

**HealthLink Miami Valley
Outcomes and Evaluation Task Force
Meeting Minutes**

November 1, 2001

Present: Jack Pascoe, Art Pickoff, Don Jentleson, Carla Clasen

Chair/Facilitator: Jack Pascoe

Recorder: Carla Clasen

Meetings schedule: The Outcomes and Evaluation Task Force (O/ETF) will meet regularly on the first and third Wednesday of each month, from 1:30-3:30 pm, at the Taggart Conference Room, CMC. **The next meeting is November 21.**

Narrative Description of the charge/general responsibilities of the O/ETF: It is the responsibility of this Task Force to monitor and document that the progress of this initiative is unfolding as planned, and to establish and track indicators that will measure the success of the HealthLink Miami Valley planning effort.

Members reviewed the Oct. 2 "Initial Charge to Task Forces".

The O/ETF agreed that evaluation of this effort will progress along at least three dimensions: What is happening, when, and how well. A fourth dimension, the impact of accomplishments of HealthLink Miami Valley will be assessed to the extent possible in this planning year.

Tasks in order of priority:

1. Establish a detailed evaluation plan, which incorporates process measures and success indicators. Process measures will be developed through review of task force plans and timelines. Success indicators will include measures derived from the logic matrix, project management matrix task force plans, and those developed by the O/ETF.

Timeline: Process started at Nov. 1 meeting; draft attached. **Completed by November 30, 2001**

2. Develop a master timeline tracking all projected activities, events, and accomplishments, as established by each task force.

Timeline: Will begin as soon as all task force plans and timelines are received. **Completed by November 30, 2001**

The O/ETF decided that performance of the following tasks must be done through close collaboration with the other task forces involved, and thus did not establish a specific

completion date for these tasks at this meeting. We expect that as each task force begins to shape its timeline, we will be able to establish dates for completion.

3. Produce reports from which to coordinate outreach efforts for more treatment and cost effective utilization (Coordinate with MIS)
4. Develop an electronic protocol for reporting numbers of referrals from health and human services providers, numbers and types of contacts with clients/patients and types of assistance, contacts made and types of referrals for clients/patients (with Outreach and MIS task forces)
5. Monitor health care services use in targeted population (with MIS task force)
6. Develop protocols to extract data from electronic databases to determine when inappropriate use of health care services is occurring (with MIS task force)
7. Explore current distribution of resources to determine areas for needed redistribution and/or added resources needed to meet health care needs of the community (with MIS task force)
8. Develop procedures to determine actual capacity for health care service delivery, full capacity and requirements to expand capacity incrementally and to respond to specific gaps in service (with Strategic Planning task force)

Evaluating HealthLink Miami Valley: Draft 11/01/01

Additional Indicators, Measures and Target dates to be established in conjunction with Task Forces

Short and Intermediate Term: What constitutes success?	Suggested Indicators	Suggested Measures	Target date
Fully operational integrated MIS	<ul style="list-style-type: none"> ▪ Usable (people are using it) ▪ Can generate reports in useful form ▪ Can generate referrals for outreach 	<ul style="list-style-type: none"> ▪ Number of key sites linked to integrated system (hospitals and service agencies) ▪ Survey of end-users re: ease of use, perceived utility ▪ Reports indicating (for example) number/percentage of uninsured and/or without medical homes in priority groups (women, children, elderly). 	<ul style="list-style-type: none"> ▪ Baseline by Nov. 30, 2001; April 30, 2002; September 30, 2002 ▪ <i>To be determined (TBD)</i> ▪ <i>TBD</i>
Functional system for outreach and follow-up	<ul style="list-style-type: none"> ▪ Appropriate personnel are hired ▪ Referral criteria are established ▪ Outreach workers receive appropriate referrals for contact ▪ Outreach workers are able to make one to one contact with referees ▪ Appropriate tracking and follow-up occurs from referral → outreach efforts → disposition ▪ Agencies/consumers view outreach system as beneficial 	<ul style="list-style-type: none"> ▪ Number of referrals/number of advocates ▪ Number of clients who consent to participate in HLMV “system” ▪ Number of contact attempts/number that result in actual contact (i.e., by telephone or in person) ▪ Number and type of outcomes (assisted to enroll in insurance/assistance programs, assisted to find primary care) ▪ Referral source receives report ▪ Consumer satisfaction survey 	<ul style="list-style-type: none"> ▪ By Nov. 30, 2001
Improved collaboration and communication between health and human service providers in the Miami Valley	<ul style="list-style-type: none"> ▪ Participation in HealthLink Miami Valley task force is high ▪ New members join coalition ▪ New agencies are integrated in MIS system ▪ Coalition members are satisfied with process and say collaboration and communication is enhanced 	<ul style="list-style-type: none"> ▪ Attendance at Task Force meetings is high ▪ Task Force activities and achievements are documented ▪ Number of coalition members ▪ Number of agencies linked in integrated system ▪ Survey of coalition members 	

Short and Intermediate Term: What constitutes success?	Suggested Indicators	Suggested Measures	Target date
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Longer Term Impact: What constitutes success?	Indicators	Measures	Target date
More effective utilization of health care resources in the Miami Valley	<ul style="list-style-type: none"> ▪ Fewer Miami Valley citizens are without health insurance ▪ Fewer incidents of inappropriate health care utilization ▪ Gaps in services/underutilized services are identified 	▪	▪
Detailed plan for continued community-wide integration of health care services	▪		