

NM HSI Summit, September 16, 2015  
 Alignment & Integration of Public Health and Primary Health Care Committee

Topic	Discussion	Next Steps/ Follow-Up
<b>Introductions</b>	Pass around sign-in sheet and collect at end of session	
<b>Discussion</b>		
	A goal is to review the specific design content related to the work done by and recommendations made by <u>your</u> committee and workgroups. Review and refer specifically to slide(s) numbered: 11, 18, 19, 20, 21, 30 and others relevant to your charge. The emphasis, at this point, is to refine and/or clarify input and recommendations already made, rather than to provide more recommendations. We hope the questions below help guide you.	
#1: Does the current version of the HSI design adequately incorporate the recommendations made by and the work done by this committee?  If not, please describe what needs refining or changing.	<p>Include a backbone entity with flexibility to handle resources and money. We also need a backbone partnership that has functions such as liaison capacity, in charge of staffing, external/internal connections, data support, advocacy, fundraising, etc.</p> <p>Whatever existing structures we have do not work. We need changes but the changes are not reflected in the design.</p> <p>Share accountability and benefits.</p>	

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<p>#2: Are there any components or factors that have <u>not</u> been considered or reflected in the design that are important to <u>your committee's specific area of expertise or interest</u>? If so, what are they? (Again, refer to slide(s) numbered 11, 18, 19, 20, 21, 30.)</p>	<p>~ Connect with the backbone agency to ensure that the constituents' needs are met. The need in the frontier and rural areas are not currently met.</p> <p>~ Health councils need to be included in the design. We need to define the role—especially if it's a new one—of Health Councils. Individual units need to be redesigned. We also need a definition of local structure.</p>	

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<p>#3: Are there any components or factors that have <u>not</u> been considered <u>in the overall design</u> that you feel are important? What factors are missing?</p>	<ul style="list-style-type: none"> <li>~ What are the key values for this plan? Values drives the design.</li> <li>~ Death rates are higher in rural areas than in urban areas; to decrease the death rate we need team care.</li> <li>~ An integrated system needs to have <u>intentional planning</u> toward the goals.</li> <li>~ We do not have polices in place.</li> <li>~ We need to focus in the (geographic?) areas with more disparities. Since funding drives the ship, we should fund first areas where the money is needed.</li> <li>~ We need to have a structure and incentives. Ensure that key members are involved. Engage community in the planning process.</li> <li>~ The design needs to be competitive. Right now it is not inclusive and is highly bureaucratic.</li> <li>~ We need to address language, cultural and geographic issues in the state. Depending of the geography the care services are different.</li> </ul>	
<p>#4: Is there any other information or input that you would like to provide with regard to the NM HSI design?</p>	<ul style="list-style-type: none"> <li>~The design needs to capture the uniqueness of NM.</li> <li>~ We've not included tertiary chronic care for mental illness.</li> <li>~ We need to integrate Public Safety. Too much money spent on prison.</li> <li>~ We need to identify the goals, with a focus on prevention, and outcomes.</li> </ul>	
<p>Other agenda items covered by your committee:</p>		

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	<b>Report Out</b>	
<p>What are the key points from your discussion that you want to share with the rest of the Summit participants?</p>	<ul style="list-style-type: none"><li>• The backbone organization is not represented as a part of the model, and should be as this is a critical component.</li><li>• The design needs to show the beauty, culture, history and uniqueness that is New Mexico. It should include the values of integration and how individuals, families, communities and services interact with one another.</li><li>• The design also needs to include representation of the chronically mentally ill and their services.</li></ul>	