

**Statewide Health Improvement Program
Multi-grantee Health Care Work Group Meeting**

January 19, 2:30-4:00pm
Southdale Library, Ethel Berry Room

MEETING MINUTES

Attendees: Courtney Jordan (Physician Consultant), Renee Gust (Hennepin County), Ruth Tripp (Bloomington Public Health), Eileen O’Connell (Bloomington Public Health), Rhonda Evans (BCBS), Kristen Godfrey (MDHFS), Nancy Mary Larwik (NHCN), Melissa Marshall (ICSI), Carol Berg (UCare), Sandy Lien (Medica), Ron Jankowski (Freemont Community Health), Joyce Traver (City of Mpls Human Resources), Brooke Ahlquist (MDH), Randall Warren (Health Partners), Patty Bowler (MDHFS), Megan Ellingson (MDHFS), Ellie Zuehlke (Allina)

Agenda Item	1. Welcome and Introductions
Discussion	<ul style="list-style-type: none"> • Courtney Jordan, Chair of the Health Care Work Group (HCWG), convened the meeting and called for introductions.
Next Steps	<ul style="list-style-type: none"> • Include Rhonda Evans on HCWG contact list for BCBS.
Agenda Item	2. Approval of December 14, 2009 meeting notes
Discussion	<ul style="list-style-type: none"> • There were no proposed changes to the meeting notes.
Next Steps	<ul style="list-style-type: none"> • None.
Agenda Item	3. Discuss project Work Plan
Discussion	<ul style="list-style-type: none"> • Courtney Jordan discussed the main points of the work plan as found on the SHIP Multi-grantee Proposed Work Plan Timeline handout. The column on the left describes the work of the Bloomington, Hennepin, and Minneapolis Multi-grantee Team. The column on the right describes the work of the Health Care Work Group. • There was discussion around the scope of the work and expansion of project implementation to other clinics not included in the intervention. The SHIP Multi-grant only provides resources to support implementation in 10 clinics and 1 clinic system in the geographic area served by Multi-grantee Team. Additionally, there are a number of other counties in Minnesota implementing this intervention. The multi-grantee team will make intervention tools and processes available to non-participating clinics and systems when finalized.
Next Steps	<ul style="list-style-type: none"> • The Work Plan will be updated and sent out to Work Group members on a regular basis.
Agenda Item	4. Review Work Group Survey results
Discussion	<ul style="list-style-type: none"> • Courtney Jordan discussed the Work Group survey results as outlined in the Work Group Survey Data Summary and the Condensed Work Group Survey Results handouts. There was further discussion around the following questions: • Question 1 – There was a question on how familiarly of ICSI guideline implementation could accurately be surveyed given that only 4 of the respondents represent clinics. Courtney discussed that guideline

	<p>implementation is not only clinic based but that it covers broad implementation by health plans, employers, and other health care stakeholders</p> <ul style="list-style-type: none"> • Question 3 – There was a comment around the Electronic Medical Record’s (EMR) ability to support successful implementation of the guidelines. Epic, the EMR for Fairview and Health Partners, was noted as being a good system for implementation. • Question 4 – There was discussion around the survey comments regarding resistance of guideline implementation due to individual lifestyle choices and patient visit time. Implementation of the adult ICSI guidelines could be modeled after the pediatric adoption of similar guidelines. However adult visits often have patient visits with multiple problems and pediatric visits often have only one. It is difficult for providers to ask the guideline questions in a 10 minute visit. Care coordination and billing for higher level visits may improve the time a provider can spend. • Question 5 – The group discussed Family Physician futility in getting people to change and patient reluctance to change. Evidence shows some success rates when the provider gets involved and that provider change may translate to patient change. The providers in the Work Group agreed that literature and anecdotal evidence (positive feedback) may encourage providers to make the change. Family oriented resources and care coordination for follow-up need to be available to the provider. However, it appears that patients may not have motivation or incentive to change their behavior. Accountability, such as the Weight Watcher’s weigh-in model may serve as a good tool for patient incentive to change.
Next Steps	<ul style="list-style-type: none"> • Work Group members that have not completed the survey are encouraged to complete the survey.
Agenda Item	5. Review Selection Considerations and Selection Process for clinics and clinic systems
Discussion	<ul style="list-style-type: none"> • Courtney Jordan reviewed the SHIP ICSI Considerations and Process for Selecting Clinics and Clinic Systems handout. The Clinic selection process will be slightly different than the Clinic System selection process. Individual clinics meeting the selection considerations will be approached to participate in the intervention. The Clinic systems meeting the selection considerations will be given a readiness assessment. The Work Group will then decide which Clinic System will be approached to participate in the intervention based on the results of the readiness assessment. • There was a question as to whether a readiness assessment should be done with individual clinics to base selection on availability of Quality Improvement systems, etc. The Multi-grantee team feels strongly that this grant is intended to help clinics that serve populations experiencing disparities and that may be unable to implement this intervention on their own. One Work Group member suggested that it may be interesting to select clinics with a range of readiness to determine the minimum amount of “readiness” needed to implement the ICSI guidelines.
Next Steps	<ul style="list-style-type: none"> • Determine if readiness questions will be included in the individual clinic

	selection or assessment process.
Agenda Item	6. Discuss and approve clinics for intervention and clinic systems for assessment
Discussion	<ul style="list-style-type: none"> The List of Clinics and Clinic Systems was reviewed by the Work Group. There was a call for any additional clinics (especially in suburban Hennepin County) meeting the selection considerations as well as key contact information for clinics and systems on the list. There were no clinic or clinic system additions at this time. The Work Group provided Megan Ellingson with key contact information for Allina, Fairview and Health Partners. Ron Jankowski is the contact for Fremont clinics. Mary Larwik has sent out correspondence to other Neighborhood Health Care Network (NHCN) members to gauge interest in participation in the intervention.
Next Steps	<ul style="list-style-type: none"> Sandy Lien will get contact information for Park Nicollet and send to Megan Ellingson. Mary Larwik and Sandy Lien will look into additional clinics that meet the selection considerations and send to Megan Ellingson within two weeks.
Agenda Item	7. Review Hennepin County’s experience to-date—time permitting
Discussion	<ul style="list-style-type: none"> Renee Gust, a Multi-grant Team member from Hennepin County, discussed Hennepin County’s experience implementing the ICSI guideline intervention as outlined in the Hennepin County Human Services and Public Health Department SHIP Healthcare Interventions handout. Hennepin County has an individual SHIP grant to implement ICSI guidelines in addition to the Multi-grantee SHIP grant. Hennepin County is already working in a number of clinics to implement the intervention and will be working with 10 additional clinics next year. There has been high interest by clinics to participate in the intervention. The current work around the referral resources is with community agencies (park boards, community centers, schools, YMCA, etc.) to develop specific health classes and educational materials to meet patient needs. The resources are local, easily accessible, and cost effective. A more comprehensive referral system will be developed over the time of the grant. Members of the Work Group expressed interest in a “hand-off” resource for obesity or weight management counseling referrals similar to the tobacco cessation line. Renee Gust also discussed the integration of the other SHIP interventions into the referral model (schools, community, worksites). Ron Jankowski discussed a group of PhyEd instructors interested in providing physical activity opportunities to the community and the potential collaboration with SHIP. Monitoring will include monthly auditing on the process (documentation of BMI, counseling, referral and follow-up) to provide immediate feedback to clinics. The monitoring will mainly contain process measures because ICSI guidelines are evidence based. Population specific outcomes will be measured by MDH and BRFSS, but may take longer to report.
Next Steps	<ul style="list-style-type: none"> Ron Jankowski will give Renee Gust contact info of schools/instructors interested in collaboration.

Agenda Item	8. Next steps and future agenda items
Discussion	<ul style="list-style-type: none"> • The next Work Group meeting agenda will include 1) review and feedback of the intervention process, evaluation tools and toolkit, and 2) discussion of health plan billing and coding for programs around nutrition, physical activity, and tobacco cessation. • Sandy Lien and Carol Berg are compiling a health plan billing grid to bring to the next meeting. In addition to billing, the grid could eventually include health plan incentives and discounts.
Next Steps	<ul style="list-style-type: none"> • Megan Ellingson will send out meeting materials before next meeting. Work Group members to review the materials before the next meeting to provide high level feedback at the meeting. Individuals will then be assigned to provide detailed feedback. • Megan Ellingson will send the health plan grid out to the Work Group. Work Group members are encouraged to let Sandy Lien know if they are aware of additional services to be added to the grid. • Handout(s) on other SHIP interventions will be provided at the February meeting.