



## HealthLink Miami Valley Management Team Meeting

January 8, 2002

9:30 – 10:30 AM

Kettering Center

### MINUTES

1. **Introductions:** Rudy Arnold, Kreg Burnette, Kate Cauley, Kim Conner, Mary Crimmins, Janet Grant, Taryn Jones, Bob Mullins, John Pascoe, Marilyn Rodney, Becky Valekis
  
2. **Review Meeting Roles**  
Facilitator: Kate Cauley  
Notetaker: Taryn Jones  
TimeKeeper: Marilyn Rodney
  
3. **Review Meeting Agenda**  
Dannetta's name will be changed to the correct spelling, once again. The date on page three will be changed to reflect the correct year. In the future, a header will be placed at the top of page one in order to distinguish between Agendas and Minutes.
  
4. **Work Through Agenda**
  - A. HL Network Agenda Item Review/Additions  
Completed
  
  - B. Task Force Issues to be addressed by HL Network
    1. General Issues
      - Krella out as he is driving son to school
      - Schuster out as he is on vacation
      - Overall Project Action Plan/Gantt Chart
      - Project Evaluation Plan
      - Critical Path Chart
      - MIS Plan
    2. Specific Issues...
      - Outreach  
The Outreach task Force has expanded the pilot questions. The also have four new enthusiastic members:  
Richard Wyderski - Medical Director – Medical Surgical Health Center, Miami Valley Hospital  
John North – President / CEO, United Health services  
Sharon Sherlock – Executive Director, Reach Out of Montgomery County  
Sandy Williams – Director, HelpLink Information and Referral

- MIS
 

A suggestion was made for HL Network members to have access to the Microsoft Project 2000 application in order to read and update the Action Plan / Time Line.

Regarding the Action Plan / Timeline, please send your Task Force updated information to Rudy ASAP. When updating the information, use the reference number on left the side of the specified tasks; this column is labeled as the ID column. Also, please insert a resource name – if a resource name is not given, the chairs name will be used as the responsible party for those tasks without a designated resource name. Also, a start date and end date must be added to the Action Plan for each identified task. The goal is that all network members will be able to view and manipulate the Action Plan at various offices / locations once the Microsoft Project 2000 software is purchased and installed on the appropriate computers.

The Project Action Plan will eventually be passed on to O&E as part of their responsibility and will also become a regular part of the Management Team Meeting updates.
- Outcomes/Evaluation
 

A time issue was discussed concerning the pre and post collaboration questionnaires. This issue will be further discussed in the Network meeting under O&E's update. The O&E Task Force suggested that they be involved in assisting the MIS Task Force monitor and control Project Action Plan in order to properly document the HealthLink Initiative.
- PR/ED
 

The PR/ED Task Force has proposed dates for VIP briefings, Advisory Council meetings, and the Town Hall meetings.
- Strategic Planning
 

A question was raised regarding the HL budget: Do we have a budget allowance for a SP facilitator as well as for facilities and food? -- We do have a budget for facility and food but as of now do not have a budget for consultant; however, that does not mean that we cannot appoint a facilitator to consult in-kind or work out something else.

The Strategic Planning Task Force would like to plan a day, or a two day, retreat / workshop.

#### C. Issues for HealthLink Network Review

1. Public Documents proposed policy re: get approval to change
 

Everyone agreed that three documents will always stay the same, and would only be changed if the entire Network was in agreement. The documents are: HL PowerPoint, Talking Points, and HRSA press release from 10/15/01.

A discussion was held regarding if the Network or Management Team would be required to review all written document to be a

published communication. A suggestion was given that articles would not be written if they have to always be approved due to time constraints. It was also discussed that any document relating to HL sanctions should be approved, such as policies written or documents concerning what HL stands for and where HL stands on certain issues. Also, any targeted publications toward consumers should possibly be reviewed and gain concurrence.

2. Presentations and publications as a part of the overall PR/ED  
Any published communications / information should always be sent to Taryn; we need to keep internal records for the feds.  
We want to keep a paper trail not only of verbal communications but also of written communications.
3. HL Site Development Process  
A discussion, in the Network meeting, will be held referring to the various steps of that Site Development process will exercise.
4. HL Participant database will list universe of health and human services organizations and monitor:
  - HL Network membership (meeting participation)
  - HL Task Force membership (meeting participation)
  - HL Advisory Council membership (mailings, applications completed, meeting participation)
  - HL Monthly Update recipient
  - HL Participant Presentations
  - Publications
  - HL Site Development Process (each stage identified)

All members need to be supportive of keeping all above actions / documents updated in order to maintain and track current information for reporting purposes. Any other feedback or suggestion to be included in this HL Participant database is welcome!

With new participants, a suggestion was made to track the founding member who recruited the new participant and / or the referral source.

5. Some Outreach/MIS Task clarification:  
Our "Initial Intake Questions" serve two purposes:
  - Provides a mechanism to sort out people without health care/insurance
  - Provides the first step in educating health and human services agencies about the importance of addressing health care with all clients

In the process of first piloting the use of specific questions and then training outreach workers at multiple agencies to use these intake questions we will also be assessing current intake procedures and release of information processes. We may find that a number of agencies already collect this specific health related data. For-example the GDAHIN HDN form picks up the information we need, as does the standard intake form available to AgencyLink "members". When this is

the case the issue is training them to use the information as a sort to assist in identifying those without health care/insurance and following up with helping people access health care/insurance. We will also be determining in what ways current release of information documents may need to be modified in order to have information from either GDAHIN or AgencyLink available on the HL integrated system

Follow-up procedures used by HealthLink Outreach Workers serve three purposes:

- Initially assist HealthLink Outreach Workers in determining appropriate services for clients
- Information collected provides the basis for the minimal data set we will extract from the GDAHIN and AgencyLink systems for the HL integrated system
- Provides introduction to and experience with standardized information which will be part of the AgencyLink Case Management application/HL integrated system

In the process of piloting, and training outreach workers at multiple agencies to assist clients/patients in accessing health care services, the outreach workers will be introduced to and pilot use of the case management application of AgencyLink which will facilitate having client based information available through the HL integrated system.

HealthLink database has at least four purposes

- First, prior to having this information in the HL integrated system, we are tracking the number of people contacted, the methods of contact, and outcomes with an eye toward demonstrating increased number of people enrolled in health care services of some kind
- Second, once the HL integrated system is functional we are generating reports from the database which give us lists of uninsured people and we are continuing to track all of the above
- Third, once there are a substantial number of users of GDAHIN and AgencyLink case management application, we can begin to look at patterns of utilization and generate reports regarding inappropriate utilization of services which again leads us to outreach in order to re-direct people
- Fourth, we expand the minimal data set extracted from GDAHIN and AgencyLink to focus on specific disease management procedures

A discussion of the Ohio Health Plan project was begun and the various stakeholders concerns summarized. One important topic addressed was the capacity of the HL integrated data system to track where uninsured are getting their care. Ohio Health Plan participants are particularly interested in this to insure an appropriate allocation of existing resources. It was noted that yes, the HL integrated system could track this kind of information but the completeness of the data is related to the level of participation from hospitals and other providers in either the AgencyLink or GDAHIN systems which would then provide data to the HL system. It was determined that better coordination between the Ohio Health Plan project and HealthLink was important and the nature of this

collaboration would be an agenda item for the February 5, 2002 HL Network meeting. Specifically we will address the role of the Ohio Health Plan in the HL strategic plan and the role of the HL integrated system in the success of the Ohio Health Plan.

6. Others???
- None

D. Process Issues

1. Communications

Communications will be accessible via the website so they are readily available for anyone to draw from.

A suggestion was made that HL should write standard articles for publications / newsletter for anyone to utilize. This is most likely a task for the PR/ED Task Force. These standard publications will also be accessible via the HL website.

Notice: if an organization contacts a particular network member requesting a communication, the person who is organizationally involved with the individual requesting the communication should review the determined, appropriate communication!

The list serves will be used for affirmation on any publications and such.

2. Access to and use of AgencyLink
3. Access to and use of GDAHIN

E. Action Steps

**5. Future Agendas and Schedules**

NEXT MEETING: January 22, 2002 10:30-12:30PM

**6. Evaluation of the meeting**

**7. Adjournment**

Meeting adjourned at 10:30AM