



Central Health Collaborative

Meeting Minutes

December 5, 2017

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, lower costs of care, and improve joy of practice in our region.*

Members: Dr. Kevin Rich; Luis Lagos; Deena LaJoie; Dr. Karl Watts; Russ Duke; Melissa Dilley; Kim Thurston; Tara Fouts

Members Attending by Phone: Melissa Mezo; Ashley Knight; Lyle Nelson; Teresa Shackelford; Todd York

Members Absent: Mark Babson; Kelli Badesheim, Dr. Beauregard; Jennifer Burlage; Dr. Michael Koenig;

Guests: Madeline Russell; Jaime Aanensen; Marilyn Sword

Agenda Items:

Caregiver Integration Project

The SHIP Caregiver Networking event will be held tomorrow, December 6, 2017, in Meridian at the West Ada School District Training Center on the ISU campus. Dr. Kevin Rich will open the event with a welcoming speech. Thirty-three organizations will be presenting information during the speed networking and resource sharing session. Sixty-five participants have registered to attend. Dr. Rich expressed that he is enthusiastic and excited about this event.

Pathways Community HUB

Melissa, Kim, and Tara provided a presentation outlining the process of the Pathways Community HUB and began with a story of a family who connected to services and their journey as they accessed the HUB. Russ shared that this is a potential program that we are considering in our region to connect patients to resources within the medical neighborhood. Russ stated that different states are using different techniques and he is very excited about this model.

Discussion was held on identifying various pathways for health access, food insecurity, WIC services, tobacco cessation, and access to medications, transportation, health insurance, and health literacy. More health literacy and education is needed for patients. CHC members asked a variety of questions:

- Who will manage the HUB and make the referrals needed to be decided upon?
- Who will have access to the database?
- How will the HUB database interface with EHR's to show which loops have been fulfilled and which pathways are still incomplete?

EHR systems may not have a section to capture information on housing, access to food, transportation issues, etc. Dr. Rich pointed out that NCQA 2017 standards require a history and social prescriptions form to be developed in EMR's. The availability of information is key in facilitating the work of the HUB. In population health management, it is necessary to be able to see the social determinant needs and what resources patients need access to. Concerns were expressed about the accuracy of information being entered into the HUB database and that it may be too cumbersome. CHW's would be managed through the HUB to will ensure that a client is working with only one CHW and that services are not duplicated.

Dr. Rich is in support of this project as the community is coming together with each entity working as one machine, yet individual machines. The project needs to start off small, taking bite size pieces at we go along.

Luis suggested to explore models that other states are using. CHW's in New Mexico are reducing ED utilization use in community. MHP Salud conducted a study where four community health centers were followed to find the effectiveness of their models. FMRI and Terry Riley services currently includes a HUB model for their clients. Dr. Watts stated that there are some models being used, however they are not capturing all aspects. The vast majority of the population who need these services probably are not connected to a provider or medical home. Being in the schools is where individuals who are not connected to a provider can be identified.

Whittier Elementary, Meridian Elementary and the Boise Bench/Vista area schools were identified as the ideal starting points for services. Garden City families are not getting connected to resources. In Meridian School District, 40% of students are considered homeless. Boise schools are Title 1 schools (provide free breakfast and lunch due to the high percentage of low income families). School counselors know their students and who is homeless and who is in need of services.

Working directly with Medicaid would be ideal. Medicaid could potentially pay CHW's for their services and could also help to identify individuals who need services. A coalition at the state level could be created to tackle concerns and to create a resource group. This could also help to identify gaps. The HUB could provide trainings to address situations as they arise.

The RCO Shared Savings-Medicaid Healthy Value Care is a tiered system that pays for care coordination through Healthy Connections. Funding is the biggest barrier but it should not be a barrier to conversations. Showing improved outcomes to Medicaid could get them on board especially with the movement towards medical homes. Russ will discuss with DHW. Dr. Rich suggested presenting a grant proposal to SHIP for seed money.

The consensus of the CHC is to move forward with the Pathways Community HUB.

Next Meeting:

Tuesday, February 6, 2018

1:00 p.m. – 2:30 p.m.

Location:

Central District Health Dept. /Syringa Room

707 N. Armstrong Pl, Boise, ID 83704