

Prevention and Wellness Trust

Ch. 224 of the Acts of 2012

Prevention and Wellness Advisory Board

DPH Public Health Council Room

June 27, 2013

Meeting Minutes

Board Members present:

Lori Cavanaugh

Robert Bruce Cedar

Catherine Hartman

David Hemenway

Peter Holden

Stephenie Lemon

MaryLynn Ostrowski

Heidi Porter

Karen Regan

Susan Servais

Board Members not present:

Keith Denham

Tobias Fisher

Lisa Holderby-Fox

Paula Johnson

Guest Speaker:

David Seltz – executive Director for the Health Policy Commission

DPH and EOHHS Staff presenting:

Cheryl Bartlett,

Commissioner DPH

Ann Hwang, EOHHS

Tom Land, BCHAP

John Polanowicz, Secretary

EOHHS

Meeting began at 1:05

Welcome and introductory remarks by Commissioner Cheryl Bartlett

- Discussion of remote phone-in for emergency situations
- Brief overview of the charge of the board
- Introductions of board members

Conducting Business—Commissioner Bartlett

- Review of information regarding open meeting law
- Discussion of remote phone calls
- Motion to approve the use of remote attendance in case of emergency made by MaryLynn Ostrowski, second by Peter Holden—unanimous vote
- Conflict of interest discussion—board members noted that some of their organizations may be interested in applying and agree that they will likely need to recuse themselves from review of applications should that be the case
- Propose adding this to the next agenda for further discussion

Objectives—Commissioner Bartlett

- Review the agenda
- Understanding the responsibilities of the board
 - Consultation with the Commissioner
 - Developing guidelines for annual review of grantees that delivers a return on investment
- Overview of expenditure purpose

Background on Chapter 224—David Seltz, Health Policy Commission

- Path to affordable healthcare for the Commonwealth—Chapter 224 is the next chapter and phase of healthcare reform
- Underlying thread is to bring healthcare costs down 3.6% for each of the next two years—which may be adjusted over time
- This is not a one size fits all approach
- Investment in prevention is a major component—wellness, worksite wellness tax credit
- Discussion of Health Policy Commission
 - Want to track and understand evidence base and create sustainable policy that will create efficiencies in the long term
 - Transformation of the health care system in terms of costs and patient access; build the evidence base around impact on cost and savings; focus on policy recommendations rather than quick fixes
 - Evaluation of the changing marketplace in MA—cost, quality and access
 - Accelerating promising care delivery models—i.e. patient centered care homes—consider population health as we think about outcomes
 - Administer one time assessment from health care providers—those dollars will be distributed to PWTF, E-Health Institute, community health hospital, those ineligible for federal EMR money--\$135M over 4 years investing back into the community
 - Create stability and more efficient system
 - Mandate to coordinate with the other funds—need alignment outcomes, measures, leverage dollars to create a multiplier
 - Available funds will be skewed higher in year one because some decided to pay all in year one instead of over four years
 - Gaming licenses and funding from this source will be aligned with these other funds—innovation grants the Commission may issue in 2014
 - Community hospital program working toward first round of grants

How funds are allocated—Commissioner Bartlett

- \$60M over four years is not restricted by fiscal year
- Bill passed in October so the time to implement is further limited
- At least 75% must be spent on awards
- No more than 10% on worksite wellness
- No more than 15% on administration

Reviewing Grantee Progress—Commissioner Bartlett

- Develop guidelines for annual review made by each grantee (Dec 31)

Overview of the Commission on Prevention and Wellness—Commissioner Bartlett

- Opportunity for overlap with PWTF is being reviewed
- Outcomes with focus on impact on prevalence, reduction in costs, who benefitted
- Recommendations for continuation

Proposed Timeline—Commissioner Bartlett

- Meet monthly through September, release RFR the end of August
- No meeting in Oct and Nov—will hold bidders conference, review and score applications
- Recommendations for funding by December
- There will be work in between meetings to move this process along
- Question regarding who can apply to RFR—response: this is a collaboration, which can be institutions, municipalities, and community-based organizations provided they demonstrate collaboration and partnerships linking clinical and community resources
- Question regarding the timeline from RFR release to application due—response: 7-8 weeks, have already done some outreach
- Question regarding the timing of the bidders conference—response: goal is to hold it in early September

Initial Consensus—Guiding Principles—Commissioner Bartlett

- Evidence-based approaches
 - Literature, DPH campaigns such as Mass in Motion (33% reach), Community Transformation Grants
- Community-based approach
- Question regarding which communities can be targeted—response: the data will guide and neighborhood-level targeting is appropriate if supported by data and burden higher
- David Hemenway—comment regarding discrepancy between evidence-based and innovation/new ideas
 - Against the notion that we always use evidence-based as it inherently stifles innovation
 - If focus on just evidence-base, don't get innovative ideas
 - Good to use evidence base, but also want applicants doing innovative things
 - Should say evidence base *OR* innovative ideas
 - Must be more than only chronic disease—injuries should be included
 - Comment to use additional language to include injuries
- Comment from Stephanie Lemon— the intersection of innovation and evidence-base is how you implement; room on the local level to have organizations creatively implement programs that do have a solid evidence-base behind it—that should be kept in mind

Proposed Vision—Commissioner Bartlett

- We can adjust language to include injuries
- Proposed items to discuss:
 - Number of communities to fund
 - Internal discussion is to award 6-12 grants >\$1M each
- Karen Regan comment: will the bidding process only be once—Tom Land responds that the goal is to only go out to bid once
- Stephenie Lemon comment: agrees with the approach to fund a smaller number of grants

- Susan Servais comment: once we see what the proposals are should dictate the number of proposals we accept—Tom Land responds: the number of communities will be greater than the number of grants awarded, and we need to guide the scope of their applications
 - Susan Servais comment: Proceed with caution when putting out a number of anticipated awards so that people do not unnecessarily build up their proposals to reach a certain dollar amount
- Robert Bruce Cedar comment: are communities prepared for this—responses from other board members agree that communities have already been talking about this and are ready
- Part of the work of the board is to look at diseases and injuries and determine which diseases and interventions to target
- Peter Holden comment: If you are given the award, do you have flexibility once you get the award?
 - If it is too directive, it can be a pointless exercise because criteria are so specific that nothing gets done
 - Be sure to define all the strategies, but do not hold them in stone over the 4 years
 - Without flexibility some of these grants are going to fail

Preparing for the July 29th Meeting—Tom Land

- Overview of the notebook
- Review next steps and ‘homework’ needed before the next meeting
 - If consensus is apparent when reviewing ‘homework,’ DPH will begin writing that into the RFR and immediately draft what we can
 - Will discuss areas of divergence at July 29th meeting
- Monthly meetings through September, none in Oct and Nov
- Section 60 is highlighted for goals
- Section 276 highlights the measures for success
- Outline of the law itself
- RFR development
- Listening sessions on 7/17 & 7/18 across the state
- July and August meetings will lead to final version of the RFR
- Goal to complete RFR and do it well
- Bidders conference tentatively scheduled for Sept 9th
- Want to have letters of intent (LOI) as a requirement so we can establish review teams; working to determine if that is possible
- Would like some board members to participate in the review process
- Hope to finalize process in December and make recommendations of awards
- Contact Tom Land or Commissioner Bartlett if there are any questions, comments or concerns
- Propose funding a smaller numbers of grantees
- Clinical/community linkages are essential
- Data groups—requires greatest amount of attention
 - Healthcare costs overall
 - Need to have geographic sensitivity to make this effective
 - Looked at annual healthcare costs
 - Final graph shows the maximum return on investment
- Summary of geographic distribution—pockets of need and they are not the same across the map
- Data briefs with disease-specific information at the state level
- Look at evidence-based interventions as a starting point to gauge 3, 5, 10 year cost savings

- HOMEWORK: what you think the focus should be and brief narrative as to the rationale for your selections

Questions to guide decisions on priorities—Tom Land

- Positive ROI in 2-3 years as a strong consideration
- Health condition that is unique that may have efficiency
- Provide additional information on the evidence-base
- Look at disparities and which interventions may be most effective
- Tom Land will send electronic form with the questions

Introduction and remarks—Secretary Polanowicz

- Need examples that funding for prevention has impact on overall medical expenditures
- Interest in keeping the grant numbers small so that we will have a marked improvement on those measures and demonstrate a real ROI
- This is an opportunity to reinforce and prove the fact that prevention can make a difference
- This needs to be done in a timely way that will move the needle in the short term
- State ethics will join us to discuss recusal process

Closing comment

- Questions regarding consultation among group members—cannot have a quorum or sequential quorum in person or via phone to comply with open meeting law.

The meeting adjourned at 2:30 p.m.

Respectfully submitted,
Jenna Roberts
Susan Svencer