

Rural Stakeholders' Group

for South Country Health Alliance seniors and people with disabilities programs

Working
Together!

Join the
Conversation!

Let Your Voice
be Heard!

Meeting Minutes

Thursday, October 26, 2017

- I. Welcome and Introductions:** *Nina Huntington, Provider Contract Manager, facilitated the meeting from the Owatonna location.* Introductions were made by all attendees at the South Country, Brown County, Kanabec County, and Morrison County meeting locations.

Follow-Up from the May 18, 2017 Meeting:

No follow-up was required regarding the agenda items presented at the May 18, 2017 Rural Stakeholders Meeting.

- II. Provider Spotlight – Hilltop Regional Kitchen, Eagle Bend, MN:** *Presented by: Katherine Mackedanz, Community Planning Unit Manager, Todd County Health & Human Services*

- An initial grant of \$425,000 for the Hilltop Regional Kitchen project was received from South Country Health Alliance; additional grants were received from National Joint Powers Alliance, USDA, Live Well at Home, and Mardag Foundation. to date they have raised over \$140,000 locally.
- The Grand Opening Ribbon Cutting Ceremony will take place on November 15, 2017.
- Currently working on completing paving, landscaping, siding, and training staff on the new kitchen equipment and kitchen flow.
- The Eagle Bend Kitchen serves congregate dining and Meals on Wheels.
- Service area: Long Prairie, Browerville, Clarissa, Eagle Bend, Bertha, Hewitt, Motley, Wadena, Verndale, and Staples; and are planning to expand meal services to include Cass County.
- Future for the Hilltop Regional Kitchen include community use and rental; education offerings/programming; serving the local region and expanding outreach; and expanded meal offerings.

Question: How is the help paid? The help is paid from funding received from Lutheran Social Services and Senior Services. Delivery drivers are volunteers who take the meals to assisted living facilities to be distributed.

Question: How many meals are served daily? Current projections are 5,000 per month; 200+ per day and it is expected that this number will double with their plans for expansion.

- III. Transportation – RideConnect (Non-Emergency Medical Transportation) Changes:** *Presented by: Cea Grass, Director of Communications and Customer Relations*

Effective November 1, 2017, members will need to call South Country Member Services to schedule a ride. South Country has notified those members who have utilized transportation services in the last 6 months, county staff, and nursing home and residential providers.

- RideConnect is not required to:
 - Provide transportation to a member's primary care clinic if it is over 30 miles from the member's home.
 - Provide transportation if the service is with a specialty provider that is more than 60 miles from the member's home.
 - Members are encouraged to call Member Services for assistance in scheduling a ride if the scheduled appointment is located further than 30-60 miles.
 - Members are advised to call for a ride to allow a 72-hour notice for the ride to be arranged.
 - South Country will not guarantee a ride for Urgent Care, same day, and next day. The rides will be provided based on provider availability.

- Members who have their own vehicle will be directed to their county of residence for possible mileage reimbursement.
- Members can call RideConnect to:
 - Make changes to a scheduled appointment.
 - Cancel a ride.
- No-Shows
 - Providers will report no-shows to Member Services.
 - Being a no-show could impact their future transportation services.
- Ride Request Notifications can be made through Member Services via:
 - Phone Member Services: 866-567-7242
 - Fax: 507-431-6328
 - Email: rideconnect@mnscha.org
 - Ride Request Notification Forms can be found on our website www.mnscha.org
- Ride Notifications must include the following information:
 - Member's Name
 - Member ID Number
 - Date of Ride
 - Pick-Up Time and Location
 - Name and Address of Drop-Off Location

IV. Dental – SNBC Dental Project Update: *Presented by: Heather Goodwin, Sr. Health Services Manager and Michele Grose, Dental Programs Manager*

The SNBC Dental Access and Improvement Project is a collaborative effort of South Country Health Alliance, Health Partners, Hennepin Health, PrimeWest, Medica, and UCare. The project was introduced in July 2016 when the guidelines were sent out to MCO's by MN DHS.

- **Project Goals:**
 - To help SNBC members find a regular dentist for ongoing dental care.
 - Increase the number of SNBC members that have routine dental checkups.
 - Decrease the use of the ER for dental issues that could be handled as an outpatient dental treatment.
- **Case Management Intervention:**
 - Built into South Country's Care Coordination/Case Management Model
 - Provided statewide Case Manager/Care Coordinator Educational Training on August 17, 2017.
 - SCHL launched Case Management Intervention on October 1, 2017 to provide:
 - Outreach to members who have not utilized dental benefits
 - Outreach to members who have utilized the ER for non-traumatic dental treatment
- **Provider Mentoring Intervention** (Goal is to increase the number of dental providers who serve SNBC members in Minnesota and to increase the number of SNBC members who receive dental care.)
 - Created an Expert Panel of advisors to lead the project – the first Special Needs Dentistry Expert Panel meeting was held on October 9, 2017.

- The Expert Panel will create a provider toolkit, develop a training plan and provide educational opportunities in 1st and 2nd Qtr. 2018.
 - After completing provider training a survey will be done to evaluate the content of the training and gauge expectations to increase accessibility to meet the needs of special needs members to receive dental care.
- **Provider Surveys and Member Surveys:** Surveys were conducted December 2016/January 2017

Provider Surveys Results:

- Ability to currently serve special needs patients.
 - 80% of the dental providers surveyed had dental chairs that adjust to wheelchair height; have accessible waiting areas; and allow service animals.
 - About 50% of dental providers ask members if special accommodations are needed
- Challenges to serving special needs patients:
 - There are challenges involved in serving special needs patients.
 - Need more information on special needs dentistry.
- Reimbursement is currently an issue.

Member Surveys/Dental Users:

- 85% of members have a regular dentist.
- 62% were able to schedule an appointment within a month of the request.
- 70% were able to seek dental help for an emergency as soon as possible.
- 60% of members gave a rating of 9 or 10.

Member Surveys/Non-Users of Dental:

- What keeps you from not seeing a dentist
 - Having to pay for services that aren't covered.
 - Difficulty finding a dentist that can work with type of disability.
 - Unable to get an appointment when needed.
 - Afraid/ Fear
 - Previous bad experience.

The health plans are waiting to receive the full report of the results of the provider and member surveys from DHS; once the reports are received they will be posted on our website <https://mnscha.org>. SCHA will be conducting a case manager/care coordinator survey 1st Qtr. 2018 to provide feedback on how the case management intervention is working.

Suggestion: In order to deal with member's fears of going to the dentist; be able to schedule a pre-appointment visit to give the member an opportunity to meet the dentist and become accustomed to the dental office setting.

Question: How would SCHA consider this visit to be included as a reimbursable expense? **Answer:** *This idea needs to be researched.*

Question: Has Tele-Dentistry been reviewed as a possible solution to the dental access issues in rural communities? **Answer:** *Tele-Dentistry is also an intervention that is part of the improvement project. The health plans are partnering with DCT clinics and participants will be selected for the mobile care team to begin rural visits in 2018. Work on this intervention has just begun so there will be more to come.*

Question: Has claims data been reviewed to determine if the cost savings associated with ER dental visits could then be utilized to cover the costs for preventive dental treatment? **Answer:** *Good suggestion which will be considered for this project.*

Suggestion: To obtain more accurate survey results we should involve a much larger population of survey participants by adding PMAP and Seniors members.

V. **HIE (DiamondView Health Information Exchange):** *Presented by: Megan LaCanne, Sr. Business Systems Analyst*

South Country's DiamondView Health Information Exchange is a secure, standardized, electronic network connecting the health care communities in rural Minnesota to provide better health care for our members.

- The benefits are the ability to receive timely, actionable information; reduce duplication; reduction of hospital admissions; improved communication which results in better care management for improved health outcomes.
- The software options that are available are Analytics (claims data, population health); Messaging (individual or group mailboxes); Alerts (real-time clinical events to support transition of care); Exchange (longitudinal patient view, community health record).
- South Country is working on 11 different Health Information Exchanges within our member service area which will be designed based on the needs of each community and will incorporate all providers within each community.
 - Kanabec County Health Care Community
 - Key Business Issues are to reduce hospital readmissions, provide communication within the community regarding admits and discharges, and link public and clinical information to resources
 - .DiamondView Alerts are up and operational and Analytics Dashboards are being reviewed
 - Brown County Health Care Community:
 - Key Business Issue – Chronic Disease Study (Community has a high A1C level for over a decade – collaborative effort to reduce A1C levels within the community. Participants in the community based study have been focused on New Ulm).
 - DiamondView Alerts are up and operational
 - Steele County Health Care Community:
 - Key Business Issue: Transitions of Care (Community is committed to building stronger continuums of care which requires information from hospital, clinic, and ancillary.)
 - DiamondView Alerts – in the process of training
 - Community is defining care coordination pathways and leveraging existing workgroup.
- Current DiamondView Health Information Exchange Data Contributors include Allina Healthcare Systems (65 clinics, 12 hospitals) and Public Health (Champs, PHDOcs). Prospective Contributors are Mayo Clinic, Essentia, CentraCare, Ridgeview and Unity.
- South Country is paying the licensing fee to provide data sharing for our South Country members. Providers can pay the licensing cost to upload their entire population.

- Stage 2 Meaningful Use direct secure email addresses are available for member counties and any other providers for a cost.
- Alerts are available on patients seen within the Allina Healthcare System.
- Analytics to disease prevalence and cost/utilization trends are available to share on South Country members only.

For more information on how to get connected; contact Megan LaCanne, Senior Business Systems Analyst, Email: mlacanne@mnscha.org or Phone: (507) 431-6371 or John Whittington, Chief Information Officer, Email: jwhittington@mnscha.org or Phone: (507) 431-6061.

VI. Opioid Update

Opioids are a class of drugs that include prescription pain relievers oxycodone, hydrocodone, codeine, morphine, fentanyl as well as heroin. Drug overdose is the leading cause of accidental death in the U.S. and opioid addiction is driving the epidemic. The U.S. makes up 5 percent of the world's population and uses 80 percent of prescription pain medications. Providers are showing improvement in the amount of pain relief medication patients are receiving after a critical event.

- **Opioid Case Management:** is a Performance Improvement Project to look at prevention and alternative treatment options to using prescription pain relievers for the treatment of chronic pain. Ruth Boubin, Restricted Recipient Manager, has recently taken on the added responsibility of providing case management to South Country members who are currently utilizing prescription pain relievers and providing outreach to those members who are newly prescribed pain medications. Ruth makes (3) calls to members; the first call is made after they receive their second prescription to educate the member on safe storage and safe disposal of pain medications and to assess functioning. Follow-up calls are also made to the member after their third fill of pain medication to review risks, alternative treatments for pain, and to assess for depression and anxiety.
- People sometimes share their unused pain relievers, unaware of the dangers of non-medical opioid use. Most adolescents who misuse prescription pain relievers are given them by a friend or relative or they may take them out of their home medical cabinets. Preventing prescription pain medications from being redistributed or misused is a current safety issue.
- South Country has purchased Deterra pouches to provide to our members. Deterra is a drug deactivation system which is scientifically proven to be effective. In a simple 3-step process, a user can deactivate drugs, thereby preventing drug misuse and protecting the environment. The cost of Deterra is approximately \$3.00 per pouch. For more information on Deterra; visit the website <http://deterrasystem.com/>. South Country Health Alliance will send members who are in the Opioid Case Management Program a free Deterra pouch.

VII. 2018 Rural Stakeholder Meeting Dates:

- Thursday, May 10, 2018, 1:00 p.m. to 3:00 p.m.
- Thursday, October 25, 2018, 1:00 p.m. to 3:00 p.m.

The meeting ended at 3:05 p.m.