



AGENDA & MEETING NOTES

MEETING INFORMATION

MEETING TITLE:	AHI PPS Community and Beneficiary Engagement Committee
DATE/TIME:	12/1/15
LOCATION:	AHI, Glens Falls NY, and CVPH, Plattsburgh, NY
NEXT MEETING:	January 2015, details TBD

ATTENDEES

STANDING: Tess Barker Jocelyn Blanchard Crystal Carter Jessica Chanese Sr. Charla Commins	Kim Cook Melissa Joyce Janet Mann Tracy Mills Claire Murphy Megan Murphy	Ashley Patenode Paul Raino Cyndi Reynolds Joe Riccio Brenda Stiles Mary Thompson	ABSENT: Alison Guile, MD Marty Mannix Tammie Pagaeu Allison Reynolds
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AGENDA OVERVIEW

TOPICS:

- **Steering Committee response to Charter revision recommendations (Megan Murphy)**
- **Discussion of outcomes of senior housing unit meetings & potential for training senior citizens to use health provider portals (Brenda Stiles).**
- **Discuss purpose and development of Beneficiary Advisory Council (Jessica Chanese)**
- **Review Community Engagement Plan (Megan Murphy)**
- **Overview of Cultural Competency and Health Literacy Strategy (Jessica Chanese)**

MAIN POINTS / DECISIONS

Discussion of outcomes of senior housing unit meetings & potential for training senior citizens to use health provider portals

Brenda reported on issues raised during recent visits with residents of senior housing units, as they are likely relevant throughout the PPS. After speaking with over a hundred individuals, the following main areas of concern were noted:

- Lack of access to same day appointments
- Not receiving information about new meds when prescribed
- Difficulty accessing patient portals

Brenda has spoken with Tina Grey from Senior Planet/ OATS (Older Adults Technology Services), who is willing to provide 15 minute sessions to teach older adults how to access and use their provider's patient portal. This is a regional program, and we are getting clarification on which counties are covered. These sessions are tentatively set to begin in early 2016.

Steering Committee response to Charter revision recommendations

All governance sub-committee charters were changed to indicate a minimum requirement of 75% attendance instead of the original 80%. Proxy voting was vetoed universally as well. The percentage of member votes needed to pass a motion was decreased to 51%, and the committee agreed that 51% will be based on those present at the meeting when the vote occurs, not total membership. The DSRIP Project Management Office is revising all charters to reflect the approved changes.



Discuss purpose and development of Beneficiary Advisory Council

Overview and discussion of the concept of forming a Beneficiary Advisory Council, comprised of individuals receiving Medicaid with an interest in self-advocacy, to inform DSRIP projects and work streams, as well as to elect beneficiaries to serve on the CBE Committee. The Council would be a peer to peer model, and would be driven by the interests and preferences of members, with administrative support/guidance from AHI Community Engagement Staff. The Council would be a means to get beneficiary feedback and input on pertinent health issues affecting individuals in the region, including barriers to access and ideas for encouraging preventative care. It would help the PPS to ensure beneficiary involvement in project development. Although committee members expressed support for the purpose and intention of the group, and agreed with the necessity of providing participants with incentives, there was concern about the short timeframe in which the Council is to be established. Concern was also expressed about the impediments many beneficiaries would face in terms of attending a meeting that was not being held in their immediate area, and it was agreed that eventually establishing several smaller groups in varied locations across the PPS may be ideal. It was suggested that existing beneficiary groups, such as the Washington County Head Start Policy Council, be utilized for surveying of regional health and healthcare needs and to inform project development until a Council can be convened. It was suggested that potential Council members may present themselves organically as a result of this method. Other Committee members offered examples of similar existing beneficiary groups which could be used as resources. There is still the intention of holding a small group meeting with beneficiaries who have already expressed interest in participating sometime in mid-December, but more in the capacity of a focus group from which to start building a Council.

Review Community Engagement Plan

Highlights of the PPS Community Engagement Strategy, which was submitted to DOH to fulfill an organizational milestone as part of the DY1 Q2 submission, were discussed and reviewed. The importance of truly engaging community members as opposed to only sharing information was emphasized, as was the need for the strategy to evolve and be revised over time. Methods of engagement will include meetings and community events, education and outreach, use of social media, and traditional media campaigns.

Overview of Cultural Competency and Health Literacy Strategy

The PPS Cultural Competency and Health Literacy Strategy is due to be signed off on by the Steering Committee no later than 12/31/15 and will be submitted as part of the DY1 Q3 submission, in order to fulfill an organizational milestone. There will not be a separate Cultural Competency and Health Literacy Committee, and ownership of the strategy will reside with the CBE Committee and the Workforce Committee (primarily the Training & Resources work group). The plan has been drafted but is not finalized. It will focus on an expanded understanding of culture, based on the definition put forth in the 2013 Enhanced CLAS (Culturally and Linguistically Appropriate Services) Standards for Health and Health Care. A survey has been sent to partner leads to assess provider needs and existing programs around cultural competency and health literacy. A Cultural Competency and Health Literacy Task Force will be formed within AHI, and Cultural Competency/Health Literacy Champions will be chosen from PPS partner organizations and their responsibilities will be incorporated into contracting to reflect the value placed on knowledge and implementation of cultural competence and health literacy standards.

ACTION ITEMS

- Brenda will determine which counties OATS covers and keep the Committee updated about patient portal education sessions being offered to senior citizens.
- Jessica will follow up with members who had mentioned an existing beneficiary group which could be utilized for feedback and input until a formal Council can be established and convened.
- Cultural Competency and Health Literacy Strategy draft will be circulated to CBE Committee members once it is closer to being finalized.
- The revised Community and Beneficiary Engagement charter will be distributed to committee members.