

Athens Broad River Community Healthcare Connections Minutes

Meeting Name	Location	Minutes Taken By	
Community Health Care Connections	St. Mary's Hospital Assembly Room 1230 Baxter St. Athens, GA 30606	Mike Crooks	
Date	Facilitator	Actual Start Time	Actual End Time
March 17, 2016	Mike Crooks	10:00	12:00

Meeting Purpose/Objective: Coming Together to Improve Care in the Community

- ✓ Improve communication and patient care across the continuum
- ✓ Assist all facilities in meeting goals for Medicare quality improvement measures
- ✓ Discuss and implement efforts to increase communication between providers and settings
- ✓ Recognize current work and reward creative thinking.

Team Members Present

<input checked="" type="checkbox"/> NE GA Regional Commission/ AAA <input checked="" type="checkbox"/> Alliant Quality <input checked="" type="checkbox"/> Athens Regional Medical Center <input checked="" type="checkbox"/> St. Mary's Health Care System <input checked="" type="checkbox"/> Athens Comm. Council on Aging <input checked="" type="checkbox"/> Cypress Skilled Nursing <input checked="" type="checkbox"/> GA Division of Aging Services <input checked="" type="checkbox"/> Northridge Medical Center	<input checked="" type="checkbox"/> Silverleaf Hospice <input checked="" type="checkbox"/> Advantage Behavioral Health Systems <input checked="" type="checkbox"/> Eldercare Pharmacy <input checked="" type="checkbox"/> Abbott Nutrition <input checked="" type="checkbox"/> Bridgeway Hospice <input checked="" type="checkbox"/> Athens Regional Physician Group <input checked="" type="checkbox"/> Talmage Terrace <input checked="" type="checkbox"/> Remedy Partners	<input checked="" type="checkbox"/> Lincare/Tradition Health & Rehab <input checked="" type="checkbox"/> Add Drug <input checked="" type="checkbox"/> Sanofi <input checked="" type="checkbox"/> PruittHealth Hospice <input checked="" type="checkbox"/> CareSouth <input checked="" type="checkbox"/> The Oaks of Athens <input checked="" type="checkbox"/> Highland Hills Village <input checked="" type="checkbox"/> AstraZeneca
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DISCUSSION

- Mike Crooks opened the meeting, welcomed all and reviewed the purpose and ground rules for meeting.
- Minutes from 01 21 2016 were distributed. Sign-in sheets were completed and updated, all present briefly introduced themselves and the organization they represent.
- Announcements:
 - Athens Community Council on Aging 'March for Meals' month continues. The 5K fundraiser is March 26 – find out more at <http://www.accaging.org/m4m5k/> or contact Abbie Vogt: avogt@accaging.org
 - Money Follows the Person program, which helps Skilled Nursing facility residents transition back home, is accepting referrals and is funded to support approximately 7 new people through July.
 - The Community Care Source Program (CCSP/SOURCE Medicaid waiver) budget continues to be stretched very thin
 - Add Drug Personal Care Pharmacy is offering a Caregiver Medication Management Program at their Bogart location: target audience is Certified Medication Assistants. Contact Christa Bailey for more info: addpersonalcare@gmail.com
 - A smart phone app is available to help check prescription formulary coverage and costs for many insurance plans: MMIT

Education Programs

- Bridgeway Hospice: Bridge to Health: Lisa Maxwell shared information on the community need and value of home health services. Some key takeaway messages:
 - 40% of all hospital readmissions are considered preventable. Factors influencing readmission include:
 - 69% non-compliance with medication orders
 - 45% inadequate knowledge of medicines
 - 42% unable to manage self-care (and without sufficient assistance)
 - 51% inadequate knowledge of therapy devices
 - 37% no follow-up with physician
 - 31% infection post-discharge
 - Other factors: male gender, low socioeconomic status, insufficient nutrition, depression or other mental health concerns
 - Concepts of the Bridge to Health program:
 - Communication between patient, family and health care team

- Medication monitoring
- Fall prevention
- Wound care
- Infection control
- Escalation management: call home health provider before calling 911
- Lisa shared a publication: ‘Impact of a Combined Pharmacist and Social Worker Program to Reduce Hospital Readmissions’ Monika Gil, et al, Journal of Managed Care Pharmacy Sep 2013
 - Medication reconciliation requires average of 22 minutes with RPh and SW
 - Readmission rates reduced from 30% to 10% for comparison groups with these combined services
- Follow-up discussion
 - difficulty transferring SNF patient on vent to home health when on ventilator – no protocol known for this scenario –handled case by case depending on care needs, risk and patient goals
 - Some pharmacists are able to contract with MD office to offer Chronic Care Management services – including medication counseling and review on monthly basis
 - Discharge medication orders frequently create a problem with medications not covered by pharmacy benefits formulary. Difficult to contact hospital physician to change orders, primary care physicians may not consider change in orders until patient seen for follow-up, which may take days or weeks
 - Patients served under a hospital bundled payment program will typically receive follow-up call from hospital care manager with 24 to 48 hours to address these and other issues
 - Home health services are frequently under-utilized – need better systems to assess patients before hospital discharge to identify patients who would benefit and consider the extent of HH services needed
 - ****Issues of medication management and utilizing post-acute care services are re-current themes and we will address them in greater depth in future meetings****
- Yellow Dot program – Athens Pilot project
 - Amanda James gave updates on the community education for hospitals, EMS, Fire Rescue and Law enforcement on the pending pilot program to disseminate the patient health education materials for the Yellow Dot program. Learn more at <http://aging.dhs.georgia.gov/yellow-dot-program>
- Jennifer Curry, Quality Advisor for Alliant Quality – Medicare Quality Improvement Organization shared information on two programs under way in the community:
 - Nursing Home Quality Improvement Program – SPACE (Southern Partners Action Collaborative for Excellence). Skilled Nursing facilities in the Athens/Broad River community are encouraged to access free resources for quality improvement to improve performance on quality measures used in the CMS calculation of Star Ratings and Composite Scores
 - Diabetes Empowerment Education Program: 1016 in 2016 Challenge. Alliant Quality is offering free diabetes workshops and free training program to prepare Peer Educators to lead these workshops. The target audience is minority or rural Medicare beneficiaries with diabetes or pre-diabetes, however, no one will be turned away from a workshop with sufficient target population participation to schedule the class. Workshops are typically 6 consecutive weeks with 2 to 2.5 hour sessions once weekly. The Peer Educator training programs are 20 hours over 3 consecutive days. Contact Jennifer Curry for more information: jennifer.curry@AlliantQuality.org

ACTION ITEMS

- Please complete the Community Membership Survey <https://www.surveymonkey.com/r/TBBLCQN>
 - This will provide a valuable assessment of member practice settings and regions; interests and priorities; access to and use of data; and member leadership interests
- Please respond to Mike (Michael.crooks@AlliantQuality.org) with any announcements, offers to present, suggestions for agenda items, or suggestions to extend an invitation to a community member.

NEXT MEETINGS

Future Meetings:

May 19, 2015 10:00AM to 12:00PM
Advantage Behavioral Health Systems
250 North Ave
Athens, GA 30601

July, 21 2016 10:00AM to 12:00PM
Athens Tech Life Sciences Building
800 Us Hwy 29 N
Athens, GA 30601

September 15, 2016 10:00AM to 12:00PM
(Location TBD)

November 17, 2016 10:00AM to 12:00PM
(Location TBD)