



*Protecting, maintaining and improving the health of all Minnesotans*

**Health Care Home Advisory Committee Charter  
MN Statutes 2012 Section 256B.0751 Subd. 10**

**OVERVIEW:**

Health care homes are foundational to Minnesota's efforts to achieve the triple aim of improving the health of Minnesotans, improving the patient experience, and reducing the cost of health care. Health Care Homes, known nationally as Patient Centered Medical Homes, require a fundamental redesign in the practice of primary care towards prevention and management of chronic disease. Authorized by Minnesota's 2008 health reform law, the health care homes initiative is jointly administered by the Minnesota Department of Health and the Minnesota Department of Human Services.

The 2014 Minnesota Legislature directed the Commissioners of Health and Human Services to establish a health care homes advisory committee to advise the Commissioners on the ongoing statewide implementation of the health care homes program.

**The charge of the HCH Advisory Subgroup is to contribute to planning for ongoing statewide implementation of Health Care Homes including, but not limited to:**

- Implementation activities on performance management and benchmarking.
- Modifications to the health care homes program based on results of the legislatively mandated health care home evaluation.
- Statewide solutions for engagement of employers and commercial payers.
- Potential modifications of the health care home rules or statutes.
- Consumer engagement, including patient and family-centered care patient activation in health care, and shared decision making.
- Oversight for health care home subject matter task forces or workgroups.
- Other related issues as requested by the commissioners.

**In addition, committee members will be asked to:**

- Provide guidance and advice in setting strategies to raise awareness of health care home concepts across Minnesota that will create community engagement in patient centered coordinated care principles.
- Provide advice on soliciting and receiving input from diverse stakeholders and communities regarding the ongoing implementation of health care homes.
- Provide input on how health care homes as a foundational health reform program should continue to develop to support Minnesota population health goals of "health in all things" and "accountable care".

## **Reporting Relationships: HCH Advisory Committee Advise the Commissioners**

### **Membership: 15 – 16 members**

- Health care professions such as primary care provider, mental health, nurse and care coordinator. (Ideally 1 representative member of each) (4)
- Statewide representation from HCH clinics (4)
- Health Plan company (1)
- Employer (1)
- Academic Researcher (1)
- Organization to Improve Quality (1)
- Consumers/patients: (4)
- State Agency (1)

### **Desired skills and experience include:**

- Understanding of health care homes and health care delivery reform principles.
- Understanding of population health principles and practices.
- Understanding of patient and family centered care, care coordination and transitions management.
- Experience working with/across multiple systems, e.g. health care, public health, social services, long term services and supports.
- Demonstrated experience working to advance health equity.
- Demonstrated experience working with complex populations.
- Ability to consider conflicting points of view and to consider innovative next steps.

### **Timeline and Frequency**

Membership will be established in October, 2014; the first meeting of the Advisory Subgroup will be in Spring 2015. We anticipate that the group will meet 3-4 times per year. The committee is governed by Minnesota Statutes, section 15.059 and does not expire.

The advisory committee shall have the ability to establish subcommittees on specific topics.

### **Expectations**

Members of the HCH Advisory Committee are expected to be active, respectful participants in meetings; to consult with constituents, clients, partners and stakeholders as appropriate to gather input on specific questions and issues between meetings; and to alert the MDH or DHS about any actual or perceived conflicts of interests that could impede their ability to carry out their responsibilities.