

October 1, 2018 Workforce for Health Taskforce Meeting Summary

Kester Freeman, co-chair, welcomed everyone to the October 1st Workforce for Health Taskforce meeting. Mr. Freeman introduced the theme of the meeting, Risk and Reward, and engaged taskforce members to think about the shift from a volume-based care model to a value-based care model and encouraged taskforce members to review the Robert Wood Johnson Foundation [article](#) about using data related to social determinants of health to improve health and health care.

After the welcome, Mr. Freeman introduced the first speaker, Dick Wilkerson, co-chair of the Workforce for Health Taskforce and IMPH board member, board member of Prisma Health and retired CEO of Michelin North American. Mr. Wilkerson's [presentation](#) examined the two business models in American health care: traditional fee-for-service and population health. For both business models, Mr. Wilkerson identified the players and their objectives, the workforce required to make the model work for the future and the challenges of the model in achieving a set of identified goals. The goals to examine the model needs were to: improve the health of the citizens at a sustainable cost, keep healthy people healthy, improve the health of people at risk, treat chronic conditions with best practices and provide quality treatment for health events. Mr. Wilkerson stressed the importance of moving away from the fee-for-service model and moving into the population health model, which will meet the goals of keeping people healthy, reducing health risks of people, better managing chronic disease and providing quality health care for health events. Mr. Wilkerson also described how the health care market is not a typical commodity for in our capitalist society because consumers do not have access to cost or quality information. Mr. Wilkerson also emphasized the critical role of data sharing and analysis in successful population health management and ended the presentation with strategies to transition into the population health model.

Mr. Wilkerson introduced Dr. Angelo Sinopoli, Chief Clinical Officer of Prisma Health and President of the Care Coordination Institute who [presented](#) on the Greenville Health System/Prisma Health response to the transition to population health. Dr. Sinopoli presented on improving clinical integration, competencies for a better integrated delivery system and the initiatives of the Care Coordination Institute. He also spoke about the need for health systems to partner with community organizations and state agencies. He spoke about the challenges with the state law that requires EMS to transport patients to an Emergency Department regardless of severity after a 911 call, unless the patient signs a waiver. Dr. Sinopoli spoke about the challenges created when insurance companies and health system do not share data. It's a major challenge around the country; only a few states have all payer claims databases.

Prisma Health launched a program to reduce emergency department and hospital utilization of the Medicaid clinic population and the unfunded population. The results of the pilot program showed decreases in inpatient days, emergency department visits and the number of diabetic patients with high HgA1c values. It also showed improvements in the number of non-diabetic hypertensive patients with normal readings and the number of asthmatic patients appropriately receiving corticosteroid therapy. Dr. Sinopoli discussed the amount of money saved when community level programs are created and successful. Finally, Dr. Sinopoli discussed the Care Coordination Institute and the way its population-based research and programs positively affects patient outcomes and saves money.

Dr. Sinopoli transitioned back to Mr. Wilkerson, who [presented](#) on Michelin North America's approach to reduce health care costs of their employees. The goals of the program included: keep healthy people healthy, improve the health of those at risk, ensure that those with chronic conditions receive recommended treatment, increase the ease of accessibility for both mental and physical care and provide excellent treatment for health events. This initiative implemented changes to health insurance coverage, incentivized healthier choices, provided better chronic disease management to employees and spouses and opened clinics at major sites. The program paid for itself by the second year because people were healthier.

After Mr. Wilkerson's final presentation, task force members were asked to get lunch and go into their workgroups. Each workgroup had a different question to answer and one question that all groups should answer: Reflecting on today's material and the notes from July and August, brainstorm potential actionable recommendations needed to support the development of the workforce of the future.

Group 1: Health Systems

1. What do health systems need from other stakeholders in order to transition from volume to value? What can health systems do to stimulate this transition?

Group 2: Health Care Education & Training

1. What do educational and training organizations need from other stakeholders to prepare more students for emerging roles that support population health and prevention? What can educational and training organizations do to stimulate the transition from volume-based care to value-based care?

Group 3: Community Based Organizations

1. What do CBOs need from other organizations and entities in order to scale their efforts to support population health and prevention through emerging workforce roles? What can CBOs do to stimulate the transition from volume-based care to value-based care?

Discussion leaders led taskforce members through the focus questions. A brief summary was provided once the taskforce reconvened back to the Congaree Room. After each group reported back to the taskforce, Mr. Freeman gave the closing remarks and introduced the topic for the next meeting, Aging in Place, which will be held on October 17, 2018 and thanked everyone for their participation.

The meeting ended at 2:00 p.m.

October 1, 2018 Workforce for Health Taskforce Meeting Attendees

1. Rep. Terry Alexander
2. Teresa Arnold
3. Betsy Blake
4. Teri Browne
5. Charles "Chuck" Carter
6. Angel Clark
7. Rachel Dattilo
8. Shuana Davis
9. Lily Fasbender
10. David Garr
11. Jane H. Garrett
12. Sarah Gehlert
13. Jeffrey Ham
14. Jan Harper
15. Lisa James
16. Ann Lewis
17. Jamie Chrisman Low
18. Maria Martin
19. Deborah Munchmeyer
20. Karen Papouchado
21. Lenora Bush Reese
22. Monty Robertson
23. Carey Rothschild
24. Kathy Schwarting
25. Kayce Shealy
26. Julie Smithwick
27. Michele Stanek
28. Shawn Stinson
29. Rep. Ashley Trantham

Presenters:

1. Angelo Sinopoli
2. Dick Wilkerson

Advisory Committee:

1. Graham Adams
2. Kester Freeman
3. Sara Goldsby
4. Mark Jordan
5. Pete Liggett
6. Angelo Sinopoli
7. Dick Wilkerson

IMPH Staff:

1. Jamelia Graham
2. Maya Pack
3. Shaena Rouse
4. Megan Weis
5. Corey Remle