

TCDI Meeting
May 16, 2019 10:00 AM – 11:30 PM

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| **Location** | **Attendees** |
| **Chelan Douglas Health District****200 Valley Mall Pkwy****East Wenatchee WA 98802** | Eric Skaansgard, Rinita Cook, Traci Miller, Rhonda Piner, Ray Eickmeyer, Julie Rickard, Laina Mitchell, Chenia Flint, Vicki Polhamus, Laurie Bergman, Kelly Allen, Elaine Bandy, Mike Lopez, Lisa Cordova, Shoshanna Kelly Stephens, Molly Morris, Kate Haugen**NCACH Staff**: John Schapman, Wendy Brzezny, Tanya Gleason, Mariah Brown, Heather Smith, Teresa Davis – Minutes |
| **Agenda Item** | **Minutes** |
| **Minutes** | Julie Rickard moved, Elaine Bandy seconded the motion to approve the April minutes, motion passed  |
| **TCM and Hospital partner update** | Reviewed current trainings completed by TCDI hospital partners:* CMT – Vicki has met with CMT and it was very helpful, Shoshanna Met with Ian yesterday found it helpful. CMT has been doing this free of charge so if anyone else wants assistance, please use him. If you have other ideas for trainings, please let John know
* NCACH met with WSHA to follow up on two projects. (if you have other ideas, please let John know). Eric would like to look at the Behavioral Health utilizers.
* Launched the Healthcare Communities Portal <https://www.healthcarecommunities.org/HCLogin?returnurl=/> John sent invite out. Challenge to group to post work to the portal.
* Laurie Bergman gave a presentation on TCM and Safety Issues: Does it start with a safety issue then escalate to incident report? It can if there was harm to the patient. Example: Meds, patient being discharged when meds needed a preauthorization or has a very high copay. In response the pharmacist is more involved in the discharge and confluence has also added this to their compassionate care program to help with the first 30 days of medication.
* Other hospital partners interested? Ronda interested in billing, John will send out a summary, if you want more info, John will connect you will Laurie.

Coordination of TCM calls across partners:* Lori reports collaboration from regional partners and how it is currently done. Mid Valley and Samaritan consult, Faxes from their data techs. Report is scrubbed by data tech, OB patients and non-confluence health providers are scrubbed off. TCM staff make phone calls and they’re trying to avoid duplication of effort between providers. Cascade also works collaboratively, Confluence Health D/Cs that have a Cascade provider are notified.
* Ray feels there could be a simpler process via Premanage. John proposes test site location, Ray offered to be the test location.
* Tonasket confluence clinic and NVH are running reports, scrubbing and notifying patients specific to Confluence Tonasket. NO PHI sent via email, if PHI is used then it’s sent secure through EPIC. Ray notes they are working with multiple providers including CVCH.
* Caroline has developed CMT Ambulatory and we’re in transition with CMT. 6 organizations ready to use Premanage. Strategic workflows such as Samaritan. Wendy – this workflow conversation may be underway.
* Eric Suggested a possible sub group – for workflow. Caroline Tillier has developed some webinars.

Upcoming Training: * TCDI Quality Improvement Training Tuesdays 8:00 AM – 9:00 AM (4 weeks), May 28th, June 4th, June 11th, and June 18th
* Transitional Care Management Billing/Coding Training, July 15th – July 31st – Introductory Webinar, August 19th – August 30th Q & A Session

Hospital partner discussion was tabled due to time |
| **North Central Emergency Care Council Update** | Rinita Cook gave an update on the EMS Project * 9 of 10 EMS agencies chose to participate in project.
* Initial Reports were submitted by partners
* Each partner is currently at the initial stages of project implementation.
* Some Key stats from initial reporting includes:
* 30% of all calls EMS providers went on resulted in no-transport (1483 nontransport calls in Q1 of 2019)
* 10-30% of all transports were for Medicaid clients (Depending on organization)
* For the year the agencies are getting $15K-35K depending on the size of agency

 ***Agency Projects:***

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| **Aero Methow Rescue Services** | Evaluate and connect non-transport patients to primary care inregion for follow up care |
| **Ballard** | Implementing a Fall Prevention Program (SAIL) targeted at patients who routinely call EMS and do not receive transport |
| **Cascade Medical Center** | Identifying non-transport high utilizers of the EMS system and referring those patients to Social Workers at Cascade Medical Center |
| **Douglas Okanagan County Fire****District** | Develop a process to identify patients that qualify for services through Adult and Aging services and create a referral process to connect them with appropriate providers. |
| **Lake Chelan Community****Hospital** | Identify high utilizers of the ED and connect them with LCCHs comprehensive community paramedicine program |
| **Lifeline** | Identify high utilizers of the ED and patients transported who could have benefitted from transport to alternate destinations. |
| **Moses Lake Fire Department** | Evaluate patient needs (High utilizers) and connect them with local services (primary care, behavioral health, housing) within region |
| **Protection-1 LCC** | Partnering with local hospital(s) to identify high utilizers of ED and complete in home follow up care post discharge. |
| **Waterville EMS** | Implementing a Fall Prevention Program (SAIL) targeted at patients who routinely call EMS and do not receive transport |

. Current barriers for EMS partners: * Billing for Community Paramedicine Programs (C.A.R.E.S. Programs):
* Public entities still need additional support understanding the billing process to receive reimbursement for this work.
* Private entities are still unable to be reimbursed. These entities want to improve patient care but requires them to be very strategic on how they progress down this path.

Alternative Destination Transports:* There is still a lot of confusion and misunderstandings around reimbursement for alternative destination transports. A majority of EMS organizations do not feel that they can get reimbursed for transporting to Parkside.
* The distance to transport patients that are from outside the Wenatchee area continues to be a concern for EMS partners who do not want to pull their staff out of service for an extended period of time.

State Level: steering committee meeting in the last two days to establish billing codes for EMS. Still no consistent message. Can start billing for C.A.R.E.S. Programs on July 1st 1358 & 1751 codes. We are working to get information on exactly what needs to documented in order to get reimbursed. * Protocol does not cover the difference between mental or behavioral health. Also need to add detox to the protocol. Rinita, Eric, Kelli, and Julie will meet to discuss more later. Rinita would like data on who went to ED by EMS that could have went to Parkside. Parkside just added another van and two drivers for long distance transports.

Next steps: * Certified Ambulance Documentation Training to be provided to EMS partners May 17th and 18th
* Department of Health (DOH) coming on site in July to support partners who want to better utilize Image Trend (WEMSIS) in their organization.
* NCACH will work with NCECC and partners to refine project level metrics and utilize those metrics in future quarterly reporting.
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| **Meeting Updates/Roundtable** | Group ran out of time to discuss 2020 workgroup projects. John will send updates out to the group between meetings |