



**HealthLink Miami Valley
Management Team Meeting**

October 1, 2002
9:30 – 10:30 AM
Kettering Center

MINUTES

1. Introductions

Attending: Rudy Arnold, Kate Cauley, Kim Conner, Mary Crimmins, Jack Pascoe, Arthur Pickoff, Marilyn Rodney, Richard Schuster, Allyson Sepp, and Becky Valekis
Absent: Bill Bines, Carla Clasen, Janet Grant

2. Review Meeting Roles

Facilitator: Kate Cauley
Notetaker: Allyson Sepp

3. Review Meeting Agenda

4. Work Through Agenda

A. Members Update:

Richard is working on a project with Premier Medical Group and Good Samaritan hospital to improve management of hypertension. The National Heart, Lung and Blood Institute (NHLBI) is funding the project.

Jack recently attended the World Child Health Organization meeting in Mississippi. He also continues to work on the Practice-Based Research Network project.

Rudy has received funding from the tobacco monies. He will be working closely with Mercy Hospital who has a very effective program with a success rate of 52% for their smoking cessation program.

B. HL Network Agenda Item Review/Additions

Mary reported on the meeting with Gem City Medical Association at which she and Kim presented. The group seemed confused about the role of the HLMV Outreach Workers—not understanding they were available to assist in identifying health care services—seemed to think the HLMV Outreach Workers could provide health care. This prompted a discussion about needing to do more outreach and education with the physician provider community. The notion of a HLMV brochure was rejected as this may confuse people even more. But one suggestion was to make the list of health care resources available broadly to physician groups, which could then assist in referring patients. For the most part, Kim and Mary learned that people don't generally get to a physician in a private office without having already secured Medicaid or other health care insurance, so this may not be the best place to identify patients without insurance—even among providers who work with Medicaid patients. Further, an effort should be made to get area providers to include or feature HealthLink in their newsletters.

C. Task Force Issues to be addressed by HL Network

Kate reviewed the following list as items to be discussed by the Network:

1. General Issues

- HMA Task Force
- Ohio CAP grantee meeting – October 30, 2002
- New parking regulations for Kettering Center
- Year One Review/Year Two Preview

Programmatic focus

Expenditure of funds: a complete report is not available; any invoices or bills from the first year of the grant that need to be paid by HealthLink Miami Valley must be submitted to Kate by the 30th of October.

2. Specific Issues...

- Outreach: Outreach to providers should educate providers on available resources.
Increase portals
Train agency workers
Document agencies that are already asking health care questions and whose workers are already knowledgeable
- MIS
Audit report
IT Advisory Team
HIPAA Advisory Team
HLMV Server
Client data, by individual and through agencies
IRB process
Disease management data
- Outcomes/Evaluation
Overall project evaluation re: Logic Matrix, and Project Management Matrix and the Evaluation Plan
Stage one of disease management: Kate emphasized that this stage is a preliminary one in which population based data is collected. The information will be reported as aggregate data only; no individual names will be used. There will not be case management or any care provided. Community Health Advocates will refer individuals who request assistance to resources that can address their specific needs.
Jack distributed a draft of the IRB proposal. Asthma in children is the focus of the survey. The process of obtaining the desired data was discussed. Kate summarized the process: an individual will fill out a questionnaire at a portal. If it is noted that the children have asthma and the person filling out the form requests contact from an advocate, the advocate will call the client and ask additional questions about asthma and the care that has been provided. The Community Health Advocate will also provide materials to educate the parents of the asthmatic child.
Jack distributed the time line of key tasks and it was decided that this would be reviewed line by line in the Network Meeting.
- Strategic Planning
Capacity assessment has been completed but not finalized.
Strategic Plan

D. Issues for HealthLink Network Review/Update

Identify members of HMA Task Force: Kate emphasized the need for efficient use of HMA time and that it is important to have everyone on board and it is important to identify and involve individuals that will have the ability to make decisions.

2. Consensus re: MIS Analyst: Kate noted that with appropriate justification, funds from last year may be used to hire a full-time analyst. Presently, HealthLink has budgeted for a part-time analyst. This discussion will continue in the Network meeting.
3. HLMV Champion needs to be discussed.

D. Process Issues

5. Future Agendas and Schedules

NEXT MEETING: October 15, 2002, 10:30AM - 12:30PM

6. Evaluation of the meeting

7. Adjournment