

WV Health Innovation Collaborative
Better Health Work Group
Meeting Notes
June 16, 2015

Participating: Michael Kilkenny, Cabell-Huntington Health Department
Jean Kranz, WV Health Improvement Institute
Barbara McKee, Partners in Health Network/CAMC
Brent Tomblin, Partners in Health Network/CAMC
Arnie Hassen, WV School of Osteopathic Medicine
Tom Gilpin, WV SIM Project
Joshua Austin
Bruce Decker, Collective Impact, LLC
Tina Ramirez, Kanawha-Charleston & Putnam Health
Departments
Judy Crabtree, Kanawha Coalition for Community Health
Improvement
Taya Williams, DHHR, Bureau for Public Health/Minority Health
Megan Phillips, Project LAUNCH/River Valley Child Development
Services
Bruce W. Adkins, DHHR, Bureau for Public Health, Office of
Community Health Systems and Health Promotion
Dan Mace, DHHR, Bureau for Public Health
Dave Campbell, WV Health Improvement Institute
Valerie Ogilbee, The Health Plan
Kerri Hill, The Health Plan
Aila Accad, Future of Nursing WV
Dan Christy, DHHR, Bureau for Public Health, Health Statistics
Christine DeRienzo, PEIA
Perry Bryant, Self
Ted Cheatham, PEIA
Garrett Moran, Westat/Academy for Integrating Behavioral Health
and Primary Care
Sharon Carte, WV Children's Health Insurance

Participating By Phone: Tony Gregory, WV Hospital Association
Bill Lewis, Harpers Ferry Family Medicine
Lisa Scarberry, Partnership for Elder
Courtney Newhouse, WV SIM

Anne Williams welcomed everyone to the meeting and introductions were made. She informed the group that Sarah Woodrum, Co-Chair of the Better Health Work Group, is taking a new position as Chief Operating Officer at Monongalia General Hospital and will be stepping down as Co-Chair.

Jean Kranz, WV Health Improvement Institute, is a partner organization involved in the Tri-State Children's Health Improvement Consortium (T-CHIC). She introduced Dr. Bill Lewis,

Clinic Director at Harpers Ferry Family Medicine. Dr. Lewis is going to give an update on practice transformation.

- Dr. Lewis shared with the group that primary care is changing.
 - Meaningful use
 - Physician Quality Reporting System (PQRS)
 - Accountable Care Organizations
 - Quality Blue
 - Family Medicine for Americas Health
 - Repeal of Medicare Sustainable Growth Rate (SGR)
- Harpers Ferry Family Medicine is a rural family medicine residency (West Virginia University School of Medicine) Eastern Division and in 2014 saw approximately 33,000 patients. Linked with University Healthcare (Berkeley & Jefferson Medical Centers, part of WVU Hospitals Systems)
- The Triple Aim
 - Improving the patient experience of care (including quality and satisfaction)
 - Improving the health of populations
 - Reducing the per capita cost of health care
- Harpers Ferry Family Medicine has partnered with T-CHIC since 2011.
- Care Coordinator was hired through T-CHIC and the first goal of the Care Coordinator was to go out in the community and meet with all pediatric organizations. Current projects of the care coordinator:
 - Maintains quality improvement data
 - Tracks developmental screens, new born screens and well visits no shows
 - Contact ER visits
 - Organizes visits for identified care gaps
 - Receives citi training to help conduct research projects
 - Member of medical home committee – works on protocols
 - Provides care planning for abnormal developmental screenings and high risk hospital follow ups
- Quality Improvement Processes
 - Clinic based
 - Group based
 - Academic based
- Dr. Lewis shared graphs of 3 areas where the QI team was able to drive improvement for the practice 1) HPV vaccines, 2) developmental mental screening and 3) inappropriate antibiotic usage.
- Dr. Lewis shared graphs of 3 areas where the QI team was able to drive improvement for the practice 1) HPV
- Adding 5 additional care coordinators throughout their UHP primary care clinics (positions are currently posted)
- Partnering with local university to offer course to be a health coach – starting in the fall of 2015
- Quadruple Aim
 - Add to the Triple Aim – Improve the work life of those who deliver care

A question and answer period followed. Ms. Williams thanked Dr. Lewis for his presentation.

Ms. Williams introduced Tom Gilpin, Project Manager, WV SIM Project, WVU School of Public Health. Mr. Gilpin will be presenting on the SIM Design, work group recommendations.

- Will be utilizing existing WVHIC Work Groups and the chairs and co-chairs and utilizing the existing HIT Strategic Planning Work Group on the data component. A new work group will be added, Workforce Development.
- He shared the SIM Project AIM statement which has been approved by the SIM Steering Committee.
- The work groups will produce details for the final State Health Innovation Plan. The plan will be organized into the following components:
 - Driver Diagram
 - Identify Regulatory and Policy Levers
 - Description of the Baseline Health Care Environment
 - Value-based Health Delivery and Payment Methodology Transformation Plan
 - Workforce Development Strategy
 - Financial Analysis
 - Future Monitoring and Evaluation Plan
 - Future Operational & Sustainability Plan

These are required components of CMS. The work will start next month.

- The work groups will receive a charge statement, a list of available experts, any samples from other models, and data/other resources from within the state to support state-specific work/decisions.
- The Project Management Team will assist in securing the needed resources for the work groups.
- All information will be posted on the WVHIC website under the SIM Project.
www.wvhicollaborative.wv.gov
- Bruce Decker, Collective Impact, and his team will provide facilitation at the work group meetings. They will record meeting activities, results, action plans and collaborate with the work groups to develop a draft and final summaries of the plan.
- The Advisory Board Company will provide guidance to the work group by assisting in the agenda topics, develop presentation materials, suggest and guide working documents.
- The SIM Work Group activities will occur during the weeks that the WV Health Innovation Collaborative work groups are scheduled to meet. For the next six months, July to December, WVHIC = SIM. The work group meetings will be held once per month for three hours. Mr. Gilpin shared a suggested calendar.
- Work group size is unlimited. The current membership in the work groups will be utilized. New members can join any of the five work groups, Better Health, Better Care, Better Value, HIT, Workforce Development or current members can change groups if they choose. Folks may participate in more than one workgroup if they wish. Remote participation will continue as is being done in the WVHIC work group meetings. Meeting material will be shared by the SIM Project Management team prior to meetings
- If you wish to join a work group or change work groups, send an email to Debbie Waller, deborah.k.waller@wv.gov and include “work group sign-up in the subject line.
- Additional information will be shared with work group members prior to the July meetings. There was discussion on work group voting rules – Consensus or Majority.

Secretary Bowling shared in the WV Health Innovation Quarterly meeting that there is a lot of work to be done in a short period of time and if you want your voice heard, participation is extremely important.

Next Meeting of the Better Health Work Group

July 21, 2015, 9:00 a.m. – 12:00 p.m.

Location to be determined