

Community Network Development Workgroup Meeting Notes

October 21, 2002

I. Welcome and Introductions

Leslie Hine-Rabichow, Sara Barnett, Carol Fitzgibbons, Ben Medina, Doris Steinman, Alison Cook, Teresa Graves, Leane Marchese, Roger Bailey, Bill Bodry, Inge Bonn, Karen Wells

II. Agenda Review – Meeting Objectives

The three previous workgroup meetings generated discussions regarding the importance of creating and organizing community provider networks that can be successful in contracting with different types of business models (i.e., managed care organizations, FFS, other).

The objective of this meeting was to obtain insight from Karen Wells on how the Children's Mental Health Initiative established networks of providers to meet the health and social needs of children in San Diego County. The networking process can provide the LTCIP with information about best practices and lessons learned.

III. Presentation

Karen Wells, M.P.H., Executive Director of San Diego's Children, Youth and Family Network (CYFN), has international experience in developing integration projects with primary, secondary and community-based services for all populations. She also has experience working in managed care as Director of Provider Relations for two statewide HMOS and as Executive Director, Specialty IPA & Manager, Contracting for Sutter Health System.

Main Points of Presentation

- Understand the scope of the situation and analyze various aspects of the current system (medical model) vs. ideal system (integrated socio-medical model):
 - What are compliance standards for providers?
 - How do the funds drive the services?
 - Philosophy of treatment: physician autonomy vs. evidence based care
 - Philosophy of care: Institutional/ nursing care vs. home and community based.

<http://www.co.san-diego.ca.us/cnty/cntydepts/health/ais/ltc>

- Community based organizations (CBOs) need to be able to articulate to health plans, managed care organizations and other types of larger health care organizations how they can add value to good medical practice. CBOs need to market themselves as a business by defining what services they provide and the cost data associated with providing these services.
- Early in the process, make sure that organizations agree to and are committed to the goals and objectives of an integrated network so that turf issues are minimized or eliminated.

IV. Group Discussion

- ◆ Macro barriers make the process of establishing networks and integrating care more difficult – BBA, lack of standardized cost accounting for non-profits, flow of Medicare dollar, low Medi-Cal reimbursement rates for providers.
- ◆ The current healthcare system is based on treatment of acute conditions and needs to develop a different system for chronic illness.
- ◆ Waiver dollars are key to pooling funds and successfully implementing integration pilots.

V. Closing - Next steps

- ◆ Bring in an expert to talk about cost accounting and unit cost development strategies for CBOs.
- ◆ Schedule a representative from an MSO to provide an overview of an IPA as a network model.
- ◆ Future meetings: **9:00 AM – 11:00 AM**
November meeting canceled
December 16, 2002
January 14, 2003
Location: Aging and Independence Services
9335 Hazard Way, San Diego, CA 92123