



*HealthLink Miami Valley Management Team Meeting*

January 22, 2002  
10:30 – 12:30 PM  
Kettering Center

**MINUTES**

1. **Introductions:** Rudy Arnold, Bill Bines, Kate Cauley, Carla Clasen, 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  
Scribe: Mary Crimmins
3. **Review Meeting Agenda**  
Completed
4. **Work Through Agenda**
  - A. Members Update  
Completed
  - B. Taryn Jones updates:
    - HealthLink Stationary Template Review  
A suggestion was made to include the funding reference; however, the final decision was against the inclusion. It was also suggested, and agreed, to include, the HealthLink tag line “ Collaborating for a Healthier Community”, below the logo. Revisions include updating the alphabetization and correcting a few founding members’ organizations names. All members agreed to leave founding members in terms of organization as opposed to individual. Also, ‘founding members’ will be changed to ‘charter members’.
    - January Monthly Update Content  
The suggestions for the January Monthly Update content include Outreach statistics regarding protocol questions, organizations contacted care of the Site Development Coordinator, schedule for VIP, Advisory Council, and Town Hall meetings, an update relating to the Strategic Planning Capacity Survey, and any recommended links (Carla Clasen will forward some c/o TA call).

C. Task Force Reports/Actions Steps from Previous Meeting/New Members

- MIS

Anyone who has not been to both the AgencyLink and GDAHIN sites, should go there ASAP to get a sense of the current services.

It was recommended that updates be completed on a monthly basis, from all Task Forces, and be passed along to the MIS Task Force so that the Project Action Plan can always be current. Taryn will develop a template, for each Task Force, which will allow a smoother update of the Project Action Plan.

The Nokia systems have not been ordered as GDHAIN needs written confirmation (e-mail would suffice) that the MIS Implementation plan has been approved and GDHAIN will be reimbursed for the Nokia Firewall purchase. Once GDHAIN receives confirmation they will order and purchase the firewall and bill HealthLink for professional services. Lead-time from when GDHAIN receives the confirmation from HealthLink and when the Firewall can be purchased, installed, configured is thirty calendar days (30).

Both HealthLink and AgencyLink must sign agreement with GDAHIN so that the systems may communicate with one another. The issue, for the AgencyLink and GDAHIN, is that they only meet with the County once a month.

A modem connection test will be scheduled that will allow AgencyLink to do a “pull”, which requires a user name and password from the GDHAIN. Once the test has been successfully completed GDHAIN will remove the user name and password for security purposes.

Glen Hoffman from Kettering Medical Center suggested that HealthLink prepare a letter to send to HRSA requesting evaluation/communication to see if some of the HIPAA requirements are application when county agencies which typically work together are already transferring patient data. Glen suggested that the HIPAA privacy regulations have some exceptions that include government agencies and health departments whereby data can be given for health oversight and public health issues. One could argue that since this project includes under the MCJFS/FCFC and the Combined Health District, Montgomery County that it falls within the exceptions and is legal in all regards without applications of any additional consent or disclosure regulations.

A suggestion was made to link the O&E evaluation plan to each and all specific Task Force responsibilities.

MIS handouts included an updated Action Plan and a critical path chart, which was posted on the wall.

- Outcomes/Evaluation

Dr. Pickoff and Dr. Pascoe have approached the CMC administration to obtain ER data. It was suggested to target children's ER data markers such as upper respiratory infection. Also, a comment was made with reference to an algorithm developed by Center for Health and Public Service (NY) -- if we had data such as discharge diagnostic data, and demographic data we could utilize the developed algorithm which could compute the figures and allow us feedback / statistics based on the data. Dr. Pickoff and Dr. Pascoe will continue to work with CMC and introduce to the NY tool to the CEO's as a way to complete the ED utilization assessments.

The O&E Task Force has researched, discovered, and modified a questionnaire originating from the Center for Advancement for Collaborative Strategies and Health that will be used to monitor the collaboration process of this initiative. All Network members will be asked to participate in the completion of this questionnaire. The questionnaire will be sent via mail; please complete the feedback form and either bring it back to the next Network meeting (February 5), or mail it back by the provided postage-paid envelope. The purpose of the questionnaire is to assess in both January and December of 2002 the extent of collaboration across the HealthLink Miami Valley Network. The questionnaire requires approximately 40 minutes for completion

A suggestion was made that O&E should possibly put out a monthly progress report to capture the collaboration results.

- Outreach

Outreach is currently reviewing and revising documents regarding portal questions, statistics, etc. Also, upcoming training for the outreach workers and portal agencies is being developed. There are three stages of outreach activities in terms of identifying community members eligible for health care services: 1) people who called into the HealthLink number after the press conference in October and people with whom CHC CHAs have already had contact who were turned down by Medicaid since July, 2001, totaling close to 300, are being contacted by CHAs to determine which cases were simply missing appropriate documentation and or whose status has changes so that they may be eligible now. 2) three health and human services agencies that are not AgencyLink agencies have agreed to be portal agencies. This means they will ask our HL intake questions, and each client will sign a release giving permission for CHAs to follow-up and assist with accessing health care. Typically clients from Maranatha Health Ministries, Family Health and Wellness Center of the East End Community Services Corporation and Reach Out Montgomery County do not have case workers, so the CHAs assistance will be enhancing existing services, and workers in these sites will learn about how to assist clients with accessing health care in the future. 3) AgencyLink pilot agencies, who agreed upon becoming pilot agencies to use a common intake and release of information form in order to share information among AgencyLink agencies will be the next group

of portal agencies to work with, along with the Combined Health District as the CHD CHAs begin working with the project.

Meanwhile the site development function headed up by Mary Crimmins also has several stages. Currently, 37% of the AgencyLink agencies have information listed about their services in the public Resource Directory part of AL application #1. About 23 agencies originally signed on to be pilot agencies, however participation is still voluntary. So Phase 1 of Site Development has to do with contacting the AgencyLink agencies to learn about their current intake and release procedures, reviewing the possibilities of common intake forms and release of information forms, and working with the agencies to start using the AgencyLink Community On-Line and Resource Directory data base. Additionally Mary will be working with the orgs. to have them use the HL pilot intake questions if necessary, and to get permission from clients for CHAs to follow up and assist with accessing health care. Phase two will involve getting an inventory of hardware and software to determine what will be needed for agencies to properly use the case management component of AgencyLink which is what will connect them to the HealthLink system interfacing with hospitals and medical providers. Phase 3 will involve providing some training to outreach workers and case managers around use of the AgencyLink Community OnLine/Resource Directory and Case Management components and on accessing health care services for clients. Phases 4 and so on are related to better and expanded use of the electronic tools we are putting into place now.

Now that much of the work is being conducted by staff and processes put into place, the Outreach Task Force will be meeting once a month, every third Friday.

- PR/ED

Dates for VIP, Advisory Council, and Town Hall meetings have been updated and scheduled. A suggestion was made to use Local Policy and Health Service Leaders instead of not VIP.

Town Hall meetings will be held 2/21/02, 5/23/02 and 8/22/02 from 5:30-7:00PM at a variety of locations including the Job Center. Advisory Council meetings will be held 2/19/02, 4/23/02, 6/18/02, 8/20/02, 10/22/02 and 12/17/02 from 3:30-5:00PM at the Kettering Center. VIP meetings will be held where the VIPs want them. Currently scheduled are for Human Services Levy Funded Agency Directors, February 22, 2002 8:00AM, at Juvenile Court, hospital CEO's, March 18, 2002, 3:00PM at GDAHA office.

Members were invited to review the list of invitees to the first Advisory Council meeting and to make suggestions for additional participants. The following organizations were added: Brighter Futures, Childcare Clearing House and St. Joseph Treatment Center.

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- Strategic Planning

The Capacity Assessment Survey been sent to approximately seventy providers. The due date for this survey is February 15, 2002, which will allow the Strategic Planning task Force to report results by the end of February.

The SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis will be conducted at the next SP meeting.

Also, SP has completed their section of the Project Action Plan. Noted that the Action plan was exceptionally complete: the Task Force just, in effect, changed the description of a various tasks.

- Management Team

Dr. Pascoe will be updating CAP representatives while he is visiting Washington, at the end of February. He will complete an abstract and send to list serv seeking any comments or feedback.

D. Speaking engagements/invitations/presentations/publications review

E. Issues for HealthLink Network Review/Approval

1. Advisory Council revised meeting dates and agenda
2. Town Hall revised meeting dates and agenda
3. VIP revised meeting schedule and agenda
4. Project Management software
5. Official letter from Kate and Rudy for all new Network/Task Force members
6. HealthLink Miami Valley stationary with founding Network partners
7. Advisory Council invite list reviewed/added to

F. Issues for Discussion

1. Joint authorship of publications/abstracts  
An article referring to Family medicine was handed out to ensure inclusive representation of HealthLink.  
Kate agreed to submit an abstract to the APHA for presentation at the Fall Conference.

G. Work to be Completed/Action Steps

- Each Task Force should carefully review the Project Action Plan. The Management Team will assign all tasks at the next meeting.
- Develop speaker / presentation notes to go with HL PowerPoint.
- Develop Official letter to thank people for joining the HL initiative.
- Advocates will collect a random sample of clients who have been an initial part of the protocol questions phase and ask the client if HealthLink can contact their provider from which they received their services in order to

verify connection to health care services. Getting provider data is significant because it shows we are linking people with services.

## **2. Future Agendas and Schedules**

NEXT MEETING DATE: **February 5, 2002 9:30-10:30**

Care Ohio presentation

Review HL progress as of six months

February 19, HL will review Strategic Planning SWOT analysis

## **3. Evaluation of the meeting**

## **4. Adjournment**

Meeting adjourned at 12:30PM