

MAIN STREET MONTANA PROJECT

A BUSINESS PLAN *For Montana by Montanans*

Health and Wellness Minutes KIN Meeting Minutes

May 11th, 2015

10:00 AM – 2:30 PM

Helena, Montana

Prepared by Michaela Wolfinger

KIN Members Present

Rick Haraldson, Co-Chair

Larry White, Co-Chair

Jodi Daly

John Goodnow

Paul Teagle

Dan Keith

Jim Edwards

Cherie Taylor

Bina Eggenesperger

Kevin Pitzer

Steve McNeece

Maria Clemens

John Felton

Randy Holom

Lenette Kosovich

Barb Mettler

On the Phone

Chris Halko

Larry Noonan

Cindy Smith

Staff/Public

Pam Bucy, Commissioner MT Department of Labor and Industry

Jim Molloy, Governor's Office

Annie Glover, MT Department of Labor and Industry

Amy Watson, MT Department of Labor and Industry

Mary Craigle, MT Department of Commerce

Michaela Wolfinger, MT Department of Commerce

Mardi Slocum, MT Department of Commerce

Dick Brown, President, MHA an Association of Montana Health Care Providers

Cindra Stahl, Assistant Director, Montana AHEC and Network Director, Rural HIT Network

Meeting started at 10am with introductions and preliminary comments by the co-chairs

- Jim Molloy offered a brief overview/refresher of the Main Street Montana Project.
- Pam Bucy, Commissioner of the Department of Labor and Industry, spoke with the KIN about the Rev Up Grant and apprenticeship programs, highlighting the following:
 - The Department is working internally, and through a partnership with the Montana University System, to improve and expand apprenticeship opportunities.
 - The Department is prepared to cooperate with the KIN and Montana's healthcare providers in identifying and facilitating apprenticeship opportunities.
- Amy Watson, Economist with the MT Department of Labor and Industry, gave a presentation on Montana Healthcare Employment Projections. (The presentation is posted on the Main Street Montana Project website, under the Health and Wellness KIN tab).

Following a lunch break, KIN members broke into three discussion groups. Each group then summarized its discussion and recommendations for the entire KIN:

Small Group 1: Focused on the strengths and weaknesses of health incentive programs and what additional steps could be taken to promote wellness and increase population health.

Suggested Action Items:

- Work with the Montana University System to establish or enhance early childhood wellness education and preventive screenings.
- Meet with Richard Opper, Director of the Montana Department of Health and Human Services, to learn about existing preventative health education resources.
- Explore the innovative ideas/actions of healthcare providers; promote the implementation of those ideas in other settings.
- The group discussed the possibility of applying for a State Planning Grant (available via provisions of the Excellence in Mental Health Act).
 - The work group recommended that the KIN contact the MHA and appropriate state agencies about applying for a State Planning Grant.
- Explore public and private agency partnerships.

Small Group 2: Focused on Increasing Public-Private Collaboration

Group suggested starting with a pilot program that had a narrow focus to allow more education

- Target residents who are dual eligible
- Design a project to help them navigate the system

Small Group 2 - continued

Group discussed implementation of SB405 (Help act), expanded coverage,

- Need more primary care
- Upfront bundling to create needed infrastructure
- Shared savings program
- Patient care coordination
 - Particularly high cost patients

Need for Medicaid and Private Industry to work together on implementation

Group discussed implementation of SB 336

- Impacts Medicaid claims, long term care, social services, FQHCs, Medicare, Public Health Departments
- Hire care coordinators to help navigate the system
- Behavioral/mental health is key

Suggested Action Items:

How to move forward?

- Get the data
- Identify target population
- Gather players
- Develop care coordination
- Reimbursement model
- Medical home model
- Providers put skin the game
- Has to be share savings component
- Look at the VA

Who needs to be involved?

- Medicaid to gather the data
 - 5% out of data for target population
 - Players = location of target population

How to promote Primary Care in MT?

- Get more Nurse Practitioners in Montana
- Increase training capacity
- KIN make suggestions / work with the Montana University System (MUS)
- Bring Higher Ed to next meeting
- Acknowledge and fix the pay difference between those teaching and practicing
- State and Private do advertising
 - Create a timeline for marketing and advertising

Small Group 2 - Next Steps

- Have Director Opper present data
Give him data breakdown that KIN wants
Kevin Pitzer email Michaela specifics of data breakdown
- Schedule meeting with Commissioner Christian of MUS
Idea is a step-ladder approach (CNA to LPN to RN, work while going to school)
- Identify target population from the data requested from DPHHS, then market to them
Highlight successes

Small Group 3 Focused on Incentives/Reimbursements/Investments Group

- Meet with DPHHS regarding preventative care and health education and resources
 - Bring Director Richard Opper from DPHHS to next meeting
 - Bring in Department of Commerce to discuss outreach to business
 - Work with other KINs to get word out to their networks
- Meet with MUS regarding teaching/courses
- Work on prevention screening
- Contact MHA and State regarding mental health planning grants-
“Excellence in mental health act”
- Explore Innovations that healthcare providers have identified for decreasing utilization and decreasing ER visits and how to publicize and deliver
- Explore public/private partnerships

Public School Pipeline

- HOSA (Health Occupations Students of America)
- AHEC (Area Health Education Center) – Reach, Med Start, Great Hospital Adventure, health Career Classes, Classroom presentations
- MT Career Information Systems (schools, Corrections, Vocation Rehabilitation, etc.)
- Healthcare Academy (Bozeman, Missoula high schools)
- Healthcare orgs involved in STEM
- Enhance/facilitate healthcare/school relationships
- Develop role of Department of Commerce/Economic Development

Challenge: Faculty for health professions (less pay than clinical work) not enough teaching capacity

- Public / private partnerships to support and enhance faculty salaries
- NFP hospitals / community benefit (? Decreasing uncompensated care and Medicaid expansion)
- Private healthcare providers advocate for increase faculty and resources
- Better predictors of success in admission decisions

TAACCT Grant

- 2 year focus on high demand occupations with opportunities for apprenticeships
 - Administration (non-licensed) HIT, Coder
 - Clinical (licensed), LPN, CAN, Rx Tech, COTA

? Top priorities for employers

? What will employers invest in

? Which credentials/certification/licensing are needed

? How many sites can operate simultaneously

Increasing demand expected

- Addictions
- Behavioral health
- Larger organizations perform apprenticeship for smaller
 - ? How to set up remote mentor for small organizations
- Reconnect with employers who provided TAACCT Los to start informing them
- Work with associations to spread the spread
- ID specific initial OCCs involved (“borrow” existing curricula)
- Develop standardized programs that cross occupations
- Help encourage HCO’s to save on advisors

2PM Full KIN reconvened and spokesperson presented the highlights from each small group and the KIN set next steps.

Next steps

- Look at private-public coordination to avoid overlap, duplication
- Work to secure mental health planning grants
- Work with MUS to build education pipeline
- Subcommittee meetings
- Webinar with Richard Opper
- Webinar with MUS
- Invite them to the next full KIN meeting
- Subgroup calls, association out reach
- Minutes, presentation on website
- Suggested action plan for co-chairs to review
- Get info to associations
- Have presentations beforehand for next meeting
- July 27th for next full KIN meeting