The most pressing item is the budget for the next two years. Legislators will compare what the Legislative Fiscal Bureau and what the Department of Administration send out. Public hearings with the Joint Finance Committee start in a few weeks.

Major DHS areas affected by the budget are:

- Redesign of Family Care

- The Medicaid program and Long-Term Care will become one Division, making it more efficient, will include primary, acute care, self-direction. Public Health will take some of the Long-Term Care programs.
- Health assessments, possible drug testing, and options for free treatment for positive drug tests for childless adults in BadgerCare Plus.
- Aligning of SeniorCare with Medicare Part D along with many Medicaid efficiencies.
- Food safety in Public Health will be moving to Department of Agriculture, Trade & Consumer Protection (DATCAP).
- Immunization reimbursement in pharmacies.
- Residential treatment clarified in statute.
- Children's mental health moving from DFS to DHS and a streamlining of mental health programs.

Dr. Jim Sanders asked how the drug testing would be accomplished. Would it take place at a physician's or a government office? Alex Ignatowski replied that there is no information about this, but it would not be across-the-board drug testing.

Bill Keeton asked about premiums for risky behaviors, and what would those risky behaviors encompass? Alex Ignatowski replied that there has been no discussion at the department level as to the definition of "risky behaviors".

Upcoming legislation:

1. A bill from Sen. Lassa to add [Krabbe disease](#) into statute; however the Department wants to just put this into rule for newborn screening and not into statute.
2. Food safety. There are minimal training standards for kitchen workers. A new bill states that if there are five or less workers, they will no longer need to take a test, but will take a course or a test.
3. Heroin and opiate abuse. Rep. Nygren will probably come out this session again with more bills.
4. Efforts to streamline [DHS 75 - Community Substance Abuse Service Standards](#).

Bill Keeton stated with regard to food safety moving from Public Health to the Department of Agriculture, Trade & Consumer Protection (DATCAP). What type of change will this bring? Tattoo inspection will also move to the Department Of Safety & Professional Services (DSPS).

- Alex Ignatowski stated that he is not sure of the reasoning behind this.

Alex Ignatowski spoke about:

- The dental pilots are proposed in the following counties: Polk, Racine, Barron, and Brown. There will be increased Medicaid reimbursement for organizations

doing pediatric preventative and adult emergency dental services. The budget does not go into effect until July 1 of the second year of the biennium.

- The elimination of the IRIS (Include, Respect, I Self-Direct) program: IRIS is the self-directed option for long-term managed care; more people enrolled than expected, there are no cost efficiencies and controls are not there. This is a chance to reform the system, but he is unsure how it will be coordinated with clients.
- There was an audit on two family planning clinics that found some anomalies. There was a letter signed by some legislators to audit family planning services within DHS, then a call for the audit. It is not a targeted audit.

Bill Keeton stated that the Governor's budget proposal included efforts to reduce infant mortality; he would like Alex to discuss this at a future meeting.

COMMITTEE WORK

Bill Keeton stated that the proposed committee structure document included with the agenda reflects what was discussed in previous meetings. Members will need to identify themselves for a committee, select leadership, and if any changes to descriptions need to be made, make them within the committee.

Bob Leischow asked if there was any funding tied to the committees.

- Tasha Jenkins stated that there was not, but the Division wants to support the Council's work.
- Kim Whitmore stated that the SIM grant may bring some needed funds and personnel.

Jay Shrader asked how the Council's committees work with DPH? Would they function as a liaison to the programs, for example, Emergency Preparedness?

- Dr. Gary Gilmore stated that the Emergency Preparedness committee was more than just a liaison position to the State Preparedness Committee. It was a full standing committee that met on a regular basis. The question the Committees should think about is: what work would assist the Council to the highest degree? How will Committees give full updates to the Council?

Dr. Gary Gilmore stated that in the past, the Council actually attended a Homeland Security meeting, and we received their updates. We should not have one avenue to receive updates; for example, about new funding streams from CDC. The critical point is that the Council did not want to be in a position to scramble when there was an emergency.

Jay Shrader stated that the Programs should ask what they need from us in terms of advocacy. The updates are great from Programs and perhaps other Councils, but

where are they stuck? What is hindering them from doing their job? How can the Public Health Council be of assistance?

Robert Leischow stated that going back to the Council's mission (monitoring the state health plan) - how does the Council support an activity? For example, public health becoming part of healthcare coalitions? Are members the eyes and ears to bring issues back to the Council, or are we the ones who take action?

Mary Dorn asked if the Council has the authority to ask if Preparedness people could be part of committee meetings.

- Kim Whitmore reminded Council members that committees may contain members who are not on the Public Health Council to help support the work. She asked Jenny Ullsvik about how relevant the Council was preparedness, and Jenny stated there still is a need for advocacy.

Joan Theurer stated that there are some committees that will also have policy implications. Will the Policy Committee be the funnel for the other committees? There are issues that fit into many committees.

Bill Keeton stated that the Policy committee will be the external-facing committee.

Kim Whitmore stated that meeting times and frequency are determined by each committee. Council meetings should have times set aside for committee work.

Kim Whitmore gave a brief overview of the SIM grant prior to Craig Steele's presentation:

- The main purpose of the SIM grant is to improve health of the population.
- The period of performance for the planning grant starts February 1, 2015 and lasts one year.
- A workgroup was formed to help identify emerging priorities to the other workgroups. A large component of this is data analytics.
- It aligns with *HW2020*, and there are opportunities to leverage resources. As we identify priorities to SIM, we must consider 4 areas (obesity, diabetes, behavioral health and tobacco use), unless Wisconsin can prove otherwise. We also must pick sub-priorities. There may be additional priorities we can add to the list.
- There is a population health workgroup with similar charges to the Public Health Council.
- Disparities issues are huge and that is why the grant needs partner engagement. There are multiple layers of partners.

DATA PILOT PROJECT – Local & Tribal Health Departments

Kim Whitmore

- Nancy Young of the Institute for Wisconsin's Health, Inc. will attend the April Council meeting to demonstrate the data platform hub, Community Commons. This project aligns with the work of the state health plan. This platform allows one-stop access to nationally available data sets, and allows for local agencies to add their own jurisdictional data. It contains powerful reporting functions and customizable tools. There are thirteen local agencies that applied to have their own hublet during this pilot period. A proposal to the Partnership Grant was put through to receive additional funding.
- Mary Dorn stated that her county is one of the pilot counties. All data sources are in one place rather than accessing different sources to get needed information.

HW2020 MID COURSE REVIEW

Kim Whitmore

The Mid-Course review will be discussed in depth at the next Council meeting. The State Health Plan is aligning with the SIM grant. *HW2020* Staff (Kim Whitmore and Maria M. Flores) started strategic planning. There is a potential to bring in an AHEC (Area Health Education Center) student this summer to help on activities. Kim Whitmore is working on leadership to fund a fellow for *HW2020*, specifically on policy implications of the State Health Plan and marketing.

Bill Keeton stated that the Chair's letter regarding staffing support and infrastructure for the State Health Plan is now moot because of the SIM grant.

COUNCIL UPDATES

DPH Updates:

Karen McKeown, Administrator and State Health Officer

- A lot of effort went into Ebola planning. There was a traveler in Wisconsin who was cleared so the partnership and planning worked perfectly. How can we build on how we prepare for emergencies, and apply what was learned with this particular planning?
- [Well Woman Program](#). The Program proposed modifications, nearly all of which are moving forward in their entirety. It may not make sense to have this located in every health department, but have the WWP within multi-jurisdictional agencies. The WWP is one of the few DPH programs that is affected by the ACA

- Flu. It is a terrible flu season; the vaccine was a poor match - only 23% effective. DPH is encouraging long term care settings to administer Tamiflu to all residents. Hospitalizations this year are as high as they were in 2009. DPH tapped into the stockpile. She asked the Council what the messaging should be.
 - Mary Dorn stated that messaging should be about data and statistics.
- Measles. There is the current outbreak at Disneyland. Several people in Wisconsin have been tested, and several states surrounding us have cases.
 - Dr. Gary Gilmore stated that there have been multiple responses by the public to the current measles outbreaks in the U.S. For example, some parents continue to raise the question of whether to immunize their children, and some physicians are curtailing services to parents who don't immunize. How are we in Wisconsin preparing to respond to the various inquiries and requests for clarification with accurate information and examples?
 - Karen McKeown stated that the Immunization Council feels providers need to be prepared to talk to people at the level they are at - this is the best way to approach it.
 - Bill Keeton asked if there are ways to look at lowering the age of targeted individuals at pharmacies.
 - Karen McKeown stated that the Division of Public Health approached Medicaid to ask if pharmacists can do HPV vaccines and she thinks they expanded other vaccines.
- Thai Vue asked about the messaging to diverse populations; he hardly ever hears about vaccinations, or flu shots. What would it take to get the message out to these populations?
 - Karen McKeown stated that the Division of Public Health puts out a lot of publications, and we need to figure out how to get all these publications translated.

Emergency Preparedness:

Joe Cordova, Public Health Emergency Preparedness Program Manager

- They are working with local health departments with vaccination exercises.
- They are working with local health care coalitions' strategic planning.
- They are working on grants. There is an additional \$2.2M in Ebola funding. They are awaiting funds for hospital preparedness; which will be about the same as last year.
- The Public Health Emergency Preparedness Advisory Committee met yesterday; the next meeting is in April. They meet in Madison at the Holiday Inn or Crowne plaza, from 10:00am – 2:00pm. The meetings are also accessible via Adobe Connect.

SIM GRANT

Craig Steele

Craig Steele gave a slide overview of the SIM Grant.

- The Centers for Medicare and Medicaid Services allocated about \$1bn for states to come up with innovative models to transform the health care system. Wisconsin has two steps: to create a State Health Care Innovation Plan (now through the beginning of 2016), and then submit the plan with the intent of receiving an implementation plan.
- The Statewide Value Committee (comprised of healthcare providers, state government, payers and purchasers) has been meeting since 2011 to discuss progress in health care value.
- There is a blank sheet for Wisconsin to tell CMS what the needs are. The SIM Goals align with the specific population health template given by CMS. Behavioral health is integrated into primary care across all settings.
- SIM work structure: UW Population health will do evaluation and monitoring, and an independent actuary is necessary. A letter was sent out to possible stakeholders asking for input; will require a minimum 4-8 hours/month. Wisconsin is leveraging expertise in several fields bring forth what is needed in the State Health Care Innovation Plan.
- There is a need to look at what Health Information Technology is needed to move it forward, and what information they need.
- By January 2016, a State Health Care Innovation Plan will be ready to submit for further funding, along with a testing application. There are 11 points of criteria for a high level of patient engagement. There are 9 guiding principles. One of first steps is to conduct an environmental scan for a population focus for delivery.
- Workgroups will look at a systematic way of delivering care for the patient and the population. The workgroups contain 8-12 volunteers, and not too many of the same type of representation. The advisory groups can be large.

Thai Vue asked what the plan was to address diversity, what was the accountability, and what are specific outcomes? Often the biggest issues are named in these types of initiatives, but we get the same results.

Craig Steele stated that the focus is population health, for example, obesity is one focus. Segments of the population need to be identified to see who is affected; perhaps there is a portion of that population that is a "higher cost".

Robert Leischow asked how will the strategies improve population health - will it inform the Community Commons database? What is envisioned for statewide alignment?

Craig Steele stated that the delivery model is not necessarily *just* health care delivery, for example - care coordinators at hospitals working with children with complex needs. The grant is not just concerned with the health *care* of patient, but everything else that might impact the patient. Other states call this a “life coach”. Changes have to be made in care delivery model, and get hospitals invested in this preventative care. They will look at all assets available in Wisconsin and in other states.

Joan Theurer stated that the population health of other countries is higher than ours, and it may help to looking at what other countries are doing. Have a conversation around the social determinants of health.

Dr. Gary Gilmore asked if this was a testing model. Craig Steele stated that the federal government is OK with testing models that fail, but they want to see that these models have been tried.

If Council members are interested in serving in an advisory capacity, or a future workgroup, contact Craig Steele or Kim Whitmore.

COMMITTEES

Bill Keeton stated that some Committee work should be accomplished during Council meetings. The committees identified are:

State Health Plan Committee:

Bob Leischow	Dr. Sandra Mahkorn
Jay Shrader	Joan Theurer
Thai Vue	Mike Wallace

Emergency Preparedness Committee:

Dale Hippensteel	(Joe Cordova, DPH)
Jim Sanders	

Public Policy Committee:

Stephanie Schultz	(Eric Ostermann, Badger Bay)
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- A roster of all other Councils and Boards will be discussed at the next Executive Committee meeting for developing any possible relationships.
- Staff will reach out to those not present and coordinate the first meeting of each committee. A SharePoint demonstration will be conducted at each of the first meetings.

Dr. Darlene Weis made a motion to adjourn.
Stephanie Schultz seconded.