

**Network of Care Strategy Workgroup**  
**Meeting Notes**  
**August 7<sup>th</sup> 2002, 10:00am – 12:00pm.**

**I. Welcome and Introductions**

Bob Prath, Chair, began with round table at 10:00 am August 7<sup>th</sup>, 2002, requesting clarification of work group goals. Planning meeting discussion had seemed to focus on design of a project attractive to RWJ (Robert Wood Johnson) grant interest ... a second focus was design of a project that identified means to increase value of the Network of Care website as a tool for Long Term Care Integration.

Participants in Attendance:

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**II. Initial Group Discussion**

The group reviewed the Network of Care Internet site. Those members familiar with the site provided an overview of current capabilities. It was agreed that all of the capabilities were useful to care givers and receivers. However, the “My Record” segments of the net appeared most useful and a tool to integrate caregiving.

The “My Record” section of network of care allows individual users to store data on their medical teams (doctors, pharmacists, specialists, etc.), medical facilities, insurance, support services, medical history, legal status and personal diary. Workgroup members discussed the ability of the “My Records” sections to leap the confidentiality barrier by granting care receivers exclusive authority to grant access to their care data to selected individuals for selected periods. Figure 1, contains the web page from Network of Care which permits this action.

**Test Group**

Who would be the likely Beta test group for an evaluation to improve the utility of Network of Care? Several public-private partners were suggested. IHSS was suggested as a public partner for the test group. Meals on Wheels was suggested as private test partner. Both programs include clients with care providers and social workers and users that are likely to have a network of care providers. There was strong opinion that the test should include special needs of needs of the disability community. A test group of about fifty cases was suggested.

The majority of the workgroup expressed a goal of excluding acute and primary medical providers from initial testing and concentrate on Network of Care as a means to increase

social service integration. There was agreement that the network has potential to eventually help integration of family, social and medical services and these providers should be included in later stages of evaluation. The majority opinion felt that early integration of medical providers would be most challenging and could rapidly absorb the energy of the entire project. Therefore a phased project measuring and recommending steps to include social service integration and then medical service integration was recommended.

### **Test Scenario - testing would have to include consideration of the following:**

#### **1. Partition of responsibility:**

- **The operating software** is owned and controlled by Trilogy. Beta testing of software systems as well as incremental methods of improvement based on user survey is a well-established process. Presumably Trilogy has done consumer and beta testing and has an established software systems plan in place. If so, Trilogy would need to modify that plan to emphasize the measurements and system upgrades to “My Records”. The Network of Care now includes a comment section that allows users to make comments and suggestions for improvement directly to Trilogy. Trilogy is a desirable partner on the test team and a vital partner for effective test design.

- **The resource data** is provided by Inform San Diego. They are a desirable test team member since some suggestions may include modifying resource database (the recent move to regionalize data is an example.).

- AIS is the agent for local **sponsorship and publicity for network of care**. While a test group may consist of 25-50 controlled cases a large amount of useful feedback would hopefully be gleaned from general users in San Diego. The number of general users is dependent on an effective publicity campaign, which may be included as apportion of the test scenario. A segment of the testing should focus on the question, “What needs to be done to encourage consumers/providers to voluntarily utilize this tool to help caregivers integrate services?”

#### **2. Accessibility:**

While the Network of Care has accessibility features, others may be needed. Will data managers be needed to provide trusted access to those unable or unwilling to access the net?

### **III. Summary of initial recommendations:**

Improving the Network of Care as a tool to integrate care.

- Focus on the “my record” section
- Use professional software evaluators for test design and then test with 50 controlled cases to baseline effectiveness and identify improvements. Augment this with feedback from general users. Ensure publicity campaign to increase numbers of general users.
- Increase effectiveness of social services integration first.

### **IV. Next Steps:**

- Contact Trilogy for information on quality improvement process and planned improvements. – Chair
- Investigate and become familiar with Network of Care capabilities – All

- Report on status next of Network of Care Options at next workgroup and emphasize potential for Option 1 to favorably impact all other options. –all
- Report on publicity campaign for general public

**V. Adjourn** at 12:00 PM: Next meeting on Monday, September 9, 2002 from 9:30-11:00 AM, AIS Administrative Conference Room.

**Figure 1. Web page for giving visitors access to “My Record”**

<input type="text"/>	
<input type="button" value="Medical Team"/>	<b>GUESTS</b>
<input type="button" value="Medical Facilities"/>	
<input type="button" value="Insurance"/>	
<input type="button" value="Support Services"/>	
<input type="button" value="Medical History"/>	Guest's First Name: <input type="text"/>
<input type="button" value="Legal Status"/>	Guest's Last Name: <input type="text"/>
<input type="button" value="Diary"/>	
<input type="button" value="Add a Guest"/>	Guest's Username: <input type="text"/>
<input type="button" value="Print My Record"/>	Guest's Password: <input type="text"/>
<input type="button" value="Logout"/>	Your guest's password is valid between the following dates:
<input type="button" value="Help"/>	
<input type="text"/>	<input type="text"/> (ex. 6/21/2001)
<input type="text"/>	<input type="text"/> (ex. 7/04/2001)

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Your Guest can access the following sections of your record:

- Medical Team
- Insurance
- Medical History
- Medical Facilities
- Support Services
- Legal Status
- Diary

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Would you like us to e-mail this information to your guest?

- Yes

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Guest's e-mail:

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Include a brief message:



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Cancel

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