

Steering Committee

REMINDER: please print your own hard copies of meeting materials.

Meeting Date: September 12, 2007
Time: 2:00 pm to 4:00 pm
Location: 931 Spring Street, Conference Room

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

Invited Guests: Sandra Dunn MSc, Dana Davies, MPH, Leslie Gomes, Esq (tentative), Trever Lee, Maria Chaves, Kim Dickson

<u>Time</u>	<u>Topic</u>	<u>Outcome</u>
2:00	I. Welcome	
2:05	II. Changes or additions to minutes from 8-9-07	<ul style="list-style-type: none"> Decision: approve, modify or reject
2:15	III. Staff Report (Sandra)	<ul style="list-style-type: none"> Discuss
2:25	Privacy & Security Workgroup: common consent & MOU language	<ul style="list-style-type: none"> Review and discuss Decision: approve, modify or reject
3:10	IV. ACCEL Structure Update <ul style="list-style-type: none"> REVISION to Steering Committee Charter Current workgroups and anticipated launches 	<ul style="list-style-type: none"> Decision: approve, modify or reject Review and discuss
3:30	V. Care Pathways and EMPI Workgroup update	<ul style="list-style-type: none"> Review and discuss
3:50	VI. Wrap Up	<ul style="list-style-type: none"> Confirm follow up items and accountabilities

Facilitator: Dana Davies
Action items from last meeting: none
Next meeting: October 10, 2007, 2:00 - 4:00 PM

ACCEL
MEMORANDUM OF UNDERSTANDING
Regarding
PARTICIPATION IN CARE PATHWAYS PROGRAM

THIS MEMORANDUM OF UNDERSTANDING (the “MOU”) contains the terms and conditions on which the Participant identified on the Signature Page of this MOU (the “Contracting Participant”), shall provide and/or receive clinical and related information of patients for use by other Participants (as defined below) through the electronic health information exchange services (“Care Pathways Services”) operated by BARTON HEALTHCARE SYSTEM, a California nonprofit public benefit corporation, acting as agent for ACCEL, a collaborative organization, all as described on Exhibit 1 (Description of ACCEL, the Program and Care Pathways Services), which is incorporated herein by reference (“ACCEL”).

Program and Services.

Description of Program. ACCEL operates a program (the “Program”) to promote the electronic exchange of health information described on Exhibit 1 (Description of ACCEL, the Program and Care Pathways Services).

Description of Services. The Care Pathways Services are described on Exhibit 1 (Description of ACCEL, the Program and Care Pathways Services).

Provision of Services. ACCEL shall make the Care Pathways Services available to those parties (each, a “Participant”) who enter into written agreements with ACCEL substantially the same as this MOU, pursuant to which those Participants agree to participate in the Program (“Participation MOUs”). Contracting Participant therefore is a Participant in the Program.

Participation. Contracting Participant shall participate in the Program and use the Care Pathways Services for the electronic exchange of health information in accordance with the terms of this MOU, including all the obligations given to a Participant described in Section 0 (Uniform Terms for Participants).

Program Manual. ACCEL may in accordance with its [Charter] adopt a manual (the “Program Manual”) that describes the Program and the Care Pathways Services, and ACCEL’s procedures, policies and rules concerning Participants’ use of the Care Pathways Services and the health, demographic and/or financial information of patients exchanged through the Program (“Clinical Information”).

Uniform Terms for Participants. All Participants shall be legally bound by the following terms and conditions.

Participation MOUs. ACCEL shall enter into Participation MOUs with all Participants in the Program. ACCEL shall not allow any party that is not subject to a Participation MOU to participate in the Program, or to use the Care Pathways Services, or to provide or retrieve health or other information through the Care Pathways Services. To assure Participants that uniform

terms and conditions shall apply to all uses of the Care Pathways Services and Clinical Information, all Participation MOUs shall contain terms and conditions consistent with those of this Section 0 (Uniform Terms for Participants).

Authorized Users Only. ACCEL shall require that only Authorized Users may use the Care Pathways Services and provide and/or retrieve Clinical Information through the Care Pathways Services. “Authorized Users” shall be (a) a Participant who is an individual licensed physician or other health care provider or (b) an individual who is authorized by a Participant, consistent with the scope of that individual’s licensure and practice and his or her responsibilities to the Participant, to use the Care Pathways Services and provide and/or retrieve Clinical Information through the Care Pathways Services on behalf of that Participant.

Insurance. Each Participant shall maintain insurance coverage for the Participant and all its Authorized Users, and periodically provide evidence of such coverage to ACCEL, as described in the Program Manual.

Compliance with Laws and Regulations, MOU and Program Manual. Participants and their Authorized Users shall use the Care Pathways Services and Clinical Information only in a manner that complies and is consistent with all applicable professional and ethical standards and requirements, local, state, and national laws and regulations, their respective Participation MOUs and the Program Manual. Such laws and regulations include without limitation the California Confidentiality of Medical Information Act (California Civil Code §§ 56 – 56.37), the Lanterman-Petris-Short Act (California Welfare and Institutions Code §§ 5328 – 5328.9), the Standards for Privacy and Security of Individually Identifiable Health Information at 45 CFR Parts 160, 162 and 164 (“HIPAA”), and the regulations of the U.S. Public Health Service, Department of Health and Human Services pertaining to the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2).

Provider-Patient Relationship. Participants and their Authorized Users may use the Care Pathways Services and provide or retrieve Clinical Information only pursuant to an established provider-patient relationship and in connection with the treatment of their respective patients, and for purposes related to Participants’ treatment, payment and other health care operations.

Responsibility; Mutual Indemnification. Each Participant shall be solely responsible for all clinical decision-making and other matters arising out of its respective provider-patient relationships. Each Participant shall indemnify, defend and hold harmless ACCEL and each other Participant, and their respective officers, directors, employees, agents, licensors, suppliers and affiliates, from and against all losses, liability, expenses, damages and costs, including reasonable attorney’s fees and expert witness fees, not covered by insurance and arising out of or related to any breach of the Participant’s Participation MOU, its or its Authorized Users’ relationship with a patient, or any negligent or wrongful action or omission, by the Participant or its Authorized Users related to its or their use of the Care Pathways Services or the provision, retrieval, use or subsequent disclosure of Clinical Information.

Patient Authorization; Use of Information. With each and every use of the Care Pathways Services and each provision or retrieving of Clinical Information through the Care Pathways Services, (a) Participants shall represent and warrant that, prior to any provision of

Clinical Information through the Care Pathways Services by the Participant or any of its Authorized Users, the Participant shall have obtained a currently-effective authorization from the patient if and to the extent required by applicable law and, to the extent applicable, the Program Manual, and (b) Participants shall represent and warrant that any access of Clinical Information through the Care Pathways Services is for treatment, payment, or health care operations with respect to the patient.

Appropriate Safeguards; Training. Each Participant shall use appropriate administrative, physical and technical safeguards to assure that only the Participant and its Authorized Users access through the Care Pathways Services such Clinical Information for which the Participant and each Authorized User is legally authorized to access and use. Participants shall provide training for all their Authorized Users in the use of the Care Pathways Services and compliance with the terms and conditions of their Participation MOUs and the Program Manual.

E-Mail Addresses. Participants shall provide to ACCEL a currently-effective e-mail address for the Participant and each of the Participant's Authorized Users, and inform ACCEL of any changes thereto. Participants grant ACCEL permission to communicate with the Participant and each of its Authorized Users using such e-mail addresses.

Privacy Policy. Participants and their Authorized Users shall comply with ACCEL's Privacy Policy, which shall be set forth in the Program Manual.

Costs. Contracting Participant shall be solely responsible for all costs incurred by Contracting Participant to connect to and use the Care Pathways Services and to provide or retrieving Clinical Information, including but not limited to obtaining and maintaining all telephone, computer and other equipment necessary to do so.

Performance of Services. Subject to the other terms and conditions of this MOU, ACCEL reserves complete and sole discretion with respect to the operation of the Care Pathways Services. ACCEL may among other things withdraw, suspend or discontinue any functionality or feature, in accordance with the procedures described in the Program Manual. Participants shall be responsible for developing and maintaining procedures, as described in the Program Manual, to assure the privacy, security and integrity of Clinical Information maintained under their control, including all Clinical Information they may receive through use of the Care Pathways Services. ACCEL shall handle and maintain data in accordance with its internal operating procedures. ACCEL shall not be not responsible for transmission errors or corruption or compromise of data carried over local or interchange telecommunication carriers.

Provision of Clinical Information. Contracting Participant shall make Clinical Information (including but not limited to the following: pediatric mental health consult reports, pediatric immunizations) available electronically through the Care Pathways Services as soon as practicable following its availability. ACCEL shall not make any alterations to the content of the Clinical Information, except as described in the Program Manual.

Duration of MOU. The term of his MOU shall commence upon the effective date set forth below and shall continue unless terminated either by Contracting Participant or by ACCEL. Either Contracting Participant or ACCEL may terminate this MOU at any time, with or without

cause, upon notice given in accordance with Section 0 (Notices). The terms and conditions of this MOU shall continue to apply to the use and disclosure of all Clinical Information provided or retrieved through the Care Pathways Services prior to that termination.

Changes to Participation MOUs. ACCEL may amend or otherwise modify Participation MOUs or the Program Manual at any time in accordance with the procedures described in the Program Manual.

Notices. ACCEL may deliver notice to Contracting Participant by means of electronic mail to the e-mail address Contracting Participant shall have provided to ACCEL or by written communication delivered by first class U. S. mail or express courier to the address for Contracting Participant on record in ACCEL's account information. Contracting Participant may give notice to ACCEL at any time via electronic mail to ACCEL or by letter delivered by first class postage prepaid U. S. mail or overnight courier to: ACCEL, [*Insert Street Address, City, State and Zip Code*], Attention: [*Insert appropriate title*], Electronic Mail:

_____.

Disclaimer; Limitation of Liability. EXCEPT AS EXPRESSLY SET FORTH HEREIN, ACCEL MAKES NO WARRANTIES OF ANY KIND, EXPRESS, IMPLIED OR STATUTORY, WITH RESPECT TO THIS PARTICIPATION MOU, THE PROGRAM MANUAL, THE CARE PATHWAYS SERVICES OR CLINICAL INFORMATION, INCLUDING WITHOUT LIMITATION WARRANTIES OF MERCHANTABILITY AND/OR FITNESS FOR A PARTICULAR PURPOSE. ACCEL SHALL NOT BE LIABLE FOR ANY SPECIAL, INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES (INCLUDING LOSS OF USE, DATA, BUSINESS OR PROFITS) ARISING OUT OF OR IN CONNECTION WITH THIS PARTICIPATION MOU, THE PROGRAM MANUAL, THE CARE PATHWAYS SERVICES OR CLINICAL INFORMATION, REGARDLESS OF WHETHER SUCH LIABILITY ARISES FROM ANY CLAIM BASED ON CONTRACT, WARRANTY, TORT (INCLUDING WITHOUT LIMITATION NEGLIGENCE), STRICT LIABILITY OR OTHERWISE, AND REGARDLESS OF WHETHER A PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

Severability. The provisions of this MOU are severable, and in the event any provision hereof is determined to be invalid or unenforceable, such invalidity or unenforceability shall not in any way affect the validity or enforceability of the remaining provisions hereof. If any provision of this MOU is held to be invalid or unenforceable, such provision shall be reformed, if reasonably possible, while remaining consistent with the other provisions of this MOU, only to the extent necessary to make it enforceable.

Entire Agreement. This MOU, together with any rules referred to herein, represents the complete agreement between Contracting Participant and ACCEL concerning the subject matter hereof, and it replaces all prior oral or written communications concerning such subject matter.

Assignment. Neither Contracting Participant nor ACCEL may assign, transfer or delegate this MOU or any part of it without the other's prior written consent. Notwithstanding the foregoing, this MOU shall be binding upon and inure to the benefit of the heirs, successors and permitted assignees of the parties.

Waiver. Failure to exercise or delay in exercising any right hereunder, or failure to insist upon or enforce strict performance of any provision of this MOU, shall not be considered waiver thereof, which can only be made by signed writing. No single waiver shall be considered a continuing or permanent waiver.

Disputes; Meet and Confer. In the event any dispute arises between any Participant and ACCEL or any other Participant in connection with this MOU, each party to that dispute shall meet and confer with the other parties in a good faith effort to resolve that dispute.

No Third Party Beneficiaries. There shall be no third party beneficiaries to this MOU.

Governing Law. This MOU shall be governed by and construed in accordance with the laws of the State of California without giving effect to any choice of law rules that may give a contrary result.

Signature Page Follows

MEMORANDUM OF UNDERSTANDING
Regarding
PARTICIPATION IN CARE PATHWAYS PROGRAM

Exhibit 1

Description of ACCEL, the Program and Care Pathways Services

ACCEL is a county-wide health collaborative dedicated to improving El Dorado County residents access to and quality of health care, in part by building transparent patient program linkages cross agencies.

The Program. Care Pathways is a cross-agency case management program to ensure that a residents needs are attended to throughout many encounters in the health access and delivery process. Each pathway defines the problem to be addressed, the desired positive outcome, and the key intervention steps required to achieve the outcome. The program provides a standardized accountable structure to shift the focus towards defined, outcomes. It is a patient-centric process that addresses one health care issue at a time. As work steps are completed, they are defined by a measurable outcome.

Pathways can address administrative access or clinical issues. To date, five Care Pathways have been implemented: Securing Health Care Coverage, (Newborns) Securing Health Care Coverage, Obtaining a Medical Home, (Newborns) Utilizing a Medical Home Appropriately and Pediatric Mental Health Consult. Community Health Workers (CHW) assists and monitor the person/patient progress through a Pathway. Care Pathways were developed as a paper process to enable clear cross-agency patient referrals with 'transparent' interactive work process definition. Automation of the paper processes was always envisioned to increase efficiencies, accurate timely communication and improved patient outcomes. ACCEL Participants automation of the paper processes will occur over time. Therefore it is expected that Care Pathway paper process for one ACCEL Participant will continue for the foreseeable future.

Although the Care Pathways electronic solution (iREACH) will be accessible by Participant users at different sites and organizations, it is a stand alone product that does not exchange information with any other systems. The implementation of a county-wide Master Patient Identifier (EMPI) used with the Care Pathways electronic solution will support Participants exchange and update of demographic patient information and provide a match on patients at the different Participant delivery stations.

Care Pathways Services.

Attachment I: Securing Health Care Coverage

Objective: Securing Health Care Coverage Pathway formalizes ongoing efforts by ACCEL to expand access to health care and health coverage in El Dorado County. The Pathway provides a more defined procedure for management and tracking of these cases.

1. Currently referrals are initiated throughout the county, including but not limited to hospitals, clinics, and the Mental Health Department. Parents sign an ACCEL consent form to allow the Public Health Department (PHD) to contact them, which is then faxed to the PHD. The original remains in the patient file if it is faxed through a medical provider and at the Public Health Department if it comes through a source such as the school district.
2. iREACH will allow medical providers to refer clients through a quick registration (quick reg). In the quick reg, there will be a check box to confirm that the parent consent has been signed, as well as permission given to transfer information electronically. Community Health Workers (CHW) will enter the registration information in cases that the referral continues to be faxed to them.
3. The Public Health Department CHW will be responsible for and utilize iREACH for scheduling, interviewing, coaching the client in collecting necessary documents, compiling the Health Care Coverage documents to be sent into the insurance companies that the client is best suited for, and monitoring for a successful insurance coverage status. The CHW will also be involved in overcoming barriers, such as transportation and the ability to make appointments, that may otherwise prohibit the client from a successful outcome.
4. The pathway is closed when the application status is known, at which point iREACH triggers the CHW to schedule the opening of a Renewal pathway for 10 months later.
5. Insurance type and effective dates are sent to referring providers, such as Marshall Hospital and Barton Hospital.

Attachment II: (Newborns) Securing Health Care Coverage

Objective: Newborn Securing Health Care Coverage assists new mothers with securing Medi-Cal for their newborn during the first year of their life.

1. Medi-Cal insured mothers are identified to assist them in enrolling their newborns into Medi-Cal.
 - a. In South Lake Tahoe the Medi-Cal mothers are identified at pre-natal visits at Tahoe Family Physicians, who currently faxes a consent form allowing information to be shared with the Public Health Department. The form is faxed to both Barton Community Clinic and the Public Health Department Community Health Worker (CHW). The CHW calls the mother to introduce himself to the mother prior to delivery. If the mother does not utilize pre-natal visits, Barton Community Clinic catches the child at the 72 hour bilirubin check and faxes the consent form to the Public Health CHW. The original consent forms will remain in the patient charts. iREACH quick registration will replace the faxing of consent forms and other current paper processes.
 - b. On the Western Slope, the Public Health CHW visits Marshall Hospital OB unit daily, where a referral log of all Medi-Cal insured mothers is kept by the unit secretaries. The nurses have the mothers sign the ACCEL consent form, which is given to the CHW during her daily visit. When the CHW visits the OB unit, she attempts to visit the mothers in the hospital, and if that is not possible, schedules an appointment to visit them at home.
2. Within 72 hours of delivery, the CHW teleconferences the mother with the Medi-Cal worker to inform them of the child's birth and enroll the child in Medi-Cal. Within 2-4 weeks, the CHW contacts the mother again to confirm their newborns Medi-Cal enrollment, documenting effective date and insurance number which is entered into iREACH
3. At newborn Medi-Cal confirmation, the CHW, through iREACH, will schedule an appointment to open the Renewal pathway in 10 months for the newborn.
4. Medical appointments were made for the infant, and that they were kept.

Attachment III: Obtaining a Medical Home

Objective: The purpose of Obtaining a Medical Home is to connect children who had relied on the emergency department for primary care with a medical home, primary care Provider (PCP) who accepts their current insurance (usually acquired through Securing Health Care Coverage Pathway).

1. Referrals are initiated in the Marshall Hospital Emergency Room for children who do not have a Medical Home and are using the ER for non-urgent issues or complaints. The ER front desk staff identifies the patient and ensures the parent signs the ACCEL release to allow a Public Health Community Health Worker (CHW) to contact them. This release is faxed to the Public Health Department, and the original remains in the patient chart. The Community Health Worker enters the information into iREACH and marks that the release has been signed.
2. First the CHW establishes whether the child has insurance. If the child does not have insurance, the Securing Health Care Coverage (SHCC) Pathway is opened. When health care coverage is confirmed, the CHW works with the client to establish a Primary Care Provider.
3. The CHW educates the child's guardian on the benefits of utilizing a Medical Home rather than using the ER for non-urgent issues and complaints. The CHW also schedules the medical appointments for the client, and works with the guardian to overcome barriers that might prevent them from attending the appointment.
4. The CHW communicates with the Primary Care Provider's referral specialist to ensure that the client has attended the appointments, and reschedules if appropriate. All appointments are entered into iREACH, as well as phone calls to guardians to remind them of appointments.
5. The Pathway is closed as successful after:
 - a. A child under 5 years of age has been to two appointments, and
 - b. A child over 5 years old has been to one appointment in which medical issues have been successfully managed.
6. The Pathway is closed as unsuccessful if:
 - a. The CHW has attempted to reach the guardian three times with no return contact by the guardian.
 - b. If the client has two "no-shows" for scheduled appointments.

Attachment IV: (Newborns) Utilizing a Medical Home Appropriately

Objective: (Newborns) Utilizing a Medical Home Pathway helps insure that a child in the first year of life has appropriate health care, specifically recommended immunizations and well baby visits.

1. Referrals for newborns with Medi-Cal funded births are initiated in the Marshall Hospital OB unit for all newborns without a pre-established doctor. The OB unit nurses have the mothers sign an ACCEL release form to allow a Public Health Community Health Worker (CHW) to contact them, which are picked up daily by a CHW.
2. The Community Health Worker ensures that the newborn has a scheduled first appointment with a physician within the first 72 hours of life, problem-solving with the mother any barriers that might prevent this appointment. She maintains this role over the next 8-12 months, assisting the mother to succeed in obtaining all the required CHDP infant immunizations and well-baby checks which are logged in iREACH.

The CHW plays a pivotal role in the next 8 to 12 months in providing health education to the mother regarding the importance of infant immunizations, well-baby visits, and the general health of the baby. The CHW also communicates regularly with the assigned PCP referral specialist, to verify that

Attachment V: Pediatric Mental Health Consult

Objective: The purpose of the Pediatric Mental Health Consult Pathway is to leverage the role of mental health providers by supporting PCPs in caring for mental health needs as part of ongoing health care. The pathway begins when a PCP needs to refer a child for mental health services.

1. Providers (physicians & mid levels) initiate all pediatric referrals, using an ACCEL consult form. It will be completed within iREACH (w/ an e-mail alert to EDC Dept. of Mental Health) or faxed to the EDC Dept. of Mental Health for the PMHC. A referring provider (&/or his designee) completes the top third of a consult form (imbedded in iREACH, the Care Pathways application) or completes the paper consult form & faxes. The middle part of the form is a patient consent, signed by patient/parent while in the Provider's office. The bottom third of the form is completed by Mental Health after the patient's psychiatric evaluation. The completed form is faxed by Mental Health to referring Provider not using iREACH. For clinics using iReach they will receive an e-mail alert to access iREACH, be able to read, print & place a copy into the Patient's chart of the completed form and psychiatrist dictated report (scanned into iREACH). E-mail alerts do not contain patient specific information & are not encrypted.
2. A second ACCEL referral form, allowing a Public Health Department (PHD) Community Health Worker to call & support the patient's appointments with Mental Health, currently is signed in the Provider's office & faxed to Public Health. It is retained in the Provider's Patient file.
3. The preponderance of PMHC patient work occurs between the referring Provider and the EDC Department of Mental Health. The Public Health Department Community Health Worker (CHW) is notified, acts as tracker of Care Pathway progress & captures barriers to PMHC successful completion. CHW also becomes engaged with the patient should difficulties arise with the patient showing up for an appointment, transportation, etc.
4. At pivotal milestones along the Pathway work flow, electronic e-mail alerts are sent to the targeted ACCEL Participant agent as a trigger to go into the iREACH system to initiate next work step for a PMHC patient and/or to print out for the referring Provider the completed patient consult report.

ACCEL Governance Committee Charter

Revision: September 4, 2007

Introduction

On June 4, 2007 an executive Steering Committee (SC) was formed to provide oversight to the ACCEL Project in El Dorado County. The ACCEL Project is a county-wide collaborative, including representatives from the prominent health organizations in the county, whose purpose is to make El Dorado County a healthier community by uniting, maximizing, connecting, and focusing health resources. ACCEL receives funding from multiple foundations and is currently developing electronic connectivity of the County's disparate health information systems. Through this connectivity ACCEL will: a) enable and support a new patient centered (systems change) program called Care Pathways, and b), aggregate information from disparate sources, to create a county wide Health Information Exchange.

The 2006-2009 goals for ACCEL are to:

1. Improve the quality of health care and administrative efficiency in El Dorado County by:
 - ❖ Continuing to improve access to medical care through ongoing program nurturance and the development of enabling technology
 - ❖ Creating county-wide shared patient records across institutions (eMPI & 1st Gen HIE)
 - ❖ Establishing standardized processes with measurable outcomes (Care Pathways) to coordinate care at critical entry junctures
 - ❖ Building community trust and program linkages
2. Enhance health surveillance through the monitoring of aggregate data
 - ❖ Public health early casefinding
 - ❖ Chronic disease monitoring
3. Identify long-term strategic goals
 - ❖ Implement personal health record accessible to providers
 - ❖ Create a county-wide Health Information Exchange which can link to CalRHIO

Composition

The Steering Committee includes executive representation from the following organizations:

- Public Health Department, El Dorado County
- Mental Health Department, El Dorado County
- Barton Healthcare System
- Marshall Medical Center
- El Dorado County Community Health Center
- 2 Physician Champions – Western Slope & South Lake Tahoe

The Committee may decide to add members representing other community agencies at any time in the future, maintaining an odd number so a majority vote is achievable.

Responsibilities

The responsibilities of the Steering Committee are to:

1. Make critical business decisions necessary for the success of all ACCEL programs and initiatives (examples: decide to approve common consent & auth form recommended by workgroup; determine long term finance mechanisms for ACCEL projects, adopt Participant Agreement)
2. Provide strategic guidance in the evolution of all programs (example: make go / no-go decisions at project phases/critical paths for Care Pathways)
3. Provide oversight to the working committees (example: provide direction regarding inter-agency decisions; ensure resources are used effectively to support the steering committee)
4. Establish policies necessary for continued operation & development of programs

The Steering Committee uses a county-wide perspective in shaping the ACCEL programs. It flags development issues to the work groups for resolution or recommendations. Additionally, the Steering Committee serves as a conduit for input from and output to the broader community organizations not represented on the committee. Members are vocal advocates for the ACCEL Project and obtaining input from key constituents within their organization prior to meetings. They communicate the goals and progress of the project to their organization and community stakeholders.

Decision Making

Decisions are made using a solution-focused consensus model where common agreement is emphasized over differences and effective decisions are reached using compromise, range voting, nominal group techniques, decision matrices and other techniques to avoid or resolve mutually-exclusive positions within the committee.

The decision/recommendation process is as follows:

- Advisory Teams, workgroups and other experts to provide recommendations, options considered, and rationales to the Steering Committee for approval
- Steering Committee discusses, striving for consensus if possible
- If consensus cannot be reached, the majority vote rules
- A quorum to vote is at least 5 of the 7 voting members

Administrative Authority

The Steering Committee will designate one member or staff person with authority to sign documents on behalf of ACCEL. Signature authority is granted following formal review and approval of relevant documents by the Committee. Designation of signature authority will be reviewed at 12-month intervals.

Evaluation

Steering Committee success metrics are reviewed and approved annually. The Steering Committee as a group evaluates the efficacy of the Steering Committee’s governance according to these success metrics at least annually, but preferably every 6 months, and reports the findings at a regularly scheduled meeting. Committee member self-evaluation is performed anonymously every six (6) months using the approved self-evaluation form. These forms are electronically submitted to the Project Administrator for aggregation and group feedback.

Reporting

The Steering Committee delegates minute preparation following every meeting. The minutes will record the decisions made, voting record and action items for future meetings. The written minutes are submitted to the Steering Committee for approval at the subsequent meeting.

2007 Steering Committee Members

Signature of Acceptance

Greg Bergner

John Bachman

Dick Derby

Gayle Erbe-Hamlin

Jon Lehrman

Shannon Truesdell

Chuck Wiesen

ACCEL Steering Committee
Overview of Workgroups

Name	Deliverables	Membership
CarePathways iREACH Implementation	Converting all pathways documentation into system specifications by defining: <ul style="list-style-type: none"> • Major work process milestones & data fields • Reporting needs • Installing/configuring infrastructure & equipment • Vendor configuration specs & sign off • Training users • Quality assurance activities 	Trevor Lee, Kim Dickson, Co-chairs, Rob Quadri, Sandra Dunn, Maria Chaves, Kirsten Rogers, Tom Simpson, Rene Finelli, iREACH
Privacy & Security	Project lifespan: Aug - Dec 2007 (Recharter in 2Q 2008) Provide Steering Committee with recommended <ul style="list-style-type: none"> • agreements, • contracts, and • policies/procedures that ensure appropriate standards of privacy and security for ACCEL participant organizations and their patients.	Greg Bergner, MD, Sandra Dunn Co-Chairs, Maria Chavez, Lesley Gomes, Trevor Lee, Joan McCullough, Gloria McNeill, Kathryn Biasotti, Janet Pamell, Rob Quadri, Chuck Wiesen, Ed Meyer
EMPI Pilot Design and Implementation	Project lifespan Aug - Dec 2007 <ul style="list-style-type: none"> • Clarify pilot objectives • Identify high level business requirements and conduct feasibility assessment • Develop and recommend pilot design and implementation plan to Steering Committee • Execute implementation plan by year end • Develop evaluation plan; execute by TBD. 	Maria Chaves, Chair, Greg Bergner, MD, Sharon Elliott, Rob Quadri, Joan McCoullough, Sandra Dunn, Trevor Lee, PHD IT rep (TBD)

Groups to be chartered

Program Evaluation Design	For example... <ul style="list-style-type: none"> • Identify appropriate process and outcome measures to assess impact of ACCEL programs • Develop high level data collection and analysis plan 	John Bachman, Sphere Institute, others TBD
Community Engagement	For example... <ul style="list-style-type: none"> • Develop interactive communication plan that engages key constituents in the community to increase awareness of and regard for ACCEL. 	TBD
Other, as needed		

ACCEL Project Reporting Dashboard for August, 2007

legend ■ Exceeds target
 ■ On target: no concerns
 ■ Off target: mitigation should return item to target
 ■ Off target: Unlikely to meet target

Project Name	Care pathways and iREACH implementation
Project Manager	Trever Lee (IT), Kim Dickson
Reported by	Kim Dickson, Trever Lee

Overall Status	■
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Project Status

Comment on all yellow/red indicators and progress notes below

Schedule	■	The specification review took one month longer than expected, which has put the iREACH configuration, and hence training behind 4-6 weeks. These dates are dependent on how quickly iREACH is able to complete configuration. Likewise, the original schedule completion dates for the Pathway Go-Live were based on a phasing model. However, since configuration of all pathways will be completed at once, they will all be implemented simultaneously.
Budget	■	
Scope	■	
Risk/issues	■	

Milestone Update





Major Milestone	Status color	Person Responsible	Scheduled Completion Date	Mitigated Completion Date	Actual Completion Date
Care Pathways business processes and requirements documented	■	Dickson/Lee	8/9/07		8/9/07
IT equipment arrival & installation	■	Quadri	7/31/07		8/10/07
iREACH system configuration	■	Lee	8/31/07	10/26/07	
iREACH system testing	■	Lee	8/31/07	10/26/07	
User Training	■	infoCOM	10/10/07	10/30/07	
User Testing	■	Lee	9/28/07	11/12/07	
ACCEL Care Pathways Go-Live	■	Lee/Dickson			
• <i>Securing Health Care Coverage</i>	■	"	10/15/07	11/14/07	
• <i>Newborn Securing Health Care Coverage</i>	■	"	10/31/07	11/14/07	
• <i>Obtaining a Medical Home</i>	■	"	10/31/07	11/14/07	
• <i>Utilizing a Medical Home</i>	■	"	10/31/07	11/14/07	
• <i>Pediatric Mental Health Consults</i>	■	"	11/15/07 SLT TBD	11/14/07	
Participant Agreements	■	Dunn	10/31/07		
Privacy & Security Policies & Procedures	■	Dunn			

- Work is proceeding on the development of the Pediatric Mental Health Pathway in South Lake Tahoe.


- Development of training materials has been initiated and will con path as configuration proceeds.



ACCEL EMPI Project Reporting Update for August 2007




legend  Exceeds target  On target: no concerns  Off target: mitigation should return item to target ≤ 2 wks.  Off target: Unlikely to meet target

Project Name	EMPI
Project Manager	Maria Chaves
Reported by	Sandra Dunn








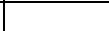
Overall Status	
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Project Status

Comment on all yellow/red indicators in box below

Schedule		
Budget		
Scope		
Risk/issues		

Milestone Update

Major Milestone	Status color	Person Responsible	Scheduled Completion Date	Actual Completion Date
EMPI workgroup kickoff		Chaves	8/14/07	
Assessment of iREACH EMPI capabilities		Chaves	9/4/07	
Gather business requirements		Chaves	9/18/07	
Feasibility analysis of business requirements		Chaves	9/25/07	
Develop pilot options		Chaves	10/2/07	
Steering Committee check in		Chaves	10/10/07	
Develop implementation plan		Chaves	10/16/07	
Develop evaluation plan		Chaves	10/30/07	

<use space below to note accomplishments, developments, ideas>