

HAP Oversight Committee Meeting
Tuesday, February 17, 2009
1:30pm-3:00pm
Minutes

Committee Members and Staff Present: Claudia Blackburn, Renee Hanrahan, Rod Harris, Pamaline King-Burns, Tim Norton, Beth Oaks, Brian Rose, Dave Sanford, Charlene Stevens, Ron Whiting, and Tim Witsman

Committee Members and Staff Absent: Graham Bailey, Anne Nelson, Jon Rosell, Donisha Ross, Hugh Tappan, and Michael Vinson

- I. Introductions – Rod Harris/All
 1. *Renee Hanrahan is our newest committee member. She replaced Randy Patterson as a representative of Via Christi Medical Center.*

- II. Review of Progress Reports – All
 1. Progress Report – Enhance publicity & capacity of 211 system – Beth Oaks
 - *The focus has been on working with the Laid-off Workers Center in giving them information about 211 and Health Access kits. 211 call line volume has increased within the past few months.*
 - Commissioner Norton – *Is there a possibility to build a symbolic relationship with the worker’s center to continue to distribute HAP and 211 information even after the current economic situation changes?*
 1. Beth Oaks– *There may be a chance to build a relationship. Right now there is a big focus on getting children on Healthwave. SRS and Safety Net Clinics have booths set up at the center to give information about medical care and Medicaid.*
 2. Claudia Blackburn – *Suggests that Pamaline and CHE lay health advocates set up a booth at worker’s center to distribute Health Access Project Education Kits.*

 2. Progress Report – Community Health Coverage Plan – Anne Nelson
 - Commissioner Norton - *Project is moving ahead. The group has grants in place and is ready to move forward to next step. Consultants will evaluate the plan and make various recommendations to the group. Representative from Ascension Health has been interviewing people to better understand the community, what has been done, and what needs to be done.*
 1. Renee Hanrahan – *The Consultant from Ascension Health will be working with Project Access as well. Via Christi is excited to work with the consultant in forming a collaborative community.*

3. Progress Report – Build relationship with KHPA – Claudia Blackburn
 - *The Smoking ban has been passed in the Senate, but still waiting to see what will happen in the House.*
 - *The tobacco tax has been reviewed and is still “on the table”*
 - *As a way to deal with budget cuts, they were going to reduce Medicaid by 17%, however they believe that the economic stimulus package will cover the costs so the budget will stay the same.*
 - *There will be funding available for health information technology exchange and they have an Advisory Council already in place. Barbara Langner talked about medical home pilots but gave no specifics.*
 - Dave Stanford – Informed group that the federal expansion on the SCHIP program was signed, there will be no expansion in Kansas due to the lack of general state funds to match.

4. Progress Report – Further develop strategy for extending clinic hours of operation – Dave Sanford
 - *The challenge is to determine the demand for extended hours. Randy will look at ER numbers which can be utilized to justify extended hours for urgent care facilities, but what about medical homes without extended hours? There is not enough information to justify the demand and funding is limited to allow hours to be extended.*
 - *The good news is that the stimulus package will allow money for the community health center “movement” to gain capital funds for project improvement.*
 - *We are currently watching the Electronic Health Records trends to see where the funds can come from to aid this project.*
 - *There is a new legislation in place that will require all software manufacturers to develop an interface so that the information can be easily shared with others. This will aid in the electronic health records system standardization.*
 - *There is about \$500 million dollars in a 3-year term renewable grant for operating community health center to expand their medical capacity.*
 - Rod Harris – *Is there anything that we (as a committee) can do to aid in your efforts?*
 1. Dave Stanford – *a lot of it is based on money. Also, we also have to differentiate between urgent care and emergency care. Further, case management may be a key factor in helping the community to understand and create a continuity of care.*

2. Claudia Blackburn – *The Vision Group has had conversations about working together to refer clients to those clinics with extended hours.*
 - Rod Harris – *How do we assess the demand for after-hours medical care?*
 1. Renee Hanrahan – *Via Christi tracks the times that individuals come into the ER. That data may be useful, but it needs to be further broken down. Wesley is willing to work with Via Christi on sharing some of this data.*
 2. Claudia Blackburn – *Project Access has a Clinic Patient Index that may be of use in obtaining data about the demands of after-hours care. Committee should ask Anne to gather that information and share with the group.*
 - Ron Whiting – *We need to determine whether it is a problem of access for those who have coverage or access problems for those who do not have insurance coverage. The demand for after-hours care is almost endless. Both people who are insured and uninsured want after-hours care. The physicians need to have extended hours as well as the clinics.*
 1. Rod Harris – *The help-seeking behaviors of the community need to change as well.*
 2. Commissioner Norton – *Maybe doctors' hours should be 10am-7pm instead of 8am-5pm to lessen the need of after-hours care for those who are insured.*
 3. Claudia – *Larger businesses can subcontract with those individuals who already have after-hours care for a small fee.*
 4. Beth – *Suggested extracting the data that Via Christi has about citizens' primary care physicians to determine how many people have primary care physicians and if they are insured.*
 - a. Tim Witsman – *Does the data show who does and does not have insurance?*
 - Renee Hanrahan – *Could get information about the payor source from Via Christi ER.*
5. Progress Report – Review research data on emergency room use by the uninsured – Renee Hanrahan
- Renee reviewed information presented on Patient Visits to Via Christi ER handout. (Please see Rod or Donisha for a copy of this handout)
 1. 38% of ER visits are made during evenings and night.
 2. 35% of ER visits are made on Weekends and Holidays
 - Commissioner Norton – *Part of the solution may be to divert cases of mental illness to other networks so that their problems*

are dealt with effectively instead of them continuously showing up in the emergency rooms.

1. Ron Whiting – *Attempting to get funding for a study that focuses on preventative hospitalization (which may reduce ER use as well).*
6. Progress Report - Study the feasibility of a shared health information system for the safety net clinics - Rod Harris
- Jon Rosell sent information stating that they are currently looking for funding regarding their demonstration projects, but there has not been much going on since he last reported to the group.
 1. Ron Whiting – *A Health information system is one of the most important initiatives. Although Jon is lead, we all need to show support of this to the providers and community*
 2. Commissioner Norton – *Much of the stimulus money is geared towards efforts such as health information systems.*
7. Progress Report – Continue outreach for the information campaign – Rod Harris
- *Planning to start Lay Health Advocate Program.*
 - *Have a few ideas about plan for Cover the Uninsured week*
 1. *Distribute information and partner with faith-based organizations.*
 - a. Commissioner Norton – *Contact “Blanket Organizations” (i.e. Catholic Charities) that are touching the same populations. Partner with them to get the information out.*
8. Progress Report – Explore 24/7 nurse call line – Rod Harris/Pamaline King-Burns/Josh Shaw
- Pamaline presented information on Denver’s Health Nurseline.
 1. *Project has been so successful that the clinics became overwhelmed with referrals. They changed tactics and patients were directed towards more home care vs. referrals.*
 2. *System is out of Arizona. It is divided between pediatrics and adult medicine. System allows for the collection of medical history.*
 3. *Dave Kauffroath, Nurse Call Center supervisor, will send a report/evaluation of call line.*
 4. *Paramedics partner with the call line and refer people who are non-transport patients.*

- a. Commissioner Norton – *Are there any numbers on the amount of staffing? What days of the week and times of the day are heaviest call volumes?*
- Josh Shaw – Shared information about Denver’s Health Nurseline evaluation study using PowerPoint presentation handout. (Contact Rod Harris or Donisha Ross for a copy of the presentation)
 - 1. Commissioner Norton – *It gets confusing when you have so many different numbers to call (411,911, 311, and 211). Who should the people call?*
 - a. Claudia Blackburn – *You start from the bottom (211) and if you need other services, they will transfer the person to the appropriate line.*
 - 2. Commissioner Norton – *Is there any information on litigation? Commissioner Norton suggested adding some sort of disclaimer to call line advice.*
 - 3. Ron Whiting – *Where does the funding for the nurse line come from?*
 - 4. Dave Stanford – *Most call lines are funded by insurance companies.*

III. Meeting adjourned