



## Care coordination Workgroup Telemeeting Notes 10-28-2008

Participating: Jennifer Arveson, co-lead MN; Kathy Wood, co-lead IN; Kristi Bentler, MN; Sally Hiner, Collaborative Coordinator; Sarah Wedepohl, Parent Coordinator.

### I. Regional Meeting Update:

- Reviewed surveys for EIFs. Kathy will make revisions based on feedback during the Regional Meeting and forward to Sally for use by the workgroup.
- Care Plan – Needs one additional revision “how the child communicates”. Sally will add and forward to the workgroup.
- Care Coordination – Jennifer made the revisions suggested by the workgroup. This document was disseminated with the meeting materials.
- Overlap between Medical Home group and Care Coordination group was discussed. Workgroup members are excited that our products can become part of the Medical Home Toolkit.

II. HRSA Performance Review – Region 4 was selected by HRSA for a “Performance Review”. This process has included the review team looking at Region 4 products and materials and several meetings (telemeetings and a two day site visit) with Region 4 staff. The site review team worked with staff to select two objectives on which to focus. One objective was selected from each of the Medical Home Workgroup and the Care Coordination Workgroup outcomes outlined on the Region 4 Logic Model. There is some overlap between the two workgroups in this respect, as well. The HRSA team helped us identify dissemination issues and strategies for the Medical Home Tool Kit.

The draft document “Care Coordination Performance Improvement Options” was disseminated. The review team examined the Care Coordination workgroup products and processes and selected as a focus the Care Plan Review form and process. The review team and Region 4 staff engaged in a process to work through performance improvement options around this strategy. There is strong support for the workgroup completing the review form and also for developing a web-based module organized care plan.

### III. Subcommittee Updates

A. Care Coordination – this workgroup has finished its work of developing a medical care coordination template for use with children who have heritable disorders. Recommendations received at the Regional meeting were incorporated and the final

version was forwarded with meeting materials to workgroup members. This is ready for dissemination, including as a component of the Medical Home Toolkit.

- B. Care Plan – The care plan review form is nearly ready for dissemination. One addition is needed as noted above, to add a section for information about “how the child communicates”. The subcommittee will be reconvened to discuss the recommendations from the HRSA Review process, that the workgroup also provide modules or samples for each section of the “ideal” care plan that the review form prompts the user to think about. The subcommittee will develop an action plan that will likely include asking for the assistance of additional workgroup members.
- C. Emergency Plan – The workgroup reviewed the surveys designed to solicit input on using EIF and, specifically MEMSCIS, during the Regional Meeting session. Kathy will incorporate the feedback and finalize the surveys. The subcommittee recommends marketing MEMSCIS for use and will formalize this recommendation in writing. A plan for dissemination of the surveys also will be developed. Promoting MEMSCIS will not be delayed to wait for the surveys; however, we still need an update on the IRB action before we proceed. A subcommittee meeting will be scheduled to finalize the recommendation and action steps for survey implementation.

After the Regional Meeting, Kristi followed up with individuals who had expressed interest in MEMSCIS. Other workgroup members also were aware of interested persons. A process for getting people on board with MEMSCIS needs to be developed. Some of the interested people are not those who would actually be using the service; but may be able to help us reach those who would use it. Others are ready to get their clinics on board or have disorder specific interest. A process to help triage and respond to requests would increase our effectiveness in getting interested people engaged. Sally and Kristi will meet on to discuss process options.

As the utility of MEMSCIS expands to other disorders, it would be valuable to engage stakeholders representative of those disorders or user groups as advisory group members. The MEMSCIS Advisory Group provides input and guidance into the direction MEMSCIS needs to go to meet the expanding need. Workgroup members were asked to consider individuals to recommend for MEMSCIS Advisory.

- IV. November and December Meetings: Care Coordination Workgroup meetings both months fall in holiday weeks. The group agreed to reschedule the November meeting for the first or second week of December and cancel the December meeting.

Notes by Hiner