Coordination Committee Teleconference Notes

Date: 02/05/2018

Time: 3:00-4:00pm

In Attendance: Anastassia Galant (DPH), Ben Chaffee (UCSF), Beth Neary (DPH), Christina Nip (DPH), Colleen Lampron (DPH), Edith Sanchez-Mojaraz (DPH), Irene Hilton (DPH), Mary Jue (SFUSD), Margaret Fisher (DPH), Mimansa Cholera (DPH), Prasanthi Patel (DPH)

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| **AGENDA ITEMS** | **NOTES** | **ACTION ITEMS** |
| Action Items Check-In |  |  |
| Pilot 1 Updates | Colleen:* Laying foundations
* Irene and Christina has been talking to sites and doing recruitment
* Have faculty team lined up
* Still awaiting contract and in a holding pattern, but trying to keep things moving so once contract comes through can hit the ground running
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| Pilot 2 Updates | Christina:* SFUSD Health Workers have started care coordination
* Has 211 pending cases from the K screenings assigned to HWs

Edith:* Doing good so far
* Phone script for calling clients is long and will need to trim down to work with parents’ time
* HWs doing what is most important for clients, not completely by the script

Christina:* Health Workers are doing a great job. For January, 309 cases in MCAH databases, of those, 85 are open active, 201 cases are closed, 23 assigned
* 190 appointments scheduled, 171 clients attended appointment
* Successfully made monthly target
* Planning a follow-up MI training
* One challenge was that many HWs see many parents declining care coordination because children don’t yet have teeth. Rose (case manager) will hold on to cases less than 6 months old, at that time, they will have 120 days to engage and re-engage with parents

Margaret:* Great if we can get a percentage of the successful connection

Irene:* State will be very happy to know that children are getting connected to a dental home and getting care coordination
 | Christina to discuss with Ben to figure how to calculate percentages to determine denominator for Pilot 2 |
| Pilot 3 Updates | Prasanthi:* Contracts for taskforces are pending, adding Prop 56 funds, but waiting for finalization before moving forward
* IRB had sent back questions and we are working on edits for their questions
* Timing might work out for both the contract and the IRB approval
* Once contracts are finalized, taskforces can hire staff and do recruitment for the focus group
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| Pilot 4 Updates | Christina:* Pilot 4 group met to discuss curriculum developed and came up with potential topics for the curriculum
* Ben drafted an evaluation form for the training that we will trim down based on the eventual training that will be developed

Margaret:* Pilot 2 counts on PM160 forms as a source referral from medical providers, PM160 is transition out. A managed care plan sent out an announcement that PM160 is being retired. There was confusion about transition
* Targeting big systems like SFHN, NEMS, St Lukes to continue to send in PM160 forms
* DPH IT is working on an auto-populated form
* Working with Jim Glauber and the SFHP on the transition for the transition of the PM160
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| Pilot 5 Updates | Irene:* 2 FQHCs will be involved for 2018 for Pilot 5
* SFDPH-Silver Avenue Family Health Center developed an integration team that has met twice.
* Starting warm handover for one medical Provider and their MEA team to the dental provider for one day a week. Hoping that it will eventually go to 2 and then 3 days a week
* Mission Neighborhood is non-DPH FQHC and is still awaiting contract and will not start until later.

Anastassia* Created a first version of data report
* Found interesting information that can be used for future program development
* Still working on cleaning data and creating a meaningful data report for the team
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| UCSF Monitoring and Reporting Updates | Ben:* Developed a survey evaluation tool for Pilot 4 for Interprofessional training that is a draft form without knowing the exact content of training to modify the survey to tailor to the training
* Refining care coordination tracking form for Pilot 2. Thank you to everyone’s willingness to make modification and changes
* Christina helped me to understand the work of the Health Workers in creating a template that would be easy for use and also yield
* IRB application is almost ready for send in. Irene and Christina to confirm and let Ben know if ready for submission.
 | Irene to let Ben know if IRB application can be submittedChristina to check that she has sent out evaluation draft to Pilot 4 team |
| Fiscal Updates | Beth: * Submitted quarter 4 invoice to DHCS. Just need to make a small budget change request relating to number of HWs for them to process. Once that is in, will be able to do a budget revision.
* Some progress made for UCSF contract. Beth would like to check in with Ben if possible about timing of carryforward money. UCSF is accelerated to accommodate Commission meeting that has been moved forward.
* Hoping to do similar process of preparing documents in advance to submit at same time. Will have a call with Phil and Colleen on Friday to discuss moving budget timeline.
* UCSF has received funding notice early. AFL will be next once sole sourced is confirmed.
* Prop 56 funding is being added to Oral Health Taskforces budgets
* SFUSD contract is likely as there is a DPH-SFUSD 2016 contract that we are hoping to use a model
* MNHC will be next priority after AFL, UCSF, and SFUSD. MNHC has agreed to participate and is working on their baseline data similar to what Anastassia has generated for Pilot 5
* State contract for DTI evaluation across 15 pilot sites has hit delays at state level. They are introducing an alternate plan. Not requiring quarterly reporting request just yet. They are requesting a simple 6 months report to keep up with updates. It will be a narrative response describing where we are at with the pilot.
 | Beth to arrange a call with Irene, Christina, and Ben to get on a call to discuss budget in the next few days.Beth will share narrative reporting template with team when available |
| DTI Project Staff Updates | Christina:* PR: resubmitted article submission to DPH Fast Facts. Really hoping to get the word out on the project
* Had different site visits with FQHC
* Met up with Deena from SFCCC for a brief DTI check-in
* Working to connect with other Medi-Cal 2020 waiver folks at DPH who are working on other program elements to see if they would be interested in getting DTI updates
* Irene, Dr. Ambrose working on attending leadership meetings here at DPH to help inform leadership about DTI project
* Sharepoint platform: Colleen was able to log in by gmail account.
* Christina will be presenting on DTI updates at the ICC meeting
* DTI team is scheduling a meeting for epi folks for DTI epidemiologist and other oral health epidemiologist to develop
 | Christina to send out SharePoint platform link to all CC members |
| Cavity Free SF | Prasanthi:* ICC meeting tomorrow at Laurel Heights 2-4:30pm will discuss what we are planning for April 3rd forum that everyone is invited to attend
* Hiring 2 staff, one epi staff and one health educator trainee hoping to have a list by end of the month
 | Christina to forward 4th Cavity Free SF forum invites to CC team |
| DTI Newsletter | * Purpose is to keep staff and stakeholders informed about DTI updates and will use online platform

Beth:* The strategy may be to send DHCS the newsletter along with the 6 months updates.

Mary:* Start with Kim Coates, Kevin Trued, Early Ed, and Health Workers

Prasanthi:* ICC may like to get the newsletter especially since they are the DTI advisory committee.

Irene:* The ideal is for project announcement in Fast Facts for interested folks in the department to contact us to be added to the list
* We may need to send to a certain level of leadership, but not sure how far we need to go up in the organizational chart

Colleen:* Many folks we touch through the project do not know a lot about oral health. Think Impact quotes would be important. When you can start getting the story, there could be emotional connection. Maybe work with schools, community workers and dental providers, maybe even giving them talking points. We will need to go to all folks we are touching through all 5 pilots.

Mary:* Interesting to include all sections, but may not highlight all sections with every newsletter.
* May not have sufficient data initially in the first few newsletter, so can use project background.

Ben:* It may be a good idea to highlight one or two pilots that are doing well since progress may not be even.

Irene:* We may need help with this newsletter or get interns’ assistance even to have them call someone to speak with project members for 5-10 minutes. Better way to get contribution.

Beth:* One idea is to include Newsletter on the agenda a month or two ahead to decide what we would want to highlight in the newsletter.

Irene:* Originally newsletter is the task of DTI Project Manager, but with hiring freeze, we only have project coordinator (Christina)

Colleen:* There are 2 time consuming tasks, one is generating the content, the other is managing the mail chimp list. May need editor. There may be ways to break the tasks down and have someone can get it organized.
 | Mary to think more about other key players who would be included. Mary will send names and contacts to Christina. Christina to ask ICC about at Cavity Free SF about receiving newsletterChristina to send follow-up email for contact persons to add to mailing list |
| Announcement | Mimansa: * Dr Brent Lin at UCSF Pediatric Dentistry department has a grant for 5 years from HRSA of $1.75 million to develop and implement collaborative oral health training for primary care provider. They have a course available with 10 didactic sessions and 1-2 clinical session that is available for free. There is also a free oral health symposium on March 10th, Saturday at UCSF.
 | Christina to forward Interprofessional and Symposium flyer and information to the CC group |
| Next Meeting | Standing meeting every first Monday from 3-4pmNext meeting March 5th, 3-4pm |  |