



**HealthLink Miami Valley
Management Team Meeting**

November 19, 2002
10:30 AM to 12:30 PM
Kettering Center

MINUTES

1. Introductions

Attending: Rudy Arnold, Kate Cauley, Carla Clasen, Mary Crimmins, Richard Schuster, and Allyson Sepp

2. Review Meeting Roles

Facilitator: Kate Cauley
Notetaker: Allyson Sepp

3. Review Meeting Agenda

4. Work Through Agenda

A. Members Update:

B. General Issues: Minutes from the November 5th meeting were reviewed. It was suggested that all acronyms be written out in their entirety at least once. Clarification was given about the assistance that the Health Resources Service Administration (HRSA) will provide to Community Access Program (CAP) grantees in terms of increasing third party reimbursements. For more information visit the website: (tpr@hrsa.gov or call 301 443 1516). The team discussed the current database and numbers that have been reported. A standard report format was suggested to include a graphical, month-to-month comparison along consistent data points such as 1) How many people are referred to Community Health Advocates (CHAs) because they completed a Portal Questionnaire and gave permission to be contacted ? 2) How many of those people indicated they have no health insurance or no doctor? 3) How many of those people requested follow-up from a CHA? 4) How many people are seeking health care/insurance? 5) How many people are referred to health care/other services? 6) How many people complete Medicaid or other applications? In order to verify whether people actually went to a referred doctor additional steps need to be routinely put into place. Currently we are able to monitor Medicaid enrollment generally, but not specifically as a result of HealthLink Miami Valley (HLMV) referrals. We may need to code the HLMV Medicaid applications as we currently code the Medicaid Outreach Consortium Medicaid applications. We also discovered that the Medicaid applications completed by the Combined Health District (CHD) CHAs go directly to the Montgomery County Job and Family Services not through the Center for Healthy Communities so we have no record of these applications currently. The team discussed the need to better understand the demographics of the health uninsured and inquired as to whether the Portal Questionnaire or Demographics Questionnaire provided information about number of people in household etc. Carla suggested utilizing the U.S. Census to augment

HealthLink statistics in terms of planning data especially as related to the number of individuals in the household. Richard emphasized the importance of gathering clinical data to enable HealthLink in identifying individuals that may be eligible for programs developed in the future. Richard reported that the "Know Your Numbers" Survey includes a question about the health uninsured. This led to a discussion of the multiple places in town where data is being collected from and about the health uninsured, and Kate suggested compiling a compendium of aggregate data available from area health and human service agencies.

On another topic, Richard suggested that the HealthLink server might be used as a "Healthy People 2010 Computer" with an emphasis on health disparities. The city of Rochester, New York has been working for a number of years on a similar project. Kate noted that the Center for Disease Control and Prevention (CDC) has been working with a number of communities around the nation on similar projects, and this would be useful to pursue.

Unfinished Work from Year One:

The Project Management Matrix FY 2001-2002 was distributed to the group, and the team began a line by line review of work completed, work no longer relevant and work yet to be done.

Objective 1, Action Step 1:

The team noted we still do not have a report of the blind test that has been completed.

Remaining Activities, bullet point 1: this should be reworded to say something like...develop a process and pilot use of a business agreement which allows for an exchange of clearly defined data on the health uninsured from particular agencies.

Bullet point 2 is no longer relevant

Objective 1, Action Step 2, Remaining Activities, bullet points 1&2: these should be changed to say something like: working with WSU SOM and the HLMV MIS Task Force and Advisory Team, create a process for translating data from multiple sources to be integrated into a HLMV data base of health uninsured, and work with agencies to develop on going monitoring of services utilization, as well as develop standard reporting and feedback mechanisms for participating agencies and aggregate data county-wide.

Action Step 3, Activities Accomplished, bullet point 1: It was noted there had not yet been a report of the Capacity Analysis, and Strategic Planning Task Force members agreed to make that report at the Network meeting.

The MT agreed to continue this process in depth and incorporate changes into Task Force timelines and action steps. Additionally, further discussion of the project matrix will occur at the December 3rd meetings.

Work of Year Two

To be continued

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

- MIS

The search team for the MIS Analyst position has been formed, and a job description was circulated for review. Mary Crimmins will serve on the committee.

All equipment has been set up at WSU for the HLMV server and work begun on design of a system.

- Outcomes/Evaluation (see above)
- Outreach

Mary reported meeting with representatives from Fidelity and they have expressed an interest in referring their clients to community health advocates working with HealthLink.

- Strategic Planning (see above)

- D. Speaking engagements/invitations/presentations/publications review
- E. Issues for HealthLink Network Review/Approval
- F. Issues for Discussion
- G. Work to be Completed/Action Steps

5. Future Agendas and Schedules

NEXT MEETING: December 3, 2002, 9:30AM – 10:30AM

6. Evaluation of the meeting

7. Adjournment