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, DOH  Ellen Amore, DOH\*  Blythe Berger, DOH  Pano Yeracaris, CTC  Deb 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. Flanagan  15 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 | | | | | | 1 |
|  | All  20 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 | | | | | |  |
|  | K Campagna / B Berger  5 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 | | | | | |  |
|  | E Amore  5 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 | | | | | |  |
|  | P. Yeracaris/Pat Flanagan B Lange  10 minutes | **PCMH Kids expansion**  Discussion – provide CTC with recommendations for Practices that can join CTC | | | | | | 2 |
|  | S. Campbell  5 minutes | **High Risk Framework**   * Meeting with health plans scheduled for 6/28 at 7:30 at RIQI | | | | | |  |
|  |  | **Next Steps**   * Next Stakeholder Meeting: September 6, 2018 | | | | | |  |