

**Community Based Providers Shared Savings
Workgroup Thursday April 26, 2018 10:00 – 11:00 a.m.
Governors Large Conference Room**

Present: Sarah Aker, Gloria Pearson, Kim Malsam-Rysdon, Kelsey Smith, Brenda Tidball- Zeltinger, Virgena Wieseler, Yvette Thomas, Darryl Millner, Laura Ellenbecker, Andrew Riggan, Marty Davis, Clint Graybill

Via Phone: Sheila Weber, Denice Houlette, Bill Snyder, Dan Cross, Mark Deak, Melony Bertram, Rep. Jean Hunhoff, Deb Fischer Clemens, Mark Limberg, Scott Duke, Corey Brown, Mark Lyons, Kathaleen Bad Moccasin

Kim Malsam-Rysdon welcomed the group and asked if there were any questions about the last meeting, there were none. Kim then asked Kathy Bad Moccasin to give everyone an update on what has been discussed at IHS.

Kathy stated that IHS has had a couple of meetings internally to walk through the current referral process and how it can be modified to fit this process. They have been trying to think outside the box to figure out a new process to help facilitate the referral process. It has been decided to work with the Ft. Thompson Health Center to examine their current referral process in the area and how they currently work with the nursing home in Chamberlain. Mr. Bernie Long will be the IHS contact moving forward. Mr. Long served on the original Coalition and is now the Great Plains Area Deputy Director of Field Operations overseeing all facilities in the Great Plains area. He was formerly the CEO at the Ft. Thompson Health Center so he is familiar with the processes in place at Ft. Thompson. Dr. Lawrence, the area Chief Medical Officer will also be involved in discussions.

Kathy pointed out that Ft. Thompson has a strong managed care program and has staff and processes in place for referrals, however right now those referrals are made to another medical provider then to the nursing home, not directly with the nursing home or other facility. They are planning an onsite visit soon to see the process works between the clinic and facilities in Chamberlain.

Clint Graybill will also discuss the process with the CEO at the Sanford Chamberlain location. Bill Snyder and Sarah Aker with SD Medicaid will help to coordinate the meeting. The focus of the meeting will be on nursing homes and CSPs; they will do a separate meeting for PRTFs at a later date. Melony from the CSP in Winner is part of our existing group and close to Chamberlain so she will be a part of the conversations as well as Sanford in Winner. The onsite meeting will be scheduled for mid-May.

Brenda mentioned that the IHS team probably needs a better understanding of the PRTF side and asked Sarah to set up a meeting with Virgena, other PRTF people and IHS to help get that area on track as well.

Kim asked Kathy if she had any other comments or questions and if there was any feedback on the charts and other information that DSS had provided to IHS. Kathy replied that the information had been shared with Mr. Long and Dr. Lawrence and there were no questions at this point. They are just looking right now at internal processes like having direct access to records versus having records sent to them. Ft. Thompson has direct access to some records at other facilities now. Clint stated that IHS and tribal clinics have some access to their EPIC EMR system that their clinics and hospitals use but nursing homes run on a different EMR system. Kathy is hoping to uncover these differences and challenges to have

minimal impact on current systems and staff. The biggest challenge is to avoid a stack of records coming into IHS because coordinating a patient's care in a nursing home is not really part of the process now, the nursing home's attending physician usually manage that care. Clint agreed and stated that it goes back to the first meeting where we talked about structuring it like the VA where care is managed by the attending physician at the facility and document sharing takes place with monthly reviews; the day-to-day care does not fall on the IHS provider.

Deb Fischer-Clemens asked if IHS had talked about telehealth and if IHS is tied into the State Health Information Exchange (HIE)? Kathy answered that IHS has discussed telehealth and right now they contract with a company to provide telehealth. Mr. Long has been working with IT staff and has mentioned this option. Kim clarified that the HIE is housed in the SD Department of Health and that all IHS clinics and facilities are signed up and have accounts. They still need to test some of the capabilities and there is some capacity there, but we need to revisit how this tool can be used.

Deb asked if we can look at telehealth uses to create process with folks already in facilities and if we can move this forward or is IHS working on this? Kim answered that we need to identify how referrals need to work for IHS and then identify if telehealth can be a solution. There could be more than one way to get a referral, such as paper, telehealth, etc. all options are still on table. Kathy agreed that we need to step back and look at current process then make changes to make it work going forward. There may be different ways of getting referrals for people currently in facilities compared to new referrals.

No other questions from group. Bill and Sarah will organize a meeting in Chamberlain in mid-May to include IHS, Sanford Chamberlain and Yvette Thomas from LTSS. We will have another call-in meeting of this group on May 30 from 8:30-9:30 prior to the full Coalition meeting scheduled that same day. Kelsey will be sending an invite to everyone.