Building a Bridge to Better Health Coalition (BBBHC)

Enriching Community Transitions & Healthcare
through Communication, Collaboration and Coordination

Meeting Summary
Thursday, January 29, 2015, 10:00am
Cherokee Health Systems, Knoxville, TN

ATTENDEES

33 people attended representing 20 different organizations.

WELCOME / INTRODUCTIONS

Dottie Lyvers, East Tennessee Area Agency on Aging and Disability, welcomed everyone and asked all members and guests to introduce themselves. Cherokee Health Systems was thanked for hosting the meeting.

PROGRAM HIGHLIGHT - BLOUNT DISCOUNT PHARMACY

Hamilton Borden, PharmD, Blount Discount Pharmacy (BDP), shared information about a Medication Therapy Management (MTM) program they are doing within their 4 stores. The program started full time in May 2013. Hamilton has had contact with more than 1000 patients since the program started full time. Hamilton counsels patient on the right medication. MTM is offered to help with adherence, reduce readmissions, reduce adverse drug events, reduce healthcare costs and increase STAR ratings for insurance plans. BDP works with members of insurance plans; tasks are directed by the insurance plan. Home visits are conducted with patients. Phone contact also occurs with patients. Home delivery services are also provided. BDP partners with physicians to have the best outcomes for the patient. Please contact Hamilton at 865-603-4687 or hborden@blountdiscountpharmacy.com with any questions. *See accompanying presentation for more information.*

PROGRAM HIGHLIGHT - EAST TENNESSEE DISCOUNT DRUGS

Nicole Rosenke, PharmD, East Tennessee Discount Drugs (ETDD), shared information about a program they are implementing, called MedHereToday. The program helps patients adhere to their medication schedule by syncing them to the same refill day each month. Patients are followed from hospital discharge; they aim to visit patients within 7 days of discharge. Home visits are conducted with patients to look at nutrition, living situations, as well as medication reconciliation. Medications are delivered to patients every month. Referrals come to ETDD through various sources. ETDD will be conducting a physician's roundtable to learn what information is needed. Nicole also suggested that a care transitions coordinator roundtable may be needed as well. Please contact Nicole at (865) 988-0000 or nicolerosenke@gmail.com with any questions.

Aaron Bradley, East Tennessee Area Agency on Aging and Disability, suggested that a workgroup convene on Medication Therapy Management. The East Tennessee Area Agency on Aging and Disability is willing to host a conference call or meeting to explore opportunities.

UPDATE ON HOMEMEDS

In Rachel Frazier's absence, Scott Leslie, Walgreens, and Dottie Lyvers shared information about a committee that has formed to look at the possibility of developing HomeMeds in East Tennessee. HomeMeds is an evidence-based, technology-enabled intervention that addresses medication safety among older adults by connecting homecare and other community-based services to health care providers. In February, the committee will be previewing a demo of the program. If interested in learning more or becoming involved, please contact Rachel Frazier, Knox Co. Health Department, at (865) 215-5175 or rachel.frazier@knoxcounty.org.

BBBHC HIGHLIGHTS AND REVIEW

Dottie Lyvers discussed highlights of where the BBBHC focused efforts in 2014. "A Year in Review" handout was distributed (see accompanying document for details). Committees (Community Needs, Hospice / Home Health and Medication) met last year. Workgroups were developed. The development of push cards began and focus shifted to what audiences they would be distributed to, and how the dissemination would be tracked. A membership directory, at the request of members, was developed. The directory still exists, but needs expanding with the addition of new members.

PLANNING FOR THE FUTURE

As we plan for the future, the BBBHC members are asked to determine focus areas for the coalition going forward. This includes structure, committees, meeting times, focus areas, etc. The idea of a charter was introduced to formalize our plans and coalition. A draft charter will be emailed to members within the next few days for input. If a charter is adopted, it will be approved and signed at the next meeting.

Corley Roberts, Qsource, shared information about an evidence-based model that could be used by the BBBHC to carry our quality improvement work. The IHI Model of Improvement is a framework that we could adopt to organize and operate. It uses the PDSA (Plan, Do, Study, Act) cycle of learning. *See accompanying document for details.*

Initial Feedback shared includes: 1) We need structure and action; 2) How do we get more Doctors involved in the BBBHC?; 3) The charter will keep us grounded and focused.

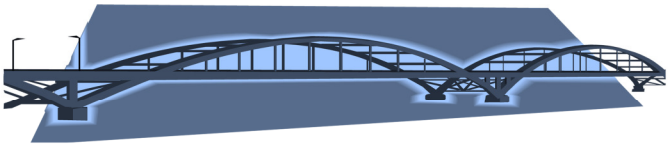
In the interest of time, it was shared that input would be gathered from members through a brief survey to follow after the meeting.

NEXT STEPS

- A survey will be emailed to members requesting feedback on actions for the coalition.
- A draft copy of a charter will be emailed to members for feedback. If the charter is adopted by the BBBHC, a final draft will be presented at the February 26, 2015 meeting for approval and signatures.
- Scott Haluska, Belew Drug, will be presenting at next month's meeting.

NEXT MEETING

Thursday, February 26, 2015 – 10:00am – Location To Be Announced



Building a Bridge to Better Health Coalition

A Year in Review
December 2013 to December 2014

2014 MEMBERSHIP

Individuals

- December 2013 = 111
- December 2014 = 138

Organizations

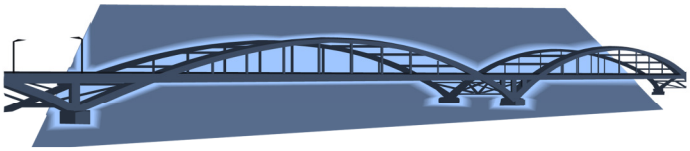
- December 2013 = 55
- December 2014 = 67

Participant Categories

- Academy of Medicine Foundation
- Accountable Care Organization
- Acute Care Hospitals
- Area Agency on Aging and Disability
- Assisted Living
- Geriatric Care Management
- Health Department
- Health Information Network
- Health System
- Home Care
- Home Health
- Hospice
- Hospital
- Independent Living
- Insurance
- Mobility Equipment
- Office on Aging
- Pharmaceutical
- Pharmacies / Pharmacists
- Physician Practices
- Respiratory Services & Equipment
- School of Pharmacy
- Senior Directory
- Skilled Nursing Facility
- Virtual Care/ Monitoring

2014 PROGRAM HIGHLIGHTS / PRESENTATIONS

- University of Tennessee Medical Center Transitional Care Program – May 2014
- Conversation Ready Project – June 2014
- Telehealth Services – August 2014
- Blount Memorial Hospital Transitional Care Program– September 2014
- Blount Memorial Hospital New Pharmacy Program – September 2014
- Medication Management Survey Results – September 2014
- Adverse Drug Event Project – October 2014



Building a Bridge to Better Health Coalition

2014 Highlights

Top Focus Areas
- Technology
- Outreach / Education
- Benchmark (best practices, tools, bringing in experts)

3 committees (Community Needs, Hospice / Home Health and Medication)

Developed 3 workgroups
1. Website / Media
2. Speaker's Bureau
3. Push Cards

Push Card Topics Identified
1. Talking to Your Doctor
2. Know Your Medicine
3. Hospice / End of Life
4. Advance Care Planning
5. Before You Leave the Hospital
6. Reduce Your Safety Risk
7. Levels of Care
8. Transportation / Accessing Care

Membership Directory created

Steering Committee Expanded

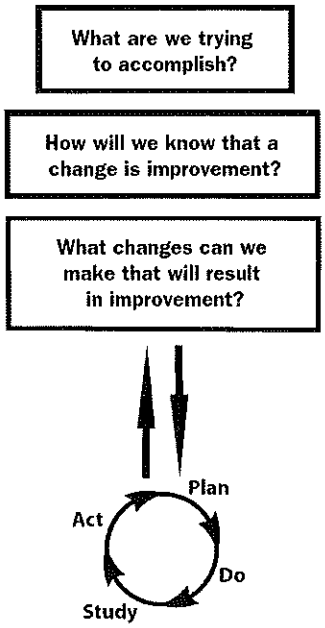
Introduced idea of piloting a telehealth program

Value Gained through Attendance
- Best Practice Sharing through Presentations and Networking
- Networking Opportunities
- Relationship Building
- Knowledge of Community Resources
- Gaining ideas for own organization

Thank You

Thank you to everyone who has shared their time, talents and expertise over the past year! Your input is invaluable to meeting the needs of East Tennesseans.

Figure 3. Model for Improvement



The Model for Improvement requires Collaborative teams to ask three questions:

1. *What are we trying to accomplish? (Aim)* Here, participants determine which specific outcomes they are trying to change through their work.

2. *How will we know that a change is an improvement? (Measures)* Here, team members identify appropriate measures to track their success.

3. *What changes can we make that will result in improvement? (Changes)* Here, teams identify key changes that they will actually test.

Key changes are then implemented in a cyclical fashion: teams thoroughly plan to test the change, taking into account cultural and organizational characteristics; they do the work to make the change in their standard procedures, tracking their progress using quantitative measures; they closely study the results of their work for insight on how to do better; and they act to make the successful changes permanent or to adjust the changes that need more work. This process continues serially over time and refinement is added with each cycle; these are known as "Plan-Do-Study-Act" (PDSA) cycles of learning (Figure 4).

Figure 4. Multiple PDSA Cycles