

**1.0. Welcome and Call to Order**

The meeting was held via GoToMeeting. Ann Feil, Committee Chair, called the meeting to order at 11:02am.

**2.0. Consent Agenda**

**2.1. October 22, 2018 Meeting Minutes**

Minutes from the October 22, 2018 meeting were approved unopposed without edits.

**MSC (Mona Broomfield, Joanna Sabally) to approve the October 22, 2018 minutes as presented.**

**3.0. HCCN Program Director Report**

An updated project status report was included in the meeting binder. Terri Kennedy, Program Director, highlighted the following items.

- Targets: No change in the number of targets met by the network or the change in 9 and 10 targets met by members.
- Focus Area A2, Advance Meaningful Use: Trish held 12 in-person and multiple remote meetings with health centers to provide Promoting Interoperability (formerly Meaningful Use) and HIPAA security risk assessment support, DRVS and DRVS module implementation support, EHR conversion support, and to gather information for the grant application.
- Focus Area B1, Data Quality: Health Ministries Clinic DRVS data moved to production in December bringing the total in production on DRVS to eight.
- Focus Area D2, Operational Quality Improvement: All health centers completed group purchase agreements valued at \$74,511 for Encoder Pro, Fee Analyzer and UpToDate, a savings of \$25,830 over retail. All KAMU members are eligible for this reduced pricing. The real benefit is that the HCCN will purchase the products for participating health centers.

**4.0. New Business**

**4.1. Proxy Voting – Update**

Ann Feil reported that KAMU’s Board of Directors approved proxy voting for this Committee.

**4.2. LAL Participation in HCCN – Update**

Ann Feil also reported that KAMU’s Board of Directors approved inviting LALs to participate in trainings and webinars that we already produce for the HCCN as long as no additional funds are spent when doing so.

**4.3. 2019 Quality Forum Plan – CQMs of Focus/PDSAs**

The Connections Quality Forum 2019 plan was included in the meeting binder. The plan incorporates the six measures previously approved by the Committee into a series of meetings focused on visit or patient type. Many will include discussions of multiple CQMs.

**MSC (Mona Broomfield, Teresa Lovelady) to approve the plan as presented.**

#### **4.4. HRSA-19-011 HCCN Notice of Funding Opportunity**

Information about the upcoming grant was included in the meeting binder. Highlights follow.

- Project period – 8/1/19-7/31/22
- Grants.gov application due 1/3/19
- EHBs application due 1/29/19
- 9 grant objectives
- Similar funding tiers

##### **4.4.1. Inviting New Members**

**Kansas Invitations:** KAMU has invited Kansas health centers and look-a-likes not currently participating in the HCCN to join during the upcoming grant project period.

**Invitations to Consider:** Terri Kennedy asked the Committee to consider inviting health centers in other states to join Health Center Connections. One health center to consider is Missouri-based Swope Health Services, which has a site in Kansas. Swope does not belong to the Missouri HCCN. Other health centers to consider are located in Nebraska. The minimum number of health centers needed to form a HRSA-funded HCCN is ten. There are fewer than ten health centers in Nebraska, so no statewide HRSA-funded HCCN. One Nebraska health center has formed an independent HCCN. Other Nebraska health centers pay dues to belong to that HCCN.

**Discussion:** The Committee considered inviting these health centers, then discussed funding tiers, the number of health centers needed to reach the next tier, maintaining engagement of participating health centers, and managing the needs of health centers outside Kansas. Terri Kennedy will ask if HRSA will allow a reduction in the number of participating health centers submitted to the EHBs from that submitted to grants.gov.

**MSC (Teresa Lovelady, Heather Hicks) to approve that the HCCN invite health centers outside Kansas to participate in Health Center Connections as long as HRSA will allow KAMU to request funding for 20-24 participating health centers in the grants.gov application due 1/3/19, and reduce the amount of funding requested, if necessary, to the amount for 15-19 participating health centers in our application to HRSA EHBs.**

##### **4.4.2. Emerging Issues for Goal C3 – Applicant Choice**

HRSA has asked each applicant to define Goal C3 to address an emerging issue using data to increase value. Trish Harkness conducted meetings with staff from eleven participating health centers to gather information for the grant application. A list of the emerging issues gathered through 12/13/18 was included in the meeting binder. Trish provided an overview of the updated compilation of issues included at the end of these minutes. The Committee discussed the information and methods for selection of the goal for C3.

**MSC (Teresa Lovelady, Maria Hensley) to approve using a survey tool to determine this goal. KAMU will compile a list of up to ten top emerging issues identified by two or more health centers, and deemed feasible by KAMU staff.**

### 5.0. Review of Action Items from Meeting

There was no review of action items.

### 6.0. Adjournment

The meeting adjourned at 12:09pm.

### Committee Member Attendance (9 of 15):

✓ Quorum Met

Health Center	✓ Representative	Health Center	✓ Representative
Atchison CHC	<input type="checkbox"/> Dorothy Gibson	Heart of Kansas FHC	<input checked="" type="checkbox"/> Heather Hicks
CHC in Cowley County	<input type="checkbox"/> David Brazil	Heartland CHC	<input checked="" type="checkbox"/> Amy Lurken
First Care Clinic	<input checked="" type="checkbox"/> Rhiannon Maier	Hoxie Medical Clinic	<input type="checkbox"/> Pam Popp
Genesis Family Health	<input type="checkbox"/> Alicia Dianda	Hunter Health Clinic	<input checked="" type="checkbox"/> Joanna Sabally
GraceMed Health Clinic	<input type="checkbox"/> Venus Lee	Konza Prairie CH&DC	<input checked="" type="checkbox"/> Jessica Haslouer
Health Ministries Clinic	<input type="checkbox"/> Matthew Schmidt	PrairieStar Health Center	<input checked="" type="checkbox"/> Mona Broomfield
Health Partnership Clinic	<input checked="" type="checkbox"/> Maria Hensley	Salina Family Healthcare	<input checked="" type="checkbox"/> Ann Feil, Chair
HealthCore Clinic	<input checked="" type="checkbox"/> David Stowell		

### Other Meeting Attendees:

Organization	✓ Representative	Organization	✓ Representative
KAMU/Health Center	<input checked="" type="checkbox"/> Trish Harkness	CHC in Cowley County	<input checked="" type="checkbox"/> Melody Vaden
Connections HCCN	<input checked="" type="checkbox"/> Terri Kennedy	HealthCore Clinic	<input checked="" type="checkbox"/> Teresa Lovelady
	<input checked="" type="checkbox"/> Susan Wood	Konza Prairie CH&DC	<input checked="" type="checkbox"/> Rhonda Douthit

**Preparing for the HCCN Fiscal Year 2019 Grant - Trends in Emerging Issues for Health Centers**  
**Last Updated: 12/17/2018**

- Information is still being gathered for three participating health centers
- \*Remove options with limited ability for KAMU to manage/support\*
- **Identified by seven health centers**
  - o Implementing telemedicine services including behavioral health services and billing guidance
- **Identified by five health centers**
  - o Behavioral health and SUD treatment program development. SUD treatment programs may include onsite MAT, SUD treatment and referral as needed including AIMS grants
- **Identified by three health centers**
  - o Bi-directional health information exchange including ability to import data and implement bi-directional interfaces (immunization registry, labs, etc.)
- **Identified by two health centers**
  - o ACO transition activities like promoting annual wellness visits
  - o Chronic care management including implementation of HIT modules, staff and program development, etc.
  - o Continuing development of school-based clinics for behavioral health
  - o Increasing data capture of components of SDOH
  - o Increasing patients served by service type (e.g. dental) and location(s) and ensuring sufficient capacity to serve additional patients
  - o Strategies to minimize provider burden, improve staff satisfaction and improve patient outcomes
  - o Strategies to focus quality improvement efforts
- **Identified by one health center**
  - o Ability to setup DRVS PVP reports by provider type (e.g. medical, dental, behavioral health, etc.)
  - o Address billing challenges
  - o Evaluate EHRs for transition
  - o Expand the space available to provide services (remodeling or addition)
  - o Explore and, when appropriate, implement NACHC ELEVATE
  - o Getting new providers to full productivity
  - o Network security – staffing, network structure and vulnerability, security user rights
  - o Ongoing implementation of family planning
  - o Patient engagement strategies
  - o Provide patient education opportunities (e.g. tobacco cessation programs)
  - o Standardized, easy-to-use reporting for UDS measures
  - o Strategies for developing workflows with a focus on multiple responsibilities and tight schedules
  - o Strategies for gathering and using SDOH information
  - o Strategies for provider recruitment and retention
  - o Working with community partners to serve patients (e.g. Compass Project to determine patients' insurance eligibility)