

Healthcare Advisory Board
Meeting Minutes
Manatee County Administration Building
1112 Manatee Ave W. Bradenton Fl. 34205
9th Floor BCC Conference Room
June 22, 2016

Opening

The meeting was called to order at 5:00 pm by Stephen Hall.

Attendance

Members Present

Stephen Hall – Business
Thomas Skoloda – Substance Abuse
Kirk Zeppi – Behavioral Health
Dominique Kohlenberger – Health Care
Henry Raines – At Large
Lori Dengler – At Large
Beverly Hindenlang – Higher Education (Excused)
Ernest (Sandy) Marshall – At Large
Ray Fusco – Health Care

Absent - Excused

Philip Brown
Mildred Isom

Staff Present

Karen Windon – Deputy County Administrator
Cheri Coryea – Director, Neighborhood Services
Janice Dunbar-Smith – Administrative Services Coordinator

Public Present

Mike Meehan
Richard Dymond
James Crutchfield
Paul Diccico
Jeannie Slater
Melissa Larkin-Skinner
Art Cohen

Introductions:

Stephen Hall led a round table introduction of all members present.

Approval of Minutes

Stephen Hall opened the floor to the discussion of the minutes from May 25th.

Motion: Accept the minutes from May 25th, 2016. **Action:** Approve **Moved by:** Ray Fusco **Seconded by:** Dominique Kohlenberger **Vote:** Motion Passed (**Summary:** Yes = 9, No = 0).

Consultant Discussion:

Maurice Lemon, Health Management Associates, gave a presentation on the process to date: Reviewed what has been accomplished thus far. There has been a lot of data collected, lot of initiatives and site visits. Have

visited the major safety nets; Manatee Memorial, Turning Points, MCR Health Services. The first document they produced was a summary of what is needed in this community. Every place they have visited is struggling with the same issues, how to care for the needy. Purpose was to identify a mission and vision, role of government, how the resources should be used, how things should be funded. The next phase is to get detailed goals and objectives and the final step is to initiate the plan.

*Priority Populations – in developing a plan for the insured and uninsured - what population should be the focus and what should be the immediate focus of the most critical need?

Options include uninsured, insured, low-income, veterans, elderly living on fixed income, etc. Recommended that the County focus on the uninsured less than 200% of Federal poverty level. Looked at other programs in the country and some assist with deductibles as well.

Principle - 1) County funding and/or influence should be used to: County funding should be the last resort.

Principles - 2) There is an accurate and on-going access, capacity in critical areas of need. Can we rely on providers to provide access? Access to primary care, behavioral care and oral care are all very important.

Principles - 3) One of the key goals, there should be continuous primary care to meet the population needs.

Principles – 4) How can utilization of health care be controlled. People don't know where to go for health care. There needs to be education on where to go and how to access.

*Health Care Navigation – Community Para-medicine program that would help navigate. What are the resources now such as 2-1-1 to help with this issue?

*Care Management – These are the people who will be screened who have the greatest needs and to follow-up with the patients. This will help with controlling cost. Citizens who represent high utilizers and high risk. There is a need to have collaboration, information sharing, having to do everything in one location. Directing resources where they are most needed.

Principles – 5) Support and facilitate collaboration among providers within the county. The greater the collaboration the more funding opportunities will be available. How will the collaboration happen and who will be the leader and accountable. Identifying the leadership and follow through.

Question: The new Health Care Manager position – how will this position become part of this plan? Facilitate agendas forward, keep the process moving, who will be in charge.

During this process were there a number of high utilizers identified in order to target that population first? Because there is not unlimited resources, should start with a small number first. Committee members asked what the status of the application process is. Ms. Coryea indicated the applications are being screened at this time.

Principles – 6) Support prevention interventions related to target behaviors that contribute to chronic disease. These may be interventions that target individuals in worksites, schools, communities, etc.

Principles – 7) Develop and adopt a funding strategy that secures County and other government dollars and support the principles. There should be a matrix and indicators used with the funding. Progressively over time and in stages something should be developed for ongoing care. Are we to share information in order to identify the population with chronic needs?

Ray Fusco indicated a system can be setup to see what the patients are doing. The data can be identified to follow the patients care, a receiving billing is not expensive. Ms. Kohlenberger indicated Qure4U is a program this committee may want to look at.

Goals, Objectives, Recommendations:

1. Access to primary care for medical and behavioral health clients.
2. Care management for highest need individuals
3. Improved access to mental health treatment
4. Substance abuse treatment expansion
5. Dental health services access
6. Assistance for navigation to health services
7. Health prevention programs.

Where do you want the focus to be, key players and their role?

Process to date/planned:

Environmental review: Interview, secondary data review, site visits

Best practices

Mission/Principles

Recommendations of goals and objectives.

Implementation plan

New/Old Business:

None

Mr. Marshall will be away during the month of July. Would like to have his item related to the letter he submitted placed back on the agenda.

Public Comments:

Mike Meehan provided a summary of previous meetings attended. Recommended an affinity card for medical treatment.

Art Cohen, We Care Manatee – People that are being treated at We Care are not the frequent flyers. How can we get the silo of organizations to coordinate care focusing on primary care?

Future Meetings

The next meeting will be at 5 pm on July 27, 2016 in the BCC Conference Room located on the 9th floor of the Manatee County Administration Building.

Adjournment

Meeting was adjourned at 6:35 pm by Stephen Hall

APPROVED:



Stephen Hall, Chair

7/27/16

Date