

Penquis District Coordinating Council  
**MINUTES**  
 June 11, 2010

**In attendance:** Pamela Jacobson (Charlotte White Center), Bonnie Irwin (City of Bangor), Kate Yerxa (UMaine Cooperative Extension), Jana Libbey (Health Access Network), Dale Hamilton (CHCS), Ed French (United Way), Karen Hawkes (Healthy SV), Catherine Kurr (Spruce Run), Jane McGillicuddy (PHNP), Meredith Tipton (MECDC), David Pied ((MECDC), Lisa Dunning (Eastern Area Agency on Aging), Bill Braun (RSU 19), Jerry Whalen (EMHS), Jessica Fogg (MECDC), Robin Mayo (PPHC), Robin Carr-Saluenwhite (PHNP), Diana Ledger (PHN), Brent Scobie (Acadia Hospital), Linda McGeen (PHNP), Thomas Iverson, (Piscataquis County EMA), Kathy Knight (EMHS)

<b>Item</b>	<b>Discussion</b>	<b>Action</b>
Welcome and Introductions	Dale Hamilton opened the meeting and welcomed everyone. Introductions were made around the table.	
Updates: State Coordinating Council – State Health Plan Draft Circulating	<p>Robin Mayo reported that the draft State Health Plan has been circulated for review by all parties. She had a number of questions that the SCC has asked her to bring back to the DCC.</p> <p>What is the foundational relationship between District and State Health Plan?</p> <ul style="list-style-type: none"> <li>• Beacon – EPHS 4 – Beacon is not district-wide, covers more area than just Penquis District</li> <li>• New Federal Laws – 990 laws – requires hospital to do needs assessment</li> <li>• Chronic Disease Self-Management – Living Well – volunteer driven. How do we get trained in difficult chronic disease management.</li> <li>• HMPs cannot provide direct service training.</li> <li>• Medical Reserve Corps</li> <li>• CHCS – self management and home health</li> <li>• EPHS 7 – Needs Assessment – PVH, SF, EMH – will not be ready until 2011</li> </ul> <p>Identify Barriers</p>	

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	<ul style="list-style-type: none"> <li>• What services do we need?</li> <li>• Endorse acceptance of EMH needs assessment results – take that information and use to move forward</li> </ul>	
<p>District Public Health Improvement Plan Overview and Decisions</p>	<p>Meredith Tipton explained the District Public Health Improvement Plan and gave background about why there is a need for a District Public Health Improvement Plan.</p> <ul style="list-style-type: none"> <li>• The problem is cost – people cannot afford to access care.</li> <li>• Not connecting folks to the services they need.</li> </ul> <p>2002 - Looked at:</p> <ul style="list-style-type: none"> <li>• Cost and cost drivers.</li> <li>• Payment reform</li> <li>• Healthcare delivery – duplication of tests</li> <li>• System of care is fragmented or does not exist</li> <li>• Look at having a systematic effort to address cost drivers and lead to higher quality and cost savings</li> </ul> <p>2005 – Governor’s Office on Health Policy and Finance – Trish Riley</p> <ul style="list-style-type: none"> <li>• Charged with looking at connection between HMPs and Central Office of Public Health</li> <li>• Other people working on other topics</li> </ul> <p>Spring 2009 – Codified in legislation that there would be eight public health districts and a district for the tribes.</p> <p>Need to build an infrastructure to put information together because districts are not by county. Have not looked at district specific information.</p> <p>Goal of Advisory Committee on Health Systems Development – need to improve systematic performance that will reduce cost while</p>	

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	<p>strengthening the local public health infrastructure.</p> <p>They looked at the districts for:</p> <ul style="list-style-type: none"> <li>• Mission, vision, strategic organization and initiative – all very health improvement centric</li> <li>• To build on strong alliances</li> <li>• Need to be able to evaluate if we are making a difference – we have the capacity to do that</li> </ul> <p>State Health Plan has provisions for:</p> <ul style="list-style-type: none"> <li>• Annual review of our performance report</li> <li>• Every district has a report</li> <li>• The top categories are Preventive Quality Indicators – this all come from Agency for Healthcare Research and Quality</li> <li>• We need look at our performance compared to other states – from a State level – – if we are trying to get federal money</li> </ul> <p>Population Health Indicators</p> <ul style="list-style-type: none"> <li>• PQIs help track the number of avoidable hospitalizations – can be tracked every year</li> <li>• Population Health Indicators are indicators we are going to influence as a system, while clinical have more responsibility for diagnostic category that effects the PQI</li> <li>• PHI are activities that lead to prevention of chronic diseases identified</li> <li>• Performance Report is a combination of nine avoidable hospitalization categories and underneath are the PHI that we influence in this district that will affect the ones above. Some take longer than others.</li> </ul> <p>How does our infrastructure, the gaps or opportunities that we have identified in the Local</p>	
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	<p>Public Health Performance Report assist in moving this district to improve the trends. We want to see the arrows move in the right direction – they need to keep moving in the direction they are moving, but better.</p> <p>From the findings we need to determine whether we have the resources in the district to develop and expand and do we have enough resources to make a difference. Does our newly-formed district have the capacity to work as a system to get this work done?</p> <p>Challenged with building infrastructure as a system and the Call to Action provides the muscle – to figure out which of those we can work around to improve the infrastructure while reducing avoidable cost.</p> <p>One of the biggest concerns Meredith said she has had in the beginning was whether or not the districts would have “enough teeth” - she feels the State Health Plan gives them that.</p> <p>Dale asked how is the cost going to be measured. Between now and 2015 there is going to be a lot of activity in the system. There could be a dramatic increase in healthcare between now and then. Has that been thought about?</p> <p>Meredith said that they understand there is going to be a lot of things happening in the environment that will take more money in order to save money. They are going to look at it to see if anything has happened, but where the districts are held accountable are on the PHI, because those are all ready rolling.</p> <p>Dale said it terms of cost savings he means state dollars, ie General Fund, MaineCare. Meredith said they are talking about the amount of money the State of Maine invests in the healthcare system. On page 26, they talk about the reporting. The Coordinating Council has the responsibility for reviewing all the District</p>	
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	<p>Performance Reports, which includes LPHS and local data. Annually the Advisory Council for Health Systems Development is responsible for public reporting and progress – meeting the goals from a statewide perspective. What we do in all the eight districts plus the tribes will directly affect their report to the Legislature. That is the beginning of the public reporting, but they are also saying they are going to determine (Maine Quality Forum and Advisory Committee and State Coordinating Committee) financial and other incentives related to high performing districts. They are thinking about how we can reinvest in districts to do more of the work that will avoid these hospitalizations.</p> <p>Jessica reviewed which surveys and assessments have been completed. Using those and the Call to Action we need to look at where in the district we can focus our areas around the 10 EPH to make the greatest impact. They envision the District Public Health Improvement Plan to be a tier plan for the district. The goals for the district are to improve health and reduce unnecessary hospitalizations and improve the functioning of the public health system.</p> <p>Do we want to try to improve some of the areas on the Local Public Health Assessment that are weaker and shore them up to improve areas to get the infrastructure stronger.</p> <p>Another goal to consider is, what is the foundational relationship between your District Public Health Improvement Plan and the State Health Plan now that we have it. The State Health Plan is looking for an interwoven set of relationships that are required between the clinical care system and everyone in this room including the EMA Directors. We have to begin to build relationships. These things are going to be looked at, there are named people in the State Health Plan who are responsible for reviewing these, providing constructive feedback, etc.</p> <p>Meredith suggested the group think about another</p>	
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	<p>goal, which would be the foundational relationship with the State Health Plan .</p> <p>Jessica explained, what has taken place so far is the Steering Committee/DPHIP committee representatives got together – about 10 people – in May. The group looked at the results of the Local Public Health System Assessment and how we ranked them and the Call to Action document. They discussed the reasons for the selection of the pieces of the LPHSA. Not only did they prioritize the areas they wanted to work on, the two groups came up with almost the same recommendations even though they were working separately.</p> <p>Jessica asked this group to look at the recommendations made by this group.</p> <p>Essential Service 7 was listed as the most important – Link people to personal health services and insure the provision of health care when otherwise unavailable.</p> <p>Second most important was Essential Service 4 – Mobilize community partnerships to identify and solve health problems.</p> <p>The third – Essential Service 3 – Inform, educate and empower individuals in communities about health issues.</p> <p>The fourth – Essential Service 5 – To develop policies and plans that support individual and community health efforts.</p> <p>Four Essential Services might be too much to start off with. The group was asked to look at the four chosen and narrow it down to two or three.</p> <p>The focus is to improve the local public health infrastructure from a system perspective.</p> <p>Dale suggested that this group look at what is already happening and put those in where they fit.</p>	
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	<p>The Beacon effort fits in terms of the priority areas – Service 4. There are already activities that are going on and those activities are the things in the community to use to measure progress. This group will not be creating activities that are already happening.</p> <p>There are not going to be new resources. We are looking to maximize what is already going on. We may be looking to a partner that has a good initiative and maybe find another partner that could link into that. Looking for the snowball effect.</p> <p>Jerry explained that EMH's assessment covers more than the Penquis District, but could be used as a tool for the district. The new laws require hospitals to do some kind of a needs assessment every two years and develop any collaborative with community stakeholders and develop a plan to solve the problems.</p> <p>Jamie said with the increased emphasis on chronic disease self-management and it links well with the Living Well Program. The Living Well Program is volunteer-driven. We are going to have to figure out how to get a bunch of people trained in a bunch of chronic disease, community-based efforts. People are starting to recognize the value. One of the HMPs' deliverables is to make those more available in the community; however, are not allowed in their contract to provide direct service. That means that the HMPs work and the work of the other community members around any kind of chronic disease self-management curriculum is going to be in finding and training people to deliver the content in a class to the community.</p> <p>Kathy said that the Medical Reserve Corps is looking for opportunity to send their healthcare professionals that are volunteers, out into the community to do healthcare education. This would be a perfect match.</p>	<p>Medical Reserve Corps could be a match for Living Well.</p>
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	<p>Jerry said there was a grant in Hancock County that the HMP was very involved in around outpatient self-management. It was a three-year grant and this is its third year. There may be valuable information to be obtained here.</p> <p>Meredith said that EMA Directors may be a valuable source for volunteer case management.</p> <p>Dale added that they are starting a program within their home health services. The issue is how to bring all these efforts together, not necessarily integrate them, but find a way to collect the data to make sure that the populations that need these services are reached.</p> <p>Linda said that she thought that 5 was included at the end of the discussion because a lot of the people were not comfortable without having a way to create policies in order to be able to reach the goals of the other EPHS.</p> <p>7 and 4 were the ones that both groups said were priorities. 3 and 5 were split. 5 was picked because environmental change – the group was thinking in terms of having long-lasting, sustainable change we would need to have some policies.</p> <p>HMPs are doing 3 anyway, so that is going to be done.</p> <p>The assessment being done by Penobscot Valley Hospital and Millinocket Region Hospital and other can go under Essential Service 7, because they are tasked with looking at what are the gaps within the service area and how to fill those gaps and create linkages.</p> <p>Jerry's assessment deals with the gaps in a much larger region.</p> <p>All the assessments being done are steps to the Plan. Jerry said that he can visualize the tactics where people come together under No. 7 –</p>	
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	<p>websites, etc.</p> <p>One of the biggest things in 7 is identifying the barriers as to why people are not getting care. Some of the assessments may provide that information.</p> <p>The next thing is to find out what personal services they need. That is the over-riding standard, there are a lot more little things underneath of that.</p> <p>211 and KeepMEWell are services that could be built upon to provide more information.</p> <p>District Public Health Improvement Plan is due in October. Will be pulling information together until then. Next step should be pulling together a small planning group to figure out what are the actual steps, determine the sectors, who do we need to talk to, who is at the table – who knows them, how do we engage them.</p> <p>Should endorse the needs assessments as part of the District Public Health Improvement Plan, will not be available until February, will provide data to help move in clearer direction.</p> <p>Next step is to identify the gaps.</p> <p>Dale emphasized that this plan needs to be built from the ground up and not from the top down. You have to start top down to get things going, but it now needs to build from the bottom up.</p> <p>Motion was made by Jerry Whalen, seconded by Jamie Comstock, to prioritize EHPS 4 and 7 to be the basis of the two-year plan going forward. Motion carries.</p> <p>(It was noted that this is the DCC's first vote!!)</p> <p>In order to schedule a workgroup session during the first week of July, a Doodle will be sent out to determine a date for the next workgroup meeting.</p>	
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Section Discussion – Who is not at the table?	<ul style="list-style-type: none"> <li>• VA clinics and hospitals</li> <li>• FQHCs in geographic area</li> <li>• Drinking water quality inspector (Greg)</li> <li>• Private primary care providers not associated with hospitals</li> <li>• Look at former minutes to see who might have been mentioned</li> <li>• Universities/institutions of higher education</li> <li>• Employers</li> <li>• Homeless Shelters – Adult and Teen</li> <li>• YMCAs</li> <li>• Superintendents group that represents the Penquis District – would like to see this person attend DCC meetings</li> <li>• Airport representatives (public/government)</li> <li>• Food pantries</li> <li>• Dorothea Dix Hospital</li> </ul> <p>Not all the people associated with these organizations will attend meetings but at least the invitations could be sent.</p>	

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