



Center for Healthy Communities

HealthLink Miami Valley Management Team Meeting

December 18, 2001

10:30 – 12:30 PM

Kettering Center

1. **Introductions**

Rudy Arnold, Kate Cauley, Carla Clasen, Kim Conner, Mary Crimmins, Janet Grant, Taryn Jones, Bob Mullins, John Pascoe, Diane Pettis, Richard Schuster

Mary Crimmins was introduced as the new HealthLink Site Development Coordinator and Kim Conner was introduced as the new Community Health Advocates (for HealthLink) Supervisor.

2. **Review Meeting Roles**

Facilitator: Kate Cauley

Notetaker: Taryn Jones

Scribe: NA

TimeKeeper: NA

3. **Review Meeting Agenda**

Roy Chew's name as well as Dannetta Graves's will be changed to the correct spellings on all documents including the 12/04/01 Management Team meeting Minutes.

4. **Work Through Agenda**

A. Update from Taryn Jones

- *Logo review*

The logo was reviewed by all present. A suggestion was given to possibly include the caduceus as part of the logo – like the SOM. However, there were concerns discussed as to the caduceus having a medical representation instead of a health representation and also HealthLink being confused with the SOM, by using a similar caduceus as a logo. There was also a suggestion given of possibly using a rainbow-shaped HealthLink phrasing. Taryn will review suggestions and update logos for review at the next Management Team meeting.

- *Website updates*

1. *Presentation Tracking Form*

This form will be put on the website ASAP as a .pdf file that is printable and will eventually be an online submission form as well.

2. *HLMV Network/Task Force Application Form*

This form is an online submission form that is accessible via the website.

3. *HLMV Advisory Council Form*

This form is an online submission form that is accessible via the website.

4. *Meeting Minutes, Action Plans, additional project documents such as evaluation plans capacity surveys, etc., will all be posted following receipt by Taryn and review by Kate*

Reminder to all Task Force Chairs that Taryn will be contacting you after your Task Force meetings to acquire meeting Minutes and any other relevant documents.

5. *New Member rosters will be updated as new members are approved—however the Task Force Chair needs to forward relevant information to Taryn—currently we have approved but not on the roster: Glenn Hoffman of KMC to MIS; Sharon Sherlock of ReachOut Montgomery County, John North of United Health Services and a representative from HelpLink United Way Information and Referral to Outreach*

HLMV participants were reminded how important it is to pass along all new member contact information to Taryn as soon as the new member is approved and has accepted his or her position. Please refer to the following links for online submission of new member contact information.

[Network Member Application Form](#)

[Advisory Council Member Form](#)

These forms are also accessible through the HealthLink homepage by selecting Forms and Applications, then selecting the appropriate form or application.

[HealthLink Home Page](#)

6. *HLMV Management Team Listserv*

The list serv is up and running! An email was sent out prior to the meeting that discussed how to use the list serv and listed the list serv address.
(som_hlmgmt_1@sommac2.med.wright.edu)

7. *HLMV Network Listserv*

The list serv is up and running! An email was sent out prior to the meeting that discussed how to use the list serv and listed the list serv address.
(som_healthlink_1@sommac2.med.wright.edu)

- *HealthLink Update draft format and content*

Taryn introduced a draft of the December HealthLink Update. The draft was approved and will be sent out as the first HealthLink Monthly Update!

- *Access to AgencyLink and Access to the HealthLink/AgencyLink*

Kate will be discussing, with Ed McNachtan, access for all Management Team members to the HealthLink, AgencyLink Project Intranet Site. Kate iterated how important it is for everyone to become extremely familiar with this site, as well as the AgencyLink Online Community site, so that this initiative can be appropriately and properly promoted to any and all health and human services agencies in the County with whom HealthLink members have any communication/interaction. We need to be prepared to talk knowledgeably about the existing resources of both AgencyLink and GDAHIN in order to encourage organizations to sign on so that the integrated HL system will be more widely utilized. Please take time for now to at least view the Agency Link Online Community site. Access to the HealthLink, AgencyLink project Intranet site will be here soon!

[AgencyLink Online Community](#) –this is accessible through the HealthLink website.

B. Task Force Reports

1. MIS

- *Electronic connectivity update*

As of last week, the modem was in place, and the county bought new phone lines. MIS tested the new phone connections; when dialing in, the line did not answer. Why? - Because there needs to be a participant agreement with GDAHIN. We need to sign up as a participant. We are able to have any number of participants so long as everyone participating signs an agreement. Kate will review the participant agreement details with Rudy and Joe.

Jim Mowery and Todd Ludington reached a decision on a Nokia IP530 hardware that will be purchased through GDAHA vendors and will be included under an existing license held by GDAHA. This can be installed by mid January 2021 if POs are expedited. Originally, MIS would have liked to purchase the Nokia through the county; however, it was noted that the system must be bought through GDAHA because of a license agreement GDAHIN has with the vendor. This also makes the cost now around \$20,000 instead of \$30,000. The hardware is available and hopefully will be in place by the next MIS meeting, which is January 15, 2002. The hardware will connect to the servers that are held at AgencyLink. We will need two minutes a day, of service time, to capacitate 100 seats (users) on the integrated HL system.

- *Piloting integrated system in three stages*

- a) Aggregate anonymous data
- b) Real time clients/patients through on the ground outreach
- c) Names of people generated through real time reporting after release of information issues are resolved through GDAHIN and the pilot projects with AgencyLink

There are already data sets in AgencyLink and GDAHIN (aggregate anonymous data) that we can use in our HealthLink testing phase. We will then be looking at real time patient data sets that the Outreach workers attain. Finally, we will be looking at real time patient information reports as provided through GDAHIN and AgencyLink regular users.

- *Overall MIS Action Plan for CAP Field Officer review*

The MIS action plan will be completed Thursday by Ed and then sent to Brenda Jeffries for review. Although we can certainly change things as needed along the way, the initial overall plan has to be submitted to HRSA before we spend money on MIS. Basically, most of the costs associated with MIS will in the form of reimbursements to GDAHA and Montgomery County Office of Family and Children First. We may need to do sub-contracts for each with WSU.

- *Overall Project Action Plan/Gantt Chart/Timeline/Critical Path*

The structure for the Overall Action Plan is established. A draft of the current plan was distributed. MIS will update the overall action plan at each Management Team meeting, and will layer in the evaluation plan so all project and evaluation tasks will be clear and integrated. Resource names should be added to show the responsible party – not just the task force name but also the person to talk to if an issue arises or praise is deserved! The structure for the Critical Path Chart has also been completed and was distributed.

2. Outcomes/Evaluation

- *Review evaluation plan*

A quantitative as well as qualitative approach will be taken in evaluating the HealthLink project and outcomes. The O&E Team is identifying baseline measures to be used when assessing project outcome measures. The O&E team has developed and distributed a proposed plan that suggests what would constitute success, what would indicate success, how would we measure those indicators, and show the target dates for completion of those measures. Please send feedback or other suggestions for measures or any additions, time frames to the Outcomes Team for review.

The team would like to develop an educational tool demonstrating success of the project that could be used with local, state and federal legislators interested in this project

- *Measuring Collaboration and other Project Processes:*

A sample survey from Center for the Advancement of Collaborative Strategies for Health of the New York Academy of Medicine is being reviewed as a tool to assist in measuring levels of collaboration throughout the HL Network. This survey has been validated in similar kinds of initiatives and looks to be one of the best and most appropriate tools to assist in demonstrating changes in collaborative structure.

- *TA call related to evaluating hospital emergency department utilization*

Carla C. participated in a TA call on the subject of Using Administrative Data To Monitor Emergency Department Utilization and summarized the information regarding a tool that we may want to use here in Dayton. Studies have been conducted in hospitals in New York using an algorithm that separates the Emergency Department (ED) admissions into four categories of visits:

1. Non-emergent
1. Emergent – but primary care treated
2. Emergent – ED care needed, but preventable/avoidable
3. Emergent – ED care needed

(The first two not needing to be seen in the hospital)

Since we identify in our proposal that one of our longer term goals is the reduction of inappropriate emergency department visits,

perhaps this is a tool we can use and should initiate ASAP to demonstrate a baseline prior to the activities of the grant. John and Art agreed to work with Children's to see if we could pilot the instrument in Dayton at CMC. It was noted that although it would be very difficult to demonstrate a direct relationship between HL activities and changes in ED visits/utilization, it would be a good thing to measure across time.

- *Coordinate with MIS re evaluation and overall project Timeline*

We reminded ourselves of the importance of coordinating across Task Forces to avoid duplication of efforts.

3. Outreach

- *Finalize initial intake questions*

The Outreach Team has tightened up the questions and distributed them for review. Several good suggestions were offered, and the questions will be reviewed one more time by the Outreach Task Force before being put into place for a pilot period. The Task Force reiterated the primary purpose of the initial intake questions is to sort, at the point of contact, the most appropriate people for follow-up, and to be sure to get a release of information for those with whom follow-up would be completed. Secondly, the intake questions are being used as a training tool for outreach workers from multiple portals as we work to include all health and human services agencies in the business of connecting people to health care services.

4. PR/ED

- *Review revised talking points*
See Taryn's Updates above
- *Review revised Presentation Tracking Form*
See Taryn's Updates above
- *Action Plan*
- *VIP briefings*
- *Coordinate dates of VIP briefings, Advisory Council meets and Town Hall meets*

The PR/ED team will set up dates for three advisory council meetings, two town hall meetings, and two VIP briefings. The PR/ED Team will continue all above efforts at their next meeting.

5. Strategic Planning

- *Review Draft 2 of Action Plan*

The revision of the Draft 2 Action Plan was merged into three bullet points under each objective and is now the Final Action Plan! The strategic plan objective will be discussed more completely, beginning of next year. The Strategic Planning Team will also detail SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis specifications. A question was raised regarding the SWOT analysis as to if we will do the analysis by each individual task force or as an entire network.

A handout of the Action Plan was given.

- *Review Capacity Survey*

The initial draft of the capacity survey has been developed and was distributed and reviewed. Questions/suggestions were raised including indicating how to define waiting lists in terms of capacity and to provide an opportunity to indicate a rank order / or put 'primary' in bold in relation to the expanded capacity question for question #6. It will be distributed to safety net providers such as Care Source, community health clinics, hospitals, Medicaid and Medicare providers, and includes questions around:

- Identification of service provided

- Subjective assessment about capacity

- Assessment of any additional capacity

- Demographic information

- Barriers for the agency being at full capacity

Respondents will have the option of completing the survey in hard copy to be mailed faxed back, or through online submission.

- *Review Ohio Health Plan Project*

The Ohio Health Plan, which is a project involving many of the HL Network members, and which intersects with the HL project, will be presented at HealthLink at the February 5, 2002 meet.

C. Additional Business

1. Kate distributed copies of the Center for Healthy Communities newsletter, Healthy Tomorrows, which has a summary of the HL project and may be useful for other organizations who are doing newsletter articles.

5. Future Agendas and Schedules

NEXT MEETING: JANUARY 8, 2002 9:30AM - 10:30AM, just prior to the HL Network meeting from 10:30-12:30 on January 8, 2002.

6. Evaluation of the meeting

7. Adjournment

The meeting was adjourned at 12:30 PM