



Strategic Planning Report

MH-PCCM Council

Submitted by: Michelle Clark, Ph.D.

The purpose of this report is to describe the process and outcome of a strategic planning meeting that was held for the Medical Home and Prevention and Chronic Care Management Advisory Council at the Iowa Department of Public Health on January 25, 2012.

Background

As a result of budget constraints, the two councils: Medical Home and Prevention and Chronic Care Management Advisory Council at the Iowa Department of Public Health have been merged. The co-chairs of this combined group are Dr. Tom Evans and Dr. Peter Reiter. The IDPH staffers are: Angie Doyle Scar, Beth Jones, and Abby McGill.

The session on January 25th was the first meeting of this merged group. The purpose of the meeting was two fold: 1) provide an opportunity for the members of the combined group to meet and begin building productive working relationships, and 2) bring clarity to the vision, purpose and goals of the newly combined group.

Approach

In order to gather perspectives on the most important agenda items for the planning session as well as any relevant background, two methods of input used in advance of the meeting. First, participants were asked to respond to these questions via email:

1. What do you most want us to accomplish at the first meeting of the combined commission on January 25th?
2. What are the top three accomplishments you'd like to see in the next two years for the newly combined commission?

Additionally, four pre-meetings were held, two in person, and two via conference call. The meetings were with: Dr. Peter Reiter, Dr. Tom Evans, Linda Meyers, and (jointly) Abby McGill and Beth Jones. These are the questions that were posed during these interviews:

1. What is the history of this organization that is relevant to the planning event on January 25th?
2. What are the most important outcomes you hope to achieve at the meeting?
3. What are the barriers that might get in the way of these outcomes?
4. What would it take for you to walk away at the end of the day feeling that it was time well spent?
5. Is there anything you do NOT want to see happen?

Based on this input via email and interview the following agenda for the meeting was created:

9:30	Welcome and overview
9:45	Set Group Ground rules
10:00	Commonalities and Uniquities (group introduction activity)
10:20	<i>Small Group Discussion Questions</i> What is our purpose? What are the top four outcomes we need to accomplish in 2012? What work-groups do you suggest to accomplish those outcomes?
11:30	LUNCH
12:30	Small Groups Resume
1:00	Report Out
1:30	Agree to purpose, outcomes, and work-groups
2:45	Next steps
3:00	Adjourn

Welcome and Overview

Dr. Evans welcomed the group and introduced the facilitator.

Ground Rules

Council members agreed to and voted upon a set of ground rules (behaviors, attitudes, and approaches) to follow during meetings. The responses were documented and will be posted at every meeting.

- Be open to new ideas by smiling, looking the person in the eyes, and uncrossing your arms.
- Be respectful by listening, actively being present, not talking when somebody else is.
- Do not put others down for an idea that they share and be accepting of all thoughts
- Everyone has an expertise that they bring to the table.
- Be willing to defend your position and disagree respectfully. Have real dialog and real disagreement to come to a common direction.
- Do not have a “meeting after the meeting”.
- Fully express what you are thinking at the meeting.
- Everybody participates but nobody dominates. Meet in the middle of dominant versus quiet personalities.
- Put your own self-interest on the back shelf. Wear two hats- one being your expertise hat and the other hat being a good citizen of Iowa and see the bigger picture.
- Look for commonality in where we are headed.
- Stay on task- Don't spend a long time discussing topics that we don't have any control over and can't impact. Make the meeting meaningful and worthwhile

Small Group Discussion Questions

Council members broke into five workgroups to discuss the following three questions:

1. What is our purpose?
2. What are the top four outcomes we need to accomplish in 2012?
3. What work-groups do you suggest to accomplish those outcomes?

Purpose

Following the small group discussions, the large group reconvened and shared their output. There was a great deal of agreement across the five workgroups regarding the purpose of the combined MH-PCCM Council. This was the group agreement regarding the purpose of the MH-PCCM Council:

- The purpose of the Council is to recommend strategies and policies to IDPH the Legislature, and other stakeholders to advance the medical home delivery of care, incorporating increased prevention and better chronic care management to improve the health of all Iowans.
- The main overarching goal is patient-centered transformation of the health care system.

Top Four Outcomes for 2012

After the agreement of purpose, the group discussed the top four outcomes for 2012. This conversation was complementary to the creation of four workgroups for 2012. This was the joint agreement of the group regarding both the top four outcomes and the workgroups that should be created:

1. Prevention and Engagement

- Diabetes self-management
- Community Utilities
- Education of providers and public about preventative screening programs

2. Health Care Transformation

- Mental Health Redesign
- Health Benefit Exchange developments
- Accountable Care Organizations

3. Data

- Chronic Disease Registry/BMI Registry
- Disseminating Data- IowaCare year 1 data and Medical Home Learning Community data

4. Care Coordination

- Diabetes Care Coordination Plan
- Patient-Centered Medical Home

Each workgroup created an action plan for next steps that need to be tackled by the workgroup.

Next Steps

The next MH-PCCM meeting will be used to solidify the membership in each of the four workgroups. Additionally, the workgroups will convene, review and update the action plan created during the January 25th meeting, and agree to a schedule of activities.

Consultant's Summary

One of the strengths and challenges of this group is its diversity. The group reflects a variety of medical specialty areas, sectors (private sector, public sector, academic), has an approximate gender balance, and has small representation of people of color and people of low income.

In order to capitalize on the creativity and divergent perspectives of this diverse group, it will be crucial balance the speaking time and input of members. Facilitators of the meeting will need to intentionally attend to drawing out quieter voices, and that those members with both strong personalities and role power (e.g. important titles, advanced degrees, etc.) make an overt effort to moderate their input. Small groups and going around the room to hear from each person are two strategies that may be effective.

This is a large group in which it would be easy for people to feel anonymous. People who feel anonymous are likely to be inconsistent in attendance, and it is only through continuity of working relationship that this group will be most effective. Assure that every member has a sense of how he/she contributes to the larger purpose.

Given the breadth of scope of this Council, your decision to break into work groups seems appropriate. The small groups provide opportunities to take a very large topic area and break it into manageable pieces. It also provides an opportunity for individuals to work closely together. It also will be important to find success experience for both your "big picture" and "practical accomplishment" member preferences.

I'd encourage you to do a "process check" in six months by devoting an hour of the meeting to these questions:

1. Are we making progress on our goals for 2012?
2. What is working well in this Council? What is working less well?
3. What do we need to: start doing, stop doing, continue doing?