

CLINICAL AND QUALITY AFFAIRS COMMITTEE MEETING MINUTES

MEETING INFORMATION

MEETING TITLE:	Clinical and Quality Affairs Committee
DATE:	March 30, 2016; 4:00-5:00pm
LOCATION:	WebEx / 50 New Scotland Avenue – General Surgery Conference Room

ATTENDEES

	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> David Balderson – Accenture <input checked="" type="checkbox"/> Katherine Raber – Accenture <input checked="" type="checkbox"/> Susan Chihi – Accenture <input checked="" type="checkbox"/> Sandra Calver – Accenture <input checked="" type="checkbox"/> Dr. George Clifford, PhD – Executive Director, AMCH PPS <input checked="" type="checkbox"/> Mary Daggett, RN – Community Health Service Director, Columbia Memorial Hospital <input checked="" type="checkbox"/> Dr. George Davis – Columbia Memorial Hospital <input checked="" type="checkbox"/> Todd Faubel – Sr. Project Coordinator, AMCH PPS <input checked="" type="checkbox"/> Louis Filhour, PhD, RN – AMCH PPS <input checked="" type="checkbox"/> Tara Foster, M.S., RN – Nurse Manager, AMCH PPS <input checked="" type="checkbox"/> Margaret Graham, APRN BC – Director of Community Services, Greene County Mental Health <input checked="" type="checkbox"/> Mingie Kang – Project Coordinator, AMCH PPS <input checked="" type="checkbox"/> Dr. Maria Kansas – Medical Director, Center for Disability Services <input checked="" type="checkbox"/> Susan Kopp – Systems Consultant, AMCH <input checked="" type="checkbox"/> Dr. Kallanna Manjunath – Medical Director, AMCH PPS <input checked="" type="checkbox"/> Shannon McWilliam – Project Coordinator, AMCH PPS <input checked="" type="checkbox"/> Dr. Lawrence Perl, MD – Chief Medical Director, Columbia Memorial Hospital <input checked="" type="checkbox"/> Dr. Sean Roche – Assoc. Residency Director, AMCH <input checked="" type="checkbox"/> Dr. Carrin Schottler-Thal, MD – Director, Pediatrics, AMCH <input checked="" type="checkbox"/> Dr. Brendon Smith – Psychologist, AMCH PPS <input checked="" type="checkbox"/> Dr. Paul Sorum – AMCH <p><i>Excused:</i></p>
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AGENDA OVERVIEW

<u>Topic</u>
<ul style="list-style-type: none"> ✓ Welcome & Introductions ✓ Review & Approval of February 2016 minutes ✓ AMCH PPS: <ul style="list-style-type: none"> ○ Welcome Louis Filhour, PhD ○ Executive Director Update <ul style="list-style-type: none"> ▪ Staffing changes ▪ Contract status ✓ Clinical Integration Strategy:

- Project status
- Current State Assessment
- Future state model development
- ✓ Q & A
- ✓ Project Implementation Updates:
 - ED Care Triage
 - Asthma & Telemedicine
 - Health Home at Risk
 - Cardiovascular Disease
- ✓ Q & A

MAIN POINTS / DECISIONS

Main Discussion Points from Attendees:

- ✓ Meeting commenced at: 4:05pm

Welcome/Intro

- ✓ Dr. Manjunath welcomed attendees and asked that everyone send email confirmation of their attendance on the webinar.

Review & Approval of February 2016 Minutes

- ✓ *Motion: Made by Dr. Sorum that the February meeting minutes be approved. Tara Foster made a 2nd to the motion. Motion approved through consent of the Committee.*

AMCH PPS

- ✓ Welcome Louis Filhour, PhD
- ✓ Dr. Manjunath welcomed Dr. Filhour to the Committee as well as to the Project Management Office. Dr. Filhour will be CEO for the AMCH DSRIP initiative moving forward once NewCo is officially approved. Dr. Filhour thanked Dr. Manjunath for the introduction and provided information on his background.
- ✓ Executive Director Update
- ✓ Staffing changes
- ✓ Dr. Clifford also welcomed Dr. Filhour to the PPS.
- ✓ Dr. Clifford announced that Evan Brooksby, Deputy Director of the PPS accepted a position with HANYS and has resigned from Albany Medical Center as of last week. Diana Cartwright, a Senior DSRIP Project Coordinator, has tendered her resignation and will return to Philadelphia in April.
- ✓ Contract status
- ✓ 3/31/16 marks the end of DY1. Requests will be distributed early next week to many organizational partners requesting quarterly information for DY1 Q4 (1/1-3/31.)
- ✓ The Compensation Survey has gone out. HR departments should be completing and submitting to Iroquois Health. This is due the end of next week. This task is required by DOH. AMCH PPS is collaborating with the Alliance for Better Health Care PPS to complete the task.
- ✓ The PMO, Finance Committee, and Budget Subcommittee are making progress in terms of resolving some final funds flow issues. The PMO hopes to release addenda and have legal approval completed within the next month or so.

Clinical Integration Strategy

- ✓ Project status provided by Katherine Raber – Accenture
 - Scheduled and conducted all site visits.
 - Received data and document requests from affiliates. Accenture team is in the midst of the analysis which should be completed by the end of the week.
 - Site visits have informed the Current State Assessment.
 - Defined high level future state CI Workgroup agenda, dates and key activities.
 - Developed draft Care Coordination Model (CCM), and currently in the process of holding working sessions to gather feedback.
 - Held Current State validation meeting with all sites and participants involved in site visits to obtain validation

- and confirm findings.
- Reviewed Future State Straw Model with Dr. Manjunath and Tara Foster for initial approval, and sent materials out to workgroup evening of 3/29.
- Next steps include finalizing workgroup participants (1st session is 3/31/16, 8:30am-12:30pm); developing material for workgroup 2 (4/7/16), and continuing to finalize the CCM.
- ✓ Current State Assessment provided by Susan Chihi – Accenture
- ✓ This was the first part of the project: to understand current state of affiliates’ care coordination (CC) functions and processes. This enabled Accenture to identify gaps and leading practices across the PPS.
- ✓ Findings have been summarized and will be incorporated into Future State design.
- ✓ An overview was provided on what went into the Current State:
 - 20 affiliates participated in the Current State Assessment and provided the team with substantial documentation related to CC, care management, hospital data.
 - 109 documents were collected and analyzed for trending in different functions, staffing roles/ distribution.
 - Launched observations, interviews and focus groups.
 - Met with 81 interviewees – very high engagement across the PPS.
 - Documented findings and hosted an initial webinar for participants to share and validate findings. Participants may not have been aware of their organization’s barriers or strengths.
- ✓ Key PPS Strengths were identified that could be leveraged for CCM/ Future State Design, i.e. 7-day ED coverage, use of Vocera software to provide patients with recorded discharge instructions at Columbia Memorial Hospital.
- ✓ In general patient navigation functions are lacking across the PPS, however there are a couple of organizations that are the exception and have several patient navigation functions utilizing care coordinators.
- ✓ Several other key themes that were found include: siloed approach of medical and behavioral health needs cited as a barrier, as well as shortages in behavioral health services; Inconsistent communication for when and what type of information is shared across PPS and within organizations; CC processes are often left up to case managers’ expertise; Data exchange may be limited by use of multiple different systems that are not integrated or able to interface, and/ or lack of standardization of when to share information and what is sent. There is also limited adoption of HIXNY, and variation in knowledge of its use and capabilities; Limited availability of services exist across the board, for not only behavioral health but also outpatient/ ambulatory, acute care and specialty care; Case managers are also spending a lot of time addressing social barriers such as insurance, housing, food insecurity, etc. These are opportunities for patient navigators to be utilized, and there are currently not many of them to leverage.
- ✓ Readmission alerts are also lacking across the PPS. This feature would help to identify those who are coming in as readmits and also provide more indication of ED frequent flyers to better manage high-risk patients.
- ✓ The PPS could improve upon support of patient navigation with leveraged care teams and professionals working at the top of licenses.
- ✓ Staffing coverage/ gaps is also a barrier.
- ✓ Future state model development Provided by Sandra Calver – Accenture
- ✓ Overarching model will be supplemented with Future State Workgroup which will focus on the underlying details of the model.
- ✓ The model will focus on the full spectrum of care, and social services.
 - Aim to be patient-centered and in community-staged care setting, not limiting to acute care or hospital settings.
 - Transition to value-based care will need leveraging of predictive analytics, real-time analytics and alerts, proactive assessments and managing tools to identify those at risk for hospitalization or readmission.
 - Define standard functions, processes and protocols that can be leveraged across the PPS so that all parties understand how the coordination will work, what information they should provide, what information they should receive in order to optimize CC. There will also be a focus on technology enablers.
 - Trainings will be designed upon completion of the design.
- ✓ A general overview on the work/ timeline of the CI workgroup was provided.

Q&A

- ✓ A committee member raised the question about whether there exist any data for patient use/ playback of of the recorded discharge instructions at Columbia Memorial Hospital.
 - A committee member working with this feature stated it has not been in use for very long, but they will look to update in the future.
- ✓ A committee member raised the question about who is alerting whom re: readmits.
 - They are looked for in EMR system – ED trackers and ambulatory settings.
- ✓ A committee member raised the question of the difference between patient navigators, case managers, and care managers.
 - Dr. Manjunath responded that there will be a discussion of proposed definitions of these roles at the workgroup meetings. This is on the 3/31 agenda.
 - Accenture defines patient navigation roles as coordination of non-clinical services, and removing barriers to care (not requiring a clinical license.)

Project Implementation Updates

- ED Care Triage
 - Chair: Denis Pauze, MD
 - Discussions have identified consensus and consistency with management of opiate prescriptions in the EDs.
 - New CDC opiate Rx guidelines will be reviewed at next meeting as well as current systems in place for patient navigation.
 - Visited Columbia Memorial Hospital's ED on 3/23. ED Director is developing a good system working with some of the care navigators for active care management of high risk patients. More detail will be provided at next subcommittee meeting.
 - Subcommittee meets 1st Monday of the month, 10-11am.
- Asthma & Telemedicine
 - Initial meeting on 3/28.
 - Co-Chairs: Ron Dick, MD & Shannon McWilliam, MPH.
 - Focusing on identifying current systems for completion of the Asthma Action Plan.
 - Exploring the development of a common AAP to be used across PPS. Similar to HTN project, the subcommittee will look at the elements that need to be captured in the EMR, both for DSRIP and for population health management.
 - Subcommittee will meet 2nd Friday of the month, 12-1pm.
- Health Home at Risk
 - First subcommittee meeting was 3/29. Well attended by health home downstream provider agencies.
 - Would like to have a strong representation from PCPs due to the need for strong collaboration of PCMHs and health home agencies.
 - Will be reaching out to PCPs who function as Level 3 PCMH under 2011 standards.
 - Next steps: hold educational session on Health Homes and their patient care role, which will be available to PAC at large; finalize components of care plan that will be needed to achieve actively engaged patient requirement; look at using existing EMR systems for patient-stratification and identify patients who would be eligible for the project.
 - Subcommittee Co-Chairs: Kallanna Manjunath, MD & Stephanie Lao.
 - Meeting schedule TBD.
- Cardiovascular Disease
 - Initial subcommittee meeting held 3/25.
 - Strong representation from PCPs.
 - Co-Chairs: Joseph Wayne, MD & Tara Foster, MS, RN.
 - Group will explore standardization of self-management tool across PPS for clinicians to use for patient engagement.
 - Subcommittee will meet 1st Friday of the month, 8-9am.
- Behavioral Health Projects
 - 3ai – initial subcommittee meeting held 3/24.

- Co-Chairs: Keith Stack and Brendon Smith, PhD.
- Proposed a structure of 2 distinct workgroups for integration projects based in primary care sites and for integration projects based in behavioral health sites.
- Proposed that each workgroup meets on a monthly basis, and the larger committee meets quarterly. Meeting schedule TBD.
- 3a11 - initial meeting to be held 3/31.
 - Co-Chairs: Brendon Smith, PhD & TBD.
 - Will propose that subcommittee will meet on a monthly basis in order to support implementation of the project. Meeting schedule TBD.

Q&A

✓ *No questions were posed.*

ACTION ITEMS

<u>Owner</u>	<u>Action Item</u>	<u>Due Date</u>
Subcommittee Members	Please share interest in subcommittee participation if not already involved.	ASAP
Subcommittee Members	Please email to confirm your participation in 3/30 CQAC Meeting.	ASAP

Respectfully submitted by,
 Shannon McWilliam, MPH
 DSRIP Project Coordinator
 Center for Health Systems Transformation at AMC
 Meeting recorded on digital recorder