

# Health System Transformation Team

## Minutes

February 9, 2011

Willamette University  
Putnam University Center  
6:00 PM to 9:00 PM

### Item

#### Welcome and Introductions (6:03 PM)

- Mike Bonetto and Bruce Goldberg will facilitate.
- Tim Hartnett handed out an HBO documentary called “Addiction.”
- Meghan Caughey distributed work done on the concept of a Regional Health Authority in SW Washington.

#### Summary of break out sessions from February 2<sup>nd</sup>; Prioritized ideas and next steps. (6:04)

The summary of the breakout groups from Feb. 2<sup>nd</sup> can be found [here](#).

- We added immediate steps we can take regarding evidence based medicine, including some additional information from Dr. Dannenhoffer.
- We heard “loud and clear” the need for relief from regulatory requirements.
- Staff has developed a template to gather information about regulatory barriers to efficiency that will be sent out to Medicaid business partners: managed care organizations, mental health organizations, dental care organizations and hospitals.
- Dr. Goldberg will bring together Medicaid business and community partners to discuss how we may change the way we do business together.

We are moving forward on this.

#### Innovative models of accountability for the health of a population. (6:14)

There were two presentations about innovative models for greater accountability and integration. The issue here is how we can better integrate systems so that consumers and groups have better access to care and better health outcomes. Can we take the social model around long term care and make that the dominate model for how we deliver services? Can we move away from what has become a failed model – where we manage care by limiting it? These presentations will show models that aim to coordinate care and deliver correct and timely care to people.

The first presentation was given by Judy Mohr-Peterson. It can be found [here](#).

The second presentation was given by Ellen Garcia, from Providence ElderPlace. It can be found [here](#).

Questions and Discussion:

- ElderPlace cost structure: the program is given a fixed amount, and it works within that budget.
- The program is a whole different approach and method of management – it is not run like a hospital. It is set up as a different division, with separate management, philosophy, and medical model. It essentially “started over” when it was created and was built up from there (Greg Van Pelt).

- Medicaid question: Why is it that some counties are doing so much better than others? Why does it work so well in some places and not others?
- There is a great need for hard data – especially on costs and savings.

**Breakout Sessions (7:10)**

The breakout sessions covered innovative models of accountability for the health of a population. Groups were given consumer scenarios, which can be found [here](#) on page 29. They were then instructed to answer the following questions:

If an organization was accountable for the health and health care financing of a defined population:

1. How would it look different for the consumer?
2. What would your community need to do differently? What would be the key components?

**Summary: Breakout groups report back (8:15)**

The Team reconvened as a group to discuss some of the ideas and issues that were discussed during the breakout sessions. One major theme was the need for a navigator, or a support system, for the patient. Patients need a responsible entity that is advocating for their health needs and directing them in the right direction.

A summary of the break out group reports can be found [here](#).

**Closing remarks and notes on next week (8:30)**

A brief, unfinished discussion ensued as to who is the target population for this Team.

**Adjourn (8:35)****Next meeting:**

**February 16, 2011**

**3414 Cherry Avenue,  
Suite 150 - Mt. Mazama Room ,  
Keizer, OR 97303**

**6:00 PM to 9:00 PM**