



Rural Health Network

Support Connect Improve

MEETING MINUTES

April 24, 2014

TELECONFERENCE

Members Present: Dr. Dawn Allicock, Kerry Dunlavey, Mary L. Garcia, Patrick Johnson, Dr. Eugenia Seidel,
Guest: Elaine Mathews, Donny Richards, Kyle Roberts, Joe Pietrangelo
Staff members: Monifa Charles, Nikole Helvey, Bernadette Overstreet, Tatiana Ramirez

<p>Welcome and Introductions</p>	<p>Kerry welcomed all members, guest, and all introduced themselves to initiate the meeting.</p>
<p>Minutes from Feb. Teleconf.</p>	<p>Members reviewed the minutes from the February 6th Teleconference. Accepted Patrick Johnson (Flagler) & 2nd Dr. Seidel (Nassau County) The minutes were approved with minor edits to revise.</p>
<p>New Business Members updates around the region</p>	<p><u>Baker County: Kerry Dunlavey</u></p> <p>Child Protection Services - Child Protection Teams (CPT) serving Baker county taking referrals from the Health Department. CPT provides expertise in evaluating alleged maltreatments of child abuse and neglect, assessing risk factors, and providing recommendations for interventions to protect children and enhance families’ capacities to provide a safer environment.</p> <p>Forensic exams – examination will be at the sheriff’s office (Medical examination include medical assessment, coordination of treatment of injuries, documentation of biological and physical findings, collection of evidence from the victim’s body, crisis intervention, etc).</p> <p>Baker County YMCA is closed due to lack of funding to continue services year around. However, residents can have access to the gym, it will be open for the summer offering sport activities: Basketball, swimming, and soccer. The YMCA model will focus on wellness for the all ages. In addition, a new YMCA building is schedule to open in a year on Riverside Avenue.</p> <p>A local community church has offered to host the exercising program in Baker County. ‘Sliver Sneakers’ is an exercising program for active older adults. It’s nationally recognized and provides fitness benefits and options for individuals 65 and older encouraging them to be physically fit.</p> <p>Home School Physical Education Program will be offered in Baker County School District</p> <p><u>Putnam County: Mary L. Garcia</u></p> <p>Putnam County YMCA is closed due to lack of funding to continue services year around. An alternative location to enjoy and participate in fitness programs is the Putnam Family Fitness Center.</p> <p>Community activities in Putnam county: Community garden open to all, senior sliver sneakers program, and community fundraising activities thus far raised \$1,700. Putnam county is also seeking additional funding from grants to promote healthy lifestyle, physical activities, and health services.</p> <p>Program for migrant workers: The Farm Worker Health Program is a partnership between</p>

the Putnam County Health Department and St. Vincent's Mobile Health Outreach Ministry. This is a comprehensive mobilized healthcare system that provides healthcare services to migrant and seasonal farm workers by providing primary care services on site at the farms and camps. Services available at the unit include: Screening for Diabetes, Hypertension and Communicable Diseases; Physician/Nurse Practitioner Services for Evaluation and Treatment of Acute and Chronic Illness.

Putnam county was named "2014 Healthy Weight Community Champions" by FDOH Surgeon General. The county programs support policies in the efforts to raise awareness for a healthy and active lifestyle to focus on physical activities and nutrition. The program and policies was also recognized by the Board of County Commissioners, it was citizen led, and implemented within the county for staff members to model.

St. John County : Dr. Allicock

For the third year in a row, St. Johns County has been ranked number one in Florida in the Annual County Health Rankings Report, by the University of Wisconsin and the Robert Wood Johnson Foundation. Although the ranking reflects overall measures and a variety of health outcomes; St. Johns County Health Dept would like to address health services within the county pocketed areas such as migrant areas and for specialized population to provide access to health services and to be able find strategic ways to promote health for all residents.

St. Johns County Health Leadership Council is currently working to complete its fourth comprehensive Community Health Assessment and Community Health Improvement Plan. The survey asks St. John residents to share their opinions about the health and quality of life in the county. This assessment process will identify opportunities for improvement.

The St. Johns County Health Dept is seeking funds in the areas of electronic health records and oral health.

St. Johns County Health Dept is expected to have a new building early next year, along US 1 close to the county government buildings.

Nassau County: Dr. Seidel

Nassau County Health Dept has a partnership with Barnabas Center, and the center will open a new clinic later this summer.

Dr. Seidel is actively promoting Health IT information and is a member of the board. Another interest is to promote Telehealth services within the county.

The county would also like to address and increase health promotion activities and services within schools and for behavioral health.

Union/Bradford: Joe Pietrangelo

Union CHD is Federally Qualified Health Center. This provides opportunities for UF Health referral for unfunded prenatal care, process through F.Q.H.C. Recently hired a Nutritionist this allows for the expansion to educate residents and clients on healthy food choices and conducting food demonstrations.

Community activities- farmers market would like to increase participation and attendance.

Clinic Services- OB service schedule 1 day a week

Flagler County: Patrick Johnson

Updates - FCHD is a Medicaid Medipass provider. Community events: Family fun day,

	<p>outdoor activities, games, food, and distribution of educational information (healthy lifestyle).</p>
<p>Strategic Goals “Planning Stage” 2014-2016</p>	<p>The 2012 -2014 strategic goals and objectives were reviewed: (1) Goal 1 Increase membership and regular meeting participation by at least 50% over 2 years. <i>Objective:</i> conduct targeted recruitment among priority provider groups identified by Board and as appropriate to most effectively achieve strategic and business goals; and develop effective retention strategies; (2) Goal 2 Develop a strategy to encourage, assist, and support rural providers in adopting E H R technology and participating in HIE- and identify financial resources and/or partnership to support the initiative. <i>Objective:</i> establish a single focused strategy to most effectively support E H R and HIE adoption among rural providers in NE FL; (3) Goal 3 Develop a sustainable long-term financial strategy to continue and expand the RHN’s regional Chronic Disease Management program by June 30,2014. <i>Objective:</i> Identify and secure alternative revenue sources to sustain existing program operations-as well as to expand project scope to include additional chronic disease and serve at least one additional county.</p> <p>- Monifa encouraged all to review, provide any suggestions, ideas for the priority topics under each goal areas for the planning stage for “2014-2016” strategic goals. This will be updated for the June 26, 2014 meeting.</p> <p>Priority topics: Networking, Integration of Public and Private Resources, Meaningful Use, E H R, HIE, Evidence-base best practices, sustainable long-term financial strategy, and expansion of chronic disease management.</p>
<p>NE Florida Counts website Rural Health Network website</p>	<p>Northeast Florida Counts community website. (www.NEFloridaCounts.org) a quick overview of the website: Headers- community dashboard, topic center, promising practices, funding opportunities, etc. Members were able to ask questions and to become familiar with the resources and databases available: 175 plus health related and quality of life indicators, up-to-date source of population data, and 1,700 plus evidence-based best practices.</p> <p>Rural Health Network website. www.stjohnsriverrhn.org</p> <p>Monifa stated that the website will be updated in the coming months to include a new look and will provide a broader view of the Rural Health Network. Information will be submitted with the details to each member to review.</p>
<p>Updates Project Turning Point (PTP)</p>	<p>PTP Staff update: Tatiana Ramirez, Health Educator covering Baker, Bradford, and Union counties. Bernadette Overstreet, Health Educator covering Clay and Nassau counties.</p> <p>PTP Program offers: care coordination, client-centered individual and group education, provides access to recommended specialty care (diabetes medications and supplies – pharmacy, eye exams, and foot exams) a comprehensive chronic disease management program with targeted population.</p> <p>FAFP Diabetes Master Clinicians Program-</p> <ul style="list-style-type: none"> • Florida Academy of Family Physicians is sponsoring partner • Currently more than 70 practices participating (17,000+ patient records) • Internet based “relational” database (HIPPA Compliant) • Based on American Diabetes Association recommended goals:

	<ul style="list-style-type: none"> ✓ HbA1c ≤ 7% ✓ LDL's ≤ 100 ✓ BP ≤ 130/80 <p>Individual Client Report Cards and Aggregate Provider/Clinic Reports</p> <p>Members were able to review the Snap shot- of the clinician report card and the patient report card. The patient report provided to the patient to review their levels and make them aware of their diabetes goals. The patient takes the report with them as a reminder. Informed the patient about their level of achieving diabetes quality goals. The clinician report care identifies specific patients with significant risk because their numbers are very high. These reports help the clinician and staff practice population based medicine. These lists can be used to see if patients have not made recent visits, invite to group visits, make reminder phone calls and send reminder letters or emails. The reports for HbA1c, LDL, BP, HDL, and Triglycerides provide lists of patients at high risk, average risk, those at goal and no test performed. Reports can also be generated to see which patients have not had their immunizations or yearly checks like a dilated eye exam or a complete foot exam.</p>
<p>Updates HRSA</p>	<p>Health Resources and Service Administration (HRSA) -Upcoming plans to work with CHD clinics to provide training before July 30, 2014. The goal will be to review the current system diabetes management program and to incorporate an approach to improve the existing measures and the program quality. This will consist of process mapping model and performance quality improvement measures as a way to integrate services.</p>
<p>Member Question: ICD-10 webinar</p>	<p>The following websites available for participant to review and download resources to assist with the transition.</p> <p><u>ICD-10 website</u></p> <ul style="list-style-type: none"> • http://www.cms.gov/ICD-10 <p><u>Provider Portal</u></p> <ul style="list-style-type: none"> • www.roadto10.org <p><u>Mapping (GEMs)- General Equivalence Mappings</u></p> <ul style="list-style-type: none"> • www.cms.hhs.gov/medicare/coding/ICD_10/2014-ICD-10-CM-and-GEMs.html <p><u>American Health Information Managements Association (AHIMA)</u></p> <ul style="list-style-type: none"> • http://www.ahima.org/education/onlineed/Programs/ICD10
<p>Announcements upcoming conferences/ trainings</p>	<p>Attached -Information to include upcoming conferences and trainings.</p>
<p>Current trends and news briefs</p>	<p>National Association of Chronic Disease and Prevention –Legislative Policy Goals 2015</p> <ul style="list-style-type: none"> • Support growth and development of state-based programs that address chronic disease, risk factors, and social determinates of health through resources for the development of coordinated approaches to chronic disease prevention and control • Support the continuation of funded chronic disease prevention and control programs in every state and territory including Heart Disease and stroke prevention, diabetes prevention and control, tobacco prevention, support adequate

	<p>growth in nutrition/physical activity, cancer prevention and control, arthritis prevention and control, community prevention grants, school health, and others.</p> <ul style="list-style-type: none"> • Work with partners to educate Congress and the Administration to the need for dramatic growth in resources to address physical activity and nutrition interventions <p>Cardiovascular Health –American Heart Association release the 2014 statistical fact sheet - to monitor progress toward the 2020 goals.</p>
Open Discussion	<p>Nikole discussed the information and update for the funding. Receives Federal Approval to Continue the Low Income Pool Program The total funding for the program will be slightly more than \$2 billion.</p>
Required action	<p>Contact members requesting feedback on RHN Website All RHN members will be notified and reminded about the upcoming meeting</p>
Adjourn	<p>The meeting adjourned at approximately 4:45 pm RHN Director thanked everyone for their warm welcoming remarks and continued partnership and their significant contributions to the network.</p>
Next Meeting	<p>June 26, 2014 Time: 2:30pm</p>
Handouts	<p>Meeting hand-outs distributed (1) Agenda , (2) PowerPoint presentation, (3) 2014 statistical fact sheet on CVD, (4) National Association of Chronic Disease Directors Legislative and Policy Goal 2015</p>