



Virginia State Rural Health Quality Council

MINUTES	DATE	Time	LOCATION
	9/15/2010	10:00AM	Conference
	Call		

MEETING CALLED BY	Edna Rensing, Chair
FACILITATOR	Edna Rensing
NOTE-TAKERS	Thelma Burris
ATTENDEES	Edna Rensing, Mara Servaites, Gary Crum, Thelma Burris, Jeff Whitton, Eileen Ciccotelli, Tiffany McGhee, Wendy Welch and June Collmer

Topics for Discussion

Meeting Focus:

1. Determine one to two focus areas for the year to allow targeting:
 - a. hospitals to apply for travel grants to conferences and trainings in those areas, and
 - b. To explore health promotion/disease management programs.
2. Discuss/identify sources of data, and learn about recommended sources from Quality Council members.

Meeting Outcome(s): See Action Items and Next Steps

TOPIC	Target areas for focused attention by the Quality Council:
DISCUSSION	<p>Data is available in many sources including VHI and the data portal. Analyses and reports have occurred locally and nationally (e.g. AHRQ's Disparity report). Most elaborate chronic illnesses such as diabetes, COPD, cardiovascular disease and cancer. AHRQ's Disparity Report additionally discusses patient centeredness, understanding of care, care coordination and complications of medications by race ethnicity and socio-economic status to name a few.</p> <p>The concern of the members of the council is that as important as these issues are, we must consider the entire continuum of care and the entire population from childhood to elder. Recognizing that they are broad and should be considered in light of what is already going on, areas discussed included:</p> <ol style="list-style-type: none"> 1. Children and Obesity <ul style="list-style-type: none"> • Since obesity affects/causes many chronic diseases and leads to chronic conditions in the elderly, what can be done to make things better when individuals are young. <p>Possible solutions:</p> <ul style="list-style-type: none"> • Target children to relieve conditions later in life. • Learn about access to healthy food and educate. <p>Potential problems:</p> <p>Physicians are not paid for teaching/training healthy lifestyles Geographically, the issues are far-reaching, and need community by community attention. Two examples – Buchanan and Dickenson Counties in far Southwest Virginia.</p> <ol style="list-style-type: none"> 2. Risk factor identification/ Healthy Lifestyle – with emphasis on: <ol style="list-style-type: none"> 1. Exercise 2. Smoking Cessation 3. Obesity

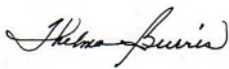
	<p>4. Oral Health</p> <p>Lowering risk factors is important – identify the risk factors. Many apply to more than one disease. Two things that affect both young and old are obesity and diabetes.</p> <p>Prevention of childhood obesity is a key to addressing issues which happens later in life. We need to consider what affects the widest group of people? It was noted that poor Oral Health affects everyone – and more than just the mouth.</p> <p>Patent Centered Medical Home/Continuum of Care</p> <ol style="list-style-type: none"> 1. Hospital ↔ Primary Care Physician ↔ Transition to Medical Home <ul style="list-style-type: none"> - Communication between all parties. - Considering the HIT piece. 2. Smoking Cessation 3. Obesity
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ACTION ITEMS	PERSON RESPONSIBLE
<ol style="list-style-type: none"> a. Community health promotion/disease management work group will <ul style="list-style-type: none"> • learn more about risk factors identification and lifestyle changes that delay or prevent chronic illness. • Develop and define criteria to search for model programs – not reinvent. Include search of programs that target any age group and place on the continuum of care (prevent in early childhood, modify in mid-life and during chronic illness) • Once programs identified, determine next steps. b. Prepare preliminary templates to assist workgroup. 	<ol style="list-style-type: none"> a. Small work group will consider possible action(s). b. Edna and Mara

TOPIC Travel grants for hospital/medical facility staff opportunities	
DISCUSSION	Travel grants will be offered to rural hospitals in areas with higher chronic illnesses in areas mentioned above. Grants will be offered that address focus areas above. Small work group will help select targeted areas of the state as well as develop criteria and process hospitals can use to apply.
ACTION ITEMS	PERSON RESPONSIBLE
<ol style="list-style-type: none"> a. Travel grant work group will <ul style="list-style-type: none"> • learn more about risk factors identification and lifestyle changes that delay or prevent chronic illness. • Develop and define criteria hospital will use to apply for travel grants (age groups and place on the continuum of care, hospital staff) • Set up process and materials b. Prepare preliminary templates to assist workgroup. 	<ol style="list-style-type: none"> a. Council members who agreed to serve during today's conference call. Council members who are appointed to serve. b. Edna and Mara

TOPIC		Electronic conference/training offerings	
DISCUSSION	Consider communication mediums to take information to Small Rural Hospitals; thus, more people can benefit. Travel grants will only be offered to targeted rural hospitals and for specific conditions. The group discussed electronic methods to send more offerings to all rural hospitals.		
ACTION ITEMS		PERSON RESPONSIBLE	
Quality Council members will look at available electronic conferences/training sites and send links to central person to compile and send to all rural hospital contacts.		Council Members, Mara	

Next Steps – Finalize committee groups and notify members by email.

Respectfully Submitted: 

 Thelma Burris, Recorder