PCMH-Kids Stakeholder

Minutes

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| Date: Thursday, June 7, 2018 |  | Start/End Time: 7:30-8:30 am |  |
| **Meeting Location**: HCA, 235 Promenade Street, #500, Providence, RI  |  | Call-in number: (508) 856-8222 code: 4614  |  |
| Meeting Information: |  | **Attendees noted with \*** |
| **Meeting Purpose/Objective:** Provide ongoing strategic direction of Initiative and promote the pediatric interest in committee work and overall CTC Structure.**Attachments**: * Agenda
* High risk framework tool
* PCMH Accomplishments power point
 |  | Patricia Flanagan, MD, FAAP, Co-Chair\*Susanne Campbell, CTC\*Kristine Campagna, DOHEllen Amore, DOH\*Blythe Berger, DOHPano Yeracaris, CTCDeb Hurwitz CTC \*Beth Lange\*Martha \*Joann Rodgers\*Meg\*Kimberly Townsend\*Alyssa Cottonwell?\*Deb Golding\*Bill Hollinshead\*Jason Lyon\*Krie ?\*Candice Brown\* | Ed McGovern\*Colleen Polselli\*Marilyn Boicha\*Stacey Nickerson\*Cynthia Walbridge\*Garry Bliss\*Charlotte Crist\*Putney Pyles\*Devan Quinn\*Nathan Bercher\*Deb Lobato\*Ails Clyne\*Jant Iraoqis\*Roger Mennith\*Ron Seifer\*Becky DeConto\*Ann Detrick\* |
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|  Item #  | Owner/Time  | Comments | Action # |
|  | P. Flanagan15 minutes | **Welcome / accomplishments*** Pediatric Learning Culture
	+ Investment in Care Coordination has a higher return in the long term
* Payers: paying for Maternal depression screening in pediatrics
	+ NHP will pay retroactively until April
	+ BCBSRI – Charlotte Crist will follow up on retro details
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|  | All20 minutes | **Update from PCMH Kids Cohort 2*** NCQA Process & General Progress in PCMH Kids Program
	+ Kingstown Pediatrics
		- Care Coordination has been a heavy lift but beneficial
		- Specialist scheduling is 4-6 months because they are all in Hasbro; and are overwhelmed with referrals
	+ Coastal Tollgate Pediatrics
		- Social Worker has retired, and was generally pulled in to visits with the Provider
		- Re: Prior Hurdles – scheduling conflicts resolved
	+ Coastal Bald Hill
		- Pros over last 3 months
			* Better at team based care (empowering everyone in the office)
				+ Medical Assistants & Front Office more involved in pre-visit planning, which helps with customer experience
			* Daily Huddles help to work more efficiently – 5 minutes in the AM and PM
			* Care Coordination – Nurses take on the role for non-high risk patients
	+ Anchor
		- Follow up is done in one office, so everyone is up to date on changes
		- Low level care is handled by clerk-level staff to coordinate referrals across the Practice
		- Cons: soft funding is worrisome
	+ Marge
		- Re: who defines high risk for them
			* Uses published criteria similar to Coastal – for numbers of visits to the ER and chronic conditions
			* Run high risk lists
			* High risk algorithms
			* Designated by primary doctor
			* Changing social situations
	+ Family Medicine – Lisa Denny
		- Challenges
			* Changing Software from ECW to Epic
	+ Aquidneck – Martha Ullman
		- Nurse Care Coordination – patients are happy with the direct connection to who they can call
		- Cons – there are many staff members now, with various specified jobs; who does what efficiently? The practice is in the process of reviewing staff roles
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|  | K Campagna / B Berger5 minutes | **Family Visiting**Connecting medical homes with practices* Family Home visiting has 4 programs – The goal is that there is better communication and sharing of information with pediatric practices
	+ First Connection; Nurse Family Partnership; Parents & Teachers; Early Childhood
	+ Met with Care Coordinators to identify patient list by Practice; Will pilot within 3 PCMH Kids practices having a designated Family Visitor assigned to meet with the practice on a regular basis
	+ One touch app to be used during home visit for referrals for housing issues
		- Response to be sent to home owner within 24 hours
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|  | E Amore5 minutes | **KIDSNET data to support PCMH-Kids practice transformation*** By early July, will have availability to view the programs the families participate in and the person from the Family Visiting Program that supports the family.
* In KIDSNER reports will include last visit and contact information on the person making the visit
* Funding to push early head start into Kidsnet – families will need to consent to the process
* How and when they communicate with Pediatricians
	+ Unified communication – will ask for form feedback from the Stakeholder group
* Practice Profiles – will be sent within next week to each Practice – cc: Nurse and Physician Lead
* Practices will be able to use the practice profile to assist with identifying populations of focus for high risk reports
* Beginning Jan 2018, Practices will be able to query Kidsnet to pull immunization data into the EHR; many reports can be exported to Excel and uploaded into the Practices system
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 | P. Yeracaris/Pat Flanagan B Lange 10 minutes | **PCMH Kids expansion**  Discussion – provide CTC with recommendations for Practices that can join CTC | 2 |
|  | S. Campbell5 minutes | **High Risk Framework** * Meeting with health plans scheduled for 6/28 at 7:30 at RIQI
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|  |  | **Next Steps*** Next Stakeholder Meeting: September 6, 2018
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