Update to AMC
The statute charges the Commission to create an action plan that will, at a minimum, include strategies to:

1. **Transform the health and human services system** to a) improve program efficiencies, b) produce savings, and c) promote better outcomes for all Minnesotans;

2. Identify evidence-based strategies for addressing the significant cost drivers of State spending on health and human services, including the medical assistance program, in order to **reduce health and human services expenditures with net savings of $100M in the next biennium** (July 1, 2021 – June 30, 2023);
3. **Increase administrative efficiencies and improve program simplification** within health and human services public programs, including: examining the roles and experience of the State, counties and tribes in delivering services, and identifying any conflicting and duplicative roles and responsibilities among the health and human services agencies, counties, and tribes;

4. **Reduce waste** in administrative and service spending in health and human services through, including but not limited to misuse and overuse of health care services, fraud reduction, and improved program integrity; and

5. **Advance health equity** across geographies and racial and ethnic groups, in part, by addressing disparities in access, and disparities in outcomes
Commission Members

• 17 members
  • Commissioners of MDH and DHS
  • 4 legislators
  • 2 from counties: Commissioner Sheila Kiscaden - Olmsted; Jennifer Decubellis - Hennepin
  • 1 tribal representative: Jennifer DuPuis - Fond du Lac
  • Service providers, consumer advocates, business and labor
The Commission’s Process

• Solicited ideas in the 5 focus areas from stakeholders and the public

• Over 400 “strategies” submitted

• Common themes include changes to pricing and purchasing strategies (Rx, DME), better program coordination, process improvements, use of technology, longer term systemic changes in payment and service delivery, greater emphasis on prevention and care coordination

• Commission members and agency staff narrowed the list based on fit with the commission’s charge, feasibility of implementation and likelihood of impact

• Working through ideas for initial commission reactions

• Draft report will be reviewed with stakeholders and available for public comment in the summer
Track Our Progress, Give Us Feedback

hhs.blue.ribbon.commission@state.mn.us
https://mn.gov/dhs/hhsbrc/
MDH Update

Commissioner Jan Malcolm

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS
• Protecting youth from all tobacco and nicotine products: ban on flavors, statewide T21

• Protecting drinking water: allow PFA to create a program for lead service line replacement on private property; amend Ground Water Protection Act to allow MDH to use health risk analyses in addition to the US EPA

• Protecting health plan consumers from surprise billing from out of network providers in particular for emergency care

• Extending, expanding and codifying advisory committees

• Carryovers from 2019, including use of Cancer Registry data, securing access to birth and death records, technical changes
• Repairs and improvements to the Public Health and Agriculture Laboratory
• Governor’s supplemental budget will be released in March
  • Vaping
  • Corona Virus preparedness and response
Corona Virus Situation to Date

Spread of Coronavirus:

- 80,350 cases and (2,705 deaths) as of Feb 26
- Majority of cases & deaths in China
- Cases confirmed in multiple other countries
- COVID-19 Confirmed Cases in US:
  - 14 confirmed cases
- COVID-19 Cases among Persons Repatriated to the United States:
  - 39 Positive tests
    - 3 Wuhan, China
    - 36 Diamond Princess Cruise Ship

Locations with Confirmed COVID-19 Cases
As of February 25, 2020
• The U.S. response to the outbreak is multilayered-- and has so far focused on travelers.

• The goal is to slow the spread and distribute the impact of this virus so health care system is not overwhelmed and to give us time to prepare.

• The increasing spread in multiple countries suggests that we must increase our pandemic preparedness efforts.
Minnesota’s Response to Date

• No confirmed cases in Minnesota
• Health officials getting information to public
  • Local public health
  • Health care providers
  • Community groups
  • Schools (K-12 and Higher Ed)
• MDH getting daily calls about people with respiratory symptoms and recent travel
  • Flu or other common illnesses most likely causes
Protective Recommendations for Public

• Standard guidance for avoiding respiratory infections also applies for COVID-19:
  • Stay home when sick
  • Cover your cough
  • Wash your hands well
  • Avoid touching your face – especially eyes, nose and mouth
Minnesota’s Response to Date

• Cross-agency coordination
  • Joint Information Center (JIC) since early February for state, local public health public information officers
  • MDH, Department of Public Safety establishing JIC for state agency communicators
  • MDH emergency preparedness team working with DPS/HSEM on coordination across state agency operations, planning functions
Protective Recommendations for Public

• Preparing for Potential Community Spread
  • Goal is to slow spread, reduce impacts on communities, health care sector
  • Now is the time for individuals and organizations to firm up plans/readiness
  • Key considerations for businesses:
    • Capacity for employees to work from home
    • Encourage ill workers to stay home
  • Key considerations for individuals:
    • Discuss backup plans for child care
    • Consider options for other key services
Resources to Stay Informed and Prepared

• Keeping informed
  • CDC website ([www.cdc.gov](http://www.cdc.gov))
  • Minnesota Department of Health website ([www.health.state.mn.us](http://www.health.state.mn.us))
Reimagining our Public Health System for the 21st Century
• Minnesota’s governmental public health system has served us well, but much has changed since it was established in 1976.

• The partnership between MDH, local public health and the State Community Health Services Advisory Committee is a strength.

• Tribal health departments are not always considered or included.

• Funding for public health is largely categorical and has very limited flexibility.

• There is wide variability in local departments’ capacity and performance.

• There is pressure on both MDH and local departments to do more, without more resources and often with reduced resources.
Action Plan for Strengthening Public Health in Minnesota

Define Basic Public Health Responsibilities

Explore and Test New Models

Adopt a Plan for System Transformation

PUBLIC HEALTH IS CHANGING AND THE STATE AND LOCAL PARTNERSHIP NEEDS TO ADAPT AND PREPARE FOR THAT CHANGE. I LOOK FORWARD TO WORKING WITH YOU AND SCHSAC AS THESE RECOMMENDED NEXT STEPS ARE IMPLEMENTED. THANK YOU FOR THE EXCELLENT WORK.

Sincerely,

Jan K. Malcolm
Commissioner

Strengthening Public Health Workgroup
FINAL REPORT TO SCHSAC MAY 2018
Technical Groups

• Provide technical expertise – know public health
• 100+ individuals from state and local health
• Ad hoc and established SCHSAC work groups
• Leadership and staff

Leadership Council

• Set vision and strategy
• Convened by the Commissioner
• State, local and tribal representation
• County government representation
• Community member and partner representation
Leadership Group Membership

- State Community Health Services Advisory Committee (4)
- Local Public Health Association (5)
- Tribal Health (3)
- State Associations
  - MN Association of County Social Service Administrators (1)
  - Association of MN Counties (3)
  - MN Association of County Administrators (1)
- State Government
  - Department of Human Services (1)
  - Department of Health (2)
- Community and Cross-Sector Partners (8)
• Many sectors and organizations play an important role in working to prevent disease and improve the health of the public.

• There are some public health functions that should be carried out by governmental public health.

• Some public health functions are so fundamental for health that they need to be in place everywhere (outside of Indian Country).
• Governmental public health can carry out these functions, or “foundational responsibilities,” through a variety of (new and existing) delivery models.

• Some public health activities are specific to community needs/wants; they are important, but do not need to be in place in everywhere.

• There are a set of cross-cutting capabilities (skills, knowledge and abilities) necessary to carry out the work of governmental public health.
Foundational Public Health Responsibilities

A Framework for Governmental Public Health in Minnesota

Creating Healthy Communities

Foundational Public Health Responsibilities

(Draft)

Foundational Areas

Infectious disease prevention and control
Environmental health
Prevention and population health improvement
Access to health services

Foundational Capabilities

- ASSESSMENT AND PLANNING
- COMMUNICATIONS
- COMMUNITY PARTNERSHIPS
- DATA AND EPIDEMIOLOGY
- HEALTH EQUITY

- LEADERSHIP
- ORGANIZATIONAL MANAGEMENT
- POLICY DEVELOPMENT
- PREPAREDNESS AND RESPONSE

Protections and services unique to a community's needs
Current System

- Only minor changes since established in 1976
- Focus separately on state and local public health agencies
- Important but variable state-local partnership
- Limited awareness of activities not done in partnership

![Venn Diagram]

- State Activities
- Local Activities
- Partnership Activities
- Tribal Activities
• Foundational Responsibilities are in place everywhere
• Strong state-local, state-tribal, and local-tribal relationships
• Dedicated, stable funding for foundational responsibilities and capabilities
• Balances accountability and flexibility
• Organized as a whole system to use resources as efficiently and effectively as possible
• Effectively reduces health inequities driven by race, geography, income, ability, gender and sexuality
• Trusted by communities, partners and decision-makers
Current information and updates

To receive updates in your inbox, subscribe to the 21st Century Public Health Email List.

SUBSCRIBE

December 2019

A reminder: As we move forward, you may see references to both "strengthening public health in Minnesota" and "21st century public health in Minnesota" to be synonymous.

Meeting materials

Upcoming meetings

- January 10, 2020: Plymouth Library
- March 23, 2020: St. Cloud location TBA
- May 1, 2020: West metro location TBA
- July 23, 2020: St. Cloud location TBA
- September 30, 2020: West metro location TBA

Past meetings

- November 26, 2019: Agenda (PDF), Take-home points (PDF), Presentation slides: Public health system transformation: A national review (PDF)

www.health.state.mn.us/21stcenturyph