



Workgroup Session # 1

Meeting Notes – March 20, 2012 (5:00 – 6:45 pm – Health Museum)

Introduction

- The presentation “Regional Healthcare Partnership Planning” was given by HMA, which explained the Waiver in detail. Participants were given the opportunity to ask questions.
- HMA explains that the goal today is to develop an initial brainstorming of potential projects that can be further developed to be included in the Regional Healthcare Partnership Plan that will be submitted to the State for consideration.

Brainstorming Session + Q/A

- ***Question: Who chooses the anchors?***
 - The anchors are chosen based on historical UPL funding activity.
- ***Concept: Access to specialty care***
 - Place specialists in the community, not in the hospital.
 - Relocating existing physicians would alleviate some of the problems.
 - Increasing the number of specialists available would also improve care.
 - Increase training of physicians AND mid-levels to support the need for specialty care.
 - Increase pediatric specialty training in PA schools. This is lacking right now.
 - Enhance nurse/NP capacity to care for patients through increased faculty in nursing schools.
 - Use telemedicine to keep physicians centrally/conveniently located.
 - This model would work for psychiatry, dermatology, etc.
- ***Concept: Health Literacy***
 - Enhance education early on. This can be done in schools, where children spend most of their time.
 - Topics to include: nutrition, exercise, etc.
- ***Concept: ED → Primary care → Specialty care Communication***
 - Create easy ways to communicate between non-common EMRs so that providers can share information and communicate across the care continuum.
 - Create co-management strategies between pediatric primary care and specialists.
 - To enhance the compliance for discharge plans
- ***Concept: Education of primary care givers/parents***
 - Provide a means for education about nutrition, health, etc. for this population.
- ***Concept: Language and Cultural Competency***
 - Enhance competency at all levels, for all clinicians.
 - Provide cultural awareness training/education.
 - Increase the number of translators available to organizations.
 - Increase language education for clinicians.



- **Concept: Quality data collection**
 - Implement a shared data system or registry.
 - TCH & HCHD are planning to share medical records- let's incorporate this project.
 - Expand ImmTrac.
- **Concept: Special needs children**
 - Create a special needs registry (like ImmTrac)
 - Create central locations for special needs children to go for care in order to streamline their care and ensure appropriate care.
- **Concept: School-based clinics**
 - Expand this low-cost method of serving the community.
 - They also serve adults!
- **Concept: Medical Home**
 - Expand Medical Home model.
- **Concept: Education about Medical Home**
 - Educate parents about why Medical Home is important and why it is beneficial.
 - Increase the number of trained professionals who can support practices in their journey to implement Medical Home.
- **Concept: Patient Navigation**
 - Create navigation programs for pediatric patients.
 - Use Community Health Workers
- **Concept: Transportation**
 - What can we do to alleviate transportation issues for patients?
 - Educate patients on proper use of ambulances.
 - Provide ambulance alternatives for transportation.
 - Philadelphia provided cabs for non-emergent patient needs.
- **Concept: Technology**
 - Expand EMRs to small organizations that cannot afford it now.
- **Concept: Communication between nurses and physicians in the inpatient setting**
 - Current means of communication are antiquated.
 - Deploy new means, such as texting and picture messaging.
- **Concept: Access to prenatal care**
 - Increase access to treatment, prenatal vitamins, specialists, etc.
- **Concept: Need for evidence-based home visits**
 - Expand home healthcare programs
 - Could be especially effective for high-risk moms.
 - Could be used for infants to adolescents.



- **Concept: Weekend availability of primary and specialty care**
 - Open practices on the weekends.
- **Concept: Outcomes disparities in certain areas**
 - Create projects that focus on improving outcomes in specific areas.
- **Concept: Lack of coverage for care after the first year of life**
- **Concept: Non-emergent ED visits**
 - Ensure that patients have a Medical Home.
- **Concept: Transitioning special needs/chronic patients to adult providers**
 - This is an issue for healthy patients as well.
- **Concept: End of life and palliative care**
- **Concept: Lack of inpatient, behavioral health beds**
 - Increase the number of beds to properly care for patients and alleviate hospital burden.
- **Concept: Lack of child psychiatry/psychology providers**
 - Implement community-based programs to treat patients, backed by enough physicians to care for them.
- **Concept: A significant portion of pediatric patients are unfunded and ineligible for funding, whether it is Medicaid or private insurance. This includes the middle class poor AND undocumented immigrants.**
 - We must promote one standard of care and we must not contribute to the health disparities that already exist → Can we use this funding to care for these specific patient populations?
- **Concept: Immunizations for aged-out kids**
 - Example: 19 year old, uninsured who needs the HPV vaccine.
- **Concept: Childhood obesity**
 - Work with the schools/TEA on school lunches and other programs.
 - Adopt programs implemented by others—some FQHCs provide affordable or free gyms, complete with state-of-the-art workout equipment for patients.
- **Concept: Lack of incentives to follow up with care**
 - Model after the Rhode Island Project: Give lottery tickets to patients who attend visits. The tickets win them various prizes related to proper care (i.e. baby formula)
 - Let's remember to study what others have done.
- **Concept: Dental health**
 - Increase access to services.
 - Increase education about dental health.
 - Implement strategies to prevent and treat chronic dental issues.
 - Increase access to providers who will treat chronic issues.
- **Concept: Chronic disease**
 - Use the Camden, New Jersey story as an example.



- Treat frequent fliers with vigor.
 - Track them; create best practices from what we learn.
 - Create behavior modification programs.
 - Increase support needed to treat these high-utilization patients.
- **Concept: Injury prevention**
 - Implement tailored Injury Prevention Programs/Plans
 - Encourage safe homes, vaccine education, car seats, etc.
- **Concept: Parenting education**
 - Implement community-wide parent training programs that are evidence-based.
- **Concept: Patient and care giver fear of providing information**
 - Mitigate the fear of repercussions/consequences for providing identifying information.
- **Concept: Staffing models**
 - Modify models to support the Medical Home model.
 - Need to increase support staff significantly.
- **Concept: Breastfeeding education**
 - Increase education and support in the community.
- **Concept: Job training**
 - Increasing access to job training allows patients to find employment. This has a significant effect on health and the ability to care for children.
- **Concept: Teen mother needs**
 - Improve self-esteem and self-image through courses and programs.
 - Implement comprehensive sex education programs for this population.
 - Provide navigation resources for organizations that cannot provide contraception or education.
Give them a way to refer appropriate patients to others in the community.
- **Concept: Teen health needs**
 - Improve self-esteem and self-image through courses and programs.
 - Implement comprehensive sex education.
- **Concept: Lack of early childhood intervention programs**
- **Concept: Clinic staff education requirements**
 - Increase training requirements for PCTs, MAs, etc.
 - Work with community colleges and technical schools to:
 - Provide continuing education.
 - Require certifications, modes of advancement
 - Does this begin to blend PCTs/MAs with LVNs?



Conclusion + Q/A

- ***Next Meeting- 4/17/12 at 5PM***
 - We will prioritize our list of potential projects.
 - We will go into further depth on some of the potential projects.
 - We will discuss metrics and outcomes to measure.
 - The HHSC DSRIP menu of projects is due April 1, 2012.