

Steering Committee

REMINDER: please print your own hard copies of meeting materials

Meeting Date: Wednesday, August 20, 2008
Time: 2:00 pm to 4:00 pm
Location: 931 Spring Street, Conference Room
Dial in number: 888-566-8440, passcode 228780#

Committee Members: Greg Bergner, MD, John Bachman PhD, Dick Derby, Jim Ellsworth, Gayle Erbe-Hamlin, Jon Lehrman MD, Shannon Truesdell MPA RN,

Invited Guests: Maria Chaves, Sandra Dunn, Dana Davies, Rob Quadri, Peggy O’Brien, Neda West

<u>Time</u>	<u>Topic</u>	<u>Outcome</u>	<u>reference</u>
2:00	1. Welcome, Introductions and Agenda Review		
2:10	2. Changes or additions to minutes from July 9, 2008	Decision: approve, modify or reject	
2:15	3. Organizational Priorities Each participant identifies their agency's top 3 priorities for 2008-09 and key projects	Identify potential conflicts and synergies with ACCEL's 2009 work plans	
2:45	4. ACCEL Participant Revenue Modeling: Barton's review of ACCEL generated reimbursement and charity care	Identify approaches and assumptions for quantifying ACCEL's value to participant organizations	meeting handout
3:00	5. Evaluation update: <ul style="list-style-type: none"> • Sphere (Peggy) • QA survey results (Maria) • Care Pathways (Sandra) • EMPI (Maria/Rob) 	Shared understanding and discussion of implications for future activities	<ul style="list-style-type: none"> • Pages 2-4 • NPP QA Survey Data 072108.xls • handout
3:30	6. Staff Updates <ul style="list-style-type: none"> • Grant and funding update • MediCal cuts 	Status of requests, funding, and gaps	Meeting handout
4:00	7. Closing	Agenda items for next meeting, September 10	

Project Access for El Dorado County (ACCEL) Year Three Interim Evaluation: Summary Report for the Steering Committee

Following the structure of previous evaluations, the Year 3 ACCEL Interim Evaluation Report uses qualitative and quantitative measures to assess ACCEL's advancements in the past year. These measures and our findings are summarized below.

Expanding the Scope of the Care Pathways

The first measure captures ACCEL's efforts to expand the scope and impact of the pathways. By identifying the pathways in operation on each slope and analyzing data on the number of clients served and the share of successful cases, we have identified the following Year 3 advancements:

- **ACCEL partners respond to the county's shifting health care needs by creating a new pathway.** A very large share of children in the county are now insured. This is reflected in a decrease in the monthly average of Year 3 cases in the Securing Health Care Coverage pathway. ACCEL has responded to this trend by creating the Access and Eligibility Renewal Pathway, which formalizes its goal of helping children retain their coverage.
- **Pathways continue to enroll clients.** The Obtaining a Medical Home Pathway experienced a Year 3 increase from 13 to 17 new cases per month, the (Newborns) Securing Health Care Coverage from 18 to 21.6 cases per month, and the Pediatric Mental Health Consult pathway from 2.3 to 4 cases per month. The (Newborns) Using a Medical Home Pathway experienced a slight drop – from 7.7 monthly case to 5.
- **The Pediatric Mental Health Consult pathway experienced a drop in the share of clients successfully completing the pathway.** Even as the monthly average of cases opened increased, the percentage of successful cases dropped from 45 percent to 15 percent.

Lessons Learned from the Implementation of the Care Pathways HIT

Based on interviews with ACCEL participants, an additional measure describes progress made to the development and installation of iReach. The Year 3 Interim Evaluation Report documents that:

- **Gradual phase-in of iReach has proven to be an effective approach.** By focusing its efforts on one pathway at a time, as well as phasing in the number of iReach users,

ACCEL has been better able to address problems and ensure a smoother transition for later phases of implementation.

- **ACCEL's flexibility in training is a good response to a diverse user group.** ACCEL has supplemented standard training sessions by providing ad hoc and one-on-one training sessions, as well as developing written materials featuring case studies that serve as a reference tool for new users.
- **Despite a steep learning curve, iReach has already proven to be a useful tracking tool.** While the transition is challenging for many users, they are recognizing the value of the iReach program in helping them stay organized and track their tasks.
- **ACCEL is committed to improving the functionality of iReach.** Since glitches are inevitable, ACCEL is ensuring that problems get resolved in a timely manner either by its own technical staff or by Infocom.

Lessons Learned from the Implementation of the Health Information Exchange (HIE)

The evaluation also examines advancements made to the implementation of the HIE. Based on interviews with ACCEL participants, we present the following information:

- **Development of the Notification of Privacy Practices document was a monumental yet challenging task.** ACCEL participants worked closely to come to an agreement on a final document. Although the process took more time than anticipated, it was a crucial first step to the implementation of the Pathways HIT and the EMPI.
- **ACCEL has made significant progress toward the development of the pilot EMPI.** ACCEL's efforts in Year 3 have been concentrated on ensuring the integrity and security of the data to be stored in the EMPI. Participants are now preparing to send client files to the EMPI server.
- **Important decisions about the HIE still need to be made.** ACCEL is still working toward identifying the types of information that will be exchanged through the HIE, choosing the exact architectural model, and incorporating additional providers.

Next Steps: Additional Measures to be Included in the Final Evaluation

The final evaluation will include the following additional measures to evaluate the effectiveness of iReach:

- **Analysis of time community health workers (CHWs) dedicate to pathways:** CHWs will complete a survey estimating the amount of time spent on pathways activities. These numbers will be compared to Year 2 estimates in order to determine if iReach has improved overall efficiency.
- **Use of pathways data for reporting and policy-making purposes:** A key benefit of iReach is its ability to generate reports on client characteristics, behavior, and progress through pathways. We will assess if the number and types of analytical reports produced under iReach have expanded.

- **Number of participating providers that generate or accept referrals:** ACCEL aims to continue engaging providers into its activities. We will determine if the number of providers who receive and feed referrals into the pathways has increased with the installation of iReach.

We will also add measures to assess the longer-term impact of ACCEL. Primarily, we will compare the emergency room visits of clients of the Obtaining a Medical Home Pathway, both before and after they entered the pathway to determine if there is an overall decrease in visits. Additionally, we will assess whether clients of Securing Health Care Coverage Pathway are using less charity care after enrollment, thus improving hospital financial performance and contributing to ACCEL's sustainability.