

**KEYSTONE HEALTH CENTER
ACCESS TO HEALTH CARE TASKFORCE**

DATE: November 21, 2019

RECORDER: Christina Methner

START TIME: 11:00 a.m.

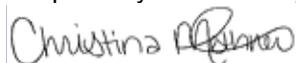
Deb Ellsworth, Melanie Hoffman, David Grant, Traci Kline, Pam Laye, Jan Lewis, Daphne Murray, Noel Purdy.

TOPIC	DISCUSSION	ACTION
1. Call To Order		Dave Grant called the meeting to order at 11:00 a.m.
2. Approval Of Minutes		On a motion by Noel and seconded by Daphne, the minutes of the September 19 th meeting were unanimously approved as presented.
3. Old Business		
None.	None.	
4. New Business		
A. Review of Action Plan and Goals	<p>Strategy 2.1.1.1: Develop systems of care that support ease of access</p> <p>Identify internal and community resources to support/increase ease of access – Community resources such as 211 and Keystone Health’s Community Resources Guide have been identified. WellSpan has a resource listing too. They will be reviewed at the next meeting.</p> <p>Develop process to educate Medicare population regarding annual wellness benefits – Many people are confused about annual wellness visits. These are typically nurse visits. A flyer explaining the difference between physicals and annual wellness visits, and staff education would be helpful. Promoting screenings and explaining the value of these visits, including a press release and first-hand stories, could be beneficial. Dave will work on this.</p> <p>Address financial friction points for the Medicare population, assuring their understating of limitations Medicare via explanation of the advanced beneficiary notice (ABN) and improve system processes by identifying improvements to workflow – ABNs could indicate a financial barrier. We need to know what generates an ABN. WellSpan has it built into their system and it is used in the hospital for patients not meeting observation criteria. Do patients know they can make payments? This metric is relevant to patient access and it would be helpful to have WellSpan and Keystone data for the number of ABNs if available.</p>	

	<p><u>Strategy 2.1.2.1:</u> Recruit and retain primary care clinicians and dentists to Franklin County.</p> <p>Strengthen current approaches to actively recruit more primary care clinicians and dentists to the community – Dave will get numbers for the first quarter of Keystone’s provider hiring. From July to December, Keystone has hired a two podiatrists, a chiropractor, a speech language pathologist, three CRNPs, physicians at Keystone Internal and Keystone Family Medicine, a dentist, a pediatric dentist, two LCSWs and a PA-C.</p> <p>Expand case management services to match patients without a PCP with an appropriate provider – The group is not sure how to measure this. KFAM case managers use hospital discharges.</p> <p>Noel will get figures for the number of scholarships, internships, and resident programs for graduate medical students. There was one J1 Visa hire at Keystone in the second quarter.</p> <p><u>Strategy 2.1.2.2:</u> Recruit and retain advanced practitioners to assist providers with delivery of care</p> <p>Strengthen current approaches to actively recruit more clinical support staff (CRNPs, PAs, CNMs, RNs and LPNs) – Dave will get Keystone’s numbers.</p> <p><u>Strategy 2.1.2.1:</u> Utilize case workers, community health workers, and other trained staff to enroll uninsured/ underinsured patients in appropriate health care coverage.</p> <p>Participate in various community events to conduct targeted outreach activities – Pam will get this data.</p> <p><u>Strategy 2.1.3.1:</u> Expand community health worker programs to improve access and coordination of care to various populations</p> <p>Expand CHW program targeting senior populations and those with A1C’s over 9% – Noel will get these numbers.</p> <p>Establish a CHW program targeting agricultural workers with A1C’s over 9%. Dave will get these numbers.</p> <p><u>Strategy 2.1.3.2:</u> Identify emerging co-existing and virtual care service opportunities.</p> <p>Strengthen primary care behavioral health services integration and pilot telemedicine methodologies – Noel will get this data from Pat McCulloh. We need to figure out what the role of LCSWs is in primary care settings.</p>	
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	<p>Strategy 2.2.1.1: Implement integration of EPIC into WellSpan Health and Keystone Health (FQHC)</p> <p>Coordinate implementation for October 2020 – WellSpan and Keystone sharing the same EHR will result in better patient care coordination. We may need a different metric to measure this progress, such as red, yellow and green. Dave believes we are yellow at the moment and will get more information.</p> <p>Strategy 2.2.1.2: Utilize geographical data to identify clusters of populations based on SDOH data.</p> <p>Use Office 365 interactive mapping tool to identify patient populations – Dave has used interactive mapping to map social determinants of health data down to the address level. 40-50% of Keystone’s patients have been screened. Dave will bring the map next time and will get further data from Dr. Colli. Daphne suggested using the data as an overlay of where our patients reside.</p>	
5. Recommendations from Participating Organizations for Goals to Include	5. No discussion.	
6. Updates From Members	<p>6. Daphne said educational sessions are underway for Horizon Planning which is a type of end-of-life care. They are figuring out how to best use it in the community.</p> <p>Traci said the aging waiver program Community Health Choices is terminating service and moving toward community health services. The waiver program is about a 6-month process.</p> <p>Melanie is leaving Lutheran Spiritrust.</p> <p>Pam said open enrollment for marketplace insurance is underway and they have been busy.</p>	
Next Meeting	The next meeting is scheduled for January 16, 2020 at 11:00 a.m.	
Adjournment		The meeting adjourned at 11:52 a.m.

Respectfully submitted by:



Christina Methner, Recorder