HEAL IX, R$^5$ Initiative

Health Services Workgroup Conference Call Summary
Friday, March 12, 2010: 9:00-11:00 am

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>DISCUSSION</th>
<th>FOLLOW-UP</th>
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<tbody>
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<td>Status update</td>
<td>Courtney briefly reviewed the list of best practices that have been discovered via meetings with health system providers and community organizations. That list was organized by the primary focus of the initiative: patient navigation, provider practices, process improvement, self care management, targeted special populations, and ER patient flow.</td>
<td>Paragraph descriptions of best practices will be developed and powerpoints or other materials about the initiatives will be shared with workgroup members.</td>
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| Presentation of promising practices and discussion of possible next steps | The following people briefly presented information about initiatives to reduce emergency room use:  
Charlene Schlude, CDPHP is a multi-pronged strategy to increase access to primary care via higher reimbursement for evening and weekend hours, educating patients, using public transportation routes, educating patients about ER alternatives, and bringing case management into the process.  
Nora Baratto, St. Peters CHOICES program is targeting people accessing ER in sub-optimal manner by coordinating care for patients through all transition points (with a particular emphasis on aging populations), and providing a bridge between the community supports and health setting supports.  
Margaret Rogers-Meagher & Deb Eaton, Ellis –the medical homes initiative is focusing on access to primary care. Access is improved via patient navigators, providing a free shuttle from human services agencies to the Family Health Center, using SCAP staff to link people with supports in the community, providing insurance enrollment, and using community based organizations for assistance. | Major themes that emerged during the discussion period that may involve the use of subcommittees included:  
- Supporting the continued expansion of medical homes to move beyond the pilot stage  
- Reaching out to nursing homes, assisted living, and supportive housing to see how preventive care policies could be incorporated into care; identify policy constraints that don’t allow better care management in long-term care facilities; examine data on referrals to ER from SNFs, assisted living. |
Joan Hayner, Cap Care Medical Group – CCMG is working w/ CDPHP medical homes pilot at its Clifton Park Family practice w/ 3 doctors, 3 nurse practitioners, and clinical staff serving as designated care teams for patient care coordination. There is also a staff liaison to hospitals to improve information flow and accountability, and there is enhanced provision and documentation of patient education, including referrals to community based social services. Data has shown promising results. They have applied for NCQA Level III certification for this site, and have budgeted and planned to apply for Level III certification for an additional six sites in 2010.

Linda Ruth, MVP – MVP has a pay for performance program with physicians, which tracks their performance in several areas. Part of the payment incentivizes physicians to reduce non-emergent ER use.

Fidelis, physician incentive program (present by C. Burke on behalf of Dr. Anselm) – The program provides financial incentives to physicians to contact patients for a well visit.

Seton Health Defy Diabetes program – (C. Burke on behalf of Nancy Brennan-Jordan) – The program is building bridges with the community by using faith-community nurses and Hispanic Outreach services to educate patients about diabetes self care.

Karen Julian, Northeast Health - The Coaches program allows an RN to meet with at-risk patients before discharge to assure the patient has all the necessary supports, follow-up care, and coordination of care (e.g., med rec., equipment) when they are back in the community, reducing likelihood of ER re-visit.

Golub Corporation, Margaret Davenport – Golub began an initiative to reduce ER use, by using a nurse hotline through MVP, key tags, and wellness incentives to educate employees about alternatives to ER. Thy have seen a 3% reduction in ER use in 1 year. -

- There has been a notable change in employer benefit offerings that may be incentivizing patients in ways that may inadvertently lead to increase ER use. More employers should be added to this initiative because they are a key partner.
- Employers should be tapped to help educate patients and push costs down.
- Educational materials must be designed for the average person so they can better understand how to navigate the health system.

Workgroups may be formed to address these issues in more depth after the quantitative analysis is completed.

Support was expressed for a possibly convening a conference on best practices sometime in the future.

The next meeting is a joint meeting with all the workgroups and HCDI on April 1 from 8:30-10 at CDPHP. DOH will present information on where the department is headed with policies and initiatives and allow time for discussion.