

Notes CoPEC Meeting
February 12, 2015
Lentz Public Health Center
11:00 AM/CST – 3:00 PM/CST

Present:

Non-voting: Sue Cadwell, Paula Denslow, Amber Greeno, Sheri Smith, Purnima Unni, Ben Welch

Voting: Kara Adams, Angie Bowen, Kevin Brinkmann, Michael Carr, Sandra Castro Walls, Christy Cooper, Kate Copeland, Crile Crisler, Beckye Dalton, Yvette DeVaughn, Joel Dishroon, Scott Giles, Deena Kail, Shannon Lankford, Marisa Moyers, Missy Nelson, Anissa Revels, Trisha Ross, Gigi Taylor, Rita Westbrook, Regan Williams, Brandi Willis

State Liaisons: Rose Boyd, Kyonzte Hughes-Toombs, Terrence Love, Ann Reed, Robert Seesholtz

Guests: Ashton Anderson, Karen Good, Sherry Cox, Susan Veale

Absent:

Non-voting: Veronica Elders, Kenneth Holbert, Brittainy Jones, Rudy Kink, Randall Kirby, Laurie Lawrence, Bob Roth

Voting: Tammie Alexander, Lee Blair, Lisa Carter, Chris Clarke, Eric Clauss, Tamarrah Davis, Cristina Estrada, Joann Ettien, Neil Feld, Barry Gilmore, Marvinn Hall, Lis Henley, Tim Lankford, Lisa Nistler, Maureen O'Connor, Leslie Phelps, Chris Siano, Charla Sparks, Alan Wallstedt

State Liaisons: Joe Holley, Robert Newsad, Donna Tidwell, Brandon Ward

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| <p>(f) A collaborative environment with the Emergency Medical Services and Emergency Medical Services for Children systems to educate pre-hospital personnel, nurses and physicians.</p> <p>(g) Participation in data collection to assure that the quality indicators established by the regional resource center are monitored, and make data available to the regional resource center or a central data monitoring agency.</p> <p>(h) Linkage with pre-hospital care and transport.</p> <p>(i) Public education regarding access to pediatric emergency care, injury prevention, first aid and cardiopulmonary resuscitation.</p> <p>(j) Incorporation into the hospital existing quality assessment and improvement program, a review of the following pediatric issues and indicators:</p> <ol style="list-style-type: none">1. deaths;2. incident reports; |
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- Sue spoke on the importance of QI, we shouldn't do it because we want to, we must do it per our rules and regulations (see PPT slide above)
- Rhonda gave a recap on the TCAC presentation, Marisa reported out regarding the meeting as well
 - TCAC was surprised by our soft funding
 - Need more QI measures, can present again on 8/1/2015
 - CRPCs are not on a level playing field right now, it's not an apples to apples comparison and that's problematic

- Organizational Identity and Context
 - SWOT Analysis
 - Environmental Scan
 - Organizational Analysis
 - In-depth look at org, where it's been and where we are going
 - Can't keep doing what we've been doing and expect new results

Issues related to our environment

Six Topics for group discussion

1) Industry and market

- Short range and long range goals
- Bridging the gaps, aligning with other organizations
- Engaging additional stakeholders such as representatives from rural hospitals
 - Barriers
 - Not unified in goals across CoPEC
 - Funding is limited
 - Lack of standard metrics
 - Outcomes HAVE to be data driven
 - Establishing our value may mean establishing our values with asymmetric partners

Industry/Market – Group 1

- CoPEC's Competitors and Roles
 - Each group is applying for the same grants
 - Adult EMS groups
 - Economic competition
 - Adult medicine
 - Partnerships, relationships and alliances are needed
 - Relationships are competitive
 - St. Jude
- Trends in Peds Care
 - Underserved, underfinanced, access

Goals:

- Align mutual goals
- Decrease costs for insurance
- Decrease costs for prescriptions
- Improve outcomes for patients

Industry/Market – Group 2

- Managed care or provision and healthcare advocacy
- Goals
 - Align back to strategic goals of our collaborating partners (national partners)
 - Focus based outcomes
 - Systematic
 - Collaboration that involves more commitment, time, and transparency
 - Collect specific and useful data for reporting (standards)
 - Use of technology

2) Regulatory environment

Regulatory – Group 1

- Changes
 - Implementation of the ACA
 - Loss of federal funds linked to the ACA
 - Critical access hospitals can't keep up with the new federal regulations because of the loss of federal funds – can't afford to keep up
- Opportunities
 - CoPEC can recommend regulatory changes to the State Board
- Barriers
 - Uncertainty of ACA – regulatory scheme could completely change again

Regulatory – Group 2

- Managed care give directions or standards
- Opportunities
 - Bridging the gaps
 - ID new patterns – TeamHealth, Hospital Corporations
 - Align with mutual goals (ex: technology – meaningful use [EHR])
 - New funding sources
 - Expansion of membership
 - Addition of expertise
 - Time
 - Unified to achieve “group” goals
- Barriers
 - Funding, future of smaller hospitals
 - Unified in goals

3) Economic environment

- Lack of funding
- Budgetary issues within the state
- EMSC funding from HRSA grant, PEM conference, PEM fundraiser, Star of Life
- ACA, lack of Medicaid expansion and InsureTN
- Injury prevention focus
- Dependent on grants – federal
- Amazing in-kind donations/participation by the state's CRPCs
- Low number of personal financial commitment by EMSC members
- Healthy initiatives cost more
- Hospital closures impact access in the community
 - Barriers
 - Data
 - Transparency

Economies – Group 1

- Current state
 - Lack of funding
 - Budgetary issues within the state
 - Grant, conference, star of life, fundraiser

- ACA – lack of Medicaid expansion or Insure TN
- Injury prevention focus
- Dependent on grants – federal
- Amazing in-kind donations/participation by the CRPCs
- Low number of personal financial commitment by EMSC members
- Steps to Take
 - All hospitals to donate a set amount to CRPCs
 - Obtain data to use for grant requests
 - Highlight accomplishments/What CRPCs and EMSC are doing to justify increasing funds
 - Increase private donations through increased marketing
 - EMA money, apply through other avenues as well
 - Data again
- Barriers
 - Infrastructure
 - Data
 - Transparency – open sharing among hospitals – manpower needed to run data
 - Identify the big ask

Economic – Group 2

- Current state
 - Pediatric hospitals receiving a small amount of funds ---competition
 - Other hospitals closing – less access
 - Healthy things cost more
- Steps to take
 - Hospital collaboration/info sharing/transparency
 - Public health v. private health
 - Better understanding of where money comes from and is spent
 - Legislative champion
- Barriers
 - Competition
 - Lack of trust

4) Social environment

- Prevalence of social media everywhere
 - Mistrust between patients and the medical community
- More telemedicine in rural communities
- A lot of demographic differences across the state
 - Population is increasing, urban flight, unemployment is up and different social and cultural norms
 - Increase in teen pregnancy
 - More children on food stamps
- Need more prevention and education (18% of our population is living in poverty across Tennessee)

Social – Group 1

- Changing demographics
 - Everyone has a smartphone

- Larger population
 - Rural areas aren't as rural anymore
- Every child in TN has insurance, but still use ER as a primary source of care
- Social conditions/shifts
 - Increased use of technology
 - Social media, internet use
 - Misinformation spreads quickly, EMSC could provide reliability tools
 - Mistrust of the medical profession
 - There is a need to regain trust
 - Public needs to be educated
 - Increase in telehealth could be useful
 - Practitioners could have better bedside manner

Social – Group 2

- Demographic realities
 - Age, race, rising populations and shifting into subdivisions, increasing unemployment
 - Differing social and cultural norms among different populations
 - Increase in teen mothers (one of the highest in the nation)
 - An increase gap in the disparity levels of socioeconomic status
- Social changes need to adapt to raise quality of service and reduce need for services
 - Prevention and education
 - Reduce the poverty level
 - Anti-vaccination movement, needs education
 - Decrease substance abuse, e.g. NAS babies
 - Increase use of proper car restraints – grandparent raising kids
 - Safe sleep education
 - Decrease non-accidental trauma via education (SIDS)

5) Political environment

- 60,000 w/o insurance
- Lack of Medicaid expansion
- No secondary insurance
- Diminished hospital reimbursement
- Assets
 - Existence of CoPEC, their longevity and their accomplishments
- Lacking political Savvy
- Need targeted and specific data
- We need to educate the politicians who are making the decisions that impact the work we are doing

Political – Group 1:

- Current
 - 60,000 kids without insurance
 - No Medicaid expansion, no secondary insurance
 - Decrease in hospital reimbursement (children's get a little)
- Projection
 - 2 years max
- Rethink
 - Funding streams
- Assets
 - Multidisciplinary
 - "It's for the children"
 - Strong family advocates
 - Our existence
 - **lacking political savvy, clinical is hard to explain
- To Be Done:
 - Targeted and specific data to give those with money
 - Communication
 - Bond with legislators

Political – Group 2:

- Current climate
 - Failure of InsureTN
 - Debate over ACA
- Future Stability
 - Status quo for at least two years (next election)
- Forces
 - Debate over ACA
 - Competing opinions among stakeholders
- Assets
 - Link to state board
 - Existing collaboration amongst hospitals
 - Pretty good representation at the legislature
- Work to be done
 - Maintain hospital collaboration
 - Stay aware of issues arising in the legislature (state and federal)
 - Use advisory position to Board to get helpful regulations approved

6) Technological environment

- Advances and how it impacts patient care – EMS run sheets
- EMR systems that don't speak to other systems
- Telemedicine

- Technologies that are under-utilized
- Have not fully tapped into the resources we have
 - Social media
 - Online education
- Under-utilization of Red Cap data mining on the front end

Technology – Group 1

- Available technological advances
 - Standardized EMR systems that will upload to hospital system (EMS run sheets)
 - Telemedicine
 - Medical history of medically fragile children
 - EMR systems that do not speak to other systems
- Current technology impeding service delivery
 - EMR not specific to pediatrics
 - Data collection and management is not standardized
 - National quality initiatives from Red Cap
- Current state of CoPEC/EMSC sensitivity to employ and ID technology
 - Sensitive to it but economic limits

Technology – Group 2

- Not yet utilized
 - Telemedicine
 - Standardized dosing app
 - Hi-tech simulators
 - Red Cap not fully utilized (mine data at the source)
- Impeding
 - Too much noise
 - Not getting to the public
 - Consistent use of data
 - Standardized software (EMS run sheets)/EMITS
- CoPEC Tech
 - Social media
 - Online education
 - Sensitive to technology but many intimidated by it
 - No mechanism as a body to locate and evaluate it
- Asymmetric Partnerships
 - Need these partnerships (with groups that are unlike us), CoPEC is currently symmetric (like minded)
- Competition
 - Increased external pressure and competition has led to an increase in internal competition

- In the middle of creating the new normal now
- Systemic strategic change
 - Effort of collaboration that CoPEC has never engaged in

Legislative Update – Ann Carr

- “Regular Session” just started on Monday
- Last week was special session, InsureTN was rejected at the first vote
- Bill filing deadline is today at 4 PM
- Helmet bill repeal (caption bill) – exempts drivers and passengers over 18 from wearing a helmet in a funeral procession, etc. Specific and narrow, will probably be amended
 - HB395 – Tillman Goins
 - SB469 – Mike Bell
 - Motor Vehicles - As introduced, exempts driver or passenger who is 18 years of age or older from wearing a helmet while riding a motorcycle in a funeral procession, memorial ride, or body escort detail. - Amends TCA Section 55-9-302.
- HB179/SB177 – Safety belts law (failed the last 2 years)
 - Motor Vehicles - As introduced, increases the fines for failure to use safety belts; designates a portion of the revenue from the fines to the division of vocational rehabilitation and a portion to the state general fund. - Amends TCA Section 55-9-603.
- Bills filed with prescription drug focus, opiates, clamping down
- This year is hard to gauge and predict because there has been so much turnover at the legislature
 - 19 new House members
 - Not as much institutional knowledge and memory at the House and Senate right now, data does tell a compelling story for legislators and their staffs
- Session lasts until Mid-April
- Likelihood InsureTN will appear again? – Low likelihood
 - Bill introduced that seems to say that even if the federal lawsuit does not prevail, the state will take people off the program anyways
- Repealing intractable pain act?
 - HB31 - Physicians and Surgeons - As introduced, deletes the Intractable Pain Act. - Amends TCA Title 39; Title 53; Title 63 and Title 68.
- State legislature website has been updated to be more user-friendly
 - <http://www.capitol.tn.gov/>
- McNally (chairs the finance committee), Watson, Overby need to be talked to in specific