

Athens Broad River Community Healthcare Connections Minutes

Meeting Name	Location	Minutes Taken By	
Community Health Care Connections	Athens/Clarke County Dept. of Children & Family Services Building, 284 North Avenue, Athens	Mike Crooks	
Date	Facilitator	Actual Start Time	Actual End Time
July 16, 2015	Mike Crooks	10:10	12:00
Meeting Purpose/Objective: Coming Together to Improve Care in the Community <ul style="list-style-type: none"> ✓ Improve communication and patient care across the continuum ✓ Assist all facilities in meeting goals for Medicare quality improvement measures ✓ Discuss and implement efforts to increase communication between providers and settings ✓ Recognize current work and reward creative thinking. 			
Team Members Present			
<input checked="" type="checkbox"/> NE GA Regional Commission/ AAA <input checked="" type="checkbox"/> Alliant Quality <input checked="" type="checkbox"/> Athens Regional Medical Center <input checked="" type="checkbox"/> St. Mary's Health Care System <input checked="" type="checkbox"/> Barrow Regional Medical Center <input checked="" type="checkbox"/> Cobb Health Care Center <input checked="" type="checkbox"/> Walton Regional Medical Center	<input checked="" type="checkbox"/> St. Mary's Home Health Care <input type="checkbox"/> Athens Regional Home Health Care <input checked="" type="checkbox"/> Athens Heritage <input checked="" type="checkbox"/> Cypress Skilled Nursing <input checked="" type="checkbox"/> CareSouth Home Health Care <input checked="" type="checkbox"/> Northridge Health and Rehab <input checked="" type="checkbox"/> The Oaks of Athens	<input checked="" type="checkbox"/> Home Medical Professionals <input checked="" type="checkbox"/> Alana Health Care <input type="checkbox"/> Sanofi Aventis <input checked="" type="checkbox"/> Pruitt Health <input checked="" type="checkbox"/> Altrus – Personal Care Homes <input type="checkbox"/> University of Georgia – College of Pharmacy <input checked="" type="checkbox"/> Eldercare Pharmacy	
DISCUSSION / Getting Started			
<ul style="list-style-type: none"> • Mike Crooks opened the meeting, welcomed all and reviewed the purpose and ground rules for meeting. • Minutes from 5/21 were distributed and accepted. Sign-in sheets were completed and updated, all present briefly introduced themselves and the organization they represent. • Anne Hansen from NE GA Regional Commission/Area Agency on Aging provided a report of the Community Care transitions Program (CCTP). The program provides care coordination services for eligible patients discharged from hospitals in the community, including transportation, meals, medication reconciliation and help with medical follow-up appointments. The purpose is to prevent non-medical causes of hospital readmissions. The current funding for CCTP has been extended through October 2015 and currently serves 150 to 200 patients per month. Ann also reported on issues facing the CCSP (Medicaid Waiver) program due to overspending in the previous year; currently only admitting one patient per month to the program (the lowest legal limit) and facing a waiting list of >100 patients. In the past the program has served >20 per month. New fiscal year began July 1st so hopeful that some services can be re-instating at higher capacity. Anne (or other CCTP representative) will bring a Social Network Analysis (spiderweb) report to next meeting to display a visual depiction of care transitions (admissions, discharges, readmissions) from care providers in the community. • Al Green from Alana Healthcare introduced his organization and focus on population health management services to improve care continuum for COPD and CHF patients. They facilitate process improvements to achieve faster discharge of patients to advanced respiratory care centers that have implemented their care processes. Additionally, the support the patient care upon return home to help patients recognize changes, intervene early and adopt action plans. The PPACA (Obamacare) creates many opportunities to support care coordination services. Alana started their program with focus on COPD patients (now one of the readmission penalty diagnoses). Like many chronic conditions, COPD patients find themselves in a cycle of Flare-Up→ED visit→Hospital Admission→Stabilization→Discharge Home→Flare-up. Care Management programs focus on maintaining the health of the patient at home through education and self-management training: patients receive help in identifying signs of worsening control or exacerbations (lower FEV1, sputum changes, worsening symptoms with activity) and learn to act earlier to seek care which usually requires less intensive interventions. <u>Inculcate</u> (word of the day) is to teach through repetition. Alana also works with care providers and patients to offer advanced respiratory care services with a goal of weaning and decannulation for (almost) all patients. Patients are referred to Alana through payers. 			

- Patricia Stitche from St. Mary's Health Care System reported on the new bundled payment care improvement project underway. St. Mary's has been purchased by the national hospital administrator Trinity Health. To prepare for the healthcare systems transition from fee for quantity (service) to fee for quality the bundled payment program will help the hospital align their payment incentives among health providers. Medicare is the primary payer in this program so patients eligibility depends on Medicare Part A eligibility and enrollment in Medicare Part B (ie, not managed care plan). Payment bundles currently include AMI, COPD, Heart failure, and esophagitis w/other GI disorder. The program relies on partnerships with primary care providers to assist with appointments and advocacy, home health care/home visit services and partnerships with sub-acute care settings.

Patients retain their choice of post-acute care providers and St. Mary's retains the ability to select preferred providers in the community (I, not dictated by Trinity Health). Even if patients decline the services of the Patient Navigator they will be bundled under the DRG payment model for this plan. Patients can enroll with the patient navigator even if they initially decline the service, and this service can continue even if the patient is discharged to a skilled nursing facility. Patricia will continue to share more on this program at future meetings of the Athens CHCC.

- Participants shared announcements including the next meeting of the GA chapter of the American Case Managers Association – Saturday August 8 at the Omni Hotel – CNN Center, Atlanta, GA. www.acmaweb.org/ga

ACTION ITEMS

- All participants are asked to return to the next meeting September 17th and bring someone they know in a position in the community that would benefit from this meeting or add value to the meeting
- NE AG Regional commission/CCTP will present social network analysis at next meeting
- All community members are invited to suggest agenda items or suggestions for presentations at future meetings to Michael.crooks@alliantquality.org

CLOSING / Assignment

- Note: September meeting will be at a different date and location than usual:**

September 24th 10AM to Noon @ Athens Regional Medical Center
 Medical Services Building – Third Floor, Room C/G

Directions to September 24 meeting: Medical Services Building is located on King Ave behind Athens Regional Medical Center. To reach the classrooms at the Medical Services Building, park in MSB lot off of King Avenue and enter the MSB through the main entrance. Walk through the lobby and past the information desk to the elevators. Take an elevator to the third floor. When you exit the elevator, turn left. The classroom C/G is down the hall on your right.

NEXT MEETINGS

September 24, 2105 and November 19th, 2015 at the Athens Regional Medical Center – Medical Services Building
all meetings 10:00AM to 12:00PM