Health Care Homes Advisory Committee
Agenda & Minutes

Meeting Date: August 18, 2015  9:00 am – 11:00 am
Meeting Owner: Kathy Vinson, HCH Operations Supervisor

Invitees:
HCH Advisory Committee Members & Program Staff: Andrea Hillerud (Health Plan Rep.); Brittney Dahlen (HCH Clinic Rep.); Cally Vinz (QI Organization); Dale Dobrin (HCH Clinic); Dana Brandenburg (HCH Professional); David Thorson (HCH Professional); Emily Goetzke (HCH Clinic Rep.); Julie Sonier (State agency); Kelly Rheingans (Health Care Professional); Lucas Nesse (Employer); Rhonda Cady (Academic Researcher); Shawn Franklin (HCH Clinic Rep.); Robert Wilsey (Consumer/Patient in a Health Care Home); Michelle Hodurski (Consumer/Patient in a Health Care Home); and Rahul Koranne (Health Care Professional).

Meeting Objectives:
1. Approve Chairperson.
2. Level set knowledge of past work and committee structure.
3. Approve committee and workgroup charters.
4. Review and prioritize tactics in HCH Strategic Plan.

Scribe: Carol Bauer, Health Educator

Cally Vinz, Dana Brandenburg, David Thorson, Emily Goetzke, Julie Sonier, Kelly Rheingans, Rhonda Cady, Robert Wilsey, Michelle Hodurski, Rahul Koranne, Julie Knudeson, Virginia Barzan (guest), Bonnie LaPlante, Kathy Vinson, Carol Bauer, Susan Kusz, Jeff Schiff, Heather Peterman, Rosemarie Rodriguez-Hager, Georgia Anderson.
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>9:00 – 9:05 am</td>
<td>Welcome &amp; Announcements – Bonnie LaPlante</td>
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<td><strong>HCH Program Update</strong></td>
<td>Marie Maes Voreis Resignation: Marie Maes Voreis resigned her position in July. Farewell party August 25 at the Golden Rule Building from 2:00 – 3:00 pm</td>
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<td><strong>HCH Certification Update</strong></td>
<td>HCH is in communication with noncertified clinics; we need to demonstrate value in our program</td>
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<td><strong>Behavioral Health Home (BHH) Certification and Integration</strong></td>
<td>Zumbro Valley Mental Health Center is first HCH-certified mental health center; they are seeking BHH certification</td>
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<td>BHH certification process is being aligned with HCH certification process</td>
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<td>BHH alignment is under way through end September 2015</td>
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<td>BHH first implementers October through December 2015</td>
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<td>BHH site visits with first implementers January through June 2016</td>
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<td>BHH certification begins July 2016</td>
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<td>Dual certification will have combined site visits</td>
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<td>9:05 – 9:10 am</td>
<td>Approval of April 30, 2015 Minutes and Chairperson</td>
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<td><strong>Minutes</strong></td>
<td>Heather Peterman reviewed minutes and summary from Carousel Walk.</td>
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<td>Minutes approved.</td>
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<td><strong>Chairperson Election</strong></td>
<td>Heather Peterman introduced chair-elect, Cally Vinz, Vice President, ICSI.</td>
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<td>Cally Vinz elected chairperson for the HCH Advisory Committee.</td>
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<td>9:15 – 9:30 am</td>
<td>HCH Strategic Plan &amp; HCH Advisory Committee/Workgroup Structure</td>
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<td>Kathy Vinson reviewed HCH strategic plan, advisory committee and workgroup structure, and introduced a process for the group to review and discuss advisory committee and work group charters and membership.</td>
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<td>9:30 – 9:45 am</td>
<td>Approval of Learning Collaborative Charter</td>
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Julie Knudsen, WellPoint Health and Wellness Center and co-chair, Learning Collaborative, reviewed the proposed charter, with key discussion points as follows:

- Charter appears to be primarily event driven. There needs to be an explicit platform for interclinic mentoring and information exchange and networking.
- The Learning Collaborative has historically had input to the HCH website.
- The Learning Collaborative needs to address staff turnover issues (i.e., knowledge transfer as staff changes in health care home certified clinics).
- The Learning Collaborative needs to address various learning levels among certified health care home clinics.
- The Learning Collaborative is in the process of evaluating current program and activities and will take these ideas into consideration.
- Charter approved by committee with the explicit addition of networking to the charter.
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<td>9:45 – 10:00 am</td>
<td>Approval of Financial Sustainability Charter</td>
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Jeff Schiff, MD, MBA - DHS, HCH Advisory Committee member and co-chair of the Financial Sustainability Work group, reviewed the Financial Sustainability SBAR. Key topics of discussion as follows:

- There is overlap between the work groups and there will be challenges in differentiating and integrating efforts.
- We need to build onramps. This is a multipayer effort. Dave Thorson, MD, co-chair of the Financial Sustainability Work Group, reviewed charter. Key topics of discussion as follows:
  - Payment is a key barrier in continued development of HCH in MN.
  - We need to demonstrate ROI or we will begin to lose commitments to certification.
  - We need a reimbursement strategy and a common platform.
  - It’s good there are four major payers; it’s bad that they are resistant to this. Our job is to get them on the same page.
  - Alignment among plans and measures is imperative. What is being asked of clinics is overwhelming. We need to dream big, but aim toward transformation and efficiency.
  - Transformation “rules” are getting in the way of telling the story. This committee, along with CE, needs to help organizations tell the story of transformation and ongoing HCH certification.
  - Committee membership: it is important to create balance among rural/urban members, but don’t be prescriptive about it
  - Committee membership: no payers on the membership list; suggest adding two payers.
  - Add to charter: working with Communication and Evaluation to tell the story of transformation
  - Strengthen charter language: regarding purpose and goals around ROI and transformation
  - Financial Sustainability charter approved as a draft
  - Financial Sustainability charter will go back to work group for further work.
**10:15 – 10:30 am**  
**Approval of Practice Transformation Charter**

Rosemarie Rodriguez Hager presented Practice Transformation charter. Key discussion points as follows:

- We must get our measures under control
  - This group should look at ALL the measures and the analytics involved in various certifications.
- Defining practice transformation
  - Practice Transformation and Financial Sustainability are two sides of a coin. This is how we connect with a value based model and align multiple data analytics/measures. This isn’t currently reflected in Practice Transformation purpose and goals and should be included.
  - Do we want practice transformation to be this broad?
  - There is no common model.
  - It’s how we adapt to these various models.
  - It should be the HCH as quarterback.
  - I look at it as circles of integration: BHH, Hospice are farther out on the rings. HCH in middle
  - Practice transformation is different than health care transformation. Practice happens inside; health care extends into the community.
  - It comes down to needing a common language. At MDH, practice transformation is a whole lot of things – it’s a package. But a few years ago, we looked at it much more narrowly.
  - Add a bullet about alignment of practice transformation with health care homes and the larger context with community integration
  - We have to look at how we staff and integrate transformation
  - At clinic level, practice transformation is what happens in the clinic; the mega or larger picture is health transformation (in the clinic language); MDH may think of this as practice transformation too – but that is not the lexicon of clinics
  - Add definitions within the charter (and the other charters as well) to differentiate value based models
  - Need something about coordination and support vs. sustainability of practice transformation – something to bring SIM into the future and sustain it

- **Workgroup Membership**
  - Add somebody from Interoperability Group;
  - Add someone with expertise in coaching practice transformation
  - Add someone from the ground level of e-health
  - Add somebody from the policy level on e-health
  - Add someone from payer side; we need them on each of the work groups
  - Can we take off some positions to make the list more manageable?
Health Care Homes Advisory Committee
Agenda & Minutes

- One MD is sufficient; also look for people who can serve in 2 or three roles
- What do we mean by associations; can we leave it at 2 and have that fill some of the gaps?

- Add definitions, add alignment with measures/analytics, make sustainability with SIM; make some membership additions as suggested
- Pass back to work group with suggested word-smithing
Approval of Communication & Evaluation Charter

Bonnie LaPlante, Interim Director, Health Care Home Initiative, MDH, reviewed Communication and Evaluation charter. Key discussion topics as follows:

Structure
- Two key concepts: alignment, integration
- What we need to work on; how we as workgroups talk to each other
- Two co-chairs (communication/analytic)
- These two branches of work are quite different; it’s kind of important to have the outcomes in lockstep with practice transformation; how do we ensure this happens? Clinical outcomes may fit better with either Financial Sustainability or Practice Transformation; HCH program evaluation fits here.

Communication
- We have an opportunity to reach out to public/consumers to demonstrate the value of HCH and explain the concept – most don’t know
- We have many opportunities to work with community

Performance Measurement
- Triple Aim? Measure clinic quality? ROI?
- How to use this information to demonstrate value
- Where is the common ground? What is the unique value differentiator?
- We have a strong start but we don’t have the “proof” in our pudding
- SIM is critical; SIM is now looking at standardization of data elements starting with Demographics (collecting in same way as payers); need to align with what is already happening
- We need to review recertification process. Too involved, too close together, too much person power. It stresses clinics out. Something needs to be done; it’s too onerous. NOTE: yearly recertification is part of the statute.

Feedback from clinics
- Too many measures; causes chaos
- Alignment – too many orgs asking the same question in different ways

Membership
- No one in the membership structure has evaluation background. We need expertise with standardizing measures.

Actions
- Move outcome evaluation component of this work group to practice transformation and leave program evaluation and communication here.
- Move back to work group with suggested changes
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<td>10:45 – 11:00 am</td>
<td>Next Steps</td>
<td>Committee members asked to prioritize tactics on new HCH strategic plan. Individual responses collected and will be tallied by staff.</td>
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<td>11:00 am</td>
<td>Adjourn</td>
<td>Next Meeting October 20, 8:30 – 11. Meeting space TBD.</td>
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<td>Adjourned at 11:02 by Cally Vinz.</td>
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