Learning Collaborative Planning Call

Minutes

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| Date: 4/29/20  |  | **Start/End Time:** 11:00 to 12:00PM |
| **Location**: ZOOM <https://ctc-ri.zoom.us/j/8647907187> Meeting ID: 864 790 7187Dial by your location        +1 646 876 9923 US - Meeting ID: 864 790 7187 | **Call in number:** 1 646 876-9923,, 8647907187#  |
| Meeting Information |  | **Committee Attendees noted with \*** |
| **Meeting purpose:** Planning for the 2020 Annual Conference **Attachments:** * Minutes from 4/8/20 meeting
* Draft Annual Conference Flyer
* Agenda 4/29/20
* Sample Power point
 |  | Susanne Campbell\*Candice Brown\*Christine Ferrone\*Colleen Polselli\*Linda Cabral\*Stephanie De Abreu\* | Megan FallonRandi Belhumeur\*Karen D’Antonio\*Kate Reilly\*Jazmine Mercado\*Der Kue\*  | Mary EvansNancy SuttonPano Yeracaris\*Peggy Menna\*Suzanne Herzberg\* |
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|  # | Owner/Time | Comments | Action Item |
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|  | Susanne 5 minutes | * Welcome and Introductions
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|  |  | Follow up since last meeting: * Annual Conference date change to May 27, 2021
* Discussion on next steps in terms of planning the agenda
	+ Scaled down event for Fall 2020
* Discussion on potential topics for Breakfast of Champions with conference being delayed
	+ Conduct “souped-up” BOC events in September and December
		- Diabetes Health Equity Challenge – unveiling of Cohort 2; Report Out by Cohort 1
		- Telehealth
		- Payment; and Practices being stretched financially
			* Alternative Payment Models
	+ Check in with Margaret Gradie at Department of Health for needs in the Fall
		- Meetings for: Nurse Care Manager, Clinical Strategy Committee, RIDOH, CTC Board of Directors
	+ Priorities from the Annual Conference Planning Committee
		- Mini conferences in October 2020; and January 2021
			* Segment Populations of Providers: PCMH Kids; Community Health Workers, etc.
			* Impact (and Potential Impacts)
				+ How are providers receiving Personal Protective Equipment?
				+ What resources are needed the most?
			* Emergency Room Doctors and Nurses harming themselves
			* End of Life Impact of COVID
		- Series of Attendees voicing their concerns; and opportunities for discussion
			* Agenda needed accordingly
		- Planning Committee to determine a goal of gathering; how best to accomplish said goal; in a virtual meeting, how can we mirror what attendees like best?
			* Potential Provider Survey – though some are too busy to respond, some Providers are not
				+ What is the provider’s attention span for availability in a series?
			* How can we use the funds allocated for in-person meetings differently for May 2021?
			* Inclusion of Medical Assistants and Office Managers
				+ Telehealth and Workflow Re-Purposing
			* Reopening: Phase 1 and Phase 2
				+ What are the changes Practices expect?
				+ Reopening Strategies

What do Practices need; what will it look like?  | 12 |
|  | All30 minutes | **For reference****Results for 2020 Annual Needs Assessment:** People responded: 76 **(**last year 91);Role: provider 10%; NCM 26%; Practice Manager 5%; Organizational leader 21%; Key stakeholder 10%; BH 6%; Pharmacist 2.6%; CHW 3.9%; QI staff 13%; Area of Interest: Adult and Family 55.26%; PCMH Kids and Family: 25%; Stakeholder: 11%Topics: Top areas selected in each category: (rank order was calculated by adding “extremely interested” and “interested” percentages”; Bolded area of focus: highest percentage score for “extremely interested”**Team based care: 1. IBH: brief interventions that work;** 2. IBH: learning from other states in implementing models that work for smaller primary care practices; 3. BH: improving care through telemedicine; 4. Improving care for young adults transitioning to adult health care; Using IBH to assess and treat patients with ADHD; 6. Clinical mindfulness**Complex care management: 1. Skills, knowledge and abilities needed to support patients with complex needs;** 2. Suicide assessment and intervention; 3. NCM: developing exacerbation plans to decrease ED and IP utilization; 4. Improving care for people with serious illness; 5. Improving care for people with SUD; 6. NCM: social needs and how they impact self-care capacity**Social Needs: Population health;** **1.** What next: positive screens for social determinants of health and operationalizing next steps;2. Learning from other states: addressing social needs; 3. Local successes in addressing social needs; **4. Community based organizations and primary care;** 5. Best practices around addressing patient transportation needs; 6. Partnering with housing; **Care Coordination:** 1. Referral management: implementing systems to track outcomes; **2. Improving care through collaboration with** community resources (i.e. CAP agencies, senior centers); 3. Lessons learned: implementing pathways to population health to improve **community linkages;** 4. Improving care through collaboration with schools; **Special topics:1.**  Incorporating patient voice: identifying and hearing from patients “what matters most”;**2. Using telemedicine as alternative visit type;** 3. Motivational interviewing; 4. The 4 M’s of age Friendly Care (What matters, using age friendly medications, mentation and mobility) 5. Patient and family advisory councils; **Conditions:** 1. Emergency preparedness: Coronavirus; 2. **Obesity;** 3. Update on RI Affordability Standards; 4. Tobacco/Vaping/Marijuana use; 5. Sleep disorders; 6. Pre-diabetes**Data Management:** **1. Using QI to solve complex social problems;** 2. Using Viewer to reduce unnecessary tests; use of Alerts to reduce hospital readmissions; 3. Best practice: implementing value based care: lessons learned from CPC+ practices; 4. Administrative simplification 5. Designing an effective leadership structure for achieving patient centered excellence in an ACO**Patient centered medical home NCQA recognition** 1. How to hard wire and sustain PCMH recognition; 2. Practicing PCMH in a value based environment; **3. IBH: improving outcomes through meeting NCQA behavioral health distinction standards****Topics recommended from 2019 Annual Conference** **Common Themes: Recommended topics for next year:** lead screeninglifestyle medicine in primary care/nutrition more topics on adolescents and young adults /confidentiality Behavioral health related /IBH for small practices/specific examples of brief interventions/withdrawal from psychiatric medications/ barriers between primary care and community mental health agencies/more mental health and children/ MAT in pregnancyMedical marijuana Local successes of community linkages/collaboration between community based organizations and primary care Value based careIncorporating LEANObesityBilling and reimbursement by the health plans  |  |
|  |  | * Next Meeting: Wednesday, May 27th from 2-3PM
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| Date Added | Action Item # | Assignee | Action /Status | Due Date | Date Closed |
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| 4/29/20 | 1 | Randi/Susanne | Reach out to Margaret Gradie regarding Practice Needs in Fall 2020 | TBD |  |
| 4/29/20 | 2 | Planning Committee | Determine Topic(s) for Fall 2020 Meeting Series | TBD |  |
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