



North Central Regional Collaborative

Inaugural Meeting Minutes

January 19, 2016



Day/Time of Meeting: 12 Noon – 2:00 pm

Location: Public Health - Lewiston

Attendees:

Glenn Jefferson Co-Chair	Shari Kuther	Ellen Merrill
Kelly McGrath Co-Chair	Mathew Forge	Mike Larson
Carol Moehrle	Christine Packer	Ed Marugg
Kayla Sprenger	Vicky Peterson	Debbie Wingfield
David Schlactus	Amy Isabelle	
Delana Buntin	Morgan Barnes	
Shelley Peterson	Kim Nelson	
Lenne Bonner	Jennifer Weber	

Item/Topic	Meeting Outcomes/Decisions Reached
<p>Welcome and Introductions</p> <ul style="list-style-type: none"> SHIP Overview Presentation SHIP.idaho.gov SHIP talking points 	
<p>Regional Collaborative</p> <ul style="list-style-type: none"> What are the clinics hoping to get out of the collaborative process? What needs do you have that the group can help fill? Mission / Goals (how will we know we succeeded?) 	<p>Discussion on IHDE connectivity, Working but not utilized due to questionable reliability. Possibly a lack of understanding, use in the E.R. found to be useful in keeping from duplication of services. Several clinics pushing data, some manually. Meeting with representative may be helpful.</p> <p>Will medical neighborhoods be providing CHW/CHEMS or will practices be responsible to pay these workers?</p> <p>Centricity not set up to communicate between clinics. Only thing being pushed is ancillary data.</p> <p>Explanation of why state needs data for analytics.</p> <p>Goal or intent for 80% of all Idahoans to be touched for early intervention, lower costs in non-traditional ways.</p>
<p>Additional Regional Collaborative Members</p> <ul style="list-style-type: none"> Who else needs to be at the table? Mentoring other clinics When to engage a neighborhood, and what does that look like? 	<p>Better coordination with area hospitals. Hospitals and clients need to be at the table. Effective strategies to engage patients for better health outcomes. Examples, multiple pilot programs with various incentives and evaluate which ones work. Other examples BC prenatal, Oregon cell phone incentives.</p> <p>Discussion on specialty cost sharing. Also requirements of various insurance companies for data, and IHDE, can we get the data back?</p> <p>Hot spotting as a possible strategy, use of CHW for blood pressures, BMI's.</p> <p>Mentoring clinics who are going thru NCQA process, all agreed the data collection and wording of reports were the challenges, more so than clinic practices.</p>

Additional Regional Collaborative Members, Continued....	Offering help to area clinics who may benefit from those here who have gone thru the process.	
Meeting Frequency and Location? <ul style="list-style-type: none"> • How often would you like to meet? • Rotating location by clinic? • 	Meet in March, after the State Ship Meeting. For now, continue meeting at Public Health, with the option to rotate meetings at a later date to see other clinic settings.	
Review Action Items	Develop talking points to share with patients on PCMH Talk to all area clinics to see where they are at on NCQA, offer help with process. Find out where they are on the steps. Bring Data indicators from Health Idaho results to see if we want to focus on one or several problem areas. Can be broken down by Counties.	
Questions/Concerns		
Next Meeting:	Further discussion three areas of focus – Mentoring, Collaborating and Coordinating to identify what’s available, and Data. Kayla checking in to see if someone from IHDE can meet with the group Review State Ship Meeting	
	Next Meeting March 15, 9:00 -11:00 a.m. Public Health, Lewiston	