



Workgroup Session # 1

Meeting Notes – March 19, 2012 (5:00 – 6:45 pm – Health Museum)

Introduction

- David Lopez opened the meeting with a brief introduction and overview of current issues surrounding the Waiver. He emphasized that workgroups should focus on identifying appropriate, transformational projects and metrics as the final rules of the Waiver are being written.
- 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 brainstorm an initial menu of projects to send to the Regional Advisory Council for consideration.

Brainstorming Session + Q/A

- **Question: If we cannot spend money on existing programs, can we fix broken systems and programs?**
 - Yes, you may use funding for expansion of current programs or improvement. You cannot use funding to do exactly what is being done now, without any changes.
- **Concept: Teen pregnancy prevention**
 - There is a high cost associated with teen pregnancies.
 - We should expand access to contraception.
 - We need evidence-based sex education.
 - We should use social media marketing to educate and engage patients.
 - We should look to California for examples. They have decreased their teen pregnancy rates dramatically.
- **Concept: Inter-conception care**
 - We should address health issues BEFORE pregnancy.
- **Concept: Access to prenatal care**
 - Expand FQHCs.
 - Redesign the system to allow women access to prenatal care earlier in their pregnancy, as soon as they find out they are pregnant- not when they get Medicaid.
 - Provide outreach to women with community outreach workers and other strategies.
- **Concept: Lack of coverage an issue**
 - They are not eligible outside of pregnancy-related coverage.
 - Expand eligibility or find alternative ways to provide access to services for patients.
 - With the ACA expansion of Medicaid coming, should facilitate, streamline and shorten the Medicaid eligibility process.
- **Concept: Lack of education about health, resources, etc.**
- **Concept: Lack of data infrastructure to measure preterm births, low birth weight babies and other birth outcomes**
 - Improve HIT infrastructure through resources and proper systems and equipment for all.
 - Improve analytic capacity to identify trends, hot spots, areas for improvement



- **Concept: Pre-term births**
 - Implement evidence-based strategies to reduce pre-term births.
 - Access to progesterone.
 - Intervention and special care for those with a history of pre-term births.
- **Concept: Lack of access to contraception**
 - Increase access to long-acting contraception. This will limit physician visits.
- **Concept: Moms who frequently visit the ED**
 - Coordinate care for ED visiting moms by making sure they are navigated into prenatal care.
- **Concept: Directing patients to proper care**
 - Improve strategies to direct patients, especially high-risk patients.
 - Increase Community Health Workers to help patients.
 - Enhance training.
 - Increase midlevel providers.
 - Increase specialty access.
- **Concept: Lack of breastfeeding education in the community**
 - Support community-based efforts that promote breastfeeding prenatal and postnatal.
- **Concept: Need to address training generally**
 - Best practices in all areas from other communities
 - Evidence-based approaches to care (one area mentioned was lifestyle modification, but came up in other areas as well).
- **Concept: Lack of mental health services (e.g., postpartum depression)**
 - There are simply no options in the community for help.
 - Add providers
 - Add infrastructure to monitor need – screenings, data systems
 - Develop innovative programs to treat these patients.
- **Concept: Access to mammogram screening and well woman exams (all screenings for women)**
 - Follow the ACOG guidelines - Use EPIC or IT to flag for screenings needed.
 - Use IMTRAC for women's health screenings.
 - Enable the patient to account for their care. Give patients a log of needed screenings.
 - Specific providers could be added and trained to navigate patients and ensure screenings are done.
Could this be a Community Health Worker?
- **Concept: Lifestyle issues for women of all ages**
 - Educate women on lifestyle modification early on in life. Cover topics like weight management, exercise, nutrition, etc.
 - Provide enhanced education for providers on these topics.
 - Address particularly for women with chronic conditions



- **Concept: Domestic violence victim mental health treatment**
 - Improve treatment for domestic violence.
 - Provide outreach and education.
- **Concept: Elective deliveries prior to 39 weeks**
 - Create and enforce standardized protocols for all providers.
- **Concept: Capacity across the community**
 - Create a regional plan for capacity.
 - Create a comprehensive list of resources and available providers NOW. This will help providers throughout the community refer patients.
- **Concept: Health issues for women under age 65, but not concerned with having children**
 - Improve chronic disease prevention.
 - Address mental health issues.
 - These patients are not covered and cannot be covered – address their health needs
- **Concept: Postpartum visit compliance**
 - Patients do not attend appointments because they lose coverage.
 - Allow physicians to observe patients for one year after giving birth to prevent other complications.
- **Concept: Primary C-Section rates**
 - Reduce primary C-sections for low-risk women
- **Concept: Metrics/Measures to monitor across the region**
 - Use existing authorities -- CMS, NQF, TJC. Don't reinvent the wheel.
 - We must all look at performance from the same standpoint.
- **Concept: Prenatal record availability at delivery.**
 - Improve IT infrastructure for all to allow sharing of prenatal record at delivery.
- **Concept: Underuse of technology**
 - Use technological interventions to help patients.
 - “Yelp” for healthcare so know where services are
 - Apps for appointment reminders.
 - This will especially be useful in rural areas.
 - Use technology to empower patients—give them access to their records and care location availability.
 - Problem for small physician practices to adopt EMRs
 - Find option for shared information across providers with different EMRs (web-based or other).
Need low-tech option for key information.
- **Concept: Women with disabilities**
 - Coordinate care
 - Ensure access to care for women with disabilities.



- **Concept: Coordination of care between OB and pediatrics**
 - Improve coordination of care so women get care when doing well-baby visits
 - Have more providers co-located
 - Add community health workers at pediatric sites to do outreach.
- **Concept: Poor linkages between all providers, educators, resources, etc**
- **Concept: Parenting education.**
 - Provide parenting programs that are evidence based, such as Centering Parenting.
 - Use as opportunity to reach out to women for health care needs beyond immediate post partum care
- **Concept: Location of services.**
 - We must pay attention to location of services and where patients will end up delivering → This is where their care should be.

Conclusion + Q/A

- **Next Meeting- 4/16/12 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.
 - We will have the HHSC menu of projects by that time.