

**WINNEBAGO COUNTY
AGING & DISABILITY RESOURCE CENTER (ADRC) COMMITTEE**

MEETING MINUTES

DATE: June 10, 2013

TIME: 3:30 p.m.

PLACE: Public Health Department

Members Present: Ginger Beuk, Pete Christiansen, Diane Egan, Debra Hogue, Ann Jungwirth, Eileen Lienweber, Donna Lohry, Mike Norton, Deb Pahl, Rob Paterson, Harold Singstock, and Claire Steger

Staff Present: Mary Krueger, Ron Duerkop, Mark Weisensel and Dorothy De Grace

Others Present: Larry Lautenschlager, County Board Supervisor; Tom Otto, concerned citizen; Cindy Draws and Doug Gieryn, Public Health Department

Donna Lohry called the meeting to order at 3:30 p.m.

1. Public Comments:

- a. Cindy Draws said an Older Adult Collaborative Group started meeting last August and is comprised of members of the community that work with the elderly. Representatives are from Advocap, home health agencies, Red Cross, nursing homes, Oshkosh Family, ADRC, Lutheran Homes of Oshkosh, and other assisted living facilities. They are looking at what challenges are in the community for the elderly, and what the Health Department can do to improve the environment for the older adult. Transportation was one of the areas identified, but that is already being addressed by the Specialized Transportation Council. Socialization was identified, but they aren't working on that currently. They are working on better communication between health care providers, particularly for discharge planning. Mark Weisensel said the group is in the process of preparing a handout to give to medical facilities and assisted living facilities regarding the types of services available to patients that could help keep them from being readmitted to a hospital.
- b. There were no comments from the public.

2. Introductions:

Introductions were made.

3. Approve Minutes of the April 8, 2013 ADRC Meeting:

Deb Pahl moved for approval of these minutes; seconded by Ginger Beuk and carried.

4. Public Health Programs – Doug Gieryn, Director

Doug Gieryn gave a power point presentation as an overview of the Health Department and its programs. He explained that last May and July they consolidated with the cities of Oshkosh and Neenah Health Departments. They have been revisiting a lot of their program areas to ensure that they are providing consistent services. They realized a 20% debt reduction with the consolidation.

Doug said over the next couple of years, as they have the opportunity through funding or staff turnover, they will reconfigure the staffing to best serve the needs in the various program areas. They developed a strategic plan with staff from all three health departments before consolidation was complete to ensure that each could share thoughts about the services they had provided and additional services they feel are needed. They then developed a vision and goals to work on over the next few years. The Health Department is transitioning from direct service towards population-based health community service. They are providing less one-on-one services, but instead are working with partners to try and identify ways that they can help get the community healthier by making healthy choices; making changes in the environment; and changes in policy. Ideally they can impact the population as a whole as opposed to one person at a time. He had asked staff to identify current priorities as a newly consolidated department. Their major tasks regarding environmental health include licensing and inspection of establishments, such as for food and lodging and also recreational types of events.

Cindy Draws said the Re:Think Committee has several breakout committees working on different initiatives to improve the health in the environment, such as Healthy Lifestyles Committee working on mental health issues. They offer a Public Health Nurse program where a nurse would make a home visit after receiving a referral. They do an assessment to determine if there is a medical need and then can make a referral to a physician. This will hopefully prevent a hospitalization or emergency room visit. A referral could be made through the Aging & Disability Resource Center. The Refugee Health Program started last year with the re-establishment of World Relief bringing in 100 refugees last year and this year. Public Health nurses ensure that the refugees are free of communicable disease, and they get them set up with the health care system with an understanding of how to navigate it. They partner with other agencies, such as Advocap and Human Services in getting the refugees settled in the community. They offer medication assistance and nail care clinics in the rural areas. The Housing Authority contracts with Public Health to provide a full-time nurse to do triage, medication management, or walk-in clinics to individuals that live in facilities owned by Housing Authority. Public Health does some long-term support assessments as contracted with Human Services to determine if a person is eligible for long-term care funding. They offer initiatives through a Falls Prevention Coalition, such as a Stay Active—Be Confident falls assessment program. Their Strong Bones program is a national evidence-based strength training program designed for women and men aged 55 and older. The Living Well with Chronic Conditions is an evidence-based support program where participants learn how to manage their chronic medical conditions.

5. Affordable Health Care Act – Eileen Leinweber

Eileen Leinweber said she recently completed an on-line course regarding the Affordable Health Care Act, which is being implemented in different stages. People will be able to sign up for the health exchanges on October 1 with implementation beginning in 2014. The Health Care Act will not only give access to health care, but restructure how it is provided with the outcome of improved quality and decreased cost. In 2012 the approach of no hospital readmissions within 30 days already saved \$300 million by decreased payment to hospitals. Eileen said that preventive service is now part of Medicare. Eleven hospitals have agreed to be participants in the demonstration of an acute care episode payment plan where the hospital would receive one payment to be distributed to the various providers. This would ultimately result in coordinated care and save as much as 10% in costs.

Eileen said Medical Homes would be a part of the Affordable Health Care Act where a person would have coordinated care and have access to an electronic medical record. If the cost of health care increases by GDP plus 1%, a panel would look for ways to decrease the cost; but they cannot ration care nor can they increase the cost to the beneficiary. Insurance companies can only have 15% in overhead cost; 85% of their costs must be in health care. If hospitals have hospital-acquired conditions, they won't get reimbursed for them. Eileen said the Health Care Act is already in process in most areas, with the exception of the insurance exchanges. She thinks we will see some variability with the implementation of the exchanges, and those states that try to implement it the way it was intended will probably have much better results.

6. Non-Emergency Medical Transportation Update – Mark Weisensel & Mary Krueger

Mark Weisensel said a new statewide non-emergency medical transportation broker (MTM) has been contracted by the Department of Health Services to start providing services on August 1. The headquarters of MTM is in East St. Louis. MTM will keep all of the same phone numbers that Logisticare used, but they will add a new “we care” phone line which is in addition to the current “where is my ride” line. They will have independent ombudsmen who will be employed by Hewlett Packard to handle any complaints. The Department of Health Services will mail information regarding the new provider to all Forward Health Medicaid recipients. Mark said transportation to a pharmacy is considered a non-emergency medical transport. He said veterans can now use the non-medical transportation system. Also, the state included an additional \$7.2 million into the system to handle the rides.

7. Reports:

- a. Committee Members/Staff re: ADRC Conference, May 2013

This is postponed until the next meeting.

- b. ADRC Manager – Mary Krueger

This will be included in the next meeting.

- c. Committee Member Updates: Rob Paterson shared one of the glitches with the new bus routes that weren't anticipated. He said the bus stop at Pick N Save will no longer be located in the parking lot, but will be on the sidewalk next to Jackson Street. Donna Lohry said this is an added problem for the disabled and the elderly, especially in the wintertime. She asked Mark Weisensel to check into this issue.

- d. Complaints/Grievances – there were none to report.

8. “Community Beat”: There was no information.

9. Next Meeting:

With no further business, Pete Christiansen moved for adjournment; seconded by Ann Jungwirth and carried at 5:30 p.m. The next meeting of the ADRC Committee will be held at 3:30 p.m., Monday, July 8, 2013 at the Oshkosh Human Services Building.

Respectfully submitted: Dorothy De Grace, recorder