

HAP Oversight Committee Meeting
Tuesday, October 21, 2008
1:00pm-2:30pm
Minutes

Committee Members and Staff Present: Beth Oaks, Jon Rosell, Michael Vinson, Ron Whiting, Tim Witsman, Rod Harris, Claudia Blackburn, Commissioner Tim Norton

- I. Overview of Lead Contact Persons for HAP Recommendations – Rod Harris
 - Rod reviewed each of the nine recommendations and lead contact persons.
 - Mike Vinson – Transit advisory board has first meeting scheduled for beginning of November and another one later in the month. Although not sure of how much the system will be revamped, will share information with committee from the meetings.

- II. Review of progress reports and feedback – Rod Harris
 - Rod reiterated that at each meeting the groups will bring solutions and problems back to the committee for discussion and feedback to overcome barriers.
 - Progress Report: Enhance publicity & capacity of 211 system – Rod Harris/Beth Oaks
 - 211 is heavily promoted in HAP access kits
 - Beth – We can actively look at the measurement system of how often 211 has been used in the past and how often it may be used in the future (for health-related referrals). This information is annually updated and printed for each agency listed in 211. Beth will obtain a timetable for such reporting and share this information with the group.
 - Beth - Marketing and promotion is an on-going project, but a challenge exists due to the budget.
 1. Claudia – What are the current and previous strategies used for marketing?
 - a. In the past and currently, print publications and radio/TV have been used. High return rate exist with radio/TV and is evident by high call volumes after ads are ran every few months.
 - b. Beth participated in brainstorming with United Way Staff on how to market 211 because only 50% of community is aware of 211. Goal is to find inexpensive ways of promoting 211 in regards to health related calls.
 2. Tim Witsman– Is there a way to reach the individuals through grocery stores?
 - a. Beth – There is a challenge with promotion at those locations as well. Dillon’s no longer print ads on

bags, but have not yet pursued other option with the industry. Currently looking at 1st responders (EMS & fire dept) and school districts. Also, we are looking into advertising on local buses.

3. Claudia – What about advertising on billboards?
 - a. Beth – We have skins available for billboards, but currently have no locations and would need to create new skins pertaining to the health aspect of 211.
 4. Claudia – Is there anything that you need from the committee at this time?
 - a. Beth – Ideas on promotion.
- Progress Report: Explore 24/7 nurse call line – Rod Harris
 - Research has been conducted on the Via Christi’s and Project Access’ nurse advice call lines of the past.
 - Next steps:
 1. Conduct surveys (via internet and hard copies) with health care leaders about their opinions of the effectiveness of a call line in this community.
 2. Conduct focus groups with residents to seek their input.
 3. Develop set-up options for operating the call line (in-house vs. contracting out).
 4. Develop proposal and budgeting plan.
 - a. Ron – suggested looking at reports of other call lines around the country in an attempt to grasp the idea of why they have failed or succeeded.
 - b. Commissioner Norton – Do we know how long any of these call lines have lasted and are there any that have been successful over a long period of time?
 - i. Rod – The success rate of these call lines have changed over time. Via Christi concluded that budgeting was the cause of their call line’s collapse. Currently looking at other government agencies nation-wide to determine ones that have been successful over time.
 - c. Ron- suggested looking at the California Prop. 10 Commission’s counties for suggestions and information.
 - d. Beth – Jim McFadden would be another individual to contact about insight on the Via Christi nurse call line.
 5. Issues to be resolved include creating a list of donors and sponsors for the call line.
 6. Key decisions to make:

- a. Who will be the audience for the focus groups (all community members or just HAP target groups)
 - b. What institutional support is available?
 - c. From whom do we need to gather letters of support?
 - d. How far should the nurse call line reach? (Sedgwick County only, quad counties, REAP members)
 - e. What should the hours of operation be?
 - 7. Will have proposal completed by January.
- Progress Report: Continue outreach for the HAP information campaign – Rod Harris
 - Outreach for fall began in August
 - Three types of education kits are being distributed
 - 1. Student health access kits
 - 2. Adult/Children health access kits – English
 - 3. Adults/Children health access kits – Spanish
 - Numerous presentations and booths have been conducted as part of the outreach efforts. Health Access packets are available on-line.
 - A Spanish speaking outreach advocate has volunteered to distribute kits in the Spanish speaking community.
 - 1. Norton – expressed concern of Spanish speaking and low-income populations’ ability to access the information via internet.
 - a. Claudia clarified that online information was targeted towards providers in the community for easy access and distribution to patients.
 - Projects that are coming up next:
 - 1. Developing plan for Spring 2008 distribution
 - 2. Develop approach for Covered The Uninsured Week 2009
- Progress Report: Community Health Coverage Plan – Jon Rosell
 - Funding has been completed for the project:
 - 1. \$50,000 from United Methodist Health Ministries Fund
 - 2. \$25,000 from United Way
 - 3. \$25,000 from Central Plains Regional Health Foundation
 - Will be using process and technical consultants to determine how to make the project the most successful. Central Plains Regional Health Foundation will also collaborate with Ascension Health and others for ideas and input.
 - Nothing specifically needed from committee at this time; all seems to be going well.
- Progress Report: Build relationship with KHPA – Claudia
 - Looking to conduct another annual meeting between Health Access Project and KHPA. Meeting date will be on January 6th. Currently looking for a location to host it that can hold 65-70 people. Any ideas?

- Visited with Marcie about the need for continued dialogue between HAP and KHPA.
- Thursday, October 23rd from 12:00pm-1:00pm Sedgwick County is hosting a meeting for KHPA and community partners at the Health Department.
 1. Ron – Suggested creating an approach about limiting barriers to innovative practices for health care vs. traditional systems that are currently in place.
 2. Commissioner Norton – Are there key issues of the 21 point plan that we should focus on?
 - a. Suggestions included: Importance of a medical home, access to affordable health coverage, and the electronic medical record system.
 - b. Commissioner Norton will speak about these suggestions at the October 23rd public forum.
- Progress Report: Further develop strategy for extending clinic hours of operation – reported by Rod Harris in the absence of Dave Sanford.
 - Have identified the clinics that have extended hours.
 - Next steps:
 1. Evaluate success of clinics with existing extended hours.
 2. Evaluate Take Care Clinics such as the ones available in various Walgreens pharmacies.
 - Ron – This is a great opportunity for the community health clinics to work jointly to generate an appropriate plan for the extension of hours.
 - Rod – The issue of extended hours has been discussed during Vision Group meetings, but no mutual decision has been made as of yet.
 - Claudia – Suggests that the Vision Group partners with Mother Mary Anne Clinic to share information about local community health clinics and Take Care clinics, while also discussing the importance of a medical home.
 - Ron – Suggests that clinics open during extended hours use a rotating system of referring patients to local community health clinics so that each will have a turn to gain patients.
'Co-op'etition.
 - Mike – When discussing extended hours, we must keep in mind that the transportation system shuts down at 6:30pm, which may cause an issue with transportation to and from these after hour clinics.
- Progress Report: Review research data on emergency room usage by uninsured – reported by Rod Harris in the absence of Randy Peterson
 - Currently working with leaders from Via Christi Emergency Department to identify data and metrics that would relate to the unnecessary ER visits and the number of under-insured that use the ER.

- Progress Report: Study the feasibility of a shared health information system for safety net clinics – Jon Rosell
 - Have created a Health Information Exchange community that consists of hospital-based programs, hospital execs and physician leaders.
 - Have gathered information about shared health information systems from a variety of sources. Have a company from California coming out to share information about their system.
 - Will continue to look at programs around the country for ideas.
 - Main focus now is communication and coordination of the system. Will later focus on automation matters.
- Progress Report: Develop and implement multiple strategies to enable efficient/effective transportation to area clinics.
 - No Report at this time.

III. Questions and Answers – All

- Many members shared their gratitude and positive feedback about how the committee has formed and is currently approaching HAP recommendations.
- Ron Whiting – For funding, we as a group needs to figure out what organizations would like to see their name on these packets as sponsors and then go to those organizations for support and funding.

IV. Adjourn