IBHAC

Meeting Summary

5.24.19

Announcements

- *Rita Hewitt:* Janus is holding a CME/CEU Opioid Symposium on Thursday, June 27th from 9-3:30 in the Dominican Education Building. For more details, please contact rita@hipscc.org.
- *Betty Nadeau:* The ASMR workshop in July has sold out and has a waitlist. Due to the large response, we hope to have another training in late summer or early fall.
- *Shelly Barker*: Whole Person Care- Cruz 2 Health is hosting a Networking Series on May 29th from 4-6pm. On June 11th ,the Alliance is hosting a learning session around peri-natal mental health.
- *Holly Hughes:* If you are interested in joining the ROI workgroup, please contact Shelly Barker at shelly@hipscc.org

Meeting Purpose

The purpose of this meeting was to provide an update of Whole Person Care (WPC) -Cruz 2 Health (C2H) and sharing of two of the Lean Six Sigma projects.

IBHAC Charter Goals on Care Coordination

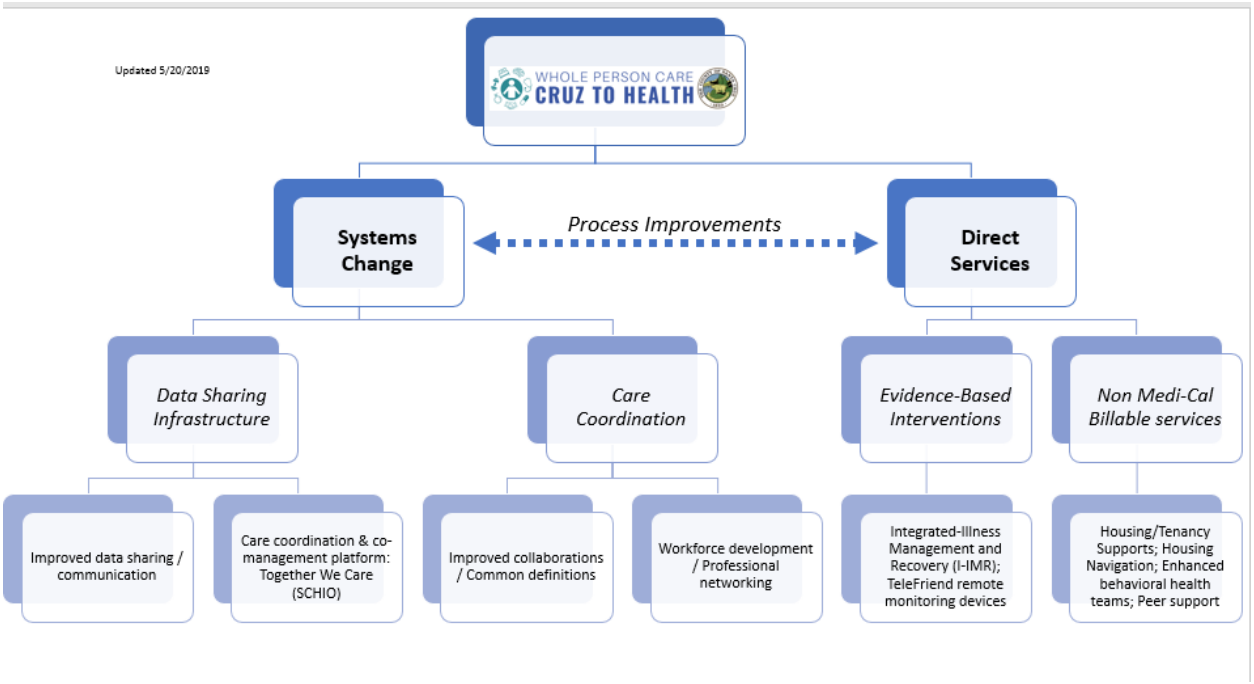
Shelly Barker, HIP Program Director, linked IBHAC's charter and alignment with Whole Person Care

Emily Chung, MPH, MCHES

Emily Chung, Whole Person Care Program Director, gave an overview of WPC highlighting specific efforts toward the larger goal.

- WPC-C2H is part of a larger state pilot.
- Locally, C2H is focused on adult Medi-Cal beneficiaries who are living with behavioral health diagnoses (i.e., mild to moderate or severe mental illness) and/or substance use disorder who also have multiple chronic health conditions and are served by our county clinics.
- The larger impact of WPC pilots to the state and why it's critical that Santa Cruz be part of this effort.
- Shared a state resource blog from CHCF https://www.chcf.org/blog/for-californians-most-in-need-whole-person-care-pilots-break-down-barriers/
    - There are 25 communities throughout the state who've been funded by the Medi-Cal waiver and funding ends in December 2020.
    - Question that have come from this project: How will we be able to address complex care and innovations the state can request CMS to fund in the future?
    - Other WPC programs are working on data sharing, homelessness, etc.

- Reviewed WPC-C2H structure:



***Care Coordination has a Steering Committee that has been meeting regularly to drive activities noted above.

- To address many of these issues, various agency staff have been attending a three-part training, Lean 6 Sigma. Lean 6 Sigma is an internationally used process improvement framework with a set of over 30 tools through a rigorous training methodology. In SCC, we have an initiative called process improvement onward (PRIMO) utilizing Lean 6 Sigma training and methodology to create a common culture of process improvement and change. WPC pilots have been requested the focus be on infrastructure work. HSA decided they wanted to provide some infrastructure for the community through WPC to do process improvement work aligning with PRIMO.
- Some of the main themes within Lean 6 Sigma have been, how do we share regulations, data sharing, and consent?
- Overall goals of Lean 6 Sigma:
    - How we share and communicate data
    - Working to improve collaborations
    - Meeting regularly to drive these activities such as the networking series
    - What can be done regarding sharing data within the current regulatory environment

<u>Holly Hughes, LCSW, HIP Consultant</u>

- Presented various integration frameworks that would be useful to members
    - Principles of Effective Integrated Health Care via AIMS Center

<u>Breakout activity</u>

- Members broke out into two groups: ROI and Care Coordination

DataShare

Legal Framework	Education/training	Process mapping	Technical system
• Assurance that it is legal • MOU/BAA • Confidentiality (as much as possible) • Clearly defined ROI (what can be signed by all parties involved) • Re-release of information	• Training for staff • Staff training re: HIPAA release • Consent forms and process (script-how to share with participants→ the who? What? Why?)	• Who are the "contact" persons at the other organizations? • Follow-up • Quick response time and/or info on how it's being addressed • Strength-based approach • Easy to understand what is being shared • Roster of best contacts at each agency • Coordinated entry • Closed loop referrals	• Central repository for releases • Electronic data format • Bidirectional data • Easy access info • System has interoperation w/ EHRs of clinics and hospitals

Critical Quality Measures-DataShare

Legal Framework	*Process Mapping*	*Education/Training*	*Technical Solution*
• Vetted by attorneys and legal counsel, compliance officers, etc.	• Information tracked. • Policy and procedures written • Staff has confidence in effectively sharing information	• Staff have received trainings, training materials available (i.e., toolkit) • Sustainability	• System developed, piloted lessons applied based on requirements

Care coordination….multiple care coordinators

• Hospital • Patients/clients/consumers • Doctors • Private/non-profits • Clinics	• Caregivers • Meals on Wheels • Teen kitchen • Family Services Agency

Communication	Technology	Care coordinator role	No wrong door	Client driven decision making
• Modes of communication • Single point of contact for coordination • Phone number for care coordinator • Universal ROI • Shared understanding/ bidirectional flow of treatment goals	• Using new technology (i.e., telemedicine, text, etc.) • Text clients	• Who is their care coordinator? • Role clarity who is lead? • Clarity of care coordination role	• Access/ease (e.g., care plans, info, etc.) • Solution for fragmented services • Equity of services to all • ONE standard of care • Clarity of eligibility	• Clients knowing what information is being shared and with whom • More transparent services • Mobile field-based • Quality • Personal autonomy

Next Steps

The next IBHAC meeting is scheduled for June 28th, 2019

Submitted by: Rita Hewitt, Program Coordinator