

# **MEETING MINUTES OF THE COOK COUNTY HEALTH CARE TASK FORCE**

## **Data/IT Subcommittee**

**May 17, 2016**

**118 N. Clark St., 4<sup>th</sup> Floor Conference Room**

### **I. Call to Order and Introductions**

Attendees: Steven Glass, Dan Rabbitt, Commissioner Robert Steele, John Squeo

### **II. Research Report Back**

Discussed Medical Home Network (MHN) presentation on e-consult and other opportunities to leverage MHN. The other main functionality that would be useful for a direct access program is MHN Connect, which alerts the primary care physician (PCP) when an enrollee visits the ER or a hospital. It is currently only use for CountyCare patients, but could be used for the uninsured if there was a registration process through CareLink or an independent program. Registration is needed so that consent can be obtained and PCP information can be known by MHN Connect. Consent might not be a problem if the alerts remain internal to the CCHHS system.

Discussed using CountyCare business systems for a direct access program. Steven reported that he was unable to get solid cost figures because the business systems are required to do so much more for CountyCare patients than what is being request for a direct access program. He reported the system costs about \$14 per member per month for CountyCare patients, but could be as low as \$2 or \$3 per member per month for a direct access health program. There could be even further savings due to economies of scale from using the CountyCare system.

### **III. Additional Research Needed**

Using MHN for clinical care coordination and CountyCare for the business systems seems feasible. Specific discussions with the IT vendors would be the next step.

### **IV. Recommendations**

Use a Primary Care Medical Home model as the basis for the care coordination. There is ample capacity between CCHHS, FQHCs, and other safety net clinics.

Use MHN Connect and e-consult for clinical care coordination.

Use CountyCare business systems for enrollment data, encounter data, and analytics.

Implementation could start within CCHHS and be expanded to external partners at a later date.

### **VI. Public Speakers**

None