

Health Action:
Planning for a Healthy Sonoma County

Health Care Delivery System Task Force

MEETING SUMMARY

April 25, 2008

10:30 a.m. – 12:30 p.m.

475 Aviation Blvd. Suite 210, Santa Rosa

Attendance: *Co-Chairs:* Primary Care Associates, **Bo Greaves, MD**; PsychStrategies, **Judy House**; *Health Action Members:* **Bob Anderson**, United Winegrowers for Sonoma County; **Heather Foote**, SEIU-UHW; **Naomi Fuchs**, Southwest Community Health Center; **Bruce Kyse**, Press Democrat; **Mary Maddux-Gonzalez, MD**, Public Health Officer; **Suzy Marzalek**, Community Volunteer; **George Perez**, St. Joseph's Health System Sonoma County; **Mary Szcsey**, West County Health Centers; *Community Members:* **Damon Doss**, Petaluma Community Health Care District; **Esbon Jen**, Santa Rosa Junior College; **Bud Martin**, Martin Financial Insurance Services; **Barbara Mackenzie**, Community Member; **Victor McKnight**, Sitzman, Morris and Lavis; **Walt Mills, MD**, Kaiser Permanente; **Alena Ritch-Wall**, Northern California Center for Well-Being; **Greg Rosa, MD**, SCMA/Palm Drive Hospital.

Welcome and Introductions

Co-Chairs Judy House and Bo Greaves welcomed the Task Force members and reminded the group that new task force members had an orientation on April 21st. They reviewed the Health Action process and progress to date.

Opportunities and Potential Outcomes

Bobbie Wunsch introduced the process for thinking about the “big picture” vision of what we would like to see in Sonoma in 2020, focusing on the issue of Living Healthy: healthy eating and physical activity.

Vision 2020

- **Medical home pilot projects in a variety of provider settings (community clinics, private physician offices, Kaiser) funded by a collaboration of local and state funders**
 - Medical home for all with a team of people who know the patients and are there to support however needed.
 - Medical home for all stresses prevention and behavior change.
 - Everyone is connected with and provided health resources.
 - Patients have/own their own information in their medical record (with technology) and use this information to improve their health status.
 - Patients can ride a bicycle to a doctor's office or medical home.
 - Providers have the time to listen and be with patients and are trained to do so.
 - Every patient has a personal relationship with a physician (every has “a doc in the family”).
 - At point of contact, there is someone who knows me and my history and looks at the whole person and their story.
 - Reimbursements would pay for different disciplines and more time with patients.
 - Emergency rooms only deal with true emergencies.

- Big hospitals are less necessary. The role of hospitals is minor, with fewer specialists needed.
 - With only one hospital, money is shifted to community.
 - We focus on primary and preventive care.
 - Costs to employers decrease.
 - We pay for our health services.
 - The medical community is efficient and pays for primary care.
 - Health care organizations are champions of health with policies and practices.
 - Medical visit is not just an annual examination.
 - Regular contact and communication using electronic technology (not always in office).
 - Care management and coordination is reimbursed.
- **Increase worksite wellness programs and build a business case for their value and impact**
 - **Create a conversation about the importance of technology connectivity**
 - Technology can be used to enhance contact and communication with patients for behavior change.
 - **Expand local training of providers**
 - There are good jobs, benefits and security for health care workers.
 - There are enough physicians so they do not burn out.
 - **Expand the number of school health centers**
 - Mental health is not just in the physician's office, but also at schools and other sites.
 - **Expand the availability of community-based, easily accessible health education resources for behavior change**
 - Providers become educators about determinants of health in terms of both health education and policy.
 - **Enhance community engagement in health and health care.**
 - Health Action continues to advocate for health and health care.
 - Health Action is interactive with community, with diverse participants.
 - Community is involved and aware to help support what is needed.
 - There is community engagement and involvement to address health and health care issues.
 - Parents will recognize importance of creating and supporting healthy living.
 - 90% of children walk to school and have healthy food at school, and there are no soda machines.
 - Providers work with educational system to set standards to create a healthy environment.
 - People are interested in their own health and health care.
 - Create a culture in which healthy living is normal.
 - There is an 80% decrease in fat consumed.
 - There is an increase in exercise throughout the population.

- **Initiate policy changes on a local level to support health care delivery.**
 - The Board of Supervisors uses a visionary process for a health care roadmap.
 - There is a tax on high fructose corn syrup (HFCS) and fast food to pay for system enhancements for health care delivery.
 - Environment promotes health.
 - There is community design that facilitates walking and bicycling so there is no need for cars.
 - Payments all go to one place: Board of Supervisors reviews allocations and someone is in charge.
 - Providers are engaged in policymaking with community.
- **Expand local health insurance products for uninsured residents of the county**
 - Universal, single payor health insurance.
 - People have no worries about insurance.
 - We know who the uninsured are and help them sign up.
 - We provide incentives for people with no insurance to obtain it.
- **Expand the number of trained caregivers for seniors to allow them to remain independent as long as possible**
 - We support aging in place.

Brainstorm potential strategies to achieve outcomes

- **Medical home pilot projects in a variety of provider settings (community clinics, private physician offices, Kaiser) funded by a collaboration of local and state funders**
 - Offer differ premiums to encourage healthy behavior.
 - Conduct three pilots of patient-centered care, including a few clinics, a few private providers and Kaiser.
 - Harness funders in a collaborative effort to fund 20 medical home projects.
 - Each could test different aspects.
 - Use common definitions.
 - Seek proposals.
- **Increase worksite wellness programs and build a business case for their value and impact**
 - Implement worksite wellness models at health care sites and organizations.
 - Support worksite wellness for small employers.
 - Build business case for employee wellness.
- **Create a conversation about the importance of technology connectivity**
 - Ask providers who use electronic health records to have a conversation about what they are using and then determine how improve communication between providers.
- **Expand local training of providers**
 - Conduct training on effective health behavior change methods for providers. Use evidence-based methods.
 - Train providers building on existing local institutions.

- **Expand the number of school health centers**
- **Expand the availability of community-based, easily accessible health education resources for behavior change**
 - Provide incentives for parents to support healthy behaviors.
 - Enter into a dialogue with Latino leaders about what has worked and to involve them in the broader health discussion.
 - Create health education and wellness programs in the community beyond Santa Rosa (i.e., locate programs closer to where people live).
 - Assure that messages are consistent and ubiquitous (everywhere).
- **Expand local health insurance products for uninsured residents of the county**
 - Make Partnership HealthPlan of California available to anyone in Sonoma County, including those who work for small employers.
- **Expand the number of trained caregivers for seniors to allow them to remain independent as long as possible**
 - Create a system of caregiving so people may age in place.

Identify further information needed

- Status of primary care Sonoma County
- Best practices on behavior change models
 - Motivational interviewing
 - Chronic disease management planning
- Information about pilot programs between employers and providers to implement innovative, prevention-focused strategies, like “pay for performance” or patient-centered medical homes
- Status of local employer wellness programs and policies
- Models of school-based health care
- Other county models to create more sensible health care delivery systems that address access and reimbursement issues

Community Engagement

Bobbie Wunsch described the plans for a series of “community conversations” to be held in late June – August 2008 to receive public input and feedback on potential strategies. Task Force members were asked to share their ideas about locations throughout the community – in particular existing groups and meetings that we could attend – and solicit thoughts of communities that we need to reach out to. We are looking to conduct about 20-25 of these community meetings. Please send any ideas and contact information to Ellen Bauer at 565-6684 or ebauer@sonoma-county.org.

Closing Comments

Next meeting is Thursday, May 8 at 10:30a.m. – 12:30pm at North Coast Builders Exchange at **1030 Apollo Way, Santa Rosa.**

Please note that this is a change in meeting location.

For more information please contact Ellen Bauer at 565-6684 or ebauer@sonoma-county.org or visit the Health Action website at: www.sonomahealthaction.org