Community Advisory Task Force Meeting

Wednesday, September 21, 2016; 9:00 a.m. - 12:00 p.m.
Amherst H. Wilder Foundation, 451 Lexington Pkwy N, St. Paul

MEETING MINUTES

Attendees
Jennifer Lundblad (Chair), Courtney Baechler, Kenneth Bence, Karen Chapin, David Cook, George Klauser, Jeffrey McGonigal, John Soghigian,

State Attendees:
Jennifer Fritz, Kari Guida, Krista O’Connor, Heather Petermann, Diane Rydrych

Contracted Meeting Facilitator:
Greg Howe, Diane Stollenwerk, Rachel Weissburg

Welcome and Overview of Agenda
Jennifer Lundblad, Community Advisory Task Force Chair, welcomed participants and reviewed the agenda. She also introduced Greg Howe from CHCS, who will be taking over the responsibilities of Christian Heiss, meeting facilitator.

Updates
Diane Rydrych, MDH, provided an update on the following topics (slides 4-10), while noting that one item not covered in the slides was an RFI that would be open until Oct 17th, requesting stories of patient experience and provider costs associated with the consent requirements of the Minnesota Health Records Act.

- e-Health Use and Exchange: The e-Health Roadmap is complete and available online. IHPs are utilizing assessment reports, and the Data Analytic Phase Two Report has been finalized (this was covered in more depth later in the meeting). Food Securities award was given to Second Harvest.
- Practice Transformation: The Refugee Populations RFP has received no responses; however, the Practice Transformations RFP has received many responses.
- Accountable Communities for Health: Morrison County Community Based Care Coordination was recognized for successfully addressing opioid use during a July 12th Congressional Staff Briefing.
- ACO Performance: 375,000 current covered lives, and most Individual Health Partnerships are currently above statewide averages.
- Community Engagement: A brief video was shown that demonstrated the impact of integrating health information within local businesses and everyday activities, beyond the healthcare environment. It focused on barber shops, where the barbers have been trained to talk to their clients about health topics such as blood pressure, cholesterol, heart health, etc. These barber shops are now equipped with devices to test blood pressure and basic health functions. The emphasis of the video is on using the trusted relationships already established between barbers and their clients to encourage healthy behavior.
A community forum titled “Equity in Action Engagement Summit” is planned for November 17, 8:30am – 4:00pm, at the Wellstone Center to discuss these and other initiatives that have grown out of community engagement efforts focused on health equity.

No Cost Extension

Krista O’Connor, MN DHS reviewed the process and purpose of the no cost extension (NCE), as well as how it will affect the task forces (slides 11-15).

- Process and Submission: There were two visits with CMMI - the first was virtual, in May 2016, and included a discussion on multi-payer alignment and evaluation findings; the second was in Baltimore on August 2 and discussed the MN HIE framework; MN’s approach to IHP 1.5, 2.0 and beyond, and integration of population health and social determinants. A formal NCE request was submitted August 12th, which would extend the project by 12 months - through December 2017. Programmatic approval was received in early September 2016; budget/OAGM approval is expected by end of September 2016.
- Purpose: The purpose of submitting the no-cost extension is to gain more time to complete the SIM work, and in some cases to extend work beyond the originally funded activities and beyond initial goals. There was also a need to put a careful sustainability plan into place before SIM ends. Multiple RFPs have been sent out, on topics such as building infrastructure, integration of care, and improving services for refugee populations. Some of the activities that have been happening under SIM will be evolving, and stakeholder groups, such as self-insured employers, will be engaged in new and different ways.
- SIM Task Forces: The next task force meetings will be in November 2016. With the no-cost extension, there will be February and April meetings as well, and the two year task force terms will then expire April 30, 2017. The task force role is to provide continued guidance on e-health privacy, consent, exchange, use, and standardization requirements. It is also to engage in IHP 2.0 model discussions, continued review of evaluation findings, and to champion health care reform efforts within the community and workplace.

SIM Sustainability 2017

Krista O’Connor, MN DHS shared the status of the sustainability planning, and walked the task force through a short handout that was an overview of the plans for the regional meetings (slides 16-21).

- Regional Meetings: The purpose of these meetings would be to celebrate SIM accomplishments, share lessons learned, and to distribute tools and best practices. Target audiences would be SIM grantees, participants, partners, legislators, policy decision makers and the public. There are currently four proposed locations: Beltrami/Bemidji; Saint Louis/Duluth; Olmsted/Rochester; Ramsey/St. Paul.
- CMMI Request for Input: Krista also shared a recent CMMI Request for Input (RFI) opportunity that the MDH and DHS will be responding to, which is focused on care interventions, alternative payment models, and streamlining federal and state interaction. The task force members should expect a follow-up homework assignment related to the CMMI RFI in the next few weeks to seek further input.

Diane Stollenwerk, CHCS, facilitated the discussion following Krista’s presentation. The task force members were asked to share any important considerations for the regional meetings and sustainability more broadly. The following points were raised:

- Savings could be used as sustainability funding, perhaps rolling back the financial savings into ongoing efforts similar to SIM, in order to ensure that the momentum is maintained for value-driven programs.
- Two key audiences need more attention: 1) Consumers and Patients – there is a huge gap of understanding about what SIM is to them, and 2) the Counties, who feel very left out of the process.
- We need to continue the excitement of SIM. RFIs have sparked creativity, although there is often the challenge of having the resources to respond to them.
• It’s incredibly important to have ties within the community and schools. Staff are now better at recognizing barriers to successes in schools. The relationships are what keep healthy living initiatives going. We need to continue looking at how we institutionalize and sustain those relationships over time.
• We should look at how this work scored based on the original aims/targets, and how we are measuring ourselves against the greater health care system.
• The regional meetings need to be interactive or people just won’t buy in.

**Minnesota HIE Strategy Implementation Plan**

Jennifer Fritz, MDH, provided an overview of the Minnesota Health Information Exchange (HIE) Strategy Implementation Plan (slides 22-45).

Diane Stollenwerk, CHCS, facilitated discussion about implementation of the HIE strategy, whether there are missing stakeholders that need to be engaged, and any additional challenges that should be anticipated. The following points were made:

• HIE is difficult for consumers in the community to fully understand. From a community member perspective, much of what patients/consumers actually want to see is missed—what we, as providers, measure isn’t what patients want to see measured.
• Quality of life measures are quite different than “quality measures.”
• We need to integrate data.
• The effort of medical organizations trying to ramp up HIT is going well; however, mental health orgs trying to share information with these providers is not going well (e.g. they are still using faxes to communicate).
• Privacy and consent issues should be considered as a community plan and project - schools, providers, patients, all working together.
• It would be helpful to quantify the proportion of SIM resources for HIE.

**Minnesota e-Health Roadmap for Behavioral Health, Local Public Health, Long-Term and Post-Acute Care, and Social Services**

Kari Guida, MN MDH provided an overview of the recently completed e-Health Roadmap and its implementation priorities, use cases and recommendations (slides 47-56).

• Jennifer Lundblad asked the Task Force members for an endorsement—a verbal indication of support.
• The group endorsed the e-Health Roadmap.

Diane Stollenwerk, CHCS, facilitated the discussion around how the task force would like to be engaged going forward, who else the e-Health Roadmap could be shared with, and potential partners. The following is a summary of that discussion:

• We tend to think of this issue as a technology problem, but it’s a people problem.
• The use cases in the report are a testament to the power of storytelling; they help people to make sense of ideas and concepts.
• We should look for opportunities to embed patient stories (use cases) into other state reports, as well as conferences and venues where the State and community partners can share the Roadmap. These partners include schools and education groups, health plans, provider associations, and others.
• The group came up with succinct definitions of e-health: "All things related to technology and health;” “Using technology to improve healthcare;” “How we collect, use, and share information.”
• Data needs to flow to non-traditional users, such as teachers.
Some examples of gaps in e-health are: not enough engagement from county social services; tribal
governments; small providers, especially behavioral health. Non-profit organizations like YMCAs/YWCAs
may want to help but need funding to build the infrastructure to get an EHR system.
The State invited members to continue to suggest ideas for venues and presentations.

Data Analytics Phase Two Report and Recommendations

Heather Petermann, MN DHS presented the final Data Analytics Phase Two Report, the process of the Data
Analytics Subgroup, and the recommendations included in the report (slides 57-62).

Diane Stollenwerk, CHCS facilitated a discussion to gather ideas that will inform planning of future Task Force
activities. The group raised the following points:

- We should look for a way to connect this report with the e-Health Roadmap.
- We have moved past whether the data elements matter. The emphasis is now on how they matter, i.e.
  the housing needs element applied to social services vs. primary clinic setting.
- Several task force members expressed a feeling that in the past, the group hadn’t been very directive
  about which elements Accountable Health Communities needed to come together around; now the
  consensus is that the six in this report need to be the priority.

Homework

Krista O’Connor described the homework assignment, which is to respond to the CMMI RFI.

- Task Force members will receive a link to an online survey on 9/26. The due date for completing the
  survey is 9/30.
- There will be a webinar on 10/12 to share the synthesized responses received by the State and ensure the
  synthesis of responses resonates with task force members.
- CHCS will send the final synthesized responses to Task Force members on 10/21, with the final State
  submission to CMMI on 10/28.

Public Comment

One public commenter wanted to know more about the organization, “African American Health and Wellness
Group”, listed on slide 61. MDH staff explained that this list was part of organizations suggested by the Data
Analytics Subgroup to help with future administration and support of data analytics elements, and that they
would obtain further clarification from the DAS.

Next Steps/ Future Meetings

Jennifer Lundblad thanked members for their contributions to the discussion and reminded member that they will
receive homework related to the CMMI RFI Opportunity. The next meeting of this task force will be on November
16, 2016, 9 a.m. to 12 p.m. at Amherst H. Wilder Foundation, 451 Lexington Pkwy N, St Paul, MN.