

Attendees

Task Force Members Present:

Dr. Rahul Gupta, Chair; Christina Mullins; Danny Scalise; Chuck Thayer; Chad Bundy; Walt Ivey; Amy Atkins; Anne Williams; Melissa Kinnaird; Barb Taylor; House of Delegates Health and Human Resources Member Michael Pushkin; Sandra Ball; Lloyd White; Senate Finance Vice-Chair Chris Walters; Ted Cheatham; Nancy Cartmill (representing for Vivian Parsons); Dr. Stephen Worden; Dr. David Didden; Dr. Greg Hand; Patricia Pope; Patti Hamilton; Bill Kearns; and Deputy Secretary Jeremiah Samples

Participated via conference call:

Jeff Johnson (representing Senate Health and Human Resources Chair Ryan Ferns) and Dr. Adam Breinig

Task Force Members Absent:

Jim Kranz; Tim Hazelett; Teri Giles; and Andy Skidmore

Community Members Present:

Ginny Ruble; Rebecca Schmidt; Drema Mace; James Moore; Jerry Rhodes; Linda Lipscomb; Julie Mundell; Tom Susman; Candy Hurd; Stan Walls; Lolita Kirk; Deb Koester; Andrea Fisher; Brian Skinner; Karen Begg; Susan Hosaflook; Ashley Butler; Diana Ruddle; Lee Smith; Jesse (JJ) Rose; Ron Forren; Sissy Price; Dr. Michael Kilkenny; Christina Jackson; Diana Gaviria; Sandra Cochran; Denise Knoebel; Rodney Boyce; Meike Schleiff; Kathleen Napier; Tom Sims; Donna Riffle; Lydia Nuzum; Loretta Haddy; and Danae Bixler.

Agenda

PHIT Chair, Dr. Rahul Gupta, welcomed everyone to the meeting. All PHIT members introduced themselves.

October 28, 2015 meeting minutes were presented for approval. Amy Atkins reported one error that needs modified as a result of the transcription process. October 28, 2015 minutes contained a statement about a Task Force member opposing the approval of the October 14, 2015 minutes. This is incorrect. **All** PHIT members accepted the October 14, 2015 minutes. Additionally, Patricia Pope requested to provide clarification to a public comment statement made by Drema Mace in the October 28, 2015 minutes. On page 5/6 of the minutes, Drema Mace commented that the Task Force should consider 4 items when looking at the Virginia model; clarification is to item #4 "How district employees work with other federally funded organizations that receive state funding like FQHCs and the free clinics." Patricia Pope wanted to clarify that West Virginia's free clinics don't receive federal funding. Chad Bundy motioned to approve the October 28, 2015 minutes with the noted correction. Patricia Pope seconded the motion. Vote was taken and all were in favor. **October 28, 2015 meeting minutes were approved.**

PHIT Chair, Dr. Gupta, requested each workgroup provide their final report to the PHIT members. He also noted that copies of the final reports were included in the packet everyone received.

Better Health, reported by Danny Scalise, met once since the last meeting to specifically entertain the presentation that was presented by the Bureau for Public Health (BPH) and Center for Local Health (CLH). The workgroup had no other recommendations. The workgroup provided a handout of the proposed West Virginia Minimum Package of Public Health Services.

Better Quality workgroup was next to present their recommendations. Dr. Gregory Hand presented the workgroup's recommendations which included:

- BPH should pursue accreditation through PHAB.
- State of West Virginia should establish an expectation of meeting performance-based standards for local health departments by creating, implementing and assessing regularly a standardized and comprehensive set of performance criteria aligned with PHAB standards. This assessment process should be designed to provide measurable feedback on strengths and areas targeted for improvement.
- Accreditation by PHAB could be used to ensure quality performance in lieu of the state process.
- BPH should optimize every opportunity to provide financial incentives, provision of training/technical assistance, and other support for successful achievement of accreditation and ongoing quality improvement efforts.
- Local health departments should develop an effective peer support network for meeting performance-based standards aligned with PHAB criteria.

Affordable Public Health workgroup's recommendations were presented by Amy Atkins which included:

- West Virginia should align with national recommendations by developing a minimum package of public health services that would be accessible to all West Virginians.
- All local health departments should have access to the skills and resources necessary to deliver the minimum package of public health services.
- BPH support should align with the requirements of a minimum package of public health services.
- Decisions about the jurisdictional structure of local public health should be based upon an ability to efficiently and effectively provide the Minimum Package of Public Health Services. Additional factors that should be considered include population size, and local geographic and financial conditions.

Community Engagement workgroup provided a presentation given by Chad Bundy. The presentation provided a summary on how community engagement is defined and resources to support efforts in public health.

PHIT Chair, Dr. Gupta, opened the floor to PHIT members to address the workgroups with any questions or comments as it pertains to their final reports.

Lloyd White wanted to address that the Better Health's handout was for discussion purposes only. It needs further editing. Mr. White would like to know when it would become a complete official document to go by. PHIT Chair, Dr. Gupta, replied that the upcoming presentation by Amy Atkins would address most questions as far as proceeding forward. An opportunity after the presentation will be available for questions and comments.

No other questions or comments were provided by the PHIT members in regards to the workgroup's final reports.

PHIT Chair, Dr. Gupta, introduced Amy Atkins. Dr. Gupta wanted to reiterate that Dr. Didden had proposed a motion to task BPH in developing a model for reconstructing public health for consideration by the PHIT. Amy Atkins' presentation will present the framework of concepts which have been discussed with a number of partners and discuss how to develop some of these concepts together.

Amy Atkins presented, *A Framework for Modernizing Public Health in West Virginia*. This presentation represented a compilation of feedback and input in learning's of PHIT and other arenas. It represented a comprehensive of what was heard and areas to move forward together. The key concepts and recommendations were presented to each of the four workgroups and WV Local Health Association (WVLHA) to continue conversations and receive input and feedback.

Ms. Atkins' stated that focus on population health is the first concept. It represents a fundamental transition for us in public health in terms of the way we have approached our work as state and local governmental agencies and the ability and need we have as a system in looking at public health in terms of population health. Questions to ask include: What are the things we need to tackle? What are those issues that are important in the state and our communities? How do we collectively come together to address factors that may improve the health of our citizens?

Ms. Atkins' provided a recap of the PHIT timeline and its accomplishments to date. In November, BPH and CLH met with the WVLHA to see if the Association had key concepts to build upon. This meeting provided the group a better understanding of where the local health system sees value in moving forward and to take that into consideration for development of recommendations. Ms. Atkins' stated that the aim is quality improvement in moving forward in the future and quality improvement now in recognizing meaningful work to perform i.e. data systems, access to info, reporting requirements, etc.

Ms. Atkins introduced the core concepts:

- Core Concept 1 - Maintain a local health presence and services in every county.
- Core Concept 2 - Partner with stakeholders to align West Virginia's public health system with national recommendations by developing a minimum package of public health services accessible to all West Virginians.
- Core Concept 3 - The state's public policy should support a public health system that is accreditation ready.
- Core Concept 4 - Conduct an assessment of the current system (state and local) responsible for the provision of statewide basic public health services including funding and revenue sources.
- Core Concept 5 - The state's public policy should encourage the efficient and effective use of public health resources that support statewide public health services.
- Core Concept 6 - A Public Health Advisory Board should be established to improve transparency, accountability, and efficiently and promote statewide culture of health.

Upon completion of Ms. Atkins' presentation, PHIT Chair, Dr. Gupta, opened the floor to PHIT members for discussion on the core concepts. A handout was provided to aid in the discussion. Dr. Gupta also thanked the WVLHA for supporting these recommendations.

Chad Bundy thanked Dr. Gupta for coming to that meeting to share concepts. The WVLHA did make a motion to support these concepts and to work hand in hand with the BPH to make it happen.

Bill Kearns commented that we really don't have a model created yet, but key concepts are needed in public health. Mr. Kearns expressed concerns as far as local control - how do we do that with the limited funding available unless receive additional funds from the legislature. He noted that some positions can be combined like looking at combining boards of health to address local needs of the communities. He understands that some health departments need to get their house in order to be able to provide the level of services to the community. Mr. Kearns stated that a working relationship with BPH is important. He asked how Dr. Gupta as the leader of BPH can facilitate a better working relationship with BPH and local health departments. Dr. Gupta replied, this is exactly the steps we need to take - working together state and local. It is important to have organized efforts - this is the first step by the PHIT for development. Recommendations are important; they form the backbone of our work as we move forward.

Lloyd White asked how we envision delivery of concept implementation regarding legislation this year for local health - how does this align. Dr. Gupta referred to Senator Walters to reply. Senator Walters replied that looking at legislation whether or not introduced is still to come. They are currently looking at the public health system in West Virginia. Legislature is looking at the health departments - when we have a budget shortfall, we have to cut/find ways to make a more thorough efficient government. Currently looking at every option moving forward. All suggestions/ideas on saving money are welcomed. Dr. Gupta added that one concept contains efficient and effective use of public resources. This has to be an important guiding principal in any relationship.

Dr. Didden wanted to seek assurance that as PHIT hands off the result of its work to obtain a solution, it needs to be data driven; focusing on outcomes. We need to keep in mind the health of the citizens; this is why we are here. He stated that whatever we come up with is data driven and based on partnership and we must establish trust with stakeholders and continue transparency with communications. Dr. Didden asked as for the public health advisory board, what is envisioned as it moves forward. Dr. Gupta replied it's based upon population health which is nonexclusive; looks at entire population. There will be a lot of nontraditional partners involved - not limited to just government. Burden lies in getting the community engaged and mobilized. The public health advisory board will reflect that.

Lloyd White requested clarification in talking about the public health system, seems like always come back to reorganize local health departments only. Mr. White asked how is the public health system envisioned and how to bring about effective outcomes? Dr. Gupta replied that the work has to be performed communities by communities, neighborhood by neighborhood- not one solution for all. It's going be different depending on locations.

Ted Cheatham asked what is the vision for getting to granularity so we can deliver the system. Dr. Gupta replied that we need to develop a common package first, defining the core services that are essential to communities. We need to standardize the national standards so not to recreate the wheel. We need to be accreditation ready. Mr. Cheatham asked if the PHIT is doing this. Dr. Gupta replied that after recommendations are approved, work begins.

Chuck Thayer mentioned that Lloyd White said it looks like we are focusing on local health systems - it probably does but can effectively argue it's been happening quite a while elsewhere. It's just now being felt due to fiscal situations. BPH is restructuring itself. Mr. White understands the potential future budget cuts, believes that local health departments can handle at their own association, i.e. off set, etc. They are aware of what they can and can't do. Give us a challenge; the local health workforce can overcome it.

Chad Bundy wanted to follow-up on the public health advisory board. This was previously formed (very diverse) in prior state code.

Sandra Ball asked once minimum package of public health is developed, do you anticipate making any changes to the current financial structure for it? Dr. Gupta replied - absolutely we are in this together. Prices on services provided shouldn't matter where you're located. You should be receiving the same service no matter where you live. Need to examine that together and facilitate one fee in terms of generating more fees. We need to agree on things/ideas and deliverables the taxpayers of West Virginia can afford. After the recommendations, it's not the end of the work just the beginning.

Bill Kearns agrees - standardization across the state. The relationship between BPH and some health departments are fractured. Mr. Kearns stated we need to work on rebuilding. Last thing anyone wants is being told we have to regionalize, let us work together with BPH assistance. Dr. Gupta replied that we are not mandating, we are empowering the local health departments.

Senator Walters asked how much sharing of resources do local health departments do across the county borders. Is there any legislation in the way with rules and regulations in doing that? Dr. Gupta gave experience of what he encountered with the Kanawha-Putnam model that exists today - administration is shared. Bill Kearns replied that no legislation exists in the way of sharing resources. Lloyd White stated that there is plenty of sharing going on.

Dr. Worden asked can the reorganization of public health keep pace with the budget shortfall – can we work as forward as fast as the budget? Dr. Gupta wants to position ourselves as a system that can sustain cuts. The recommendations will help prepare us and position us in a way moving forward to withstand the cuts - left alone we will fall behind. Need to think what will happen if recommendations are accepted – will be a difficult time forthcoming. Work doesn't end with these recommendations – it's just the beginning.

Patti Hamilton asked is it correct that this will require legislative action this session. Dr. Gupta responded, that is accurate.

Ted Cheatham asked what is needed from PHIT? Dr. Gupta replied that we need a motion to accept these recommendations. Ted Cheatham motioned to accept. Dr. Didden second the motion. Vote was taken – all were in favor - no opposition encountered. **Recommendations are accepted and will move forward.**

Dr. Gupta wanted to share with the PHIT that Amy Atkins will create a final report for PHIT to review/approve. A quick meeting will be held to review/approve this report. Members can participate via conference call if desired. Amy Atkins will follow-up with PHIT members on specifics. Primary purpose of the meeting is to approve the final report. This meeting will be posted on the Secretary of State's website – following all open governmental meeting requirements.

Dr. Gupta wanted to thank Meike Schleiff, a doctoral student from John Hopkins University that has been following the work of PHIT. Ms. Schleiff has prepared the third and final survey to distribute to the PHIT. Ms. Schleiff requested members to complete the survey and return it before leaving the meeting.

Dr. Gupta opened the floor for public comments.

Dr. Gaviria with Berkeley County Health Department asked if there was a model or idea on how we are progressing with the assessment. Dr. Gupta replied not really – it could be done in 50 different types of assessment. The assessment that is most valuable to us as public assistance

is the one that gives us results in an unbiased objective way but results we can move on. Have to look at funding and how we engage partners to create assessment but is productive for the whole system. Everyone will be invited to participate as we move forward. Dr. Gaviria added that she doesn't want it to become an echo chamber. Dr. Gupta agreed.

Tom Sims wanted to applaud the work of the PHIT and John Hopkins for the surveys. It is encouraging to see the leaders around the table coming together for this type of discussion. There has been a need and desire for the public health advisory board. Mr. Sims commented this is a very good start and hopes it doesn't end here.

Lee Smith with Monongalia County Health Department would like to applaud the work of PHIT. Mr. Smith noted that knowing this is a work in progress, do we know what the next phase of assessment is? Dr. Gupta replied start with looking at recommendations, visit minimum package (relatively soon – in New Year). He would like to see major stride collectively in the next 12 months.

Drema Mace with Mid-Ohio Valley Health Department wanted to address the “sharing issue”. It's just not sharing of employees, but being able to call others. It's the “teach a man to fish” mentality. There is a lot of expertise and knowledge in local health that can be shared. She wants to extend a thank you to PHIT for all their work.

No other public comments were received.

PHIT Chair, Dr. Gupta, made motion to adjourn. Ted Cheatham seconded the motion. Meeting was adjourned at 2:50pm.