

KMCHC Meeting

Minutes

July 1, 2015 (Wednesday)

10:00am – 2:00pm (lunch provided)

Rasmussen College, Room 116, 620 SW Governor View, Topeka, KS 66606

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| Attendees: Carrie Akin Dennis Cooley, MD, FAAP Diane Daldrup Debbie Richardson, PhD Cherie Sage Fran Seymour-Hunter | Rachel Sisson, MS Heather Smith, MPH Michele Spainhower David Thomason, MPA Kay White Stephanie Wolf, RN, BSN | Absent: Katrina Benyshek, RN Kayzy Bigler Lori Haskett Wes Jones, PhD Jamie Kim, MPH Patricia McNamar, DNP, ARNP, NP-C | Gianfranco Pezzino, MD, MPH Traci Reed Christy Schunn, LSCSW Pam Shaw, MD, FAAP Erick Vaughn, LMSW Donna Yadrich |
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| Staff: Chris Steege | Consultant: Connie Satzler | Visitor: Kari Teigen | |
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| Minutes | Issues Discussed/Actions Completed | Action Item / Completed by Whom |
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| Introductions – Dennis Cooley, MD | Introductions were completed | |
| Old Business – Dennis Cooley, MD <ul style="list-style-type: none"> ▪ Approval of Minutes (4/23/2015) | It was moved by Michele and 2 nd by Cherie to approve the minutes as amended with the two changes. | <u>Done</u> - Chris will change the 4/23/15 KMCHC minutes with the two changes from Donna Y. |
| New Direction/Structure Discussion <ul style="list-style-type: none"> ▪ Dennis Cooley, MD ▪ Council/Meeting Structure | Dr. Cooley talked about KMCHC past. He led a discussion on the new direction/approach, meeting structure, focused work groups (by MCH population domain), and separate and combined meetings. Discussion items from Dr. Cooley: <ul style="list-style-type: none"> ▪ MCH State Plan, ongoing review of goals and priorities ▪ Council at forefront of emerging issues in state ▪ Organizational changes have resulted in new direction | |

and greater focus/accountability

- New and existing Council members representing a core group and sub-groups, i.e., Blue Ribbon Infant Mortality Panel

Discussion items from KMCHC members:

- Further discussion on how the subgroups would work
- Identified the need to prepare clear member documents (benefits, roles/responsibilities)--hard to recruit without a clear purpose
- Need for increased provider engagement/attendance

Discussion on Meeting Structure:

- Advisory to KDHE regarding Kansas MCH
- Engaged members with responsibilities/benefits
- Shared agenda/collective impact
- Integration of the Blue Ribbon Panel on Infant Mortality

Plan for the day (new proposed meeting structure):

- Large group opening, updates, discussion
- MCH Population Health Domain (small) group work* (members select one area)
 1. Women/Maternal
 2. Perinatal/Infant
 3. Child
 4. Adolescent

**Four small groups to align with the main population domains; two of other six domains (Children & Youth with Special Health Care Needs and Cross-cutting/Life Course) will be considered by all groups.*

- Large group debrief, action items, closing
- Other incorporated into meeting agendas as necessary/by request of small groups: presentations (data/program/other), framing messages, strategic planning, etc.

Council members discussed questions on PPT Slide:

- What are your thoughts about the new approach?
- What are the member questions?
- What additional needs do you have as a member?
- Discuss advantages and disadvantages of the small

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| <ul style="list-style-type: none"> ▪ Code of Ethics & Scope of Work-Council ▪ Member Reimbursement Policy ▪ Membership Updates / New | <p>groups (by domain) on an ongoing basis?</p> <ul style="list-style-type: none"> ▪ Do you see your work/expertise/interest aligning with one domain over others? ▪ Discuss advantages and disadvantages of remaining as a large group throughout the day, focusing on all domains and breaking up into small groups as necessary for targeted discussion with reports to the large group? <p>Council Input (Meeting & Subgroups):</p> <ul style="list-style-type: none"> ▪ Cherie explained their meeting process at SAFE KIDS (4 priorities); each group is self-directed and attends quarterly meetings as well as meetings set by the group. Each group has a chair from SAFE KIDS in that specific group’s field of expertise. ▪ Possible phone conference in between quarterly meeting ▪ Have a 1-day long meeting with core and subgroup would be a big advantage ▪ Small groups would remain focused on the domain priorities, objectives, and strategies, prioritizing what to focus on and determining activities to advance work and reach measures ▪ Each meeting should drive the agenda for the next meeting or the next small group interim meetings. ▪ Small groups would provide recommendations to the KMCHC Core group and the Core Group would collectively make decisions and/or recommendations. <p>Suggestion:</p> <ul style="list-style-type: none"> - Hold an annual Summit (1-day long meeting) <p><i>(Handout)</i> – Discussion of Code of Ethics document and the KMCHC member responsibilities</p> <p><i>(Handout)</i> – Review of Reimbursement policy on Per Diem, Lodging and Mileage.</p> <p>Discussion on new members to be invited and who would</p> | <p><u>Done</u> - “Summit” for the MCH meeting in September. This will be discussed and planned at an August meeting.</p> <p><u>Update</u> - The “Summit” will be held in Spring 2016. A regular meeting will be Sept. 22.</p> <p><u>Done</u> - Reference for Connie on New Meeting Models.</p> |
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| <p>Recruits / Invitations / Messaging</p> <p>▪ Bylaws Discussion</p> | <p>be responsible for the KMCHC new member invitations.</p> <p>Discussion Items:</p> <ul style="list-style-type: none"> ▪ All members made suggestions of potential members to be considered. This list will be compiled by Chris and reviewed by KDHE and distributed with the KMCHC minutes. ▪ Blue Ribbon Panel on Infant Mortality (BRPIM) – After discussion, it was decided that all BRPIM members that are not currently KMCHC members will be invited to be on the KMCHC. The BRPIM will be a separate worksheet on the Potential New Member List file. ▪ Who is going to contact? <ul style="list-style-type: none"> ▪ Need to draft invite letters and emails with consistent/standard language used by all ▪ Framing message to include: <ol style="list-style-type: none"> 1. How the State Plan/work impacts them 2. How their practice at the local level impacts and advances the State Plan—opportunities for integration 3. Sharing resources—at a glance with priorities, measures, key information <p>Decided it would be appropriate to have 20-25 total council members.</p> <p>Discussion was in favor of having Bylaws for the KMCHC.</p> | <p><u>Done</u> - Chris will compile and send the Potential New Member List excel file with the KMCHC minutes for all members to review.</p> <p><u>Done</u> - Dave will email the Roster of the BRPIM to Chris.</p> <p><u>Done</u> – Chris will add the BRPIM list to the Potential New Member List file as a separate worksheet.</p> <p><u>Done</u> - Invitation to all BRPIM to the Sept. 22 meeting – include info on invite – the advisory capacity to the Secretary.</p> |
| <p>MCH Updates</p> <ul style="list-style-type: none"> ▪ Rachel Sisson, MS and KDHE Staff ▪ MCH ATL Funding Recommendations (SFY16) | <p>Rachel gave a review of the MCH Block Grant – Aid to Local (ATL) program.</p> <p>Discussion Items:</p> <ul style="list-style-type: none"> ▪ New online application and reporting system ▪ Reporting Requirements modified due to MCH Block Grant transformation and changing state/federal reporting requirements ▪ Integrated Data System under development (DAISEY) ▪ SY2016 Recommendations and Awards | <p><u>Done</u> - Rachel will email Chris a copy of the PPT to be included with the 7/1/15 KMCHC minutes.</p> |

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| <ul style="list-style-type: none"> ▪ Draft MCH Block Grant Application/ Annual Report/Needs Assessment Findings/ State Action Plan | <ol style="list-style-type: none"> 1. External Reviewers engaged for the first time 2. Scoring template and reviewer guidance developed and used by reviewers 3. Condition letters sent to 30+ applicants requesting additional information needed for review 4. New “base funding formula by county applied (components/weighting follows) <ul style="list-style-type: none"> ▪ 75% children in poverty (0-18 years) ▪ 25% MCH population (children 0-22: women 23-44) <p>Local Service/Contract Changes: New grantee: Sedgwick County perinatal collaborative <ul style="list-style-type: none"> ▪ KUMC Research Institute (Fiscal agent) ▪ KU School of Med – Wichita (Data/Evaluation) ▪ SG County Maternal & Infant Health Coalition (oversight) Dropped: Scott, Pratt, Rawlins, Mercy Kansas Communities (Independence clinic) HBWW/BAM Collaborative (tentative) Expansion <ul style="list-style-type: none"> ▪ Montgomery, Sedgwick, Seward, North Central – regional model Map/assigned MCH grantee regions: Children & Families Section–Local Programs – showing where/which services are in each county and regions assigned by staff member so grantees have a primary point of contact from application to reporting to monitoring/TA</p> <p>SHCN Contract Awards – reported by Heather Smith. Also three new initiatives for SFY16: <ul style="list-style-type: none"> ▪ Hospital to Home Pilot Program. ▪ Faces of Change. ▪ Managed Care Follow-up Program – Dr. Ryan Smith. MCH Block Grant: The block grant is due July 16; public input closed July 6. Access a copy at www.kdheks.gov/bfh. The application includes the new 5-year state action plan for the period 2016-2020. 8 new state priorities; 8 new National Performance Measures.</p> | |
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| <ul style="list-style-type: none"> ▪ Infant Mortality CoIIN Updates | <p>Infant Mortality CoIIN:</p> <ul style="list-style-type: none"> ▪ Smoking Cessation pilots launching in Crawford, Saline, and Sedgwick (WIC clinic) counties. Pre/Early Term Birth pilot site in Sedgwick (Wichita OBGYN clinic) with focus on using progesterone to prevent preterm birth. CoIIN Learning Session 2 is scheduled for July 27-28 in Boston. Kansas team members will attend and learn more about what other strategies states are finding success. | |
| <p>Member Updates</p> <ul style="list-style-type: none"> ▪ Headstart ▪ KIDS Network ▪ Local Health Departments ▪ Safe Kids KS ▪ School Nurses ▪ Special Health Care Needs ▪ WIC | <p>No report. No report. Local Health department issues discussed. Disconnect that Public Health is for just low income, but it is for all the public. Report given by Cherie. Looking at the more intentional deaths, suicide. Grant for Safe Sleep. No report.</p> <p>Report by Dave Thomason. Clinic site at Ft. Riley is closed – clients going to Geary County and Manhattan. Finalizing work on the food packages – provide only fresh products (not canned and frozen). Go into effect Oct. 1.</p> <p>Wesley Med Center received their status Baby Friendly Hospital.</p> | |
| <p>Future Meeting Dates</p> <ul style="list-style-type: none"> ▪ Set Meeting Dates for FY2015-2016 | <p>Meeting Options?</p> <ul style="list-style-type: none"> • August conference call with sub group • September 22, 2015 • December • March • June | |