CTC-RI Clinical Strategy Committee

Meeting Minutes

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| Date: Friday, June 16, 2016 |  | Start/End Time: 7:30am-9:00am  |  |
| **Location: Thundermist – Warwick Offices (171 Service Ave, Building 2; Warwick)** |  | Call in number: 508-856-8222 code: 4574 |  |
| MEETING INFORMATION: |  | **ATTENDEES:**  |
| Purpose: Identify and test clinical and financial strategies to improve quality and reduce cost  |  | **Ed McGookin****Heidi Perreault****Susanne Campbell****Matt Roman****Deb Hurwitz****Michael Mobilio** | **Tom Bledsoe****Al Kurose****Al Puerini****Peter Hollmann****Andrea Galgay****Dale Greer** | **Karen Smigel****Matt Collins****Paul Barratt****Gus Manocchia** | **Phone:****David Brumley****Hannah Hakim****Pano Yeracaris****Tracey Cohen** |
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|  Item #  | Statement/ Owner/ Time | Comments | Action # |
| 1 | **M. Collins****(5 minutes)** | **Welcome and Introductions**  |  |
| 2 | **E. McGookin****(20 minutes)** | **Cost Containment Project Updates*** Coastal Medical: The two projects that Coastal was providing an update on were their Transitions of Care restructuring and their Heart Health Program.

Their transitions of care work has been implemented in nine offices, with expansion to 11 by 07/01/16. They have registered a phone follow-up rate of 96% and an appointment follow-up within 14 days rate of 92%. Hospital-based NCMs have daily calls to discuss Coastal Patients that may need outreach. Office-based NCMs focus on high risk, with this program addressing the transitions of care work. Their heart health program is coordinated through NCMs, tracking engagement rates with the team. It began in January 2016, enrolling 124 patients. As of now, their NCM engagement rate stands at 90%, while their care plan completion rate stands at 86%.  |  |
| 3 | **D. Hurwitz****S. Campbell****(25 minutes)** | **High Risk Capacity Discussion*** The Nurse Care Manager continues to be a foundation for both CTC and numerous other initiatives in primary care. The role of the NCM has shifted to the management of high risk patients over the past few years. What happens when the caseload exceeds the capacity of a practice’s NCM. Project management ran a rough analysis, based on attribution, estimated capacity, and reported high risk patients. This showed several instances where current caseload exceeded the projection for capacity, based upon attributed lives.

We need to discuss this issue with the data folks, Nurse Care Managers, Providers and health plans. The purpose of this discussion will be to improve these lists. Once practices do have the lists, we can also stride to have consistency with engagement. It may also be helpful to define rules for small practices and larger organizations, in order to have best practice sharing for similar entities. Project management will summarize the questions to help inform which committees can make the recommendations. |  |
| 4 | **M. Collins****(20 minutes)** | **Choosing Wisely (Tabled for future discussion)** |  |
| 5 | **D. Hurwitz****P. Yeracaris****(15 minutes)** | **Organization of Advanced Collaborative (tabled for future discussion)** |  |
| 6 | **M. Collins****(5 minutes)** | **Next Meeting/Next Steps*** Next session to be held on July 15, 2016
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| ACTION ITEM LOG |
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| Date Added  | ActionNumber | Assignee | Action /Status | Due Date | Date Closed |