# Health Services Workgroup Meeting Summary

**Thursday, August 26, 8:00-10:00am**

HCDI | 315 Sheridan Ave. | Albany, NY 12206

In attendance: Margaret Davenport (Price Chopper), Celeste DesChamps (St. Peter’s), Jonathan Dougherty (Medical Society NYS), Erin Elfedt (Whitney Young), Karen Julian (Albany Memorial), Robert Kleinbauer (Community Care), Valerie McMahon (Samaritan), Jennifer Rice (MVP), Linda Ruth (MVP), Jerry Salkowe, MD (MVP), Charlene Schlude (CDPHP), Donna Sickler (Atria Senior Living), Christine Stegel (IPRO), Bridget Walsh (Schuyler Center), HCDI staff: Kevin Jobin-Davis, Courtney Burke, Erin Knoerl, Barbara Stubblebine

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<td><strong>Meeting Overview</strong></td>
<td>The meeting opened with introductions, followed by a presentation on consumer survey findings and a presentation and discussion of the gap analysis paper.</td>
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| **Discussion** | Almost 400 surveys have been collected from Albany Memorial, Ellis, Samaritan, and St. Peter’s, with additional results expected from 2 more hospitals (Seton and Albany Med).  

(It was noted that the consumer survey was not representative of any particular population.) Findings from the consumer surveys include:

- The sense of urgency and pain associated with the trauma is the primary motivation for seeking emergency services
- The convenience of comprehensive, timely services regardless of insurance are the major draws for patients
- The vast majority (80%) do not consider the ED a better source of care than primary care
- Not having fulfilled the well doctor visit requirement was a factor for 1 in 7 respondents
- In a slight majority of the cases, the hospital is easier to get to than the person’s doctor’s office

Gap Analysis Discussion

**Primary care and alternatives**

Comments / issues mentioned by the group:

- The analysis only focuses on those who only go to the doctor/ED when they are sick. There is another large population that regularly seeks/receives preventive care.
- The delivery system is evolving – there’s not a large financial incentive for physicians to change their business model to have more primary care providers.
- Primary care needs to re-engineered toward continuation of care.
- What’s been done to prevent urgent care need with chronic conditions? Primary care should better address chronic care management.
- There is no community-wide movement about medical homes in the Capital Region.
- How much will health reform either help or exacerbate the current situation? If plans lose grandfathered status under health reform then ED copays could be the same as PCP – would eliminate the cost disincentive.

**Communication protocols among ED and providers**
The general consensus is there is an overall lack of consistent communication among EDs and providers.
Comments from the group include:

- Sending ED records to PCP: Several factors involved – can take a lot of staff time to fax records to PCPs, and can be problematic – not enough ED staff capacity; they may not have the PCP’s name or fax number, and there is a general lack of incentive for ED staff.
- EDs say they often don’t receive enough info on seniors, however, part of this population comes from senior housing, etc., and staff have no access to medical records. (SNFs in HCDI’s provider survey indicated they sent a large amount of information to the ED with patients. Some SNFs are now developing a standard form to succinctly list patients’ issues.)
- The role of SNF appointed physicians and their responsibilities/level of communication with the ED should be examined.
- FQHCs also have inconsistent communication with EDs

Other comments

- Health care alternatives: Is staffing ever an issue in UCCs?
- Senior centers are fearful of liability issues – they automatically send patients to ED to be sure. “When in doubt, ship ‘em out.”

Addressing the issues:
The group discussed which of the issues might be less difficult to address and discussed where we could potentially be most impactful in the next 6-8 months:

- Dental – lack of capacity in the future and few accept Medicaid
- Enhance awareness and use of UCCs
- Medical homes – there is a real opportunity for HCDI and HIXNY to join together to lead a community wide effort. Perhaps look at transformational delivery models?

Next Steps
Meeting with HCDI Board and Advisory Committee scheduled for September 17 to discuss consumer survey findings and gap analysis to determine potential interventions.

Bring together different stakeholders to discuss a standard communication practice among ED and other providers.

Examine the mechanics of improving communication – goal is to increase communication and continuity of care.

HCDI has teamed up with HIXNY to develop a pilot to improve processes and protocols surrounding information exchange; and to determine what information will be included in the electronic health record used in the ED. A meeting has been scheduled for September 29.