



Meeting Minutes December 6, 2016

Mission: *To organize healthcare stakeholders by providing a structured forum for sharing valuable knowledge, finding common solutions, and identifying resources to improve health outcomes, improve quality and patient experience of care, and to lower costs of care in the region.*

Members: Lyle Nelson; Gina Pannell; Deena LaJoie; Jennifer Burlage; Todd York; Matt Johnson; Luis Lagos; Dr. Karl Watts; Russ Duke; Melissa Mezo; Megan Stright; Mark Babson; Brian Windau; Dr. Troy Clovis; Dr. David Peterman;

Members Absent: Dr. Kevin Rich, Chair; Dr. Michael Koenig; Dr. George Beauregard; Kelli Fairless

Guests: Diane McKinnis; Melissa Dilley; Kim Thurston; Jaime Aanensen; Rob Howarth; Julie Nease; Dawn Juker; Sara Toevs; Megan Kelberg; Paulina Louangketh,

Agenda Topics

Medical-Health Neighborhood

Gina presented the committee with an infographic of a Medical-Health Neighborhood (MHN) which highlighted the entities that link the MHN to the PCMH. These links are as follows:

- Acute/Post-Acute Care – Care managers, transition of care staff
- Ambulatory Care – 211, care coordinator
- Diagnostic Services – Care managers, EHR, contracts
- Pharmacy – E-prescribing, EHR, contracts
- Community & Social Services – 211, CHW, care coordinator
- State and Local Public Health – Direct to clinic advertising

It was suggested by Lyle that looking into the future the MHN might include Community Health EMS (CHEMS), CHW, telehealth and other community citizens that touch patients. The CHC agreed provide this to the Population Health Workgroup as a recommendation as they develop MHN materials

RC Grant Projects

In effort to choose a project for the RC grant the committee reviewed three options and analyzed the solution impact and the implementation effort. An outline of the three possible projects was provided to the committee.

1. The Caregiver Project - provide education, training, and resource connections. Points made include:

- Defining and identifying caregivers
- How to best utilize primary care providers as a link
- Staff training/education on who and how to refer
- Training in all parts of the region would be preferred
- There is a 6 week course (Powerful Tools as Caregivers) available
 - Scholarships have been used
 - Train-the-trainer model
- Program administration and oversight
- Measure development – process and outcomes

- Use community agencies already in place with some supports (AARP Idaho offers care planning, contracts with organizations such as the local Area Agency on Aging)
- 211 Care – could a caregiver button be added to their website for resources
- The program needs to identify caregiver gaps and provide training resources

2. The Refugee Project - identify, educate, and train refugee leaders regarding navigating the healthcare system. Refugees are significantly losing their healthcare coverage after the 8 months of assistance is over. Over 2000 refugees are not eligible for the tax credit or Medicaid. Points made:

- Barriers that refugees face include language, health literacy, not understanding insurance language such as premiums, sliding fee, insurance cards, etc., as well as difficulty with navigating the healthcare system
- This project focuses on one population when many populations have similar challenges
- Open enrollment period closes 1/31/17 and would not be effective for the upcoming year
- Are there existing resources that can be utilized
- Refugee organizations are understaffed and not able to offer assistance after the 8 month period; they are already faced with not enough time to provide education on many aspects

This project was identified as having too many barriers. Recommend working with IPCA and Your Health Idaho is an option to make improvements.

3. The Medical-Health Neighborhood - Infrastructure for implementation and evaluation of care coordination compacts (CCC) between primary care and specialty clinics to improve communications between primary and secondary providers, improve referral process, and to effectively co-manage patients. It was decided that this project is too large to take on considering resources, funding, and time frame.

The Caregivers Project was selected by the CHC. Next steps:

- Write grant to IHC due 12/9/2016
- Develop Caregiver Project sub-committee to
 - Identifying process and outcome measures
 - Create model
 - Get PCMH involved with the development of a caregiver assessment tool
 - Provide basic education tools
 - Elevate awareness
 - Develop partnerships in local areas

CHC Action Items:

<i>WHO</i>	<i>WHAT</i>	<i>WHEN</i>
<i>Gina</i>	<i>Write and submit grant proposal to IHC</i>	<i>12/9/2016</i>
<i>Gina</i>	<i>Make MHN recommendation to the Population Health workgroup</i>	<i>01/06/2016</i>
<i>Gina</i>	<i>Establish Caregiver Project sub-committee</i>	<i>01/31/2017</i>

Next Meeting: Tuesday, January 3, 2016

1:00 p.m. – 2:30 p.m.

**Location: Central District Health Dept. /Syringa Room
707 N. Armstrong PL, Boise, ID 83704**

Call In: 1-855-291-0679