

**LET'S GET HEALTHY CALIFORNIA (LGHC)
TASK FORCE AND EXPERT ADVISOR MEETING**

November 13, 2012

**Patrick Hays Learning Center, Sutter Center for Health Professions
Sacramento, California**

Summary Meeting Notes

10:00 am – 2:30 pm

Task Force Attendees:

Don Berwick, MD, Lloyd Dean, Diana Dooley, Pam Kehaly, Kenneth Kizer, MD, Richard “Dick” Levy, Ph.D., Bob Margolis, MD, Joy Melnikow, MD, Dave Regan, Joe Silva, Kelly Traver, MD, Kerry Tucker

Expert Advisory Group Member Attendees:

Ann Boynton, Sophia Chang, MD, Patricia Crawford, DrPH, Steve Fields, Deborah “Debbie” Freund, Ph.D., Alan Glaseroff, MD, Neal Halfon, MD, Jim Mangia, Elizabeth “Beth” McGlynn, Ph.D., Mary Pittman, Dr. PH, Wells Shoemaker, MD, Steve Shortell, Ph.D., Anthony Wright, Ellen Wu

Absent:

Bruce Bodaken, America Bracho, MD, Molly Coye, MD, Susan Desmond-Hellman, MD, Jane Garcia, George Halvorson, James Hay, MD, Ed Hernandez, OD, Richard “Dick” Jackson, MD, Mitch Katz, MD, Lenny Mendonca, Arnold “Arnie” Milstein, MD, Bill Monning, Ed Moreno, MD, Steven Packer, MD, Anne Stausboll, JD, Antronette “Toni” Yancey, MD

Presenting Staff:

Patricia “Pat” Powers

Opening Remarks

Secretary Dooley welcomed the Task Force, Expert Advisor members, and stakeholders to Sutter Health’s Patrick Hays Learning Center for the third, in-person Let’s Get Healthy California Task Force meeting to present the Task Force Draft Report. Co-chair Dr. Don Berwick, Former President and CEO of the Institute for Healthcare Improvement and former Administrator of the Centers for Medicare and Medicaid Services, emphasized that this is an exciting time to be in healthcare due to the significant efforts underway to improve the health system: CMS is pushing for payment reform, encouraging greater transparency, accountability, and integration in the health system; with the passage of the Affordable Care Act there will be more incentives to invest in prevention and continuity of care; and progressive insurers are trying to change the payment contexts to improve care. With that in mind, Dr. Don Berwick thanked the Task Force members, Expert Advisors and, especially, the stakeholders who have been actively engaged in this process – it is these members of the public who will be responsible for translating this report into action.

Secretary Dooley thanked members and staff for the tremendous work they done in creating the draft report. Before turning to Task Force director Pat Powers to present the Let's Get Healthy California Task Force Draft Report, Secretary Dooley asked Task Force members and Expert Advisors "what about the report *can't* they live with?," reminding members that the report is a consensus document aimed at representing a variety of perspectives.

Presentation and Discussion on: the Let's Get Healthy California Task Force Draft Report

Task Force director Pat Powers presented the [Let's Get Healthy California Task Force Draft Report](#), which had been mailed to members prior to the meeting as well as posted on the agency's [website](#). The Task Force was charged with answering two bold questions: (1) "What will it look like if California is the healthiest state in the nation?" and (2) "What will it take for California to be the healthiest state in the nation?"

To address these two questions, a Framework was developed presenting two strategic directions: (1) Health Across the Lifespan and (2) Pathways to Health. Health Across the Lifespan includes three goals: (1) Healthy Beginnings: Laying the Foundation for a Healthy Life; (2) Living Well: Preventing and Managing Chronic Disease; and (3) End-of-Life: Maintaining Health, Dignity and Independence. It should be noted that the goal area Healthy Living includes healthy aging as well. The second strategic direction, Pathways to Health includes the goal areas of: (4) Redesigning the Health System: Efficient, Safe and Patient-centered care; (5) Creating Healthy Communities: Enabling Healthy Living; and (6) Lowering the Costs of Care: Making Coverage Affordable and Aligning Financing to Health Outcomes. Underlying these two strategic directions is the focus on eliminating health disparities.

After presenting the framework, Task Force director Pat Powers then discussed each of the goals, priorities, and indicators in detail, asking members to think about whether these priorities will bring us to where we want to be in 2022. The Task Force Draft Report is aspirational, a bold plan for California. Staff recommended that the key equity goal for the Task Force would be to close the gap between the current best outcome score by race/ethnicity and the worst outcome score for each indicator, setting ambitious ten-year targets. Additionally, the report calls for indicator development in several areas, including linguistic and cultural engagement, a consensus definition on sepsis, and childhood diabetes.

Ms. Powers stated that more than 50 interventions were submitted by Task Force members as examples of existing efforts that tie to one or more priority areas. The last section of the report highlights this work. There is generally significant evidence about what to do, it is a matter of how to scale up and quicken the uptake of implementing effective change.

Members discussed whether the goals, priorities, and indicators in the report are a representational picture of health in California, and whether targets included in the draft report are both realistic and ambitious. Members urged the addition of more language up front to discuss the importance of the social determinants of health (e.g., acknowledging poverty, education linkages), the importance of cultural change, the importance of bridging clinical medicine and public health, and the importance of priorities in Healthy Beginnings, showing the

connection to health later in life. Members advocated for adding indicators related to: early beginnings (healthy births, preconception care, birth weight, prematurity, school readiness, appts within two weeks); diet; patient activation; community well being; the primary care workforce; and process measures for system change.

With respect to end-of-life, clarification is needed regarding palliative versus hospice care. Also, we should note the importance of conversations with patients to identify their preferences in this area although we cannot measure this now. The word "health" should be removed from this goal.

The Dashboard should focus on whole numbers ~ decimal points suggest we are more precise than we are.

The uninsurance target for California should be more aggressive.

We should reframe the measure of the population in managed care, stating that this is a proxy until better measures of whether people are receiving integrated care are developed.

In addition, the group agreed that growth in health expenditures should be equivalent - no higher than - that of growth in the gross state product by 2022 versus the unrealistic goal of no growth at all by that date.

Opportunity for Public Comment

Members of the public were invited to comment on the task force draft report. Comments varied – stakeholders praised the document and advocated for additional measures, including: describing end-of-life care as a continuum; advanced care planning; immunization registries; access to water; and oral health.

Stakeholders urged the creation of a plan for implementation going forward.

Presentation and Discussion on: Showcasing Innovative Interventions and How to Synergize the Task Force's Energy

Underlining the Governor's principle of subsidiarity, the belief that the strongest power lies at the lowest level, Secretary Dooley asked Task Force members, Expert Advisors and stakeholders what they could do to keep this energy moving forward and to change the culture of California in a meaningful way without government mandates or top down directives.

Members discussed what their respective organizations are currently doing, showcasing their successes. To begin the discussion, Dr. Jed Weissberg described the pioneering work Kaiser Permanente is doing by adding exercise as a vital sign and treating sepsis. To improve coverage and quality of care, Expert Advisor Anthony Wright suggested that we leverage the Affordable Care Act. He spoke to Health Access' efforts to enroll people in medical homes. Expert Advisor Alan Glaseroff suggested that California look to Aligning Forces for Quality to shape quality improvement.

Task Force member Dave Regan spoke to creating a culture of health with schools as a hub for change; setting up a wellness trust; and the importance of payment reform to improve quality. Beth McGlynn noted the importance of changing the notion that more is better in health care. Other Task Force members and Expert Advisors echoed this sentiment. Task Force member Kelly Traver outlined a possibility for telemedicine in schools. Expert Advisor Jim Mangia highlighted work that St. John's Well Child and Family Center has done to bring farmers and nutritionists into schools in an effort to combat obesity. Expert Advisor Neal Halfon described the effort underway to transform early childhood health and suggested building on First 5 to set up a trust.

Other community efforts are underway as well. For example, Expert Advisor Pat Crawford described the Cooperative Extension in California's effort to bring together 4H and other existing institutions to combat rising obesity levels. Expert Advisor Mary Pittman spoke to the work that the Public Health Institute is doing at the county level with the community transformation grants. There is also an opportunity to cross silos – Task Force member Joy Melnikow outlined a strategy which works with regional planning agencies to reduce greenhouse gas by promoting active transportation.

Wrap-Up and Next Steps

Staff will take into consideration all comments made at the meeting to revise the Task Force Draft Report. The report is scheduled to be released on Wednesday, December 19th in Sacramento. Dr. Don Berwick will be attending in person; details regarding logistics are forthcoming.

To follow this work, Secretary Dooley suggested that the state will create a repository website, a "wiki," where information on these select goals, priorities and indicators can be housed and monitored over time, perhaps through an annual meeting. Interventions may be uploaded by organizations desiring to share their efforts to effect change to make California the healthiest state. Secretary Dooley re-emphasized that while the state may serve as a convener or conduit for information sharing, Task Force leaders, along with other stakeholders, will lead implementation efforts.