Aging and Health and Wellness Work Group:
Common Care Plan Subgroup
March 29, 2016; 1:00-3:00 p.m.
Maine Health Access Foundation Conference Room; 150 Capitol Street, Suite 4, Augusta
Call in: 1-866-866-2244 pass code 5059682#

Attended: Becky Hayes Boober, Jon Bradley, Michelle Cloutier, Kathy Day, Angela Fileccia, Peggy Haynes, Elizabeth Rolfe, Betsy Sawyer-Manter\
Unable to attend: Meg Callaway, Brenda Gallant, Jerolyn Ireland, Trish Niedorowski, Rhonda Selvin

I.   Welcome and Clarification of Subgroup's Scope of Work; Summary of Previous Work

Becky and Betsy reviewed the two-year (plus) history of the Maine Aging Initiative and the work last year of the Health and Wellness and Aging Work Group. Of the remaining priority actions identified by that group, two will be pursued this year. This group will serve as an oversight committee for a larger stakeholder process to solicit input and design a template for elements of a Common Care Plan which can be used across sectors and organizations working together to assist persons who are aging. Our work will be shared with HealthInfoNet (HIN) as possibilities for elements included in a Common Care Plan in a person's HIN electronic health record. This work, as well as ours, will also be informed by HIN's work with two CAP agencies through a Robert Wood Johnson Foundation grant. Angela reported that HIN is meeting with Penobscot Community Health Care, Penquis CAP, and York CAP to discuss how to incorporate social determinants of health screening information into the HIN exchange. Elizabeth shared that Eastern Maine ACO has developed a shared Care Coordination plan that is more medically oriented but includes factors of support. This year they switched from Pioneer to Next Gen ACO. They are finding that food insecurity is a big issue. She also discussed their efforts on the CMMI Innovations grant opportunity and the REACH platform. Jon pointed out that health information has been integrated into homeless records with a focus on functionality, especially for people in their 40s and 50s with chronic health issues. They also see older people at the soup kitchen.

This group will meet monthly (usually for 1.5 hours), probably through December.

The second group will develop curriculum for First Contacts to guide them in knowing how to recognize when a person might need assistance, whom to contact, and what to do. A different subcommittee will address that scope of work.

II.   Logistics
The group listed these 5 Ground Rules to guide our work:
1. Agendas and materials will be received in advance.
2. All perspectives will be respected and listened to.
3. We will start and end on time.
4. We won't duplicate efforts that others are doing.
5. We will consistently avoid or explain acronyms.

The group also discussed who else should be invited to the group, including a representative from veterans' health (Togus), perhaps a large housing provider/supportive housing

residential program (although we realized that Angela and Jon represent some of the housing work).

The group reviewed the eight primary domains listed in the Crisis to Thriving Scale, developed by Maine's five Area Agencies on Aging this year. This tool is a good starting point for our work. The group thought it would be important to add categories, such as Safety/violence, Financial Stability/Income, and Legal. "Access to Primary Care" might need to be expanded to include behavioral health services and specialty care. Among the indicators would be whether they receive depression and substance use screenings.

III.   Next Steps
1. Members requested a copy of the membership contact list. (Attached.)
2. Since this time is not good for many members to meet, Becky will send out a meeting doodle to plan meetings for the rest of the year.
3. As requested, Becky emailed a matrix of Confidentiality rules and regulations developed two years ago. She also sent out the SAMHSA information on how to comment on proposed rule-making changes to CFR 42 restrictions on information sharing related to substance use.
4. At the next meeting, each member who is from an organization with health/services records is asked to bring examples of Release of Information forms and a list of fields that are already in your organization's electronic record system that would be helpful to be shared to inform a person-centered common care plan. A key discussion at the next meeting will be: What would make a common care plan person-centered?

The meeting adjourned.