Building a Bridge to Better Health Coalition (BBBHC)
Meeting Summary
July 25, 2013

11:00am – 1:00pm
Cherokee Health Systems
Knoxville, Tennessee

ATTENDEES

36 people attended representing 26 different organizations.

WELCOME / INTRODUCTIONS

Missy Weeks and Dottie Lyvers welcomed everyone and asked members to introduce themselves. Karen Clawson from Cherokee Health Systems was thanked for allowing the BBBHC to meet at their building. Heather Haley, Senior Directory, was thanked for sponsoring lunch.

FALL FAIRS

Due to time constraints and lack of approval to participate, the BBBHC will not be participating in the TN Valley Fair and Blount Fall Festival. Ideas generated will be used at other venues / events.

OVERVIEW OF BBBHC

A review of the BBBHC efforts and purpose were provided. BBBHC vision: Enriching Community Transitions and Healthcare through Communication, Collaboration and Coordination. The BBBHC has been tasked with strengthening the relationships between community based organizations and medical care providers to develop interventions that will educate, empower, and support the residents of our region. Three subcommittees have been developed, based on the input of the members (Community Needs, Hospice/Home Health, and Medication). A Steering Committee is now meeting monthly (includes Committee Leads, Missy and Dottie).

Monthly meetings are planned for the foreseeable future. Discussions will be held soon regarding a meeting location past October 2013.

COMPONENTS OF A SUCCESSFUL TRANSITION FROM HOSPITAL

Members discussed the components, while in the hospital, that contribute to a smooth transition and discharge. Ideas shared include:

- Support provided to patient and/or family
- Find out why patient is in hospital
- What are patient's goals
- Discharge needs to start at time of admission and continue during stay
- Teaching of patient
- Family involvement
- Communication between providers

- Find out where the patient is being discharged to (nature of setting, i.e. home, skilled nursing, etc.)
- POST form
- More patient interaction
- Address barriers and financial issues
- Increase role of primary care physician
- Fully Integrated Seamless Care Plan

COMPONENTS TO PREVENTING UNNECESSARY HOSPITAL READMISSIONS

Members discussed the components necessary, after discharge, to prevent a patient from unnecessarily being readmitted to the hospital. Ideas shared include:

- Patient education about disease
- Knowledge of warning signs
- Assessment of thorough needs
- Prevention
- Ongoing Interaction with patient
- Access to community resources
- Assessing means to get medications (transportation, financial, etc.)
- Communication with Providers
- Cooperative and Compliant Patient
- Accountability of patients (assure they have the tools needed to actively participate in their care)
- Assessing Health Literacy

PRIORITY PLANNING FOR COMMITTEES

All members were given a list of ideas generated from prior BBBHC committee meetings. Members were asked to consider all options within their respective committee and identify their top 3 priorities to begin focusing efforts around. Committees met and discussed existing ideas and need for additions. After discussion, committees then selected their top 3 priorities.

TOP PRIORITIES

Top priorities identified for each committee are as follows:

Community Needs

1. Community / Consumers (brochure, etc.)
2. Healthcare Providers (educate and share best practices)

Notes: Interested in educating physicians about the East TN Health Information Network (ETHIN); providing Accountable Care Organizations with information to help them meet their goals.

Hospice / Home Health

1. Develop Educational materials for physicians related to end of life issues and New Guidelines related to defining/predicting mortality
2. Develop Educational materials for consumers related to end of life issues- i.e social media, handouts, speaking engagements
3. Improved case management for those with chronic illness

Medication

1. Regional Information System (i.e. ETHIN – East TN Health Information Network)
2. Resource for Everyone (i.e. Medication Resource Guide)
3. Medication Management Programs

Notes:

- Enhanced engagement of the ETHIN network- educate providers and facilities about this resource
- Community tool development with ETHIN
- Tool for compilation of resources of Rx coverage/assistance programs for patients but also for providers.
- Medication Management educational programs/community coaches to assist patients at a practice and community level.
- Universal Patient Medication List

NEXT MEETING:

We will focus on specific steps and/or activities to move priorities into action. Please bring ideas (tools, ideas, etc.) relevant for committee priorities.

Thursday, August 22, 2013 11:00am – 1:00pm
Cherokee Health Systems – 1st Floor Conference Room
2018 Western Avenue, Knoxville