

Linn Benton Lincoln Early Learning Hub Health Care Integration Work Group Meeting Minutes

MEETING COMMENCED	12:20pm, August 20, 2015 Old Mill Center, Corvallis
MEETING CALLED BY	Lynn Hall
WORK GROUP MEMBERS PRESENT	Shelley Paeth, Julia Young-Lorion, Rebecca Austen, Bettina Schempf, Lynn Hall, Tab Dansby, Kristi May, Cindy Bond, Don Knowles, Norma O'Mara, Karen Levy
VERSION	Final

Agenda topics

DISCUSSION ITEM	Review of Last Month's Meeting Minutes
Posted on Basecamp and website.	
CONCLUSIONS	
Approved.	

DISCUSSION ITEM	New EL Hub Metrics (Kristi May)
Last month the Early Learning Council approved the new metrics that all Hubs will be held to.	
Baseline, Targets and Benchmarks – gives us information about when metric data is due to the Early Learning Division, as well as how it is to be accomplished and by whom.	
Hub Logic Model – “Goals” has replaced “Outcomes”, and what funding stream is in place for each goal to be accomplished, as well as which sector is to be participating.	
Two indicators/metrics for our work group: <ul style="list-style-type: none"> • Goal 2.4 Increase the percent of children who receive a developmental screening before the age of 3, and • Goal 3.3 Increase the percent of children with 6+ well-child visits by 15 months. This new indicator is shared with the CCO 	
Description of method that hubs will be evaluated on.	
We are currently working with the CCO to increase developmental screenings, including how the system can be improved, who is currently performing ASQs, and what training needs to take place to improve the quality of the ASQs that are being given.	

DISCUSSION ITEM	Recommendation Documents
Recommendation 1: utilize master trainers to provide training opportunities for all non-medical providers and share ASQs with parents.	
Recommendation 2: collaborate with the CCO to provide Oregon Pediatric Society's START training for medical providers.	
Recommendation 3: With the help of the IHN-CCO, develop a policy and process for how to share ASQs performed by trained non-medical with families and medical providers.	
Recommendation 4: develop a system to track ASQs performed by non-medical providers to do away with duplication of screenings.	
The IHN-CCO failed their last state measurement in the ASQ area, so we feel that they are “ripe” for change and they have shown that they are more than willing to work with us.	

The Ford Foundation is offering 60%/40% grant for ASQ training for medical providers in rural areas. Providers are probably more willing to accept training from Samaritan rather than from the CCO. The metric is actually for the CCO, but it benefits Samaritan to participate.		
We want the families to feel that they are being cared for, but we also want the ASQs to be completed—without duplication—and then input into a system that allows us to track and process what is being done.		
We found in our medical survey that responders didn't know that they could bill for reviewing the ASQ with the family.		
The final question on the survey asked if the providers wanted more training, and the answer was an overwhelming "yes".		
The Recommendation needs to include a paragraph that explains what the ASQ3 is. Also, remove reference to the Denver and the PEDS because we don't receive credit for those tools, and the ASQ is the preferred tool, according to the State.		
One problem is that parents don't bring their children in for visits unless they are sick. We need to get the parents into the doctor's office so that the ASQ can be evaluated and/or reviewed with the family.		
Do we know how other Hubs are handling this? Tab explained that the Lane Alliance is working with the U of O to create an on-line ASQ, so that parents, or agencies can do the ASQ on-line, and it would be routed directly to the pediatrician. They have gotten around the HIPAA laws, and are testing this new method of gathering data.		
However, if the ASQ is done by families without the guidance of a pediatrician or trained non-medical provider, it may be less accurate.		
Do we have other training alternatives for non-medical providers? LBCC has master trainers; there are also some available on the coast. Do we have resources to put into this? We need to train as many as possible at first, and then do it twice a year afterwards. Can medical and non-medical providers be trained at the same sessions? Could be very helpful for have them receive training together. However, physicians may prefer separate trainings.		
Could we include QRIS providers as well, so that they are getting ASQ training that would count as QRIS requirements as well?		
We don't want the medical providers to come away from the trainings with the opinion that they are going to be doing all of the ASQ screenings from now on. We WANT the non-medical providers to keep doing them.		
Need to not just train them in ASQs, but also in how to input them into the system, how to rearrange their office personnel so that the ASQs are handled properly, etc. More than just teaching people how to do the ASQ...		
CONCLUSIONS		
Next Step: Policies and Procedures. You've been trained, now what's next?		
Next month: review well-child goals, and how close the CCO was to meeting that goal on their last review.		
We need to review how our families are using the pediatrician or medical home. – Do we have a role in this?		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Would like to invite a START person to participate in our next meeting so that we can question them.	Lynn Hall	9/3/2015
Would like to invite Jerri to tell us about the non-medical training and advise us what to suggest.	Lynn Hall	9/3/2015
Recommendations will be left on Basecamp, and Work Group members who continue to review and offer suggestions.	Work Group Members	9/3/2015
NEXT MEETING	Thursday, September 3, 2015, at 12:20pm	
Meeting will be held at the Newport Public Library.		
MEETING ADJOURNED	1:20pm	