



**HealthLink Miami Valley
Management Team Meeting**

December 17, 2002

9:00 AM to 12:00 PM

Kettering Center

MINUTES

1. Introductions

Attending: Rudy Arnold (Miami Valley Hospital), Kate Cauley (Center for Healthy Communities-CHC), Carla Clasen (CHC), Kimberly Conner (CHC), Jack Pascoe (Children's Medical Center, Wright State University-WSU), Marilyn Rodney (CHC-Sinclair), Becky Valekis (WSU), and Allyson Sepp (CHC)

Absent: Bill Bines (Mont. County), Mary Crimmins (CHC), Janet Grant (CareSource), Bob Mullins (Alcohol Drug Addiction and Mental Health Services--ADAMHS), Arthur Pickoff (Children's Medical Center, WSU), Richard Schuster (WSU)

2. Review Meeting Roles

Facilitator: Kate Cauley
Notetaker: Allyson Sepp

3. Review Meeting Agenda

4. Work Through Agenda

A. Members Update:

B. General Issues

Unfinished work from Year One: The group reviewed the updated Project Management Matrix (PMM) for year one of the grant.

- 1.1 remaining activities bullet 2: delete, no longer relevant
- 1.2 remaining activities bullet 1: change maintain to create, and Aug. 1, 2003 to 2002
- 2.1 delete reference to Greater Dayton Area Health Information Network--GDAHIN and change language to read "who identify as wanting assistance securing health care/insurance"
- 2.2 delete and move Anticipated Result that beings "procedure established to link... to 2.1 above
- All references to the Public Relations and Education Task Force will be deleted.
- It was noted that a report for case managers has not been developed and will need to be in order to complete 2.3.
- 2.3 activities accomplished bullet 2: change Advisory Committee to Council
- 2.4 only Outreach Task Force is responsible and replace canvass with event.

Work of Year Two: Kate distributed the Continuation Application pages 7-9, the Project Management Matrix for year two of the grant, and the Action Step Detailing Draft for Objectives 1 and 2.

See attached updated Action Step Detailing Objectives 1&2&3

Discussion focused on the function of the MIS. The MIS component of the grant will give HealthLink a system that will enable the identification of the health uninsured and provide a way to monitor and analyze the health uninsured. The task of monitoring the

use of health services among the target population will be accomplished in several ways. On an individual basis, Medicaid enrollment and denial will be tracked. On an

aggregate level, the usage of various health care providers will be monitored on a quarterly basis and will be compared with usage prior to the creation of HealthLink Miami Valley. The number of uninsured utilizing emergency rooms will also be examined over time. Jack interjected that hospitals see more patients through outpatient clinics as compared to inpatient, thus when obtaining data from hospitals, HealthLink should be careful to obtain both sets of data. The group discussed the problems associated with using providers as an indicator of the progress of HealthLink. Carla reminded the group that individuals do not go to see a doctor until an acute problem develops and relatively few referrals that speak to an outreach worker have acute problems. Therefore, there will be a significant delay in the time that it takes for an individual to use a resource that an outreach worker has suggested. Marilyn suggested sending a list to providers of people that have been referred to their facility and the provider can inform HealthLink on how many on the list have received services.

Outreach and Outcomes and Evaluations will work with MIS to define the data that will be integrated into the new database. This would be accomplished by examining the commonalities among health and human service intake questions. The group agreed that it would be unrealistic to expect portals to change their intake procedure. Marilyn explained that Outreach efforts would continue to focus on encouraging health and human service agencies to ask clients if they have healthcare coverage as part of the intake process. Kate explained that the first focus must be to develop the capacity to hold data from multiple sources. Once this is complete, agreements will be created then an effort will be made to gather information from health and human service workers.

The group discussed ways to increase enrollment and use of databases (action step 2 and 3). Kate informed the group that Mary anticipates having the audit completed and ready for distribution by the 6th of January. The audit will be used to determine training and technical assistance needs. The future plans for the database were discussed. It is anticipated that agencies will be able to use the software to determine availability of resources for clients by simply entering in a few pieces of information about the client. HealthLink must be careful to not duplicate existing or soon to be existing programs.

The group considered how this program could be maintained after the grant ends and if the computer program could replace community health advocates. Rudy noted that it would be difficult to get hospital workers to communicate human service resources to patients. Carla said that it would be more realistic to find a way to continue to fund the work of community health advocates/outreach workers. Marilyn proposed that health and human service agencies work together to fund community health advocates; each advocate would be assigned to the agency or agencies that are providing funding for his/her work.

Objective 2 is largely the responsibility of the Outreach Task Force. Identifying portal sites within hospitals was discussed. Marilyn informed the group of a presentation she recently gave to the Social Work department at Kettering Medical Center. From this presentation, she learned that social workers at Kettering are responsible for administering the Care Assurance program for both inpatient and outpatient clinics. Rudy suggested that HealthLink identify only one portal or contact within each hospital

system. The Outreach task force was given the assignment to go to Miami Valley Hospital, Grandview, Kettering, Good Samaritan and Children's Medical Center to determine the best contact person.

Kate proposed and the group agreed that HealthLink would adopt Medicaid Outreach thereby making all hospitals portals. This will help to leverage dollars and create a single point of entry for Medicaid applications. The group considered if it was better to train portal workers to take the place of community health advocates or to train them to continue to refer clients to advocates. The group agreed that it would be better to find ongoing funding for community health advocates. HealthLink should also work to utilize the current training structure of portal agencies for future training programs. Funding is being sought to conduct a system-wide cost-savings of targeted health outreach.

The group considered ways to increase public visibility (Objective 3 Action Step 1). Until March of 2002, a monthly newsletter was circulated. The web site, which is updated regularly, now serves as the primary means to communicate HealthLink Miami Valley activities and progress. The group discussed additional ways that HealthLink could become more visible. Marilyn suggested developing a list serve or sending out a brief email update of HealthLink each month to Advisory Council and task force members. Rudy was recently interviewed on a radio talk show. He suggested that Kate act as spokesman for HealthLink and contact radio stations to set up interviews. The group agreed that this should be pursued. Rudy also noted that often newspaper articles are written as a result of a radio talk show. Jack suggested pulling together a meeting with the Dean of the School of Medicine and the President of Wright State University and inviting the press. Representatives from Sinclair Community College would also be present. Rudy also recommended a legislative breakfast. Jack volunteered to speak to Ohio congressmen and senators.

As a way to better monitor the overall impact of HealthLink Miami Valley, Carla suggested looking back at ReachOut data and Combined Health District data re: number of people served prior to HLMV and after to see if the numbers have significantly increased; looking at numbers of Medicaid applications received/processed and looking at hospital out-patient data. Although these would be gross measurements they will contribute to our overall understanding. Our expectations would be that there would be increased rate of Medicaid applications at MCJFS, increased rate of Medicaid enrollment, increased rate in number of people treated at primary care facility, decreased ER utilization, and increased numbers of Medicaid enrolled using the ER. The Outcomes and Evaluation Task Force will work on this.

- C. Task Force Reports/Actions Steps from Previous Meeting/New Members
 - MIS
 - Outcomes/Evaluation
 - Outreach
 - Strategic Planning
- 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

Task Force chairs will work with task force members to develop action plans and time lines. Kate and Allyson will research and contact appropriate media to increase public visibility of HealthLink Miami Valley.

5. Future Agendas and Schedules

NEXT MEETING: January 7, 2003, 9:30AM – 10:30AM

6. Evaluation of the meeting

7. Adjournment