**Steering Committee Meeting Notes**

Tuesday, June 28, 2011

3:15 – 4:45 p.m.

CHRT Conference Room

**Steering Committee Members Present:** Liz Conlin, Robert Guenzel, Norman Herbert, Deb Jackson, Robert Laverty, Marianne Udow-Phillips

**Communications Update:**

* The members decided to use the name “Washtenaw Health Initiative” as the group’s formal title. Moving forward, all initiative materials and website updates will refer to the effort as the “Washtenaw Health Initiative” and use the acronym WHI.
* Liz announced that the website, [www.washtenawhealthinitiative.org](http://www.washtenawhealthinitiative.org), will be publicly available on Thursday, July 7th.
* The first phase of the initiative was communicated to the media during a conference call from 10-11 a.m. on Thursday, July 7th. Robert Guenzel, Norman Herbert, Robert Laverty and Marianne Udow-Phillips discussed the WHI and answered questions from the media.

**Next Steps and Process:**

All Steering Committee members in attendance agreed on CHRT’s proposed structure of the ongoing WHI process and functions. However, Bob Laverty suggested more discussion about the longer term approach to WHI. Bob will prepare some ideas for discussion at the next steering committee.

After reviewing the overall work plans from the individual implementation leads, the Steering Committee identified seven recommendations that are in the **implementation phase** as well as immediate associated issues to address:

* 1. *Primary Care Capacity*
* Leads are still needed for this initiative. Planning has been underway in the hospitals regarding primary care capacity. This initiative may focus more on deployment of these resources rather than expanding the primary care workforce.
  1. *Care Navigation*
     + Ellen Rabinowitz and Ruth Kraut are the co-leads for this initiative. WHP will provide in-kind support for the development of the implementation plan but additional resources/funding have been requested for implementation.
  2. *Dental Acute Care Expansion*
* Bonita Neighbors is the identified lead; however, she would like UMHS and SJMHS to designate people with whom to co-lead the initiative as key stakeholders. Funding is needed for this initiative and a request for resources from UMHS and SJMHS has been proposed as a primary source with the understanding that other sources would be identified as well. Debbie Jackson will explore the possibility of providing funding support as match dollars for this pilot through the United Way in partnership with Community Foundations. This information will be shared with Rob Casalou and Doug Strong to determine whether this is a sufficient community commitment or if additional sources need to be identified.
  1. *Dental Reduced Fee Program*
     + - Ruth Kraut is an identified lead for this initiative. She and Bonita Neighbors are working to identify a dental provider to co-lead this initiative with Ruth. They believe it is critical to have a dental provider in a co-leadership role. Ruth and the team have estimated that about $10,000/year in ongoing support for the Reduced Fee Program will be needed. The Steering Committee recommended that Delta Dental be approached for this funding.
  2. *Streamlining Medicaid Eligibility as a Beta Test Site for the State*
     + Marianne and Tomi spoke with Chris Priest (MDCH), who has expressed interest in meeting with the leaders of the WHI. Chris is interested in having Washtenaw County be a beta test site for the state to begin testing the changes to health care coverage and eligibility determination mandated in the Affordable Care Act prior to January 1, 2014. CHRT has shared with Chris the *Picture of Health Care in Washtenaw County*, the charge, the fast facts and the membership of the WHI. The next step will be to schedule a follow up meeting with Chris and the leaders of the WHI.
  3. *Medicaid Enrollment*
     + Cynthia Maritato and Ellen Rabinowitz are finalizing the plans to outstation county DHS workers in safety net clinics (which will begin August 15th). Washtenaw County DHS and WHP are providing the needed project resources. Some issues around information technology (IT) are still pending, but Cynthia and Ellen are working with county and state IT staff to resolve these issues.
  4. *Community Outreach for Medicaid Enrollment*
     + As the implementation lead and project manager, Debbie Jackson has convened a small outreach committee to meet regularly. The committee has scheduled a series of information/input sessions with community groups (e.g. Barrier Busters, Blueprint for Aging, Washtenaw Health Alliance, etc.) to receive input and feedback from community leaders on how best to structure an outreach strategy for Medicaid enrollment among the currently eligible, but uninsured.

The Steering Committee identified fourrecommendations that are still in the **planning phase** and the associated issues to address. These recommendations do not yet have an identified project manager. However, a team is in place to do the planning work. Project managers will be identified as part of that planning work.

1. *PCP Strategies for Mild to Moderate Mental Illness*
2. *Mental Health Care Management*

* For both 1 and 2 above, Patrick Barrie is the identified lead. The Steering Committee expressed concern that staff and resources at WCHO are stretched very thin and may therefore require extra assistance in order to keep the initiative progressing. It was suggested that Melissa Riba work with Tom Biggs to identify some interim deliverables and timelines and suggest them to Patrick as a way to initiate the work and monitor progress.

1. *County-Wide Substance Abuse Protocol*

* Marci Scalera is the identified lead, but was requesting resources for a part-time project manager to coordinate meetings and other tasks associated with the development of a county-wide protocol. The Steering Committee suggested that she: 1) Talk with Brent Williams about working with the Lean facilitators to identify resources to help in organizing the necessary tasks, and 2) work directly with Brent Williams and Lakshmi Halasyamani to identify individuals in the UMHS and SJMHS to participate in protocol development.

1. *Connecting Medicaid Enrollees with PCPs (Pilot)*

* Karen Spring, Director of Medicaid and MIChild Programs at BCBSM, is working internally to identify an individual by July 15th.The available data on the percent of BlueCaid members with a PCP visit within 3 months of Medicaid enrollment is not available on the primary care practice level. Another method needs to be developed to identify the primary care clinic with which to establish a pilot.

**Next Steering Committee Meeting:**

The next steering committee meeting is **Monday, July 25th, 9:00 – 11:00 a.m.** in the CHRT Conference Room. Bob Laverty will lay out alternative approaches and/or key questions for the Steering Committee to consider with regard to the ongoing structure of the Washtenaw Health Initiative. The focus of this meeting will include the specific ongoing structure of the WHI and the long-term funding and resource support and committee.