



Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

Prevention and Wellness Advisory Board July 29, 2013

Cheryl Bartlett, RN
Commissioner
Massachusetts Department of Public Health



Business to Conduct Today

- Approving the minutes from first Advisory Board
- Conflict of Interest
- Priority health conditions and interventions
- Stakeholder input (Listening Sessions summary)
- Guided Discussions:
 - Accountability
 - Partnerships
 - Sustainability



Objectives for Today's Meeting

- Understand the role and responsibilities of a “special” state employee with respect to conflict of interest laws
- Brief the Commissioner of MDPH on the benefits of conducting interventions for specific disease conditions, health events, and risk factors
- Brief the Commissioner of MDPH on recommended approaches for accountability, partnerships, and sustainability
- Discussing assignments and preparing for the next meeting 3



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Conflict of Interest

David Gionnotti



Priority Health Conditions

“Homework” Assignment from
1st Advisory Board Meeting



- Board members were asked to rate the potential for short-term health care cost savings for 13 diseases, risk factors, and health events.
- Members were provided 2-page fact sheets describing current evidence related to cost savings.
- Obesity, hypertension, and tobacco use were ranked as the highest priority by Board members.
- Stroke Care and cancer were rated as having the lowest priority.
- One member added “Violence” to the list and ranked it 8th.

Health Event / Risk Factor	Average Rank
Obesity	4.85
Hypertension	5.35
Tobacco Use	5.42
Substance Abuse	5.62
Asthma	5.77
Diabetes (Type 2)	5.77
Mental Health (Depression)	5.85
Oral Health	6.38
Cholesterol Control	6.50
Congestive Heart Failure	8.96
Falls Prevention	9.58
Stroke Care	10.04
Cancer	10.62



Discussion:

What Core Interventions Will Produce Short-Term Cost Savings

- Obesity
- Hypertension
- Tobacco Use
- ▶ Asthma
- Substance Abuse
- Diabetes (Type 2)
- ▶ Mental Health (Depression)
- ▶ Oral Health
- ▶ Cholesterol Control
- Congestive Heart Failure
- ▶ Falls Prevention
- Stroke Care
- Cancer



Stakeholder Input

Listening Sessions

4 open meetings, July 17th and 18th



Listening Sessions: Part 1

- **Populations of Focus**
 - Health disparities and regional issues
- **Partnerships**
 - Value of historical working relationships
- **Diseases/conditions**
 - Suggestions for new health conditions to consider
- **Interventions**
 - Balance between evidenced-based and innovation
- **Evaluation, Data Collection, Outcomes**
 - Set clear boundaries for DPH and community responsibilities



Listening Sessions: Part 2

- **Funding level**
 - Possibility of more grants with a distribution plan across the state
- **Readiness to move from capacity-building to implementation**
 - Need for clear plan to move to Implementation phase
- **Sustainability options**
 - Want a clear plan at outset but little experience in this area
- **Process/Communication/Infrastructure**
 - High expectations and the need for leaning Communities



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Accountability



Outcome measures defined by Chapter 224:

- Reduction in prevalence of preventable health conditions
- Reduction in health care costs and/or growth in health care cost trends
- Beneficiaries from the health care cost reduction
- Employee health, productivity and recidivism through workplace-based wellness or health management programs



Evaluation must provide recommendations on:

- If programs should be discontinued, amended or expanded and a timetable for implementation of these recommendations
- If the PWTF should be extended beyond 2016, or whether an alternative funding mechanism should be established



Applicants must demonstrate capacity to:

- Enhance clinical-community relationships
- Identify and address community residents' barriers to optimal health, including chronic diseases and risk factors
- Create and maintain list of community resources
- Develop and maintain capacity to link clinical records to use of community resources
- Track use and impact of community referrals through electronic health records
- Use a Quality Improvement model for improving clinical processes and ensuring appropriate referrals to community resource



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Partnerships



Evidence of strong partnerships may include:

- Demonstrated history of collaboration, including outputs such as reports or policies passed
- Roles and responsibilities of each organization
- Process for joint decision-making
- Agreement on preliminary milestones and timelines for the capacity-building phase
- Evidence of collaboration in the project budget



What Defines a Strong Partnership?

- As part of the RFR, applicants will need to demonstrate they have formed meaningful community-clinical partnerships
- Partnerships must represent a variety of sectors within the community and clinical settings, as well as a plan to bridge the gap between these settings
- What else?



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Sustainability



Sustaining Initiative Beyond 4 Years

- Policies and procedures implemented in each organization and/or community
- How policies have been integrated across organizations
- Plans for collaboration in seeking additional funding sources
- Partnership with a 3rd party funding source

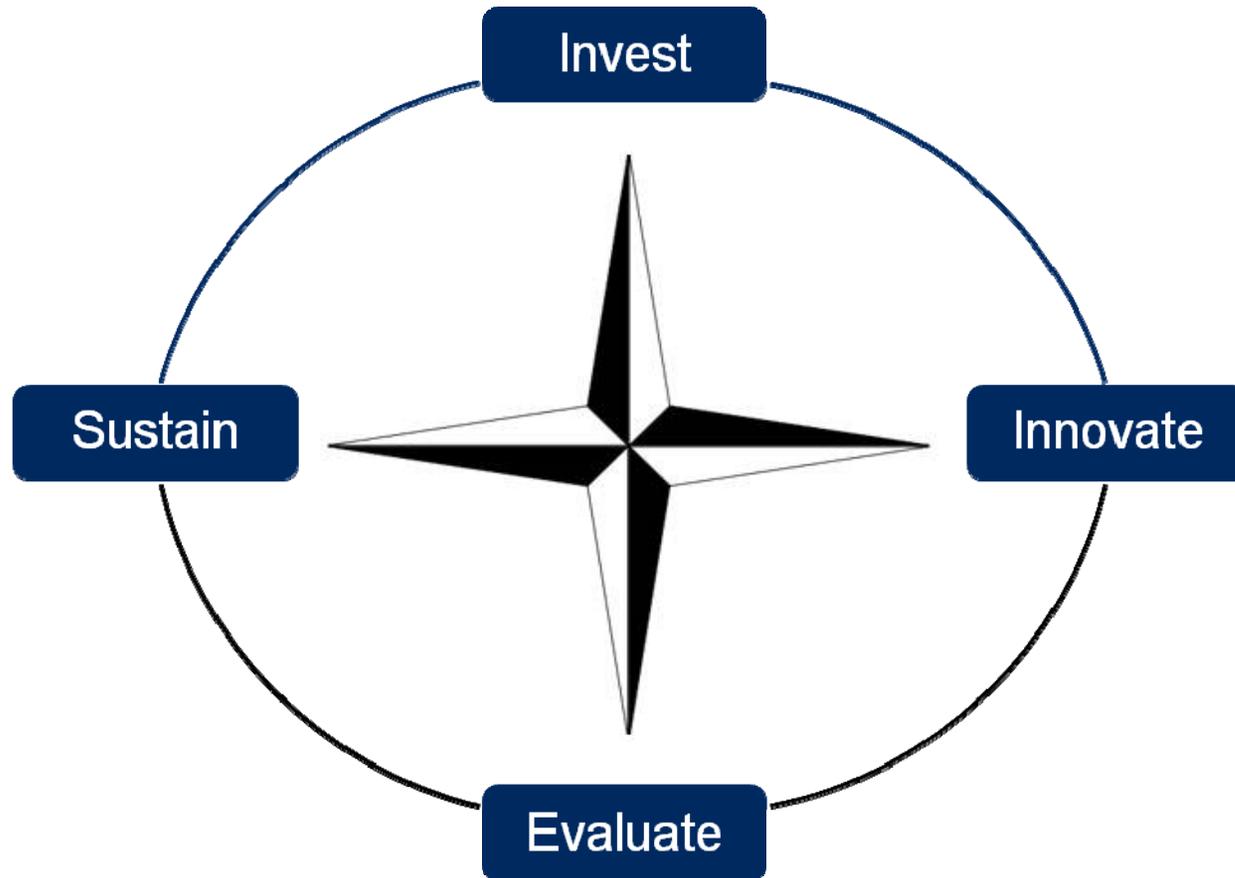
Health Policy Commission CHART Grant Overview

Prevention and Wellness Trust Fund Advisory Committee
July 29, 2013



HPC CHART Grants

Community Hospital Acceleration, Revitalization, and Transformation
Charting a course for the right care at the right time in the right place



WORKING DRAFT – FOR HPC INTERNAL DISCUSSION

Principles to guide program development

WORKING DRAFT – FOR HPC INTERNAL DISCUSSION

- 1 Be sensitive to variation in circumstance
- 2 Be timely, transparent, and evaluative in all that we do
- 3 Value the power of alignment
- 4 Value efforts to address complex challenges



Opportunity to maximize ROI and achieve system-wide, sustainable impacts

Statutory goals

WORKING DRAFT – FOR HPC INTERNAL DISCUSSION

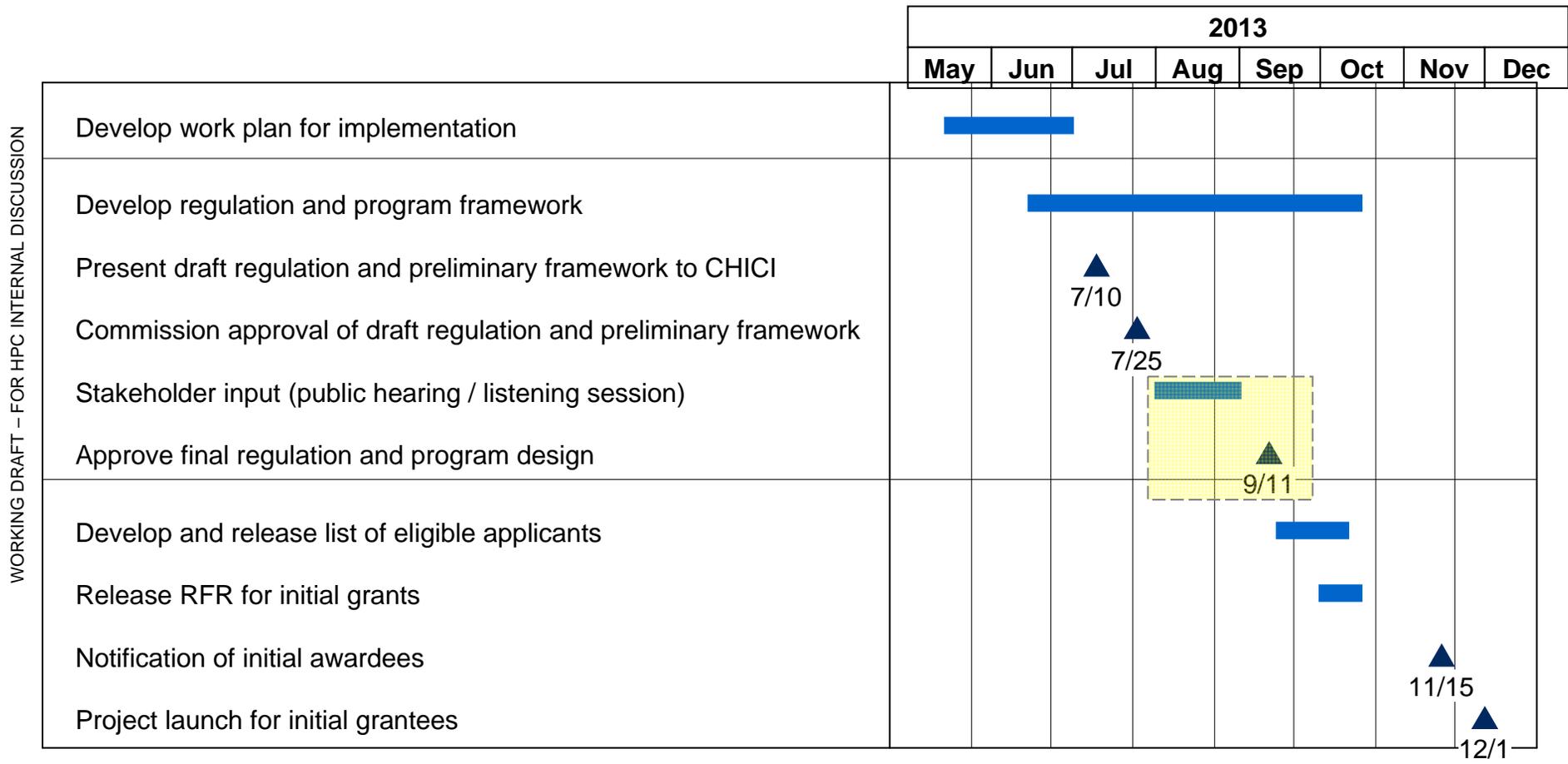


Alignment with investments across agencies and programs

WORKING DRAFT – FOR HPC INTERNAL DISCUSSION



Anticipated six month timeline





Preparing for August 19th Meeting

Folders with Additional Briefing Materials

We will email discussion Questions from Stakeholders for additional comment.



By August 6, 2013, send additional comments to Tom Land at the address below:

Thomas.Land@state.ma.us

You will be sent an electronic copy of the request for additional comments.



Next meeting of the Board:
Monday, August 19th, 1:00pm - 4:00 p.m.

Agenda items include:

- Reviewing final RFR
- DPH and community responsibilities

Timeline Update:

- RFR to be posted 8/26/2013
- LOI due to MDPH by 9/16/2013
- RFR responses due to MDPH by 10/15/2013