March 4, 2015

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ANNOUNCEMENTS

**Practical Playbook Seeks Participants for User Survey**
The Practical Playbook is conducting a series of usability activities to better understand the needs of our audience and will be updating the website to meet those needs. They have put together a brief survey and would appreciate your participation in filling it out! The survey should take about 10 minutes.

**Million Hearts Recognizes 2014 Hypertension Control Champions**
On February 24, the CDC and Million Hearts® announced the 2014 Million Hearts Hypertension Control Challenge Champions. "Thirty Champions from public and private health care practices and systems across the country are recognized for their success in helping patients control high blood pressure...These Champion healthcare professionals and their teams achieved blood pressure control for at least 70% of their patients with hypertension through innovations in health information technology and electronic health records, patient communication, and health care team approaches."

**Population Health Improvement Leadership Webinar**
On March 10, 11-12pm ET, Jose Montero, MD, MHCDS, Director of the Division of Public Health Services at the New Hampshire Department of Health and Human Services, and Professor of Family Medicine at Gisele School of Medicine at Dartmouth, will share his experience and perspective on how local training programs can be responsive to local, regional, and national population health needs. This is a topic of ever-growing importance, and the participants can enhance the discussion if they look at population health efforts, e.g., SIMS grants, going on in their states and local communities prior to the webinar.

INTEGRATION RESOURCES

**Creating Incentives to Move Upstream: Developing a Diversified Portfolio of Population Health Measures Within Payment and Health Care Reform**
In this March 2015 AJPH article, John Auerbach examines the feasibility of developing a balanced portfolio of population health measures that would be useful within the current deliberations about health care and payment reform.
Auerbach acknowledges that an obstacle to the selection of population health metrics is the differing definitions of population health. Rather than choosing between these definitions, he identifies five categories of indicators that in various combinations might yield the most promising results. Auerbach then offers concrete examples of markers in each of the categories.

**Patients in Context — EHR Capture of Social and Behavioral Determinants of Health**
In this February 2015 NEJM article, the IOM Committee on Recommended Social and Behavioral Domains and Measures for Electronic Health Records recommends ways of incorporating standardized measures of social determinants of health into electronic health records, proposing a measure set addressing four currently assessed domains and eight others.

**New State Refor(u)m Chart Highlights CHW Models**
This chart highlights state activity in key areas to integrate Community Health Workers into evolving health care systems, including state action related to financing, education, certification, and state definitions, roles and scope of practice.

**New CDC Health Policy Series**
CDC’s Office of the Associate Director for Policy produced a series of issue briefs highlighting opportunities for public health to collaborate with the health system to catalyze health system transformation. “Issue Brief 01: Public Health Departments and Accountable Care Organizations (ACOs)” focuses on the interface of public health departments and ACOs and highlights opportunities for enhanced collaboration between the two entities. “Issue Brief 02: Towards Sustainable Improvements in Population Health: Overview of Community Integration Structures and Emerging Innovations in Financing” explores opportunities to establish effective, more sustainable community-focused delivery and payment models to improve population health.

**PARTNER HIGHLIGHT**

**Michigan to Test Whether Accountable Systems of Care Working with Community Partners Can Improve Population Health**
Michigan is one of 11 awardees of the State Innovation Model Initiative Model Test Awards Round Two. Michigan will implement its Blueprint for Health Innovation with the creation of Accountable Systems of Care (ASC). ASCs will be networks of providers utilizing patient-centered medical homes supported by payment models that align incentives. The ASCs are further supported by Community Health Innovation Regions (CHIRs), which are cross-sector partnerships that address population health and connect patients with relevant community services. The state will test whether ASCs working with CHIRs can achieve better health outcomes at lower cost for three targeted populations of patients: those with adverse birth outcomes, frequent emergency department users, and those with multiple chronic conditions. Through SIM funding and resources, Michigan will deliver technical assistance, workforce training, quality improvement skills, and data analytics to providers throughout the state.

**SUCCESS STORY**
Louisiana Improves Systems of Care for HIV Patients

The Louisiana Office of Public Health (OPH) partnered with seven Louisiana State University (LSU) Health Care Services Division hospitals to create the Louisiana Public Health Information Exchange (LaPHIE). The exchange uses public health surveillance data to alert LSU clinicians that a patient might have an untreated case of HIV, tuberculosis or syphilis requiring a doctor or nurse’s attention. OPH sends a LaPHIE “out of care message” to LSU clinicians when they encounter individuals who are likely to be untreated, for example individuals who have tested positive for HIV but may be unaware of their status. When an authorized LSU clinician logs into the patient’s EMR, he or she sees a message from OPH—along with a list of suggested actions. The Office of Public Health is working to integrate private hospitals into this system and to achieve a more complete and robust system for treating those with infectious diseases. Learn more [here](#).

QUICK LINKS

- All Partners List
- Capturing Successes Tool
- Recent Tweets Using #PCPHIntegration
- Strategic Map

IMPORTANT DATES

Conferences, Meetings, Presentations, and Other Important Dates

**All Partners Call**

March 11, 1:00 pm - 2:00 pm ET  
Phone: 844-301-2603; Conference ID: 91337056

**Successes/Measures Committee Meeting**

March 19, 10:00 am - 1100 am ET  
Phone: 866-740-1260; Access Code: 5273153

**Association for Prevention, Teaching and Research Annual Conference**

March 15 - 17  
Charleston, SC  
[Learn more and Register](#)

**National Association of Community Health Centers Policy and Issues Forum**

March 18 - 22  
Washington, DC  
[Learn more and Register](#)

**American Association of Colleges of Nursing Spring Annual Meeting**

March 21 - 24
ABOUT THE ASTHO-SUPPORTED PRIMARY CARE AND PUBLIC HEALTH COLLABORATIVE

The ASTHO-supported Primary Care and Public Health Collaborative is a partnership of more than 50 organizations that seeks to inform, align, and support the implementation of integration efforts. This initiative began with a meeting co-hosted by ASTHO and the Institute of Medicine (IOM) that brought together key individuals in primary care and public health to create a strategic map. The map filled the need for a strategic approach to integration in follow-up to the IOM report *Primary Care and Public Health: Exploring Integration to Improve Population Health*. View the Strategic Map [here](#). For more information on the strategic map and our integration efforts, visit our [website](#) or email [pcphcollaborative@astho.org](mailto:pcphcollaborative@astho.org).