Health Access Services
Meeting Minutes May 18, 2006

Attending: Rebecca Johnson; Ike Heist; Kristin Crosby, MD; Lori Nichols; Diane Beaman; Chris Phillips; Felicia Boettger; Stephen Gockley; Shelley Zylstra; Suzanne Mero

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<tr><th>AGENDA</th><th>DISCUSSION</th><th>FOLLOW UP</th></tr>
<tr><td>School Outreach</td><td>Meeting with the Superintendents this morning. Wendy reviewed the Pilot program demonstration with the outcomes of the 6 outreach strategies.
New student registration and contact information may be dropped as time intensive
Other 4 strategies worked well are not time intensive for school staff
Free and reduced lunch applications can be followed up on by Suzanne, the in-house DSHS worker.
One on ones with teachers has worked really well for good referrals.
Program has received great media coverage, from the Herald to NPR and other local radio stations.
Take away from the pilot: Families of all incomes have health insurance needs and options.
higher income do have options, may not know about
Minimal school staff time needed,
Condensed to set of strategies that are easy to implement.
School Champion is critical; Diane has really made this happen.
Collateral materials have been put together that the schools can easily put in play.
Next steps: establishing the primary contact in each of the schools, how to get permission for OSPI to get free and reduced lunch information, getting agreement between WAHA and schools</td><td></td></tr>
<tr><td>Tools to Use Outreach Series</td><td>Liz and Wendy met and put structure to the WAHA Outreach Strategy for the upcoming year. Going over tools to use on website: want to increase circulation (workshops are for volunteers,</td><td></td></tr>
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<tr><td>Tools to Use Outreach Series, cont.</td><td colspan="2">community partners) and show people in different agencies how to use the tools effectively.
• Will create the tools, train advocates, and then do targeted outreach to get the clients who are affected by the topic in to WAHA.
• Schedule of dates is attached and posted on the WAHA website at www.WhatcomAlliance.org</td></tr>
<tr><td>Pharm Aid</td><td colspan="2">• Creating an approach on how we will provide pharmaceuticals for Project Access patients and others in need in the community. Would like to centralize fundraising in the community and for Pharmacy Assistance Programs to maximize our resources. Summary of approach attached.
• Community Health Centers and the Interfaith Coalition are interested, looking into various grant proposals. Will also be sitting down with various stakeholders to talk about the value added of the project and the structure that will most effectively meet community needs.
• Hope to finish case statement and needs in coming weeks. Research on grants in next month, something together by July.
• Community Augmentation Fund will be approximately $200K, additional 50-60K needed, relatively small on staff costs.</td></tr>
<tr><td>Program Evaluation</td><td>• Activities Completed and Future Deliverables (write up)
• Project Access/Access Services/SHIBA/Outreach
• Structure is there are 2 basic rows, direct services, outreach case findings (everything but direct)
• Activities and Outputs (what happens on a daily basis). Short and long term outcomes. ROC (Return on community investment.
• At next meeting go into more detail, discussion, and input
• Caroline will email the SHIBA flow chart.
• Shelley has question on re-hospitalization: readmits tend to be costly, thinking of adding to logic model. Quality indicator of failure of outpatient care. Benchmarks on Medicare website. As WAHA becomes part of (upstream education with the caretaker)</td><td></td></tr>
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Program Reports	• Intent is to begin to report what is happening. • AS report is currently in terms of households, will be changing as we alter the database • WPA: Went to Olympia for PA roundtable. Make the front page of The Olympian. Representatives and some clients. Update on recruitment: questions had arisen in physician community as went from concept to program. Conversation with physician's went a long way towards answering questions. Went a long way to • Physician concerned that practice will be swamped with uninsured patients, results don't show that. Steven Albrecht may come to MS meeting. • Specific to pharmacy: ancillary and labs will be done on donation basis. Be PA but also for those on PAPs in other areas, to help medical practices and chc's. DME's: fixed cost of providing a procedure (chemo, diabetic test strips, etc) will be dealt with on case by case basis. Shelley offered durable medical equipment as NWRC patient ages out of their equipment. • Votech program in local community, use bio medical equipment to recondition. Lion's club does that. • (check out evolving document on invitation to join PA. ER specialist call system: change in current process. Don't collect information on when specialist is called in for uninsured patients from the ER. Find out from process in ED and transmit information to us. Looking at when unassigned patient is assigned specialist, we'd call and screen for insurance and enroll in PA before see specialist and if possible arrange for Primary Care and specialist won't have to hassle with and the patient will have a medical home. Support specialist and provides care for other issues from primary care. Create a system that will actually make a large difference. Must be faster than list, direct hand off between staff to screen for options. Can help fill out registration packets, get DSHS coupons, front office staff time for specialist would be reduced. IS there a way to attach them to a nurse or P2 before find	

	medical home. At a point of engaging people with this idea, seems to make sense, making it happen will be a challenge. Require that this sick population talk about a way to get them in to CHC's, etc. Felicia will be participating in Conference call about working with hospital, PA do some ED intervention.	
HAS COG Role Description	• Intent of document is to invite more consumer participation and have clear guidelines as what we are expecting from these participants. Concerted effort to get consumer and SHIBA volunteer. • Lori: support of having patients, only one's with access point of view. Shelley recommends we seek someone from the tribes. Andrea Johnson was recommended by Barbara Finkbonner, she's a benefit specialist. Nooksack had someone come from the RTL consortium, was a patient until he came. Wendy will follow up. • Follow up next month.	• **Caroline** will send out with the logic model.