



Building a Bridge to Better Health Coalition (BBBHC) Meeting Summary September 26, 2013



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

ATTENDEES

37 people attended representing 28 different organizations.

WELCOME / INTRODUCTIONS

Dottie Lyvers and Missy Weeks welcomed everyone and asked new 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.

Need Meeting Location for 50 people for the following Building a Bridge to Better Health Coalition meeting dates:

- January 23, 2014
- May 22, 2014
- June 26, 2014

Please contact Dottie Lyvers at DLyvers@ethra.org or (865) 691-2551, ext. 4818 with ideas, or to host.

Upcoming events were announced:

- Health eShare Educational Conference – October 1, 2013 – to learn essential knowledge about Tennessee Health e-Share Direct Project and Direct secure messaging.
- The Best Care Possible: Transforming Care through the End of Life Conference – October 17&18, 2013 – Cookeville (Conference information emailed out to members on 9/30/13)
- Alzheimer's Tennessee Walk – April 12, 2014 - Knoxville

PRESENTATION FROM HOSPICE/HOME HEALTH COMMITTEE

The Hospice/Home Health Committee presented on the importance of hospice and end of life planning on reducing hospital readmissions. Highlights from the presentation:

- Dying in hospice saves Medicare \$6,000
- After a hospital stay, 20% of patients go to a skilled nursing facility, 8% go to hospice
- Success story presented. Patient, with COPD, who called 9-1-1 every time he couldn't breathe, was a frequent visitor to the ER. After hospice got involved, did a "wrap around contact" with all involved (911, ER, personal emergency response company) to tell them hospice is now 9-1-1, and to avoid calling 9-1-1. After patient started calling hospice instead of 9-1-1, he never went back to the ER again. Hospice called patient every day on the phone and instituted other services.
- Key to hospice is coordination of care



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- Length of stay in hospice is an average of 17 days
- Patients / families can refer themselves to hospice, but will need a doctor's order to admit into hospice.
- New project – “Winter Care” – community physician and professional education. Community education through billboards, patients in hospital being educated.
- Dr. Greg Phelps working with Knoxville Academy of Medicine to educate physicians (in planning process)

Resources shared/discussed:

- A list of Hospice Agencies in East Tennessee was distributed
- Hospice Care Guide was distributed
- List of guidelines for admitting to hospice (National Hospice and Palliative Care Organization - <http://www.nhpc.org/cms-medicare-hospice-regulations>)
- “Consider the Conversation” Documentary - <http://www.considertheconversation.org/>

COMMITTEES

Members broke up into three committees:

1. Community Needs
2. Hospice/Home Health
3. Medication Related Care/Education

COMMUNITY NEEDS COMMITTEE REPORT

Members in Attendance: 15

Focused on sharing individual vision of community needs committee to assure visions align.

Members were asked to consider if smaller committees are needed. This will be discussed at next meeting. Brochure will be the focus of next month's meeting.

HOSPICE/ HOME HEALTH COMMITTEE REPORT

Members in Attendance: 7

POST form:

- Need clear process to educate
- Discussion of who can sign form
- Recommend primary care physician begin process of educating patients

Professional Education:

- Survey created by Dr. Phelps will be forwarded to committee members to consider using in other hospitals. Survey identified gaps in physician education needs



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- Dr. David Wooten will be doing presentation on Palliative Care during CME program at Summit Medical Group
- Palliative care component is mandatory for 4th year medical students (1-2 weeks)
- Medical Subspecialty students have to do at least 1 week of palliative care

Community Education:

- Advanced directives education with Tennova and Summit patients

MEDICATION RELATED CARE/EDUCATION COMMITTEE REPORT

Members in Attendance: 13

Discussed types of information needed in transitions:

- Medical diagnosis for in and out patient
- Why diagnosis made on both sides
- Include retail prescription in communication
- Timing of admission / discharge information so it's available for provider to review prior to appointment
- Information going to clinical pharmacist, not only doctor at institution
- Get all pharmacists access to eHIN

Tool for patient regarding Assistance Programs:

- Include social work input / resources
- Subcommittee to develop tool

Discussion with local pharmacy chains and independent pharmacists to help educate regarding impact of 30 days readmissions and issues hospitals face financially and using MTM.

NEXT MEETING:

Thursday, October 24, 2013 11:00am – 1:00pm
Cherokee Health Systems – 1st Floor Conference Room
2018 Western Avenue, Knoxville

Respectfully Submitted by:

Dottie Lyvers, East Tennessee Area Agency on Aging and Disability