**Steering Committee Meeting Notes**

Thursday, February 9th, 2012, 3:00 pm – 5:00 pm

CHRT Conference Room

**Steering Committee Members Present:** Norman Herbert, Deb Jackson, Robert Laverty, Robert McDivitt, Doug Strong, Brent Williams

**Work Group Chairs Present:** Tom Biggs, Ellen Rabinowitz

**Guest:** Lori Kostoff, Huron Valley Physician Association

**Absent:** Robert Casalou, Robert Guenzel, Lakshmi Halasyamani, Peter Jacobson, Monique Reeves

**CHRT Staff:** Patrice Eller, Josh Fangmeier, Heather Guenther, Carrie Rheingans, Melissa Riba, Marianne Udow-Phillips

**Greater Washtenaw Area Care Partners (Organized Systems of Care)**:

Lori Kostoff gave an overview of the history, progress, and current status of the Greater Washtenaw Area Care Partners. This OSC is Blue Cross Blue Shield of Michigan’s (BCBSM) version of an accountable care organization (ACO). The Huron Valley Physicians Association was one of the ten original organizations in the OSC. The OSC is a loose association of physicians and physician groups that work together to coordinate care. This is different from the more traditional ACO model that many other OSC followed, which is to form a nonprofit to oversee coordinated care in a community. For this first year, groups will get acclimated to the new reporting systems and gather baseline data on cost of care. The OSC covers about 400,000 people, which is a good population size to work with.

Focus Areas:

* Emergency Department initiative – working to decrease repeat visitors to the emergency departments and will have BCBSM supplemental data when possible.
* Readmissions – focusing specifically on cardiac readmissions. This will be related to some future requirements for readmission penalties under the Affordable Care Act. Jack Billi is working on this initiative too.
* Information technology –connecting all the institutions to share data across systems. This also relates to the MiHealth Marketplace health insurance exchange, because each hospital is using a different system that will be plugged into the overall MiHealth Marketplace. Perhaps the OSC could be integrated with the MiHealth Marketplace as well.

This OSC will not meet the federal regulations to become an ACO at this time. The leaders wanted to build on the momentum of Blue Cross Blue Shield of Michigan’s physician group incentive program (PGIP), and it could eventually lead to ACO readiness.

Steering Committee Discussion Points:

* There are many types of community-wide care groups at work in our community, which might necessitate future coordination between all the groups.
* A list of all coordinated care projects going on in Washtenaw County to date would be helpful and will be created by WHI staff.

**Charter Update:**

13 of 32 Charters received to date. Most remaining Charters to be received by the end of February.

**Work Group Updates:**

Ellen Rabinowitz, on behalf of the Medicaid and Insurance Exchange Eligibility and Enrollment Work Group: The DHS workers at the WHP office are still adjusting to the new position and responsibilities, but are still doing a great job. Should be acknowledged publicly – at the next Planning Group meeting. We’ll make a WHI award for them. There is enough work to possibly increase the number of DHS workers at the WHP office in the future. There is some expanded capacity at the DHS office through their new AmeriCorps member, who is assisting with enrollments. The Medicaid Outreach project is going very well and the AmeriCorps member has had positive response to the schools she’s contacted to date.

Marianne Udow-Phillips/Carrie Rheingans, on behalf of the Mental Health and Substance Use Care Work Group: The CMS proposal was submitted on 1/27 with a $10million budget. It would fund the mental health primary integration work if funded. CMS is finalizing their reviewer cohort in preparation to review proposals on 2/27 and 2/28. Among all U-M units, approximately a dozen proposals submitted. If this proposal isn’t funded, CHRT and WHI can apply to other funders for the same program, but scaled back to just Washtenaw County. Most foundations won’t fund a $10million proposal.

The Work Group met 1/26 and reviewed county-level mental health data and a community-wide depression resource guide. The guide will be expanded to include all behavioral health resources and will be used by Work Group members as a basis for a service gap analysis. Additional mental health data will be analyzed at the next Work Group meeting.

The substance use medical detox protocol group is moving along and the group is getting more input from primary care clinicians about how the flow chart will be used. Next meeting is scheduled for 2/23.

Tom Biggs, Chair of the Primary Care Capacity and Coordination Work Group: the first Work Group meeting is being scheduled for early March, and the implementation project is meeting next week. The group is waiting on additional data from the safety net clinics to enable a more geographic look at the needs of the community. The project is still on track to have a pilot in place by 2013.

Announcements: Packard Health clinic is now profitable and hiring a new Executive Director in the coming weeks. The merger with the Nurse Managed Centers is going smoothly and nearly every patient is going to transfer to Packard West.

Ellen Rabinowitz, Chair of the Community Outreach and Dental Services Work Group: The first Work Group meeting went well. The next BlueCaid pilot meeting is scheduled for 2/14.

The Dental Reduced Fee Referral Program should go live in April. Seven dentists are participating and as a group can accept up to 10 patients per month. The WHP will be overseeing income eligibility determination so the dentists won’t have to. We should recognize these volunteer dentists at the next Planning Group meeting.

The Dental Acute Care project met for the first time 2/6 and reviewed initial data from both UMHS and SJMHS emergency departments. Criteria were developed to request additional data, including from the Washtenaw Health Plan.

The Care Navigation project has been developed behind the scenes by just Ruth Kraut and Ellen Rabinowitz to date. They have reviewed many types of care/case management programs throughout the community and have developed a presentation that examines types of care navigation models, including those already in place. The presentation ends with recommendations, but they would like to review this presentation with more community members before making formal recommendations to the WHI. They also are ready to start a larger implementation group. The next step will be to work from the email Brent sent on 1/14 to many people involved in care navigation in our community to get a first meeting set.

**Communications Strategy Update and Discussion**

Announcement: David Jones, an SPH PhD student, may be contacting some members of the Steering Committee to participate in an oral history project of the WHI.

Discussion points:

* Upon review of a table of potential organizations to approach, government officials were determined to be a first priority, along with both far-reaching rural groups in the west side of the county and larger, faith-based associations.
* The purposes of communicating more broadly are to solicit recommendations from groups we approach, get others involved, and to hold ourselves accountable for having a county-wide focus.
* Many people we tell about the WHI want to know what we want from them. We need to develop an “ask” for each type of group.
* We need to make sure all the players in the community are aware of WHI activities so they can become involved when it is appropriate.

**Other Meetings**

Southeast Michigan Community Foundation, 2/15 – this will be a general informational presentation

Washtenaw County Board of Commissioners, 2/16 – this will be a follow-up update to their working session. There has been a resolution drafted to support the work of the WHI and to commit funding in the amount of $10,000 per year for each 2012 and 2013. WHI-related County employees (Trish Cortes, Ellen Rabinowitz, Monique Reeves, and Marci Scalera) will present, along with WHI Co-Chair Norman Herbert. CHRT staff Patrice Eller, Heather Guenther, and Carrie Rheingans will support.

**Triple Aim Discussion**

The Michigan Health Information Alliance (MiHIA serves 14 counties in central Michigan) is a member of the Triple Aim, which is a global organization started by the Institute for Health Improvement. There are relatively few community organizations involved with the Triple Aim; most are health systems. The Triple Aim of health care is to improve population health, improve the patient experience, and reduce costs. The Triple Aim is not currently an open membership organization, but is in the process of determining how to accept new members. The WHI could join in a few months when they have determined their process. Blue Cross Blue Shield of Michigan was formerly a member. Annual membership fees can range from $18,000 to $40,000 depending on the group. There is an informational meeting in San Diego April 11-12.

**Next Steering Committee Meeting:**

Thursday, March 8th, 3:00 pm – 5:00 pm, CHRT Board Room