

## 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.

### 1.1. Introduction of New Representatives

Terri announced that Dr. Harold Perkins replaced Alicia Dianda as Genesis Family Health's representative and Rhonda Douthit replaced Cherie Singletary as Konza Prairie's representative on this Committee.

## 2.0. Consent Agenda

### 2.1. December 17, 2018 Meeting Minutes

Minutes from the December 17, 2018 meeting were approved unopposed without edits.

**MSC (Mona Broomfield, Amy Lurken) to approve the December 17, 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.

- HCCN Targets Met = 4: The C2 – Population Health Management goal is now met due to completed KHIN interfaces. This increased the number of 3-year targets met from 3 to 4.
- PHC Targets Met Increased: There was an increase in the number of health centers meeting 8 targets also due to completed interfaces to KHIN.
- WebIZ: There are still issues with eCW interfaces to WebIZ. Terri emailed the Kansas Immunization Program to request a status of the open implementations.
- TOC Pilot: The Transitions of Care pilot is on hold due to an issue with data matching. KHIN is adding functionality to their system. They did not provide an estimated completion date. This implementation is included in the budget, so the HCCN wants to complete the implementation before the end of the grant.
- Software: Licenses have been renewed for Encoder Pro, Fee Analyzer and UpToDate with a savings of \$25,830 over retail. Due to funds remaining in software license budget line items for these 3 products and HIPAA One, the HCCN has extended an offer to purchase Smartsheet licenses for each participating health center.
- PCMH goal performance decreased 1% due to the addition of a new site. Several health centers are in the process of transformation or submitting documents for recognition so performance is expected to improve.

## 4.0. New Business

### 4.1. HRSA-19-011 HCCN Notice of Funding Opportunity

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

- Purpose – to support health centers to leverage health IT to increase participation in value-based care activities.
- Project period – 8/1/19-7/31/22.
- Funding requested – \$1,875,000.

#### **4.1.1. Participation**

Invitations were sent to all Kansas health centers and look-a-likes to join the HCCN during the upcoming grant project period. The HCCN will have 17 participating health centers on August 1, 2019, including the current 15 plus Vibrant Health and Family Health Care, both LALs. Vibrant Health sites are PCMH-recognized. PCMH isn't specifically included in the new grant as HRSA is supporting recognition for all health centers.

#### **4.1.2. Emerging Issues for Objective C3 – Applicant Choice**

In the HRSA-19-011 NOFO instructions, HRSA requested that each applicant define Objective C3 to address an emerging issue using data to increase value. Those present at the December 17 Committee meeting discussed several options and voted to determine the objective via survey. The list of issues and survey results were included in the meeting binder. The emerging issue receiving the most #1 votes was "Implementing telemedicine services including behavioral health services and billing guidance". Another emerging issue, "Continuing development of school-based clinics for behavioral health", received 2 #1 votes. Community Care's strategic plan includes an objective to secure funding for clinics to provide whole-person school-based health services. To support the interests of participating health centers and Community Care's strategic plan, we submitted the following objective.

##### **OBJECTIVE C3: NON-TRADITIONAL SETTINGS FOR BEHAVIORAL HEALTH SERVICES**

Description: Increase the percentage of PHCs who offer behavioral health services through non-traditional settings (e.g. telehealth, school-based clinics, etc.).

Numerator: #PHCs that utilized telehealth, school-based clinics, or other non-traditional settings for behavioral health services in the last 12 months.

#### **4.1.3. Advisory Committee Charter**

The HRSA-19-011 NOFO requires structured and documented governance of the HCCN. The Charter included in the meeting binder is actually an updated version of the Charter developed for the Advisory Council. Terri proposed that the Committee accept the Charter included in the meeting binder for this Committee. Those present reviewed the Charter and approved it unopposed without edits.

**MSC (Mona Broomfield, David Stowell) to approve the Charter as presented.**

#### **4.2. Identification of Health Centers in DRVS**

In the current DRVS environment, Community Care staff can see the names of all health centers using DRVS and data in aggregate, but cannot view PHI. DRVS health centers have access to their patients' data, but not other health centers' patient data. In reports and dashboards, they see their health center's name, but not the names of the other DRVS health centers. Terri proposed that the Committee approve un-blinding health center names in DRVS to support collaboration and the sharing of best practices. The Committee discussed the proposal. One concern expressed was sharing DRVS reports and dashboards outside the HCCN with the names shown. Community Care will use the DRVS demonstration system for demonstrations to outside entities. The proposal was approved unopposed.

**MSC (Mona Broomfield, Rhiannon Maier) to approve proposed un-blinding in DRVS as long as the health center names are identified within the HCCN only.**

#### 4.3. Azara Risk Stratification Module

Azara offers a risk stratification module that four other HCCNs have implemented as statewide modules. Three of those HCCNs are in the Midwest HCCN Collaborative; two worked with Azara using the NACHC approach to defining risk levels as described in the meeting binder. Each DRVS health center has the option not to utilize the tool and/or to implement their own risk stratification for \$20,000. Terri proposed that the HCCN work with Azara and a group of clinicians from participating health centers to define risk levels for the HCCN. The defined risk levels would be shared back with the Committee before proceeding to implementation of the module. The Committee discussed the proposal and determined that the work group should include quality improvement staff as well as clinical staff. This amended version of the proposal was approved unopposed.

**MSC (Maria Hensley, Rhiannon Maier) to approve that the HCCN form a workgroup to define risk levels. The workgroup should include clinical and quality improvement staff.**

#### 5.0. Action Items

The only action was for Terri to form a team to define risk levels.

#### 6.0. Adjournment

The meeting adjourned at 11:48am.

#### Committee Member Attendance – 10 of 15, Quorum Met:

Health Center	✓ Representative/Proxy	Health Center	✓ Representative/Proxy
Atchison CHC	<input checked="" 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 checked="" type="checkbox"/> Pam Popp
Genesis Family Health	<input type="checkbox"/> Dr. Harold Perkins	Hunter Health Clinic	<input checked="" type="checkbox"/> Joanna Sabally
GraceMed Health Clinic	<input type="checkbox"/> Venus Lee	Konza Prairie CH&DC	<input type="checkbox"/> Rhonda Douthit
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
Community Care / Health	<input checked="" type="checkbox"/> Trish Harkness		
Center Connections	<input checked="" type="checkbox"/> Terri Kennedy		