Department of Public Health and Human Services

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Steve Bullock, Governor

Richard H. Opper, Director

Public Health System Improvement Task Force Minutes
September 29, 2015
10:00 a.m. – 3:00 p.m.

Task Force Attendees:

- **Bonnie Lovelace** (DEQ — Ad Hoc Member)
- **Joe Russell** (Flathead City-County Health Department — AMPHO Representative)
- **Kathy Moore** (Lewis and Clark Public Health — MEHA)
- **Kristi Aklestad** (Toole County Health Department — Small County Representative)
- **Lora Wier** (MPHA Representative)
- **Melanie Reynolds** (Lewis and Clark Public Health —Large County Representative)
- **Megan Olson** (Prairie County Health Department — Frontier County Representative)
- **Todd Harwell** (DPHHS, PHSD — Ad Hoc Member)

DPHHS Attendees:

- **Blair Lund** (Family and Community Health Bureau, PHSD)
- **Denise Higgins** (Family and Community Health Bureau, PHSD)
- **Jim Murphy** (Communicable Disease Control and Prevention Bureau, PHSD)
- **Kerry Pride** (System Improvement Office, PHSD)
- **Terry Ray** (System Improvement Office, PHSD)
- **Tia Hunter** (System Improvement Office, PHSD)
- **Wendy Kowalski** (System Improvement Office, PHSD)

Public Attendees:

- **Erin McGowan-Fincham** (AMPHO)

Absent Task Force Members:

- **Craig Molgaard** (University of Montana — Montana University System Representative)
- **Janet Runnion** (Rocky Boy's Health Board — Tribal Health Department Representative)
- **Jean Curtiss** (County Commissioner — MACo/Local Boards of Health Representative)

Review of Previous Meeting Minutes

- No comments on previous minutes.

Announcements

- No announcements.

Summer Institute Planning and Content Discussion

- In summary, task force members should give the Public Health and Safety Division (PHSD) any feedback they have about the Summer Institute.
- PHSD is planning on redoing the lead local survey in local health departments and Tribal health departments. Another survey will cover workforce development issues. Please give PHSD any feedback you have related to leadership and transition trainings and thoughts about training via the web.

Comments

- Think about consistent training. Trainings that follow the board of health trainings will be more sustainable and there will be a State presence.
- Some boards of health do not want the State to come back and present the board of health training. The last time my board of health received training the State did not answer our questions and didn't tailor the training to our needs, like information about rabies. The State should assess the system before they conduct training and then tailor the training to the board of health's needs.
- Big boards of health have better continuity and they need different training than small boards of health. There is a place for the basic curriculum. The State should reach out to the boards of health and see if the board has topics that they would like covered. The boards of health should also reach out to the State and let the State know if there are topics they want covered. Both need to be on the table. If the State knows what topics are important to a board of health, then subject matter experts can be sent to the trainings.
- A public health worker orientation could be part of the training. We have attrition and if a certain number of workers are trained they will be able to carry it on. Part of the training should be on roles. Workers should not have to depend on the board of health to tell them or the lead local what the board is supposed to do.
- Workforce development is difficult. Basic workforce development courses would be helpful. It can also be hard to get to the Summer Institute. Courses could be offered more frequently.
- Travel can be difficult. There are options for the Summer Institute. Courses could be recorded and achieved.
- A weeklong commitment in summer can be hard for working mothers. It is great to educate people in the beginning of their careers, but there is also a need to educate people in the middle and at the top. Tell us if it is a beginners' course. There could be a tiered system to let us know where courses fall.
- It is hard for three commissioners to get it. A board needs diversity and people who are interested. If you can get a doctor on the board, you can get clout.
- You need to start someplace. Just keep adding good board of health members.
- There has been board of health progress. It is a victory to get some boards to meet four times a year and post their minutes.
- There has been a statute change. You have to send the minutes to the clerk and recorder. The statue comes into effect on October 1.

    - How soon do the minutes need to be posted?
    - Do the minutes need to be filed or posted?
- Melanie Reynolds is working with Joan Miles on public health training. Lewis and Clark Public Health is willing to share the training.

Questions

- Has there ever been a Summer Institute course tailored to board of health members?
    - Flathead has sent board of health members the NALBOH conference in Coeur d'Alene and to MPHA conferences.
    - It is challenging to send board members to conferences because they are unpaid volunteers and usually working a full-time job.
- Is there a pre-assessment process for board of health trainings?
    - There is a set agenda, but we email ahead of time to see who is attending the training and if there are any specific issues the board needs covered. We also follow-up on any questions.
    - The same presentation is different in different jurisdictions. The presentation depends on where the board goes with it. We build any issues into the discussion. Sometimes an experienced lead local will educate the board.
- How many boards of health consist of three commissioners, the public health nurse, and the sanitarian?
- Commissioners don't want to give up power. Counties may want to restructure their board, but how do you get the commissioners to agree?

Follow-up

1. Task force members should give the PHSD any feedback they have about the Summer Institute.
2. Task force members should give the PHSD any feedback they have about leadership and transition training and thoughts about training via the web.

Accreditation Discussion

- The DPHHS/PHSD accreditation site visit was September 1st and 2nd. The PHSD started the accreditation process in 2010. The site visit went well and it brought the staff together. The PHAB site visitors stated that PHSD strengths included the following: good relationships with community partners and good use of partners and coalitions. Another success was the implementation of the PHSD HealthStat performance management system. Areas for improvement were things that we know about. PHSD areas for improvement included the following: consistent documentation, our culture of QI, and the workforce development plan. PHSD doesn't have a key coordinator for our workforce development plan and the plan was too ambitious. We will have our accreditation report by late October.
- We appreciated all of the help that Cindy, Joan, and Kerry gave us for the mock site visit.
- The domain interviews went well. One reviewer dug deeper and asked for more examples to see if we had institutionalized standards. The reviewers also talked a lot about the population health issue question. They didn't like WIC examples.
- The Preventative Health and Health Services Block Grant has some funding. Some history of the State's work to help counties meet PHAB standards includes the following:
    - In 2010, HB 173 gave legislative funding to seven counties.
    - The Summer Institute had courses about accreditation preparation. There was CHA and QI training. This was funded with NPHII funding.
    - The Montana Accreditation Network was formed. There were calls and in-person meetings.
    - There have been workforce development training at MPHA conferences. MPHA has held workshops on accreditation.
    - There is the Montana Healthcare Foundation grant.
    - There is also the local public health performance management project.

- The hardest health departments to reach are the ones with 0.5 FTE. How should PHSD work with them?
    - Talk to them. They are probably not going to get accredited. Look and see what you can do to help them move the dial. The biggest things that some health departments can do are collaborate on a CHA, work on a mini QI project, or post BOH minutes. They will be a better health department after this work.
    - Have conversations with lead local health officials that are not interested. Some lead locals can't wrap their head around accreditation.
    - Keep it simple and individual. Focus your resources.
    - Focus your efforts on the people that are interested. Other people will come along.
    - It is overwhelming to look at accreditation. Focus on one domain at a time. Pick the low hanging fruit.
    - Look at tangible things. If I have one hour available, I look at polices or ways to improve our immunization program. All of this trickles into accreditation. I focus on what we do and how to do it well. If you've been a nurse for a long time and you do it well, that work fits into accreditation.
    - Maintain PHSD's relationship with the University of Montana. MPH students can help.
    - Anything you do in the health department can be tied into accreditation.
    - You still need to put your documents and actions into a format that fits into the domain.
    - If the State gets accredited, can small health departments get under the state's umbrella? Funding should be a motivation.
    - Even large health departments, like Lewis and Clark County, are not a lot over 50,000 people, but there is an expectation that they will get accredited.
    - There could be a system change so that it will work. What can we do to make it work?
    - Funding disparity contributes to rural health disparity
    - When you survey lead locals look at locally acquired funding per FTE. Flathead City-County Health Department has a larger budget than Columbia Falls. The commissioners changed the funding for health and kept the health funding separate from the general fund. Funding can also be levied.
        - How do you get there?
        - You need to talk about structuring the public health system and changing the support system.
    - The state has heard nothing meaningful about funding being tied to accreditation.
- PHSD is trying to identify ways to help local health departments meet accreditation standards. What is the best way to help?
    - Put people in the mindset. Wait and see what happens with accreditation lite. Ron Chapman will talk about it at the MPHA conference.
- There is funding for accreditation support. Some funding has been used to send people to NACCHO. Some funding could be used to do another round of the performance management system.

Comments

- At the PHAB training we were told that they do not accept any WIC examples because WIC is evaluated in a different place.
- We were given some good advice before our site visit. Matt Kelley told us not to argue with the site visitors. We will also give feedback to PHAB.

- The performance management initiative made a huge difference.

Questions

- Are there model plans, policies, and tools?
  - There is stuff out there. NACCHO has a website.
  - Having time to sort through the tools is hard. Health departments can collaborate to work on policies and procedures.
  - There could be a LISTSERV or clearing house for policies.
  - It is hard to start a clearing house. There needs to be a person to manage the site.
- Performance measures are difficult. We do weekly meetings with each division coordinator and they bring their measures to the Monday meetings. We have struggled around the measures. We have to ask: how are we really measuring change? For example, we have trouble with breast and cervical program recycling. If we set the number of new enrollees at 50% target it get harder and harder to meet the goal. This is a primary measure community effectiveness. Who is in charge of this at the state?
  - That would be in the Office of System Improvement, but we don't know next steps yet.
- Do you have a QI council?
  - No. We think that the process used is the right process. We are using the system and data to see the opportunities for improvement. The management team and HealthStat are working on QI. We also have a group of staff that will be QI facilitators.
- Can you have a local on your QI team? Some metrics don't make sense to locals, but it impacts locals and their work. Communication would help.
- What about a local presence at your HealthStat meetings?
  - Decision at the state impact locals. For example, on the breast and cervical form there is a checklist of resources. We don't have some of these resources like pamphlets.

Strategic Plan Update

- PHSD reviewed the strategic objectives from 2013. We took out objectives that didn't make sense, objectives that we couldn't collect data on, and objectives that are not on our level.
- KRA 1 was not on our level. There was no way to track the measurement.
- We didn't know how to measure KRA 5. It's tied to all of our programs. We are going to assess satisfaction with a random survey of healthcare providers. We will get feedback from you. We are going to replace KRA 5 with a more meaningful measure.
  - Is this change due to the site visit?
    - We went through the strategic plan and looked at progress and cleaned the plan up.
  - The survey could create meaningful data. A good metric would be the time from onset to the initial report.
- We are going to take on workforce development as a division and expand to a system.
- This document is for local health departments and stakeholders. It's not a public document. Some of the graphs are confusing.
- PHSD's goals are progressing because of the work you do.

Comments

- The communicable disease infographics are good.
- Lewis and Clark County uses the red, yellow, and green light infographic for the board of health.

Follow-up

1. If task force members have any feedback email or call Terry at 406-444-9352 or TerenceRay@mt.gov.

Local and Tribal Public Health System Improvement Update

- There is a colored map that shows the counties participating in the grant. The stars on the map represent counties where we have completed board of health trainings.
- There is a document that summarizes the interventions that tier 3 grant awardees are working on.

Task Force Organizational Session

- Brief task force history
- The purpose of the task force
    - Add language to reflect the task force's role as the advisory body to the Preventive Health and Health Services Block Grant and the Maternal and Child Health Services Block Grant.
    - Add language about the task force supporting the implementation of the SHIP, section F.
- Task force appointments
    - Change the term to a 3-year staggered term.
    - Add that members may be reappointed.
- Task force composition
    - Replace the Indian Health Service (IHS) representative with a second tribal representative
        - One of Director Opper's goals is to decrease disparities and improve the health of American Indians. This fits that goal.
    - Add a representative from the MSU office of rural health.
        - It is a great idea.
        - MSU is reviving their environmental public health program. They have a linkage to University of Washington. MEHA is working with them on accreditation. Dr. Jutila is the point of contact.
    - Add a representative from the school of nursing. MSU has the most robust program and it's in several cities.
        - Do we need to specify the school? Carroll College and Butte both have nursing programs.
    - Add a school nurse.
- Task force operating principals
    - The task force should review the charter annually.
    - Does the task force need a voting process?
    - Does the task force have chairs?
        - There was a specified facilitator. The public health administrator used to be the facilitator.
        - We also had a local co-chair. We didn't want to forget that locals have an agenda. The agenda was run by the co-chair before the meeting. The chairs would get together before meetings and talk about the agenda ahead of time.
    - There are no subcommittees, but subcommittees should be formed on an as needed basis. There could be a subcommittee on workforce development and a subcommittee on accreditation and standards.

- Does the subcommittee need to report back to the group on a regular basis?
- Subcommittee members should not be required to be members of the task force. The chair of the subcommittee should be a member of the task force.

Comments

- The task force should align its county representative population numbers with AMPHO's numbers.
- There should be a website.
- MPHA has a quarterly newsletter.

Questions

- What role do we play? Do we represent the constituency on the composition list? Or do we represent our organization?
  - PHSD would like you to communicate with the constituency you represent and bring forward issues.
  - We may need to change step 2 of the decision process narrative.
- Who appoints task force members? How are they appointed?
  - There should be a system for appointing task force members. There should be a vetting process with the executive committee.
  - The association pushes a person forwards. PHSD talks directly to the tribes.
- What is the composition of the executive committee?
- Is there a mechanism to get information out?

Follow-up

1. Todd Harwell will revise the charter and send out a copy.
2. The charter will be filed officially.

Calendar Items

- The task force needs to align with the SHIP, section F.
- We need to schedule our next face-to-face meetings.
- Foundational standards
  - Look at another piece of the puzzle (funding and services).
  - We need to figure out how we are going to pay for the standards. We need to be fully dedicated.
  - Short-term we need to make standards. Long-term we need to figure out funding.

Comments

- The task force should do a SWOT analysis.

Preventive Health and Health Services Block Grant

- The CDC block grant should be funded at the same level. The funding usually remains steady.
- States use the grant for capacity and infrastructure.
- There is some foundational money used for accreditation.

Comments

- The task force would like to talk about the block grant in advance.

Questions

- What does the block grant fund now?
  - The block grant funds programs, sexual assault, and performance management work.

Maternal and Child Health Block Grant (MCHBG) 2016 Annual Application and 2014 Report

Ann Buss and Blair Lund traveled to Denver in August and received many compliments on the block grant proposal from the HRSA review panel. The panel may make requests for additional clarification or information, and then a final version of the application and report is submitted in September. Requests and comments were as follows:

- Measures one and two were seen as cutting edge. Measure two might be presented at a national conference.
- Include information that DPHHS is conducting ACEs trainings department-wide.
- Include the superfund sites in the state overview.

MCHBG Evidence-Based Strategy Measures (ESM) Development for Upcoming Application – Overview:

- HRSA has significantly changed the MCHBG, (called MCHBG Transformation 3.0), and we are in the first year of implementing the changes.
- In the second year DPHHS is required to choose in-depth strategies for achieving positive outcomes in our performance measures.
- Please brainstorm on evidence-based measures and provide insight on performance measures. Provide feedback by October 23rd.
- HRSA gives guidelines on preferred substance of the evidence-based measures. They need to: assess equity, address any realignment of resources that might be required, be measurable (main criteria), and be related to performance measures.

Explanation of Information Provided in Binders - Performance Measures:

- The first thing on the page is the title of the measure.
- The domain is one of the six population domains. These domains are: Women's and Maternal Health, Perinatal and Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs, and Cross-cutting/Life Course.
- The next line is the goal of the measure.
- The definition contains the details of the measure.
- The HP2020 relates the measure to the Healthy People 2020 goals.
- The next line is the data source. If the reporting is on a national performance measure, then we are required to use HRSA's data source. Montana generated data may be added provide additional specifics.
- The next line is the significance of the measure.
- July 15, 2016 is the deadline for next year's initial application and report submission. Subject Matter Experts must be identified and brought on-board for each ESM well prior to that time.

- The next line is a list any of the counties choosing that performance measure for SFY16.
- On the second page there is a list of current or planned activities.

Explanation of Specific Performance Measures: NPM 2 – Percent of cesarean deliveries among low-risk first births

- Data is standardized across the county. We worked with Medicaid and we are working to educate providers at the state. Can we do more in public health and reinforce mid-levels?
- Counties select what they want to work on. This helps guide us. They inform us at the state and we provide expertise.
- Additional information on ESMs. We are looking for solid strategies. We want to show outcomes down the road. We have set data sources. There is the PRAMS survey.

NPM 2 Comments

- When I look at this the definite strategies appear to be the function of obstetrics medicine as anything. I don't know what we would do in our program. The biggest change needs to be with obstetricians.
    - The C-workgroup includes obstetricians with credibility.

NPM 2 Questions

- Is there a higher infant mortality with C-sections?
    - Anything beyond less than full-term birth has a higher risk.
- From an epidemiology perspective. What's driving the rate up? And what should we do to bring it down?
    - The cause is a physician decision. They make the decision to deliver preterm.
- What is the root cause? What is driving the rate?
- Have we started to work with prenatal visits?

Explanation of Specific Performance Measures: NPM 4 – Percent of infants who are ever breastfed and percent of infants breastfed exclusively through six months.

- Chris Fogelman is the breastfeeding expert in WIC.
- The USDA/WIC infrastructure grant would increase the number of Certified Lactation Counselors.

NPM 4 Question

- What is the goal of WIC in a smaller population? Is there evidence about WIC being effective? WIC doesn't get through to all moms and kids.
    i. At least we have counties with an emphasis and focus on breastfeeding. We don't want to duplicate efforts. We are aligning WIC and breastfeeding. There are more kids in WIC. We are also delivering a comprehensive message.

Explanation of Specific Performance Measures: NPM 5 – Percent of infants placed to sleep on their backs

- FICMMR is involved because this is a particular area of education for that program, and injury prevention activity.
- The data source is a new PRAMS-like survey being administered by the FCHB and OESS. The CDC doesn't currently do a PRAMS survey in Montana. The new survey will provide a baseline.
- All counties that participate in the block grant are required to do at least one injury prevention activity per year. Examples include car seat safety, gun locks, and bike helmets.

NPM 5 Questions

- How much overlap is there with the Injury Prevention Program? Does the Department of Transportation (DOT) help fund this?
    - None of these health challenges take place in a vacuum. It's always a challenge to know the exact impact of any given activity.
    - For example, we don't know how much money Flathead County gets for various injury prevention projects.
        - Ask us.

Explanation of Specific Performance Measures: NPM 10 – Percent of adolescents, age 12 through 17, with a preventative medical visit in the past year

NPM 10 Comments

- It's tough. How do you address this? There needs to be a better way to address the disconnection between adult and adolescent mental health and substance abuse.
- Sports physicals are not inclusive of all questions.
- Sports physicals only take 25 minutes in schools.
- A sports physical is not a physical. There should be a form.
- Athletics force kids to do physicals. Think about the health system.
- Family doctors have recall reminders and letters for immunizations and wellness screenings.

NPM 10 Questions

- What about mental health?
    - It rose to the top. The Addictive and Mental Disorders Division (AMDD) works on this.
- Does this include sports physicals?
- What about depression and substance abuse? And screening teens?

Explanation of Specific Performance Measures: NPM 12 – Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Explanation of Specific Performance Measures: NPM 13 – Percent of women who had a dental visit during pregnancy and percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Explanation of Specific Performance Measures: NPM 14 – Percent of women who smoke during pregnancy and percent of children who live in households where someone smokes

Explanation of Specific Performance Measures: SPM 1 – Access to care and public health services

- This performance measure helps small counties

SPM 1 Questions

- What is the difference between paying a county and the Central Montana Health District (CMHD)?
    - We pull information by county. The task order is with CMHD and the report is given to us by county.
    - The money is not given to the health district but to the counties
- What is an example use of the money?
    - Money can be used for any of the activities. The county chooses each performance measure.
    - Immunization is often a good choice for counties, because they have access to county level data through imMTrax.

Explanation of Specific Performance Measures: SPM 2 – Family support and health education

- This touches and supports all referral activities the counties are doing in regards to the social determinants of health. It covers basic services people need to be healthy. We provided survey and assessment tools, and a data reporting form.

Explanation of Specific Performance Measures: SPM 3 – Immunization

- Added immunization for teens in Part B.

Explanation of Specific Performance Measures: SPM 4 – CYSHCN Medical Home

- Focuses on children with special health care needs. Additional data is collected in surveys at regional clinics.
- Clients are asked for information regarding their primary providers at the clinics.

Explanation of Specific Performance Measures: SPM 5 – Teen Pregnancy Prevention

- Teen pregnancy is no longer available as a national performance measure. The state added it back in.

SPM 5 Question

- How much money is the title ten funding?
    - There is $36,000 for the title ten program.
    - The title ten clinics are allowed to accept donations.

Overall Comments

- About half of the 2.2 million dollar funding goes to the counties.
    - Should we think about the target population in a different way?
    - Some counties say the funding isn't worth it. There is too much reporting involved in the grant.
    - Some counties use the funding for part of position or they create a position using cobbled together funding.
    - The funding scope may be too narrow and not used to better protect our community. Look at each county and get a list of activities.
- There are reports that the new annual financial and data form is more burdensome.
    - For most counties it is actually easier, as HRSA is no longer asking for data on ethnicity and race.
    - For the very few counties that use block grant funding for direct services, there is now a section asking for greater detail. HRSA wants a breakdown by specific categories of spending.
- IHS get $330 for Medicaid visits and counties get $130. Do your fair share but not at the expense of others.
- We get the sense that at the state people are not working together on adolescent mental health. Locally we are not addressing it as comprehensively as we can.
- Early childhood development awareness is rising.
- Mental health is in the State Health Improvement Plan is weak. PHSD needs to engage with AMDD.

Overall Questions

- Why doesn't funding go to the tribes?
    - The tribes are served through the counties. The counties serve a high percentage of the native population.
    - PHSD will look into why tribes do not get MCHBG funding.

- Can we get an example of SPM 1?
- Why is mental health not a performance measure?
    - There is not a NPM for it and the needs assessment survey the county health public departments indicated they do not feel equipped to address.
    - Mental health does rise to the top as a need, but not one that is most effectively addressed through the MCHBG.

Summary of ESM Input Request

- PHSD want to know what is happening in the counties. We are looking for good ways to measure progress. The evidence-based or information strategy measures (ESMs) must be practical, evidence-based, and measurable. Think about it statewide and think about it in terms of counties.

Follow-up

1. Blair Lund will send out an example of SPM 1.
2. PHSD will look into why tribes do not receive MCHG funding.
3. Task force members will provide feedback on evidence-based or information strategy measures (ESMs)