

Health Action:
Planning for a Healthy Sonoma County

Health Care Delivery System Task Force

MEETING SUMMARY

July 18, 2008

10:30 – 12:30 p.m.

North Coast Builders Exchange
1030 Apollo Way, Santa Rosa

Attendance: *Co-Chairs:* Primary Care Associates, **Bo Greaves, MD**; PsychStrategies, **Judy House**; *Health Action Members:* **Bob Anderson**, United Winegrowers for Sonoma County; **Nancy Dobbs**, KRCB Television and Radio; **Brad Drexler, MD**, Sonoma County Medical Association; **Heather Foote**, SEIU-UHW; **Mary Maddux-Gonzalez, MD**, Public Health Officer; **Suzy Marzalek**, Community Volunteer; *Community Members:* **Efren Carrillo**, Redwood Credit Union; **Kathryn King**, Veteran's Administration Outpatient Clinic; **Bud Martin**, Martin Financial Insurance Services; **Barbara Mackenzie**, Community Member; **Victor McKnight**, Sitzman, Morris and Lavis; **Alena Wall**, Northern California Center for Well-Being

Opening Comments

Judy House welcomed everyone to the fourth meeting of the Task Force. She thanked task force members for their continued participation and reviewed the intended outcomes of the meeting:

- Review feedback from July 11th Health Action meeting
- Identify key components of the medical home
- Identify key potential community partners
- Update task force on next steps in the process and their role moving forward

Feedback and Discussion from Health Action July 11th

Bo Greaves reminded members that the main purpose of July 11 Health Action meeting was to get feedback from Health Action members on the following:

- Health Action's draft **2020 Vision for Sonoma County** document (all of you were sent a copy of this)
- The draft short-term **Priorities for Action** from task forces and plans for getting community input
- Communication strategies and initial communication materials

Greaves thanked all of the task force members who attended the Health Action meeting and summarized the feedback from the meeting as follows:

- Health Action members responded very favorably to the draft **2020 Vision** document. The consensus was that it will provide a valuable framework to help align the efforts of the many agencies and organizations in our community to work together towards common goals. Comments will be incorporated by staff, including the addition of specific benchmarks that can be used to track progress.
- Health Action members were also very pleased and excited about strategies developed by the task forces as presented in the **Priorities for Action** document. They look forward to seeing more detailed recommendations from the task forces.

Defining Medical Home

Judy House explained that there are various definitions of the “medical home” concept that have been developed by different organizations and that ultimately Health Action will need to create a local definition for its medical home pilot projects. House explained that we’d like to start this conversation by identifying the key components that we believe are critical to our efforts here in Sonoma County. Task force members were asked to review the one-page overview of the "medical home" developed by an organization called TransforMED might be a useful tool for our discussion (sent out and at the table) and answer the following questions:

- Does this model of the “medical home” represent the key components that we believe are essential?
- What is missing or might be expanded on to fit our needs?

Comments by task force members included:

- Need to find a way to include non-Western medical care.
- Many of the terms in the TransforMED one-page overview are targeted to medical professionals. Need to develop language that is understandable to non-medical people.
- Would be good to include some rationale for why primary care is so important. For example, it improves quality of care and decreases costs.
- There should be more emphasis on the full care team, which could include many other types of health care workers and a variety of sites where people might access care.
- Okay that insurance is not included in this description. The focus here is on all the connections and systems that work together to create a trusted relationship between patient and providers to support healthy living. The insurance issue is external to this relationship.
- Need to emphasize the continuous relationship between patient and provider.
- Need to expand the non-medical side. Patient, family caregivers, school, community are all important pieces that need to be supported. Need to create a diagram that provides more emphasis to the community side.
- Might summarize a “medical home” as having the following 3 attributes:
 - A place where the patient is known and feels comfortable
 - A place that is accessible – close by, affordable, etc
 - Not a passive place for patient to come and “receive” care, but an “engine that starts people on a path to health.” Like a door opening to the community and opportunities to support health and healthy living.

Community Partners and Opportunities

Barbara Graves thanked task force members again for all the great work in drafting these strategies. Now that Health Action has approved the initial goals and strategies as summarized in the ***Priorities for Action*** document, we’ll be taking these ideas out to the community in July and August in a series of “community conversations” to get input on these ideas. Please check the website for the times and locations of these meetings.

Graves explained that we won’t get into detailed implementation planning until after we’ve had a chance to validate our ideas with the community and hear about their concerns and priorities. We would, however, like to think about how we might begin to work on these strategies by identifying who are the key potential partners in the community. In reviewing the ***Priorities for Action***, Graves asked task force members to

think about the following questions for each of the strategies that relate to the Health Care Delivery System Task Force:

- Who are the one or two key players (e.g., organizations, initiatives,) whose work is closely aligned with this strategy and might be engaged as a key partners on this?
- What assets do these potential partners have that can help to advance this work and make a strong partnership (e.g. membership, money, influence)?
- What opportunities can be leveraged through such a partnership (e.g. current projects, initiatives, priorities; recent legislation; new funding streams)?

She asked each member to take 5 or 6 minutes to use the worksheet at their table to jot down some of their ideas. Task force members then went around the room to share their ideas about key partners. Staff will compile and consider these ideas when developing the draft Action Plan.

Next Steps

Ellen Bauer explained that in the next few months staff will draft an Action Plan, including specific strategies, key outcomes and key partners, based on: the draft strategies developed by the task forces; input from the community meetings; research on best practices; and input from identified community partners.

The role of task force members will be to: review draft Action Plan prior to the September task force meeting; attend September meeting to provide comment on draft Action Plan; wrap up task force process when Action Plan is presented to Health Action on Oct. 3rd. Once approved by Health Action, the Action Plan will be presented to the Board of Supervisors and the community in the fall, and implementation planning will begin. The committee structure for the implementation planning phase will be determined based on the needs identified in the Action Plan.

Public Comment

Closing Comments

Next meeting is Wednesday, September 24, 2008, 10:30 a.m. – 12:30 p.m. at North Coast Builders Exchange at **1030 Apollo Way, Santa Rosa**.

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