



**HealthLink Miami Valley
Advisory Council Meeting**

June 18, 2002

3:30 — 5:00 PM

WSU Kettering Center

MINUTES

1. Welcome and Introductions

Kate Cauley

- Attendance: Pam Albers, Jeff Baldrige, Kate Cauley, Nympha Clark, Mary, Crimmins, Rita Cyr, Brien Dyer, Lars Egede-Nissen, Joyce Ferrar, Sarah Fillingame, Joanne Hale, Karyn Hecker, Glenn Hoffman, Bill Iames, Andrea Jemmott, Sheila Johnson, Lorana Kelly, Bob Mullins, Jerry Newport, Jean Sanders, Joe Szoke, Frances Trampiets, Marianne Urban, Nora Vondrell

2. Purpose of the Meeting

Kate Cauley

- Review HealthLink program purpose: Kate discussed the basis of the HealthLink Miami Valley grant, identifying and assisting the health uninsured in Montgomery County.
- Update HealthLink Miami Valley recent developments: There are 74 agencies involved in the Advisory Council.
- Clarify the role of the Advisory Council: This group provides a forum to discuss development of an integrated database and community outreach for the uninsured. The Advisory Council assist in system development to address access problems for health uninsured clients. HealthLink will provide support to agencies that work with these clients and to encourage discussion of health issues and health insurance with customers/ clients. The council is a forum for discussing participation in the AgencyLink case management system through either integration of existing MIS systems or assisting in establishing new MIS systems. The ultimate vision is for an agency to be able to access an integrated database with common data elements across agencies, especially those related to healthcare. This will assist in cross sector referrals and identification of appropriate resources and planning needs. The Advisory Council is also provides a place for agencies to discuss how they are dealing with HIPAA.
- Review Advisory Council input from April meeting: During the last meeting members used the Internet and visited the HealthLink website to record levels of agency MIS status and interest in becoming a portal agency. Each meeting has had many different people attending, so time has to be taken to orient new people prior to advancing the discussion.

3. Focus on Outreach

Mary Crimmins

- Portal agencies participating: There are now 15 portal agencies participating. Joanne Hale reported that Sunrise screens for food referral and PRC assistance and they have been using the portal questionnaire with all clients. Sunrise produces the greatest

number of referrals and has found that about 75% of clients have no healthcare. Jerry Newport (Eastway) expressed concern that it is difficult for case managers to find the time to walk a client through the HS/HF application.

- Review process at portals & HLMV: Once agencies complete the portal questionnaire, it can be faxed to HealthLink and a Community Health Advocate will be assigned to work with that customer. Community Health Advocates for HealthLink are paraprofessional level staff who assist only with health care and insurance needs, they are not case managers. They assist with the verification and application process. Jean Sanders (CSB) discussed confidentiality concerns in relation to the shared database discussion and noted that some clients may not be willing to give their information if it is going to be available for other agencies to view. The Portal Agency Agreement which includes the Portal Agency Questionnaire will be posted to the website. HealthLink Website: www.med.wright.edu/hsm/healthlink/

4. Focus on information technology and data systems Mary Crimmins

The idea behind the integrated database, i.e. the HealthLink server is to provide a comprehensive registry of health uninsured patients from hospital and social service agency data. This is still in the development stage. The County's AgencyLink system associated with the Human Services Levy is also starting development of the case management application. AgencyLink can provide a backbone for storage of agency information which has security measures that all agencies will need. Use of this system should eliminate duplication of security needs reducing costs to agencies and addressing the HIPAA needs of agencies.

5. Funding for FY 2003 Kate Cauley

The continuation application for HealthLink Miami Valley is due in Washington on July 8, so the review process here must be expedited. The Network and Management Team are reviewing the application. The application will essentially support continuation of this year's efforts and more concise delineation of methods to achieve the existing goals and objectives of HealthLink based on lessons learned this year.

7. Coming attractions Mary Crimmins

- Information Technology: An issue that was addressed is who owns the data. Bob Mullins gave a brief description of New York City's 911 database sharing. Kate presented two models for HealthLink and AgencyLink as electronic patient management systems. First, an agency can choose to maintain their present electronic system and give very specific data to the AgencyLink system. The second model is that an agency can use AgencyLink as their electronic information case management system. The agency would keep all records on the AgencyLink database and only specific data would be accessible to

other agencies. Joanne Hale suggested that clients have the opportunity to decide which agency will see his/her information.

- Case Management Application: Agencies can use AgencyLink as a way to electronically manage client data without having to invest in their own system.

- HIPAA:

Glenn Hoffman gave brief review of intent and purpose of HIPAA. The initial purpose was to streamline transfer of information between insurance companies. However, the laws are changing.

HIPAA applies to three covered entities : 1) Providers of health care; 2) Health plans; 3) Clearinghouse used by providers. Entities not included in HIPAA are those that keep all info on paper within the office and information is only transmitted by mail.

Under HIPAA information found on health records is protected health information (PHI). This information is protected by privacy rules which have become the main focus of HIPAA. A provider must receive informed consent/authorization from the client to distribute medical data for the purpose of treatment. A Notice of Privacy Practice informs a patient what will be done with his/her medical information. The client may also restrict who may see his/her information.

HIPAA includes an exclusion that allows government agencies to better assist the uninsured. Medical data can be given to government agencies for the purpose of coordinating healthcare. This information is excluded from the privacy rules. The data must be kept/maintained by a government agency. Therefore, HealthLink and AgencyLink are potentially a convenient source for HIPAA compliance.

Meeting adjourned at 5 PM

10. Next Meeting

AUGUST 20, 2002 3:30-5:00PM

KETTERING CENTER, 140 EAST MONUMENT AVENUE

For information: 775-1122 or e-mail Mary Crimmins at mary.crimmins@wright.edu