

WV Health Innovation Collaborative
Better Care Work Group
Meeting Notes
December 15, 2015

Members Present: Nancy Sullivan, Chair, DHHR
Bruce W. Adkins, DHHR, BPH, OCHSHP
Aila Accad, Future of Nursing WV
Kim Fetty, DHHR, BMS
Jeremiah Samples, DHHR
Pat Kelly, WV Health Care Authority
Drema Mace, Mid-Ohio Valley Health Department
Toni Dichiacchio – WVU School of Medicine
Debbie Waller, DHHR

By Phone Lillie Clay, DHHR, BMS
Chris Budig, WV Telehealth Alliance
Jim Matney, DHHR, BBHMF
Georgia Narsavage, WVU, Health Sciences Center
Steve Swart, Robert C. Byrd Clinic
DeeAnn Price, DHHR, BMS
Crystal Welch, WV Medical Institute
Gary Murdock, United Health System
Amanda McCarty, DHHR, BPH
Dan Martich, United Health System

Nancy Sullivan opened the meeting and welcomed everyone in attendance. Self-introductions were made.

Nancy introduced Dr. Jennifer A. Mallow, PhD, Advanced Practice Registered Nurse and Nurse Researcher and Brian Mallow, PMP who is Microsoft Certified: Solutions Developer, Database Administrator, Systems Engineer who is participating by phone They hared with the group a PowerPoint about Technology in Care Management.

- She gave a brief introduction of herself and Mr. Mallow. She shared that the focus of her research is the development and use of technology to improve outcome and access for individuals living in rural areas with multiple chronic conditions. She is the leader of an interdisciplinary team. Mr. Mallow has over 20 years in IT and responsible for building the ml SMART platform.
- Established the research program through Health Right and there are 30 people participating in the program. The ml SMART program focuses on patients with chronic conditions such as diabetes, obesity and high blood pressure. Once enrolled, each participant receives a computer tablet, blood pressure cuff, glucose monitor/test strips and scale, which they get to keep at the end of the program. Patients receive free internet access during the 12-week program.
- Received \$350,000 grant; 60% goes for salary which leaves about \$200,000 for the 30 participants.

- Examples of how technology has been used to improve outcomes:
 - Patients seeking out health information via the web
 - Electronic access to services such as appointment scheduling and medication refills
 - Communication with providers using telehealth devices or secure messaging
 - Video conferencing
 - Engaging with telehealth interventions and remote monitoring devices to manage chronic conditions
 - Use of a health record to store personal health information
 - Seeking support and education through social networks
- Each of these technology-driven interventions has been found to improve outcomes and be cost effective.
- She shared some case studies with the group.
- Aims:
 - To improve the quality, safety, and efficiency of care while reducing disparities
 - Personalize and individualize care plans while engaging patients and families in their care
 - Improve care coordination that patients receive
 - Improve the ability of practices to meet and report meaningful use criteria
- Potential for the Future:
 - Prevention of re-hospitalization post discharge – 30 day window
 - Prevention of inappropriate use of Emergency Department resources
 - Connect specialty care providers to primary care providers to decrease burden
 - Use in other populations such as adolescents with Type 1 diabetes
 - Use in weight loss and fitness space.
- Next Direction:
 - Integration into existing EHRs
 - Payment for services provided using technology
 - Expand capability to receive data from monitoring devices without dependence on specific third party vendors
 - Ideas on how to expand low-cost connectivity.

Question and answer period and discussion followed:

- Help with tobacco – Smoking Cessation Programs
- Have a discussion with WVHIN
- Focusing on individual conditions not the way to go; improving disparities is
- Working with Karen Fitzpatrick and Dana King – expand program into Family Medicine
- Provide case-based studies that would show how many were prevented ER visits

Nancy thanked Jennifer and Brian for a great presentation. A lot of good work being done with telehealth.

For our January meeting, we are going to join with Better Health and Better Value and listen to a presentation from Dr. Garrett Moran, AHRQ's The Academy for Integrating Behavioral Health and Primary Care. Dr. Moran has been working with SIM to investigate the current status of behavioral health and primary care integration in West Virginia. Information will be sent to you regarding this meeting.

Happy Holidays and we will get back together in 2016.