

Building a Bridge to Better Health Coalition Meeting Summary

December 13, 2012
11:00am – 1:00pm

John T. O'Connor Senior Center
Knoxville, TN

Attendees:

Judy Effler	Blount Memorial Hospital
Stan Boling & Teresa Fugate	Covenant Health
Aaron Bradley & Dottie Lyvers	East Tennessee Area Agency on Aging & Disability
Erin Hill	Knoxville Academy of Medicine Foundation
Barbara Monty & Misty Goodwin	Knoxville-Knox Co. CAC Office on Aging
Patty Brinkley & Betty Deblasio	Qsource
Dawn Carpenter	Sweetwater Hospital Association
Becky Dodson	Tennova Healthcare
Dr. Gregory Phelps	University of TN Medical Center

How Did We Get Here?

Dottie Lyvers shared background on efforts to date to reduce readmissions. Specifically, the East Tennessee Area Agency on Aging & Disability, Sweetwater Hospital Association, Covenant Health, Knoxville-Knox Co. CAC Office on Aging and QSource partnered to apply for CMS' Community Based Care Transitions Program (CCTP). Although not accepted by CMS, the group continued meeting and discussed potential for pilot project. QSource and East Tennessee Area Agency on Aging & Disability then partnered to begin process to expand conversation to invite more partners and build larger coalition focusing on improving healthcare in East TN and reducing readmissions.

Ideas Stated:

- One reason CMS did not accept local CCTP application was due to perceived lack of pilot project. (Pilot project had been completed and was to be expanded through CCTP).
- CMS' CCTP does not address rural America, including lack of transportation, which can help reduce readmissions.
- Tennova conducted pilot which included telephone outreach to patients, which assisted in reducing readmissions.
- What CMS is doing through reimbursement penalties to hospitals and how it is affecting hospitals.

Why Are We Here?

Betty Deblasio offered a review of QSource's roles and responsibilities. She shared 3 resources QSource utilize in their work: 1) Care Transitions Intervention Model, 2) Triple AIM, 3) Dr. Jeffrey Brenner's work (Hotspotting). Betty also shared the mission of STAT (Safe Transitions Across Tennessee), which is to promote seamless transitions of care for Medicare beneficiaries transitioning from the hospital to their next level of care.

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Betty shared Knoxville area specific data and distributed the “Transitions of Care 2012 Update Report for Knoxville, TN”. Betty also shared where the other coalitions are in TN and described how they are functioning (most without funding).

Betty suggested that all hospitals conduct a Root Cause Analysis. Bring identified problems to this coalition to address as a “community”.

Ideas Stated:

- Need to look at patient specific data vs. community data
- Need to address comorbidities that include mental illness
- Need legislators involved so they are aware of issues.
- Need Managed Care Organizations involved
- Need TennCare involved
- In a community coalition, everyone has resources to bring to the table
- Community services are underfunded to meet the needs – needs to be recognized.
- UT Hospice has used chaplains and social workers in efforts to reduce readmissions
- While community collaboration is beneficial, we may have challenges getting others to participate without funding opportunities (no incentive)
- Need to have a shift to providing funds for resources
- Need to invite home health agencies – especially those who are not taking TennCare clients and/or limiting TennCare client service based on quotas.
- Current pay system is not aligned with where we will be in a year.
- Patients don’t know where and how to access community resources – need local and statewide education.

Where Are We Headed?

Dottie reviewed a summary of the survey that was conducted with coalition members.

1. What do you think are the top barriers to continued good health?
2. What elements are important in a successful transition of care?
3. List at least one area the coalition can focus efforts on to improve healthcare in East TN.

Ideas Stated:

- Education on end of life issues to medical community and consumers
- Physician education on end of life / Hospice
- More physician involvement
- Focus on hotspotting areas of community that have high readmission rates
- Education to community about how to access resources.
- Have not focused or talked yet about doctors being penalized for readmissions (just hospital penalties).
- Focus on what we can control and steps we can take
- Need to have clear focus and direction as to what our goals are as a coalition

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Ideas for additional partners:

- Pharmacists
- Compassion Coalition
- Home Health Agencies
- Home Care Agencies
- Managed Care Organizations
- EMS (Rural Metro)
- Dialysis Centers
- Skilled Nursing Facilities
- Local officials / legislators
- Consumers

Coalition members are asked to invite at least 1 additional partner (outside of their organization) to the next meeting.

Next Meeting

Thursday, January 24, 2013 – 11:00am – 1:00pm

John T. O'Connor Senior Citizen's Center, Knoxville, TN

New partners will be invited to arrive at 10:30am to receive and update on the coalition's efforts to date.

Respectfully Submitted by:

Dottie Lyvers

Aging Services – Special Projects Manager

East Tennessee Area Agency on Aging & Disability