

## Community Based Providers Shared Savings Workgroup

Wednesday May 30, 2018

8:30 – 9:30 a.m.

Governors Large Conference Room

**Present:** Gloria Pearson, Kim Malsam-Rysdon, Kelsey Smith, Brenda Tidball- Zeltinger, Virgena Wieseler, Sarah Aker, Yvette Thomas, Laura Ellenbecker, Clint Graybill, Denice Houlette, Bill Snyder, Corey Brown, Scott Duke, Tim Rave, Deb Fischer Clemens.

**Via Phone:** Darryl Millner, Andrew Riggan, Sheila Weber, Marty Davis, Dan Cross, Mark Deak, Melony Bertram, Mark Limberg, Sen. Deb Soholt, TJ Stanfield, Brad Saathoff, Conner Fiscarelli, Bernie Long, Amy Witt.

---

Kim Malsam-Rysdon welcomed the group and provided an overview of the minutes from the April meeting: The April minutes reflected an update on Indian Health Service (IHS) referral process meetings provided by Kathy Bad Moccasin. It was noted that Bernie Long would help with IHS collaborations; Bernie suggested starting in the Chamberlain area because systems already existed in that area.

Work continues to provide IHS with additional information regarding Psychiatric Residential Treatment Facility (PRTF) processes. PRTF process discussions will be handled separately from the discussions about referrals for nursing facilities or community support providers; Virgena Wieseler will update the group at future meetings on PRTF activities.

Medical record sharing, telehealth, and use of the state's Health Information Exchange were discussed at the April meeting. Bill Snyder and Sarah Aker plan to facilitate a meeting in Chamberlain between the State, IHS and area providers.

Virgena provided an update on the current status of PRTF. Virgena and Sarah met by phone with Emily Williams, (IHS Behavioral Health group), Bernie Long, and Dr. Lawrence to discuss the current State Review Team (SRT) referral process; Emily will call into the next SRT call on June 4th. Virgena provided a DSS custody report that identified current Native American (PRTF) children in contrast to IHS data from 2015. A call is scheduled for June 18 to determine next steps. Sarah stated the intent is to identify children already in the system in conjunction with IHS Behavioral Health's data.

Bill and Sarah provided an update on the Chamberlain meeting from the previous week. That meeting was also attended by Yvette Thomas, Clint Graybill, Tim Rave, Corey Brown, Bernie Long, Kathy Bad Moccasin, staff from Sanford Chamberlain, and Fort Thompson IHS. The meeting was productive and provided attendees with knowledge of the nursing home referral process. Sanford's Chamberlain facility has a working relationship with IHS. The group discussed the need to identify facilities with existing collaborative relationships with HIS as those nursing homes would be good candidates to start with. In addition to Chamberlain, Winner and Gregory nursing homes are potential choices and would to include Avera in the pilot.

IHS is exploring next steps for using telehealth visits for referrals.

Kim asked if IHS has developed any criteria or processes for nursing home referrals. Kathy and Bernie explained referrals will probably have to be on a case-by-case basis depending on IHS primary care provider

processes. Only one Rapid City IHS provider visits patients at nursing homes, so we will need to develop other ways for IHS providers to maintain responsibility for patient care; the meaning of “responsibility” and how a doctor would be covered for liability purposes is unclear.

Processes currently used by IHS for VA referrals are another opportunity to use for this purpose; Clint Graybill is setting up a phone call with hospital administrators currently making referrals, IHS, and the VA to get more information. It was noted that Dr. Lawrence should be involved.

Deb Fischer-Clemens asked about setting up a meeting with Avera in Gregory. A call will be scheduled for the end of June and include Bernie, Kathy and Dr. Lawrence. The purpose is to set up IHS care management teams and identify responsibilities. It was noted that starting with facilities in these locations would involve the state’s three largest EMR systems- PCC in Winner, Meditech in Gregory, and Epic in Chamberlain. Two provider systems (Avera and Sanford) and the Winner CSP will also be involved in the discussion.

Case managers from IHS and Sanford Chamberlain that attended the meeting in Chamberlain provided examples of the hospital to nursing home referral process. Long-term care residents are usually stable and do not require numerous notes in medical records unless a trauma or some acute need has occurred (such as a fall). Normally, if a nursing home resident has an acute need the attending physician at the nursing facility is contacted, not the IHS provider unless that is specified in the resident’s medical record.

Kathy explained IHS has a Referred Care Information System (RCIS) within the IHS Resource and Patient Management System (RPMS) for referrals to nursing homes. RCIS referrals go through a committee that screens referrals based on medical need and funding availability. Information entered into RPMS by case managers would expedite the referral process. LTC referrals are anticipated to bypass the Purchase & Referred Care (PRC) committee, which will help alleviate IHS workloads.

One consideration is to stagger referrals by type of community based service to avoid overloading the IHS system, while simultaneously maintaining value-added patient benefit by starting in Chamberlain, Winner and Gregory. The next few months will help identify care management teams within the framework of referrals and ongoing case management.

Before the next group meeting Sanford will identify VA contacts to discuss current procedures. DSS’s Medical Services Division will coordinate meetings with IHS, Sanford, Avera and possibly the VA. Care coordination agreements need to be put in place; agreements with Avera and Sanford already exist, but potentially not with Sanford in Winner as a managed facility. The Community Support Provider in Winner needs to sign an agreement. The agreement is finalized and not open for modification so that should accelerate the review process.

Avera and IHS have discussed Avera’s IT department giving IHS providers access to IHS patient records within the Avera medical records system. Discussions are continuing in order to ensure HIPPA security and privacy as well as other necessary protocols are in place.

Next meeting of the group will be scheduled for June 27, 2018 from 10am-11am central time with in-person or call-in option.