



## **Barren River Community Health Planning Council**

### **Minutes for Meeting 26**

**October 14, 2014**

**11:30am - 1:30pm**

#### **Members and Visitors Present**

Cheryl Allen	Community Action of Southern Kentucky
Joe Beavers	Lifeskills, Inc.
Laura Belcher	TJ Samson Community Hospital
Debra Benton	Leadership Strategies Group
Dana Bibb	Community Action of Southern Kentucky, Child Svcs.
John Bonaguro	Western Kentucky University
Debbie Cain	Warren County Health Dept.
Steve Caven	Hart County School System
Dennis Chaney	Barren River District Health Department
Miranda Clements	City-County Planning Commission
Julia Davidson	Barren River District Health Department
Elisha Delawson	Barren River District Health Department
Korana Durham	Barren River District Health Department
Donnie Fitzpatrick	Allen Co. Health Department
Jennifer Golden	Medical Center at Bowling Green
Leeann Hennion	Hart County Health Department
Lisa Houchin	Barren River District Health Department
Amanda Howard	Medical Center at Scottsville
Kristi Irvin	Metcalf County Health Department
Chris Keyser	Fairview Community Health Center
John Lillybridge	Fairview Community Health Center
Jason Marshall	Leadership Strategies Group
Emily Martin	Commonwealth Regional Specialty Hospital
Carolyn Parrigan	Butler County Health Department

Jan Peeler	Western Kentucky University
Rita Powell	Barren County School System (school health nurse)
Sharli Rogers	Wellcare
Annette Runyon	Medical Center at Franklin
Darlene Shearer	Western Kentucky University
Elizabeth Smith	Community Action of Southern Kentucky
Diane Sprowl	Barren River District Health Department
Kathy Thweatt	Barren River District Health Department
Cecilia Watkins	Western Kentucky University
Elizabeth Westbrook	Kentucky Cancer Program
Grecia Wilson	Warren County School System
Jacy Wooley	Alliance for a Healthier Generation

**BRDHD Facilitators**

Crissy Rowland	Beth Siddens
Haley Siler	Sri Seshadri
Mallory Callahan	

**Welcome and introduction of new people**

Dennis welcomed all members, and stated that this was a day to roll up our sleeves and work hard reviewing resource material and making decisions. He thanked the individuals who would be facilitating stakeholder workgroup activity. He also thanks The Medical Center at Bowling Green for sponsoring lunch, and the BRADD office for providing meeting space.

**Do we add a new Priority Health Issue?**

Dennis reminded members of an online survey sent out during the previous week, following up on the September poll about possibly adding a new health issue to our priority list. Dennis stated that we needed to validate this choice before going forward.

He presented results of the new poll. Of 43 members responding, 35 had said “no change” to the 5 priority health issues (diabetes, cardiovascular disease, lung disease, drug abuse and addiction, and obesity). Eight people had written in suggestions for possible additions:

RESPONSE	CATEGORY
Our community is concerned about "cancer". I acknowledge that we have a high smoking rate and it attributes to lung cancer rates but our county has a high awareness and concern for any type of cancer.	Cancer
COPD, other forms of cancer	Cancer, Lung disease
Access to prenatal care for Medicaid patients - limited number of providers who accept Medicaid. Delay in appointments due to demand results in lack of early prenatal care.	Maternal and child health

Preterm births	Maternal and child health
Mental health issues	Mental Health
Childhood Obesity (more specific than general obesity and preventable)	Obesity other
Getting students to be active and not spend so much time being idle watching tv or playing video games	Obesity other
Not really a health issue, but would like to see safety woven into some of the work plans.	Safety

Dennis proposed that:

- The issue of “lung cancer” might be expanded to “lung disease” to incorporate COPD.
- Cancer: Dennis described the broad term “cancer” as encompassing a very broad umbrella of cancers, and fairly difficult to address unless it is broken down into smaller health issues.
- Lung disease: He proposes changing “Lung Cancer” to “Lung Disease”
- Maternal and Child Health: He suggested that the issue of pre-term births is closely related to barrier to care, which would be a major theme during assessment this fall.
- Mental health issues: Also an extremely broad issue. Dennis pointed out that mental and emotional health issues were significant contributing factors for each of the 5 Priority Health Issues, and that stakeholders should be sure that action plans were designed to address them.
- Childhood Obesity and getting students to be more active: Dennis reminded members that ‘being more active’ is a health behavior and not a health outcome, and could be addressed in the action plans. Childhood obesity could also be addressed specifically through action plans. He suggested that the Stakeholder Workgroups take advantage of available data and research on childhood obesity, and explore how they might place some focus on this specifically.
- Safety: Dennis stated that this is also a very broad issue, and that unintentional injuries are a natural health outcome from several of our 5 Priority Health Issues. He suggested that workgroups attempt to be intentional about weaving injury prevention into their work plans.

Dennis asked for comments from the group, particularly those members who had suggested the eight additions. Discussion included:

- Childhood obesity in relation to infants born to overweight mothers, shown to be a significant risk factor for overweight children.
- Preterm births are a significant health risk, and one outcome from lack of access to prenatal care.
- The complexity of contributing factors vs. health outcomes.
- The impossibility of addressing every health issue, particularly with so many cross-cutting health issues.
- The need for Stakeholders to explore all facets of the issues they are addressing as they develop action plans: for example, reaching all family members through a worksite wellness program.

After several minutes of discussion, Dennis asked if members would consider his recommendations. Members affirmed them by a show of hands.

## Process Overview for Fall and Winter

**Assessment Steps** - Dennis reviewed the chart of process steps that had been given out in the September meeting, and said that work that day would focus on activities in the blue “Gold Standards” and gold “Health Care Access and Health Disparities” rows.

**Committees** - He reviewed the roles of two Council Committees that had not been active recently, and asked if the previous members were still interested in serving (or if other members were interested in joining), that they should contact Mallory Callahan.

Survey Committee – Would develop the content and distribution schedule for Community Survey 2, and coordinate distribution.

Update – members are:

Mallory Callahan	Crissy Rowland	Haley Siler
Jenny Golden	Darlene Shearer	Kathy Thweatt
Jeff Moore		

Sustainability & Marketing Committee – These two committees had voted to merge last Spring, due to some overlap in their role. They would be developing a more marketable name for the Council, along with a marketing program. They would also be working to ensure that current members remain actively involved and new member recruitment as needed, as well as exploring by-laws and possible non-profit incorporation.

Update – members are:

Jason Marshall, Chair	Emily Martin	Annette Runyon
Mallory Callahan	Robyn Minor	Beth Siddens
Jenny Golden	Sharli Rogers	Diane Sprowl
John Lillybridge		

## Consensus Gold Standards for Stakeholder Peers

Dennis reminded members that developing lists of recommendations for their peer organizations would be one of the Council’s most important accomplishments. These recommendations, which would be presented as the Council’s Consensus Gold standards, should be evidence-based and realistic, but also suited specifically to our communities, institutions, organizations, and local circumstances.

Each Stakeholder Workgroups was given a set of materials to review that day. Materials had been compiled specifically for each stakeholder group by staff, assembled from reviews of research findings and national/state recommendations related to the 5 Priority Health Issues.

Dennis reviewed two of the materials had been given to all Stakeholder groups:

A consensus set of Livability Principles that had been developed jointly by three federal agencies: Housing and Urban Development, the Department of Transportation, and the Environmental Protection Agency. He stated that these principles were worth considering in our work, but that they also represented how stakeholders at the federal level had recognized their overlapping and complementary missions and goals, and had chosen to develop consensus and conduct joint planning in use of their resources.

The National Prevention Strategy – also a federal document that had been developed by collaborating agencies as a set of approaches to addressing our nation’s major health issues. Each chapter of the Strategy contains recommendations specifically for local level government, agencies, businesses, health care providers, schools, etc. The handout “Partners Can...” was a compilation of recommendations across all chapters related to our 5 Priority Health Issues.

Worksheets were distributed to help organize results of their reviews under the categories on recommended Policies, Education, and Services for stakeholder peers. Members were asked to review the materials use them as a guide for adding to and/or editing the Consensus Gold Standards that they had developed during the first round of MAPP assessment.

**Next step - Prioritization:** Stakeholders were asked to agree on criteria for choosing 3-5 priority recommendations that would be promoted through the new Community Health Plan.

**The Healthcare Stakeholders** - were asked to undertake an activity related to improvement of local healthcare system overall. Reviewing data from the July meeting, and the priorities chosen that day, they were asked to:

1. Develop a Vision for our local healthcare system.  
“The Barren River healthcare delivery system will:
  - Strive to offer equal health care access to all,
  - Focus on nationally recognized quality indicators, and
  - Promote prevention strategies that would include health education & behavior modification .”
  
2. Begin analysis of the Gaps in Capacity of the local healthcare system that had been chosen in July. The top 3 capacity gaps (not enough) in our local system are:
  - Providers Who Take Medicaid
  - OB-GYNs
  - Pediatricians

Completed worksheets for the first two gaps are attached.

## Closing Remarks & Announcements

Each Stakeholder Workgroup reported out on their priorities and assessment results.

Priority Gold Standards		
School Stakeholders	Community Stakeholders	Worksite Stakeholders
Food as a reward policies	Food policy councils in every county	Will use the priorities set in the KYHealthNow initiative.
Safe walking/biking to school	Joint use agreements for school playground and physical activity facilities	Will push for worksites of all sizes having a comprehensive worksite wellness policy
Tobacco-free campus policies	Smoke free policies in public facilities	
Prenatal care education	Greenways plans in each county Increased access to healthy local foods	

**Next Council Meeting: Tuesday, November 18, 2014**

### Attachments:

*Health Care Delivery System Worksheet* – Healthcare Stakeholders Workgroup

*Priority Gold Standards* – Community, School, and Worksite Stakeholder Workgroups

Update – MCO Committee Members:

Joe Dan Beavers

Dennis Chaney

Chris Keyser

Laura Belcher

Kori Durham

Sharli Rogers



**Barren River Community Health Planning Council**  
**Meeting 26 - October 14, 2014**  
**Health Care Delivery System Worksheet**

**BRCHPC Vision:**

**The Barren River Community Health Planning Council envisions every resident in the Barren River Area Development District will have the best quality of life possible by ensuring a safe place to live, work and play. Healthy individuals, families and communities are the cornerstone of this vision and includes equal opportunities to be healthy with an emphasis on personal responsibility for their own health and wellness and collaboration among all stakeholders.**

**Vision for the Health Care Delivery System**

**The Barren River health care delivery system will:**

- Strive to offer equal health care access to all
- Focus on nationally recognized quality indicators, and
- Promote prevention strategies that would include health education & behavior modification

## Healthcare Delivery System Worksheet

Gap in capacity of the local healthcare system  
prioritized during BRCHPC Meeting 24 - July 8, 2014:

Providers who take Medicaid (not enough)

### 1. Where is it a problem?

- Capacity overall is a problem in some counties – including Medicaid
- Edmonson – 1 doctor; 3 Advanced Practice Registered Nurses (APRNs)
- Barren – ESL; individuals that speak Hispanic languages
- Warren – endocrinology; 3; may or may not take Medicaid
- Butler – new doctor's office: 1 doctor; 1 APRN
- There are 'holes' in any count of practices that accept Medicaid reimbursement. Many providers will accept only a few Medicaid patients, and no newly covered individuals.

### 2. What's happening now?

- County or Population HPSA Scores can be re-calculated, and should be in some counties with more evidence provided to state officials.
- Patient must see primary care provider to be established
- Practices report that MCO requirements for pre-authorization is a major barrier to efficiency and are in place for many routine services, including medications.
- MCO representatives now are participating in weekly conference calls with KMAP, the KY Hospital Association, the KY Primary Care Association, & KY Association of Regional Providers
- The "hassle factor" is worse than ever for Medicaid billing
- Providers may not realize that MCOs provide language interpretation services that are free to them

### 3. What should be happening to improve it?

- Increase number of mental health providers taking Medicaid.
- Productivity compromised by hassles of Medicaid on top of EMR issues.
- Mystery dentists that no one can explain ( need better description)

- Reduced length of time for reimbursement, so that practices can afford to operate on a daily basis.
- MCO translation services should be more widely promoted.

#### **4. What can the BRCHPC do?**

- HPSA designation score – work with state to revise/review. This will allow more recruitment of physicians through programs that provide repayment/reimbursement of medical school loans, and programs offering Visa waivers (J1/H1B)
- Establish an MCO committee to explore barriers
- Ask MCOs for data on which providers are participating, and at what levels
- Address the language barriers – need for interpretive services – by educating medical providers on the availability of Medicaid interpretation services
- Can MCOs provide: Passport, Anthem, Wellcare, Humana

## Healthcare Delivery System Worksheet

Gap in capacity of the local healthcare system  
prioritized during BRCHPC Meeting 24 - July 8, 2014:

OB-GYNs

### 1. Where is it a problem?

- Only 2 hospitals do deliveries within the 10 counties. Outside the BRADD, deliveries are provided in Elizabethtown at Hardin County Memorial and in Leitchfield at Twin Lakes Hospital.
- Many patients in Hart County migrate to OB-GYNs and hospitals in Hardin Co. as the closest providers, but OB-GYNs there only accept the Passport MCO – others can't be seen; too few.
- Barren – 2 OB/GYNs; 3 midwives; but Dr South only takes a few Medicaid patients.

### 2. What's happening now?

- Many patients are not being seen within the first trimester because OB-GYNs won't make an appointment until the 2<sup>nd</sup>. This limited/delayed prenatal care increases risk of preterm birth and low birth weight.
- Known data – C-section quality
- Currently Medicaid Managed Care Organizations (MCOs) do specific case management for prenatal patients

### 3. What should be happening to improve it?

- More/expanded pre-conception health programs
- MCO's should expand their prenatal programs
- OB-GYNs should assume the norm of low risk pregnancy

### 4. What can the BRCHPC do?

- Partner with MCOs to collect data on their prenatal programs and patients, including MCO case management, etc.
- New MCO Committee might address some of these issues.