

Statewide Health Improvement Program
 Multi-grantee Health Care Work Group Meeting
 March 16, 2010, 2:30-4:00 p.m.
 UCare, Training Room A

MEETING MINUTES

Attendees: Renee Gust (Hennepin County), Ruth Tripp (Bloomington Public Health), Rhonda Evans (BCBS), Kristen Godfrey (MDHFS), Mary Larweck (NHCN), Melissa Marshall (ICSI), Carol Berg (UCare), Sandy Lien (Medica), Ron Jankowski (Freemont Community Health), Amy Friedman (City of Mpls Human Resources), Randall Warren (Health Partners), Patty Bowler (MDHFS), Megan Ellingson (MDHFS), Mei Ding (Hennepin County), Ellie Zuehlke (Allina) Phone: Kristin Erickson (Otter Tail County), Stacy Schiele (Otter Tail County), Pat Talbert (MHP)

Agenda Item	1. Welcome and Introductions
Discussion	<ul style="list-style-type: none"> Megan Ellingson, City of Minneapolis SHIP Multi-grantee Coordinator, convened the meeting and called for introductions.
Next Steps	<ul style="list-style-type: none"> None.
Agenda Item	2. Approval of February 16, 2010 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. Clinic recruitment update
Discussion	<ul style="list-style-type: none"> Bloomington Public Health will be working with Bloomington Lake Clinic (Bloomington and Minneapolis locations). Hennepin County Public Health is currently recruiting four suburban Hennepin North Memorial Clinics. Minneapolis Department of Health will be working with Freemont Community Health Services (Central Avenue Clinic, Freemont Clinic, Sheridan Women's and Children's Clinic), Neighborhood Involvement Program/Uptown Community Clinic, and The People's Center Medical Clinic. Several other clinics are interested in participating in the intervention and may be included in a second cohort of clinic interventions. The Multi-grantee team will be collaborating with ICSI when working with clinics. ICSI will be holding an introductory webinar for participating intervention clinics on March 31, 2010. ICSI will also be holding three full-day workshops for participating clinics; the first one will be on April 30, 2010.
Next Steps	<ul style="list-style-type: none"> The Multi-grantee team will be conducting baseline assessment activities with intervention clinics before the first ICSI meeting and helping develop clinic specific action plans by May 1, 2010.
Agenda Item	4. Review results of clinic system preliminary assessments and choose clinic system(s) for project to implement the intervention
Discussion	<ul style="list-style-type: none"> Megan Ellingson gave an overview of the SHIP Prospective Health Systems Clinic Roster and the ICSI Guidelines Clinic System Preliminary Assessment Summary handouts. The multi-grantee team is interested in

	<p>working with a system that is interested in participating and has existing experience and resources for guideline implementation. The Health Care Work Group (HCWG) reviewed the assessment summary and noted that Park Nicollet is the probable system to work with since they are the only one that expressed interest in participating.</p> <ul style="list-style-type: none"> • The system assessment showed that many of the systems were not interested in participating in the intervention at this time because they already have current plans for 2010. The HCWG discussed that systems need to be involved in conversations now if the multi-grantee group would like to get systems involved in 2011. The suggestion by the HCWG was to have conversations with clinic systems on how to work effectively in the future with public health. • Other Counties in Minnesota (Ottertail, Wright, and Chisago) have approached individual system clinics for participation in the intervention, which has been more feasible for some systems. The multi-grantee team did not approach individual system clinics because the grant proposal outlined working with one larger system with more resources and reach and ten individual clinics that serve populations of disparity. Therefore the HCWG must choose one clinic system to work with and cannot substitute that work for additional individual clinics.
Next Steps	<ul style="list-style-type: none"> • The multi-grantee team will move forward on working with Park Nicollet on the clinic system intervention and will schedule follow-up conversations with the other systems.
Agenda Item	<p>5. Review work to-date on referral network development, and provide feedback on next steps</p>
Discussion	<ul style="list-style-type: none"> • Kristen Godfrey, the Minneapolis Referral Intervention Specialist, reviewed the Minneapolis SHIP Health Care Referral Intervention Overview handout. Minneapolis will be working with clinics on the ICSI guideline intervention and the referral intervention as a combined effort. The referral intervention purpose is to build partnerships between providers and community resources to facilitate active referrals to community agencies for obesity and tobacco cessation. • The key strategies to complete this work are to develop clinic specific resources, relationships, and processes for referrals and pursue reimbursement for supportive services in-clinic. Minneapolis will provide clinics with a list of general community resources (Minneapolis Community Resource List handout) and work with each clinic to identify specific referral needs and pursue relationships. • Minneapolis is also collaborating with Metro counties (Anoka, Hennepin, and Ramsey) to research and establish a broad-based resource system such as United Way 2-1-1 or MinnesotaHelp.info to compile clinic specific resources. This work is summarized in the Database Model Comparison grid handout. • Minneapolis is currently conducting community engagement activities to get culturally relevant feedback on community resources and needs. Results to date are outlined in the Key Informant Interview Themes handout. Further feedback on a referral and resource model will be

	<p>obtained through the clinic assessment activities.</p> <ul style="list-style-type: none"> • The HCWG would like to pursue the tobacco Quitline and Quit Plan Fax Referral models for a referral system. The Quit Plan model eliminates the need for the patient to take action. The Quitline provides one phone number for providers to give to patients regardless of health plan or insurance status. Most health plans currently offer health and wellness services to clients. A central health coaching line could be developed for patients to access their respective health plan wellness and coaching services. However, more research needs to be done on how to serve the uninsured population and populations that cannot access phone services. It was noted that this could potentially be covered by health promotion funding. • The HCWG suggested a model that is state-wide and that crosses county boundaries. MDH is facilitating collaboration on the referral intervention across the state, in hopes to create the opportunity for a state-wide model. Minneapolis and Hennepin are collaborating with other metro community health boards. • Hennepin County discussed the need for multiple levels of support for different client needs: 1) health coaching, 2) intervention (support group or follow-up visit), 3) comprehensive monitoring of physical activity and nutrition. Additionally, clinics want a few specific community resources but want to offer other services in house. Patients rarely actually follow through with referrals. • Other referral and care coordination models discussed were Public Health Nursing (PHN), Health Care Homes, and Community Health Workers. Otter Tail county is looking into the PHN TB care coordination model to apply towards referrals for obesity and chronic disease. It is unclear if this is feasible for all community health boards, but many counties have access to PHNs. • The HCWG also suggested that the multi-grantee team discuss needs and preferences for a referral/resource system in their follow-up conversations with the clinic systems.
<p>Next Steps</p>	<ul style="list-style-type: none"> • Kristin Erickson will look into the cost model for PHN care coordination. • The multi-grantee team will bring information for discussion at the next meeting on the cost and population type for the following models: Clearway Quitline, Call It Quits Fax Referrals, Health Care Homes, PHN, and CHW. • Renee Gust will bring the article on levels of support to the next HCWG meeting.
<p>Agenda Item</p>	<p>6. Update from reimbursement sub-group</p>
<p>Discussion</p>	<ul style="list-style-type: none"> • The reimbursement subcommittee met before the HCWG meeting today and is headed by Carol Berg, UCare, and Sandy Lien, Medica. • Sandy and Carol are working on updating the SHIP ICSI billing guideline grid and the grid of other programs and services offered by health plans. Sandy is looking into what codes the health plans will actually pay on. The group will be adding HEDIS measurement coding for BMI and any other applicable HEDIS coding. Renee Gust from Hennepin County will be providing Sandy and Carol with clinic specific examples of coding to

	<p>pursue as well.</p> <ul style="list-style-type: none"> • Carol Berg is working on submitting the billing grid to the statewide AUC committee to pursue uniform coding across health plans. The group is pursuing public programs first and will expand work to commercial plans after that.
Next Steps	<ul style="list-style-type: none"> • The reimbursement subcommittee will meet again before the next HCWG meeting.
Agenda Item	7. Discussion of follow-up care models
Discussion	<ul style="list-style-type: none"> • There was not a separate discussion on follow-up care models since this was discussed during agenda item 5 on referral network development.
Next Steps	<ul style="list-style-type: none"> • This will be an agenda item at the next HCWG meeting and a subcommittee will be formed if necessary.
Agenda Item	8. Next steps and future agenda items
Discussion	<ul style="list-style-type: none"> • The next meeting is April 20, 2010, 2:30-4:00 pm at UCare, Room 309. The remainder of the HCWG meetings will be held at UCare, with the exception of the May 18, 2010, meeting to be held at Allina.
Next Steps	<ul style="list-style-type: none"> • Future agenda items include referral and follow-up models and update on the reimbursement sub-group work.