



Minnesota Department of Health
Office of Performance Improvement
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STATE COMMUNITY HEALTH SERVICES ADVISORY COMMITTEE

Executive Committee Meeting Wednesday, September 14, 2011

Final Meeting Summary

Members in Attendance: Cynthia Bennett, David Benson, Bill Groskreutz, Helene Kahlstorf, Larry Kittelson, Karen Nordstrom, Ewald Petersen, Ted Seifert, Wendy Thompson.

Guests: Edward Ehlinger, Craig Acomb, Jeanne Ayers, Ellen Benavides, Becky Buhler, Deb Burns, Gail Gentling, Jim Koppel, Aggie Leitheiser, David Orren, John Stieger.

Call to Order and Welcome

Karen Nordstrom, Chair-Elect, called the meeting to order. Dave Perkins, Chair, regretfully, was unable to attend. Introductions were made.

Review and Approval of the September 14, 2011 Executive Committee Agenda

Ewald Petersen, Sherburne County CHB, made a motion to approve the September 14 Executive Committee agenda. David Benson, Nobles-Rock CHB, seconded the motion. Motion carried.

Review and Approval of the September 14, 2011 SCHSAC Agenda

David Benson made a motion to approve the September 14 SCHSAC agenda. Bill Groskreutz, Faribault-Martin CHB, seconded the motion. Motion carried.

Review and Approval of the May 20, 2011 Executive Committee Meeting Summary

Larry Kittelson, Horizon CHB, made a motion to approve the May 20 Executive Committee Meeting Summary. Ted Seifert, Goodhue County CHB, seconded the motion. Motion carried.

Chair's Remarks

Karen Nordstrom, City of Bloomington CHB, announced that there were 50 first time attendees at the Community Health Conference this year. She commented that the conference is a time to come together and gather with friends.

Memberships

Gail Gentling, Office of Performance Improvement, submitted the membership list for the Public Health Emergency Preparedness Oversight Group for the Executive Committee's approval. The charge for the PHEP Oversight Group was approved at the May meeting. Larry Kittelson made the motion to approve. Ted Seifert seconded the motion. Motion carried.

Commissioner's Remarks

Commissioner Ehlinger noted that he attended his first Community Health Conference about 20 years ago, but this was his first as Commissioner of Health. Participating in the conference is one of the most important things that the commissioner and executive office can be involved in



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throughout the year. He valued the opportunity to interact with local public health. All of the Executive Office staff came to the conference to spend time with local public health.

The commissioner then mentioned his horseshoe tournament to raise funds for the School of Public Health Endowment Fund in the name of Jim Rothenberger. He encouraged the Executive Committee members to challenge him to a few ringers on Thursday night.

Commissioner Ehlinger began his tenure as commissioner in an unusual, stressful way with no budget at the end of May, the state shutdown and special session in July, and getting back to business in August. He commented that it was not an easy thing to shut down the Minnesota Department of Health. They used their emergency preparedness planning and incident command protocol to keep only 200 of MDH's 1400 employees working during the shutdown. He also commented that coming back to work was not as easy as expected either. The department had to switch from crisis management back to business as usual.

During the special session negotiations, most of the grants for home visiting, family planning, health disparities and SHIP were reduced or eliminated. They were able to regain the funding for all except SHIP, which was reduced significantly. MDH has work to align hospital's community benefit activities with SHIP. The Commissioner stated that local public health has to be involved with aligning what hospitals are doing with what LPH is doing.

Commissioner Ehlinger declared that this conference is a good time to kick off his team's initiatives for MDH. The Executive Office reviewed MDH's Strategic Plan and the data supporting it. They looked for opportunities and came up with four initiatives. The initiatives have components related to local public health and to MDH.

1. **Community-Oriented Prevention and Primary Care:** Focused on enhancing primary care and a community-oriented delivery system
2. **Public Health Infrastructure:** Focused on maintaining a strong state and local public health system
3. **SHIP and Community Benefit/Collaboration Plans:** Focused on incorporating SHIP activities into community benefit and collaboration plans.
4. **Children's Initiative:** On hold until the Governor's Children's Cabinet begins meeting, which will include the Departments of Education, Human Services, and Health

Ewald Peterson asked a question wondering how local public health can work with emergency preparedness for the constituency's benefit and for accreditation. Commissioner Ehlinger replied that Assistant Commissioner Aggie Leitheiser is addressing that. She added that there are many opportunities for collaboration on assessments, a part of the accreditation process.

Role of SCHSAC in Health Reform

Ellen Benavides, Assistant Commissioner, Policy, Quality and Compliance Bureau, spoke about SCHSAC's role in Health Reform and the Affordable Care Act.



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The Minnesota Department of Health is working with the Lieutenant Governor and the Departments of Human Services, Commerce, and Management and Budget on the Governor's Health Subcabinet. The Governor's Subcabinet has six principles to guide the work of their five work groups:

1. Implement state and federal health reforms across all markets, both public and private.
2. Collaborate with consumers, the public sector and the private sectors at all stages.
3. Simplify and integrate public health, medical care and insurance systems to be more accessible, consumer-friendly and value-based.
4. Increase transparency and accountability for health care dollars and resources.
5. Reduce the use and cost of the health care system by preventing key risk factors that lead to chronic disease.
6. Maximize opportunities to build on existing state reforms, Minnesota's unique health care culture and forthcoming changes to the health care system.

The Subcabinet's work groups include: Public Health/Prevention (Jeanne Ayers, co-chair); Quality/Payment Reform (Ellen Benavides); Exchange; Workforce; and Stakeholder Engagement/Communications. You can contact Assistant Commissioner Benavides for more information.

Jeanne Ayers commented that the Public Health/Prevention Work Group is bringing together public health and prevention and incorporating them in the way we direct funds and policies. She is working closely with the state Medicaid director on this group.

Ellen Benavides shared that her group, Quality and Payment, is building on health care homes and county-based purchasing ideas to examine how people can best purchase health care services.

The Exchange Work Group is creating a committee to advise the Commissioner of Commerce on designing an exchange.

The Work Force Group is looking at how diverse the work force needs to be in the future, the different types of providers needed, and how they will be trained.

The Stake Holder Engagement/Communications Group will be creating an interagency website to share information.

Health Reform Task Force will hold the three agencies of the subcabinet accountable for their work.

Ted Seifert thought it was interesting that county-based purchasing is being seen as a positive thing. Commissioner Ehlinger stated that county-based purchasing fits with his principles and wants to look at it afresh as an option to integrate public health and social services. Larry Kittelson commented that it was refreshing to hear this as he supports it. The commissioner replied that the philosophy makes a lot of sense and we can try to fix any problems with it.



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Assistant Commissioner Craig Acomb added that the 2014 federal reform works with community based purchasing.

Adjournment

Ted Seifert made a motion to adjourn. David Benson seconded and it was approved. Karen Nordstrom adjourned the meeting.