

Care Transitions Forum
January 4, 2012
Meeting Summary

Participants

Mary Meade Ambrefe, Pharmacy Consultant
Zoe Barber, Massachusetts Health Data Consortium
Jennifer Beale, Minuteman Senior Services
Benjamin Bielak, Dovetail Health
Lindsay Brennan, LSW, Life Care Directions of New England, LLC
Susan Campbell, PhD, RN, Care Management Professionals
Beth Capstick, UMass Boston
Jay Caturia, Winchester Hospital
Marc A. Cohen, PhD, LifePlans, Inc.
Mark Craig, BON HealthWatch
Cheryl DiPaolo, Emerson Hospital
Almas Dossa, ENRM VA Hospital
Linda Fitzgerald, AARP
Janice Foust, PhD, RN, College of Nursing & Health Science, UMass Boston
Jane Franke, Blue Cross and Blue Shield of MA (via phone)
Lou Freedman, Group Insurance Commission (via phone)
Tracy Gay, QPSD, BORM
Jason Goldwater, eHealth Initiative (via phone)
Mark Grossman, Abbott Home Health Care
Pat Kelleher, Home Care Alliance of MA
Amy Khalil, Tufts Health Plan
Vic Kingsley, Medical Resources
Karen Koprowski, Radius Management
Brian Malone, Quest Diagnostics
Samantha Morton, Medical-Legal Partnership Boston
LouAnn Olejarz, Greater Medford VNA
Terry O'Malley, MD, Partners HealthCare System, Inc
Cheryl Pacella, Caretenders
Cindy Phillips, MA EOHHS
Remz Pokorny, ClinicalBox
Iyah Romm, MA Department of Public Health
Craig Schneider, Mass. Health Data Consortium
Lorraine Schoen, Massachusetts Hospital Association
Debra Shapiro, MPH, Aging and Eldercare Solutions
Debbi Silvester, Commonwealth Care Alliance (via phone)
Kate Van Denmark, Senior Whole Health
Michele Visconti, MA Department of Public Health
Elisabeth Zweig, Harvard Vanguard Medical Associates

Summary

Welcome and Announcements

Welcome to the first Care Transitions Forum of the year. We would like to remind you that the Consortium is a membership organization and we encourage all of you to join.

The Consortium's next major event is our annual Health Information Technology Conference. HIT'12: The Future is Now is only a month away and will be held on February 3 at the Burlington Marriott. The event will feature a panel on cutting-edge developments in robotics, genomics, and medical devices; a keynote address from a senior administration official; a panel of CEOs; and a panel of technologists. Registration is required for this event; please [CLICK HERE](#) to register.

Care Coordination Council Health Information Technology Recommendations

Jason Goldwater, MA, MPA, eHealth Initiative (via phone)

The eHealth Initiative is near completion of a report on health IT and care coordination. Care Coordination is a process that relies on the collaboration of several actors across a continuum of care. The implementation of Health Information Technology in care coordination is essential in achieving higher quality, better coordinated care. To ensure the effectiveness of using Health Information Technology in supporting care coordination, four main components must be considered: information sharing, team-based care, care plans, and organization of information and services. **(Please See Handout)**

Medicare Part D Resources and Medication Reconciliation

Cindy Phillips, SHINE Program, Massachusetts Executive Office of Health and Human Services

The SHINE program (Serving the Health Information Needs of Elders) is funded by CMS and administered by the Executive Office of Elder Affairs in partnership with elder service agencies, councils on aging, and other public and private community-based organizations. SHINE provides free and objective health insurance information and counseling for Medicare beneficiaries. There are extensive SHINE programs and counselors in every community in Massachusetts that provide 1-to-1 assistance and education about prescription drug coverage, Medicare enrollment, and other beneficiary health benefits. Counselors perform targeted outreach to low-income, dual-eligible and hard to reach populations. SHINE is forward looking with technology improvements to help improve their education and outreach services. **(Please See Handout)**

www.medicare.gov provides step-by-step instructions to help Medicare enrollees find and compare prescription drug plans to meet their individual needs. (Please See Handout for instructions)

Section 3026 Project Update

Kathleen Foss, Masspro

CMS has disclosed seven initial successful applicants, including Merrimack Valley, but not the amount that is being awarded. The amount awarded is based on the proportion of beneficiaries that the application wants to target; it is a way to help defer some costs. CMS has acknowledged that the process has been very slow and they are hoping to speed things up. Successful applications were targeting populations of over 5,000, with large geographic areas that crossed counties and were aligned with other payers. Common application errors include lack of community partnerships across geographic regions, no evidence of care transitions, incomplete or unattainable budgets and applications that have been too hospital-focused. CMS is looking for community based efforts that are integrated across geographic systems. **(Please See Handout)**

Discussion:

Q: Why were Beth Israel's and Tufts' applications not approved?

A: Kathy – The QIO contract only started at the beginning of August, so this was before we became involved in 3026.

Iyah Romm (MA DPH) – We believe that these applications were denied because they are single institutions, and their approach focused on a narrow group of patients. They may have moved on their applications too soon; i.e., before CMS changed the guidance for the type of applications they are seeking. Now it appears that CMS is looking for applicants that cross over multiple providers and large geographic areas. They want programs that strive for huge culture shifts, as opposed to hospital-driven approaches.

Q: Is CMS or the Administration on Aging really driving this?

A: Kathy – It seems like the emphasis in the grant is on the community-based organizations. CMS is likely the primary driver behind these decisions, but AOA may have some influence.

Q: I have heard the paperwork is burdensome – how long is the application?

A: The applications are 30 pages, but the research and linking the root cause and analysis are very time consuming.

LifeBox Project Update

Patricia Calvert, MSN, RN, WCC, Norwood Hospital

The LifeBox project at the Norwood Hospital Collaborative is the receiver of the Schwartz Center for Compassionate Healthcare's largest grant award ever. LifeBox seeks to develop a universal vehicle for systematic communication across transitions of care of "who a patient is" and his/her wishes, values and goals. They are also developing training programs for clinical caregivers, patients, and family to add value to care transitions. LifeBox is trying to integrate into electronic health record systems and has been added into the Meditech system. They are still communicating with the collaborative even though the grant period has ended.

2012 CTF Calendar

- March 7, 2012
- May 30, 2012
- July 25, 2012
- September 26, 2012
- November 9, 2012