



**Healthy Montgomery Steering Committee Meeting
Adventist HealthCare**

**820 W. Diamond Ave, Chesapeake Conference Room (6th Floor) • Gaithersburg, MD 20878
Monday, June 9, 2014 ■ 6:00PM-8:00PM**

Members and Alternates Present: Uma Ahluwalia, Tara Clemons, Mary Dolan, Tanya Edelin, Wendy Friar, Carol Garvey, Thomas Harr, Sam Korper, George Leventhal, Amy Lindsey, Sharan London, Kimberly McBride, Cesar Palacios, Monique Sanfuentes, Wendy Shiao, Jon Smink, Michael Stoto (by phone), Shari Targum, Ulder Tillman, Deidre Washington, Sharon Zalewski and Andrew Zuckerman

Healthy Montgomery Staff: Jeanine Gould-Kostka, Dourakine Rosarion, Colleen Ryan Smith and Karen Thompkins

IPHI Staff: Susan DeFrancesco and Michael Rhein

Guests: Elena Alvarado, Eleni Antzoulatos, Linda Ashburn, Perry Chan, Steve Galen, Sierra Jue-Leong, Thomas Lewis, Linda McMillan, Jamaal Russell and Kevin Young

Materials distributed: Handout packet included:

1. Agenda
2. Draft Minutes from 3-10-14 HMSC Meeting
3. HM Obesity Action Plan Responses to Public Comments
4. HM Behavioral Health Action Plan Responses to Public Comments
5. HM Data Project Team Core Measure Set: Slide Presentation
6. Triple Aim Memo
7. "Health Affairs – At the Intersection of Health, Health Care and Policy" article
8. Triple Aim in Montgomery County: Slide Presentation

Topic/Presenter	Key Points	Follow-up	Responsible Person
<p>Welcome and Introductions <i>Co-Chairs: Councilmember George Leventhal and Sharan London</i></p> <p>Approval of Minutes</p>	<p>The meeting was called to order at 6:16 p.m. by Co-Chair George Leventhal once quorum was established.</p> <p>The co-chairs thanked Dr. Deidre Washington and Adventist HealthCare for hosting the meeting. He welcomed everyone and asked the attendees to introduce themselves.</p> <p>Sharan London asked the Healthy Montgomery Steering Committee (HMSC) to review the draft minutes from the March 10, 2014 meeting.</p> <ul style="list-style-type: none"> • Sam Korper made a motion to approve the minutes. The motion was seconded and the minutes were approved by voice vote. 	<p>Approved minutes will be uploaded to the Healthy Montgomery web site</p>	<p>Healthy Montgomery Staff</p>
<p>Information Items <i>Uma Ahluwalia, MCDHHS director</i></p>	<ul style="list-style-type: none"> • Ms. Ahluwalia introduced and welcomed Karen Thompkins, Senior Planning Specialist who recently joined the Healthy Montgomery staff at DHHS • Ms. Ahluwalia also announced that Healthy Montgomery has been selected to participate in the University of Kentucky’s study of highly successful partnerships that involve hospitals, health systems, public health agencies and other parties focused on improving the health of communities they jointly serve. She explained that several of the HMSC members have been asked to be available to talk with University of Kentucky researchers during a site visit later in the week. She noted that a report about the site visit will be provided at the September meeting. • Ms. Ahluwalia also noted that DHHS has submitted its renewal application to serve as the Connector Entity for Montgomery and Prince George’s Counties. 	<p>Report on the University of Kentucky site visit at the next HMSC meeting</p>	<p>Uma Ahluwalia and HM staff</p>

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<p>Work Group Implementation Reports</p> <p>Obesity Action Plan Implementation</p> <p><i>Linda Ashburn, Obesity Work Group Co-Chair</i></p>	<p>Linda Ashburn summarized the obesity group’s implementation activities. She announced that the Obesity Prevention Partnership had its inaugural meeting on May 29th. She reported that 72 people attended from a broad range of organizations, including many community-based organizations from Long Branch, the targeted area. She gave a brief overview of the preparation for the meeting, the meeting activities, the proposed structure of the Partnership, the approach to the Partnership’s work, and the reasons for targeting the Long Branch area in the initial stages of the Partnership’s strategic planning. She stated that a report from the meeting will be available by the next HMSC meeting.</p> <p>Discussion followed:</p> <ul style="list-style-type: none"> • The Obesity Prevention Strategy Group was absorbed into the Partnership • Councilman Leventhal noted that there was an “impressive assemblage” at the meeting with high energy • Baby Steps screens newborns and is interested in nutrition and obesity prevention and is a potential partner • The data needs for the Partnership are unknown at this point but the Partnership will be working on addressing that as a next step • Measurement and evaluation will include BMI and behaviors data and try to use data that already exists; will work with the HMSC Evaluation Subcommittee on the appropriate and available measures • How messages are tailored should take into account self-esteem, self-identity and cultural identify; the Partnership recognizes the need for any messaging to be culturally and linguistically appropriate and it will be working on a communication strategy • There was discussion at the Partnership meeting about the 	<p>Circulate report on the May 29th obesity prevention meeting to HMSC</p>	<p>Obesity Implementation Group and HM staff</p>

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	<p>name of the Partnership and potentially having it reflect the healthy living mission rather than the negativity of obesity</p> <ul style="list-style-type: none"> • Councilman Leventhal explained that if the Partnership has suggestions for policy change, it's best if the request and advocacy comes from the community rather than a policymaker—keeps the media focused on the issue and not the policymaker 		
<p>HM Behavioral Health Implementation Report <i>Kevin Young, Work Group Co-Chair</i></p>	<p>Kevin Young provided a summary of the pre-planning meetings he and Thom Harr have held in the last few months. They held a meeting in April with Hope Hill, Susan Augusty and Carol Walsh of the Collaboration Council to begin to explore the possibilities presented by <i>info</i>Montgomery and ways to enhance the <i>info</i>Montgomery site (e.g., kinds of information to include; how to make it accessible to lay people and people of different cultures and languages; how to make it user-friendly to people trying to find information). Early in June, they met with Uma Ahluwalia to discuss, from the DHHS perspective, her views on the scope of what <i>info</i>Montgomery should contain and also understand how the proposed enhancement of <i>info</i>Montgomery could benefit DHHS. At the meeting they discussed the different ways to organize the information, the need for several versions of the information (i.e., in addition to the on-line version); and the need to include parents and schools in the Task Forces and Advisory Council that will be formed. Kevin appealed to Dr. Zuckerman for assistance in identifying school personnel who can join the effort.</p> <p>They will move forward – they will continue to meet with the Collaboration Council and form a Task Force and Advisory Council to continue with the implementation work. He noted that they are still within the Action Plan timeframe.</p>	<p>Formation of Behavioral Health Task Force and Advisory Council</p> <p>Follow-up with Dr. Zuckerman regarding school representative</p>	<p>Behavioral Health Co-Chairs and HM staff</p> <p>Behavioral Health Co-Chairs and HM staff</p>

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	<p>Discussion followed:</p> <ul style="list-style-type: none"> • Councilman Leventhal shared two recourses – 1- he is directing the County’s Office of Legislative Oversight (OLO) to study behavioral health and can ask that they study service delivery gaps. OLO does research and can make policy recommendations. 2- Dan Hoffman, the County’s Chief Innovation Officer can help with a mobile app version of the <i>infoMontgomery</i> resource materials. 	<p>Follow-up with Dan Hoffman</p>	<p>Behavioral Health Co-Chairs and HM staff</p>
<p>HMSC Evaluation Subcommittee Report <i>Sam Korper, Subcommittee Member</i></p>	<p>Sam Korper reported on the outcome of the first meeting of the HMSC Evaluation Subcommittee that was held in April. He noted that the group: considered the characteristics of a good measure; agreed that Healthy Montgomery (HM) needs to measure short-term outcomes as well as the impact on health disparities; and discussed the importance of the partners’ sharing and agreeing to the measures. The subcommittee’s action items include interacting with the two implementation work groups. Mike Stoto added that the Evaluation Subcommittee will also interact with the Data Project Team.</p>		
	<p>Discussion followed:</p> <ul style="list-style-type: none"> • Sharon Zalewski learned of a state data committee that works with Local Health Improvement Coalitions (LHIC) on interim measures and asked if HM is or should be part of that committee. Colleen Ryan Smith responded that she is familiar with the work of that committee and does not believe that its work is consistent with the HM work. • Dourakine Rosarion noted that the LHIC quarterly report does not lend itself to quantitative reporting. • Uma Ahluwalia asked if Sharon would forward HM staff information about the Committee so that the staff can determine whether follow-up is needed. 	<p>Sharon Zalewski will forward information about state data committee to HM staff. HM staff will determine if any follow-up is necessary</p>	<p>Sharon Zalewski and HM staff</p>

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<p>Adoption of HM Core Measures Set <i>Tom Lewis, PCC, Colleen Ryan Smith, DHHS, Mike Stoto, Georgetown University</i></p>	<p>Tom Lewis narrated a PowerPoint presentation for the HM Data Project Team that described its work in developing a HM core measure set. Tom discussed:</p> <ul style="list-style-type: none"> • Purpose for developing the core measures as a scorecard(dashboard) for the broader HM initiative • Criteria that was identified and applied to compile the core measure set, and the process the Team used based on their ability to characterize and measure: existing disparities among Montgomery County (MC) populations and sub-populations; potential for improvement in MC; and ability to address community concerns • How the team evaluated the measures by balancing several factors: existing disparities and inequities in Montgomery County and its sub-populations; actionable-potential for improvement; factors where Montgomery County is worse than state or national averages; factors susceptible to health sector or population-based interventions; included in hospital CHNAs; integrity and sustainability of data sources; and recommendations from experts on the HM Data Project Team. 		

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	<p>Discussion followed:</p> <ul style="list-style-type: none"> • Councilman Leventhal commended the Data Project Team for its impressive efforts and good work • The Councilman asked if HMSC members felt prepared to act on a motion to adopt the core measure set or if the vote should be delayed until the September meeting. It was explained that the vote would need to occur prior to September for the Team’s work to stay on track. • Monique Sanfuentes asked if the Team could consider capturing the pediatric population and young families in the measures; make the measures broader to capture children and families. • Sam Korper remarked that there are many moving parts and various needs that need to be harmonized • Amy Lindsey asked about a physical environment measure • There was agreement to offer an opportunity to HMSC members to provide feedback electronically • Carol Garvey suggested that the HMSC vote on adopting the concept of a core measure set <p>MOTION: Carol Garvey made a motion to adopt the concept of having a core measure set; the motion was seconded by Sam Korper; the motion passed by voice vote.</p>	<p>HMSC members to provide feedback electronically by 6/30/14</p>	<p>HM staff will send needed information for HMSC members to provide feedback; HM staff will provide feedback to the Data Project Team at its July 10th meeting and final recommendations will be made by the Team</p>
<p>Triple Aim / Healthy Montgomery Alignment <i>Steve Galen, Primary Care Coalition, and HMSC Co-Chair George Leventhal</i></p>	<p>Steve Galen and Councilman Leventhal presented a PowerPoint on Triple Aim. They emphasized the following points:</p> <ul style="list-style-type: none"> • It represents three dimensions of value; emphasizes that to bend the cost curve have to achieve improvements in population health and patient experience of care; need to work on all three aims at once 		

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	<ul style="list-style-type: none"> • Health reform is more than just health insurance reform • It offers a model or process for improvement • It involves learning by doing • Have to devise ways to measure population health • The “cost needle” is related to sustainability <p>Discussion followed:</p> <ul style="list-style-type: none"> • The Triple Aim can build greater participation and cooperation among partners – everyone moving together in the same direction • State level policymaker input needed – after election will work on getting state level input • Triple Aim focuses HMSC on looking at the larger picture – big system change • There are many current changes (e.g., Medicaid waiver; new hospital regulations that require hospitals to improve quality and reduce cost or lose funding) that support the Triple Aim approach • There are three states that have an integrated system of health care improvement – VT, MA, HI • We need more research and expertise at the table to talk about hospital cost containment <p>MOTION: Thom Harr made a motion to adopt Triple Aim as the overarching goal for Healthy Montgomery. Carol Garvey seconded the motion and it passed by voice vote.</p>		

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Announcements/Updates	<ul style="list-style-type: none"> • Thom Harr noted that the state is holding stakeholders meetings to discuss the integration of substance abuse and behavioral health services; could lead to changes in funding mechanisms around substance abuse • Dr. Zuckerman stated that he is glad to be part of the HMSC and encouraged members to use him as a resource • Uma Ahluwalia stated that the Behavioral Health and Obesity implementation groups are doing well and that cardiovascular disease and diabetes will be the next two issue areas HM will work on. Development of the action plans will move faster; a different process for action planning will be used • Dourakine Rosarion asked members to let her know if they are interested in serving on one of the new work groups and asked for suggestions for work group membership • Carol Garvey stated that the Maternal and Child Health priority area also contains issues that are cross-cutting with the current implementation topics. 		
Wrap-Up/Adjourn <i>Councilman George Leventhal</i>	The meeting was adjourned at 8:03 p.m.		

Respectfully Submitted: Dourakine Rosarion, Susan DeFrancesco and Karen Thompkins

Approved:
