



# Building a Bridge to Better Health Coalition (BBBHC)

*Enriching Community Transitions & Healthcare  
through Communication, Collaboration and Coordination*



## Meeting Summary

**Thursday, January 28, 2016, 10:00am**

**ETHRA Offices, Knoxville, TN**

### **ATTENDEES**

22 people attended representing 17 different organizations.

### **WELCOME**

Dottie Lyvers, East Tennessee Area Agency on Aging and Disability (ETAAD), welcomed everyone and asked all members and guests to introduce themselves.

### **CMS ACCOUNTABLE HEALTH COMMUNITIES OPPORTUNITY**

Aaron Bradley shared that the ETAAD is interested in partnering with BBBHC members and hospitals on a Centers for Medicare and Medicaid Services (CMS) Accountable Health Communities funding opportunity. The application is due March 31, 2016. See accompanying fact sheet for more information. ETAAD plans to submit a letter of intent to CMS by February 8<sup>th</sup>. If interested in partnering, please contact Dottie Lyvers at (865) 691-2551, ext. 4818 or [DLyvers@ethra.org](mailto:DLyvers@ethra.org) so a planning committee can be established as soon as possible. Corley Roberts shared that Qsource can provide a letter of support.

### **BBBHC CHARTER HIGHLIGHTS**

The charter, developed and signed by the BBBHC in May, 2015 was reviewed. Members who had not previously signed the charter were given the opportunity. If other members would like to sign the charter, please contact Dottie at [DLyvers@ethra.org](mailto:DLyvers@ethra.org).

### **2015 YEAR IN REVIEW**

A handout with a brief review of 2015 was distributed (see accompanying handout). Nicole Rosenke, Chair of the Medication Safety workgroup, shared brief highlights. Dottie Lyvers shared highlights from the Post-Acute workgroup and shared that a chair and co-chair was needed for this group to be able to continue.

### **MEMBER SURVEY RESULTS**

Results from the member survey conducted earlier this month were shared (see accompanying handout for more information). Discussion on the survey included a vote on the time to meet for meetings (11:00am on the 4<sup>th</sup> Thursday). Location was also brought up, and it was suggested that BBBHC meetings be held at hospitals to engage health systems in the BBBHC. A suggestion was made to hear from at least one health systems at every meeting. If anyone is interested in helping to coordinate the program highlights for the meetings, please contact Dottie.

## **PLANNING AND MOVING FORWARD**

Corley Roberts, Qsource, shared a review of the Knoxville Community update that was shared at the September 24, 2015 meeting (visit <http://buildingabridgetobetterhealth.weebly.com/> to download the document).

- Post-Acute and Medication Safety workgroups are still important
- Home Health agencies need to be a part of the BBBHC, as they are being penalized.
- Skilled nursing facilities that have high number of transfers from hospitals also need to be engaged in BBBHC.

Members worked in small groups to identify the Strengths, Weaknesses, Threats and Opportunities (SWOT) of the BBBHC to assist in our planning going forward.

- Strengths:
  - Diversity of resources – learning from each other - spectrum is covered.
  - Long-standing group – over 3 years – large
  - eHIN
  - Communication
  - Number is moving statewide – decrease cost
  - Networking environment – helping each other – connecting resources
- Weaknesses:
  - Geographic area
  - SNF participation
  - Lack of formal agreement/partnership with upper management approval.
  - Home Health, Non-Medical HH, ALFs participation
  - Members in rural areas/outlying counties
  - Coordination of services
  - MCO coverage
- Opportunities:
  - Consistently attending groups that also attend BBBHC.
  - Reimbursement changes – funding
  - Effect change in assessments by PCP (alcohol and depression).
  - 76% case completion pharmacies
  - Reduce competition – increase collaboration
  - A little less talk and a lot more action!
- Threats:
  - Participation and engagement
  - Information exchange
  - Do we need to add members
  - Analysis paralysis
  - More action less talk
  - More data – common goal
  - Not having opinions on anything (announcement)

- Even if confrontational, we need to deal with it
- No list of action activities
- Need to publish more
- Collection of resources
- People frustrated because we are not accomplishing anything. Is anything getting into the community?
- Want health systems to publish what is working and not working, break down barriers of competition. Still share without hurting own business.
- Lack of measurable focus. Success stories.
- MCO involvement
- Not spending **time leveraging the benefits of everyone involved.**

An idea was shared to incorporate case studies into future meetings. A suggestion was made to role play a case study and have each organization address how they would handle the case from their professional perspective.

SWOT discussion will continue at the February meeting.

**NEXT BUILDING A BRIDGE TO BETTER HEALTH COALITION MEETING**

Thursday, February 25, 2016 at 11:00am – ETHRA Offices

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