



# Meeting Minutes

## Learning Advisory Council Meeting 1

Location: GoogleMeet

Date: 09/15/2021

Time: 5:00 PM ET

In Attendance: Council Members: Howard Haft, Nkem Okeke, Julio Menocal, Titus Abraham, Cindy Eiseman, Melanie Cavaliere, Agnes Buanya, Kristina Williamson, Nnaemeka Agajelu, Laura Goodman, Arumani Manisundaram  
Staff: Alice Sowinski-Rice, Raghavi Anand

### Discussion Items

1. Feedback on previous learning events
  - a. **(Kristina)** Staff Academy: She has heard attendees mention that it's a good event with great engagement and it is helpful for practice and CTO staff
2. Sharing personal experiences and challenges
  - a. **(Dr. Agajelu)** Big shortage of staff in the whole labor force, especially in healthcare— how is that affecting the ability of the program to function well, particularly in the last 12 months? It has been difficult to complete tasks because of personal staff shortage.
    - i. **(Dr. Okeke)** The Council can begin to identify real-time challenges and support strategies. The learning system can make sure there is a quick turn-around on training modules that practices can adopt immediately. We cannot help a practice transform care if they do not have the staff to do so!
    - ii. **(Cindy)** There is a much better chance of retaining staff if you are involving staff (providing opportunities, providing education, including them in practice transformation redesign, providing a sense of belonging, etc.).
    - iii. **(Dr. Abraham)** Had a meeting re: CRISP data and it was enlightening and useful. This would be valuable for practices to help them: identify where the practice can focus efforts, review data with someone from MDH or PMO, measure engagement, and use valuable tools.
    - iv. **(Kristina)** Reviewing CRISP data on a monthly basis with providers gives them direction in terms of what to focus and which patients to check in with (e.g. Pre-AH tool). We need to be able to connect providers with high-utilizers.
      1. High turnover → less ENS follow-up (direct impact on follow-up with patients)
      2. Difficulty in engaging patients in care management plans
    - v. **(Dr. Okeke)** For transitional care fatigue, we need to keep patients engaged by utilizing the support of CHWs (a phone call might not be enough!).

1. **(Dr. Haft)** We must look at these issues from a health equity lens (other factors to take into account: interpersonal violence, geographic barriers, lack of access to care, etc.).
- vi. **(Dr. Abraham)** We utilize the skills and tools of care managers and build those relationships-- utilize staff! Primary care is all about relationships. There are granular visits, transitions of care, etc., but the patient doesn't conceive their care in that way.
- vii. **(Arumani)** The best approach to retain staff is through a goals-oriented incentive + patient education through postcards that detail what is available to them (education must also go to the patient!).
- viii. **(Laura)** Medicaid is working towards becoming an aligned payer and 1 of the 5 principles is "practice learning," which is straightforward, aligned, and positive!
- ix. **(Melanie)** Allowing practices to get feedback from one another is a helpful learning tool.

### 3. Next Steps

- a. **(Agnes)** Continue the conversation to address the gaps through future learning events.
- b. **(PMO)** Suggest 2022 learning activities and collect feedback during the next meeting

### 4. Key Themes

- a. Retaining practice staff
- b. Hiring and training practice staff
- c. Practice recognition for staying engaged
- d. Training on how to use the CRISP reports
- e. Innovative ways to continue with transitional care and keep patients engaged
- f. Team-based care and the importance of care management

Action Items	Owner(s)	Deadline	Status
Send out agenda in advance of the next meeting	PMO	COB 10/18/2021	In Progress