Workgroup Session # 1
Meeting Notes – March 20, 2012 (3:00 – 4:45 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 develop an initial menu of projects to send to the State for consideration.

Brainstorming Session + Q/A

- ***Inquiry:*** Group desire to see other workgroup initiatives to integrate/support those initiatives
- ***Inquiry:*** Primary Care Coalition White paper on workforce issues – share with workgroup
- ***Concept:*** Need training of primary care providers and nurse practitioners
- ***Concept:*** Lack of GME funds for residency positions is a problem
- ***Concept:*** Lack of mental health specialty providers (Psychiatry, graduate degree social workers, psychologists)
- ***Concept:*** Integrate behavioral health with primary care
- ***Concept:*** Provide loan forgiveness for medical school debt for remaining in community (and Texas) to provide care post residency training (difference of opinion about whether this was an issue)
- ***Concept:*** Develop community needs assessment to identify workforce needs (physician and non-physician)
- ***Concept:*** Expand FQHCs and provide better utilization of FQHC services – include FQHCs in the training process
- ***Concept:*** Increase primary care access through use of medical homes
- ***Concept:*** Chronic care management – Create advance medical assistant position to assist with care coordination in primary care practice (less expensive than nurse)
- ***Concept:*** Expand certification of existing professions – new RN graduates would be certified to work in settings and less expensive than more experienced staff
- ***Concept:*** Potentially preventable admissions – need enhanced care coordination. Include HEDIS measure as potential metric
- ***Concept:*** Initiatives designed to attract and retain more primary care providers

- ***Concept:*** Expand number of residency positions for primary care and pay for faculty supervision
- ***Concept:*** Ensure practice team coordination to better utilize available personnel
  - Ensure practicing at top of license
  - Undertake training for team-based care. (HRSA program; Baylor and TWV(?) model)
  - Develop training modules for inter-collaboration among practitioners
  - Population Education – develop programs that inform and enable patients to take responsibility for personal health
    - Access to information and appropriate care
    - Availability of information through creative methods (on-line opportunities, YELP)
    - Use navigators in an expanded capacity – FQHCs, school based, church based
    - Better use and expansion of information through IT solutions
  - Cross train providers to expand care capacity and expertise
- ***Concept:*** Enhance capacity/expertise re: culturally competent and appropriate care – meet the needs of a diverse population
- ***Concept:*** Improve transition, hiring practices for nurses and other health professionals graduating and seeking employment
    - Undertake placement coordination to ensure we do not lose trained staff
    - Internship positions to assist with transition to workforce
    - Create a new model with fellowship/training for medical home certification
- ***Concept:*** Utilize school based clinics and coordinate with FQHCs
- ***Concept:*** AHEC (Area Health Education Training Center) training program for entry into behavioral health positions – potential to build on or enhance this program.
- ***Concept:*** Opportunities to expand use of medical students/residents in clinics with faculty supervision
- ***Concept:*** Challenge for GME – developing and implementing training programs with results in waiver timeframe
- ***Concept:*** More effective utilization of social workers
- ***Concept:*** HCHD community health program – does team training for psych care – new model for medical assistant advance practice nurse and social workers with cross-training and care coordination. Assist patients with a wide range of services and improve access to care. Add wellness coordinate to focus on prevention and wellness.

- ***Concept:*** Expanding primary care access leads to need for downstream care and specialty services that cannot be met.
- ***Concept:*** Rather than focus on medical home, prioritize and develop a more strategic plan for addressing biggest needs/priorities
- ***Concept:*** Utilize schools as mechanism for providing training and education for students, parents, entire community.

Conclusion + Q/A

- ***Next Meeting- 4/17/12 at 3PM***
    - 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.