

**WINDSOR HSA COMMUNITY COLLABORATIVE  
MEETING MINUTES  
JANUARY 20, 2021**

Attended by:

Jenna Austin- MAHHC  
Mary Boardman- MAHHC  
Mark Boutwell- Senior Solutions  
Thomasena Coates-Blueprint for Health  
Sarah Doyle-MAHHC  
Lise Duncan-Cedar Hill  
Brenna Heighes-MAHHC  
Rudy Fedrizzi-AHS  
Jodi Frei-OneCareVT  
Sue Graff-AHS  
Carla Kamel-MAHHC/OHC

George Karabakis- HCRS  
Tayo Kirchof-OHF  
Ivan Levin, MD- MAHHC  
Jill Lord- MAHHC  
Joseph Perras, MD- MAHHC  
Richard Marasa, MD-MAHHC  
Linda Quinlan- Cedar Hill  
Alice Stewart-MAHHC  
Leesa Taft, DNP- MAHHC  
Sue White- AHEC  
Shannon Vera-VNH

*(WebEx comments in italic)*

**1. INTRODUCTIONS, UPDATES AND RESOURCE SHARING** – George shared that HCRS was selected as one of the Vermont top 50 places to work. This recognition comes during a very challenging year!

Carla shared her work with Change the World Kids. She has been working with Woodstock High School using a root cellar to store food and delivering on Wednesdays in Woodstock to most the vulnerable populations. Carla would also like to recognize Christine Bullard from HCRS, who has been doing great work at the South Royalton Police barracks making the connection with mental health access for patients. This close partnership has been refreshing and rewarding. Sargent Martin was happy to have her on board.

Linda would like to give her kudos to Jennifer White at Cedar Hill who has worked with patients tirelessly during this pandemic to increase communication, and has been fantastic with using new technology platforms. She is a great asset to Cedar Hill!

Dr. Marasa shared that work in the ED has been concentrated on the opioid epidemic. They have been actively making MAT referrals working with CVRS. He only hopes more patients who need these critical services and access to care will choose to use their services.

Sue G. gave a shout out to her Agency of Human Services colleagues for tireless efforts around their work with COVID-19 vaccinations. They are doing everything in their power to expedite getting the vaccine out to as many patients as possible.

Sue W. shared her hopes that with this pandemic, that more young people will become interested in healthcare workforce careers.

Tayo shared that the Ottauquechee Health Foundation had expanded their granting policies to help support COVID-19 in 2021 and they are still processing the 2020 year to see what kind of impact was made.

Thomasena Coates shared that one of the hats she wears is supporting Primary Care organizations in achieving NCQA recognitions for Patient Centered Medical Homes. She added that MAHHC entered their submission yesterday and is confident that the recognition will be received.

Jill added that White River Family Practice (WRFP) entered a submission as well for their NCQA recognition as a PCMH, and it was granted! Unfortunately, representatives from WRFP were not able to join us today to celebrate their achievement.

Mark reported Senior Solutions is currently recruiting for a new Executive Director. Anyone interested can apply at Indeed.com. They are currently monitoring the COVID-19 and Governor Scotts announcements and following their guidelines accordingly. They are anxious to get staff vaccinated and resume home visits, but still maintaining caution. They do not plan to rush back out into the community just yet.

Alice shared she is Co-Chair for the Food Security Workgroup. She would like to give a shout out to Sue White who is working to do wonderful things for this group!

**2. MISSION AND VISION** – Jill shared the Windsor HSA Community Collaborative graphic, which shows our Mission, Vision, partners and active workgroups. Jill reminded folks that the next Community Health Needs Assessment (CHNA) will be coming soon. She encouraged everyone in this group to promote participation in this assessment, which will help us to better improve community health. Jill will count on your help to distribute this liberally.

**3. WINDSOR HSA CCC WEBSITE** – Jill followed up on a suggestion that was made by Sue Graff at the last quarterly meeting, to add the Windsor HSA Community Collaborative to our MAHHC Website. Jill is happy to report that this has been done! She walked the team through how to access. Items like resources from the meeting, minutes and contact lists can be found here.

**4. HIGHLIGHT ON QUALITY: CEDAR HILL-** Linda Quinlan, Admissions Director at Cedar Hill Continuing Care Community, shared they have been lucky during the pandemic. They currently have 56 admissions, 33% of short term rehab and consistent long term care residents. They are looking to expand short term rehab beds in 2021. Linda reported their aim is to use a more holistic way of handling admissions.

As noted previously, Jennifer White has been instrumental in the use of technology; FaceTime, Zoom, etc. to help keep communication going with families. There has been a large increase in the use of video education and they are much more transparent about services, waitlists and the admissions process. COVID-19 has largely impacted their admissions process. More families are in crisis and some are waiting too long before their parent or loved one is placed. Cedar Hill is focusing on the role of adult children as caregivers and education around this topic is being provided to the caregivers. How to get admitted to a facility, education on Durable Power of Attorney (DPOA), Advance Directives (AD), Living Wills and Clinical Orders for Life-Sustaining Treatment (COLST) forms. Beds in Vermont are becoming fewer and far between. Linda shared the importance of planning ahead for your loved one.

Linda reported their first COVID-19 vaccination clinic was held on Jan 7<sup>th</sup>. Over 50% of all residents and staff have received their first vaccine. Linda reported that last year DH did a pilot program regarding admissions that Cedar Hill participated in. There has been more nurse to nurse reporting and overall staff experience has been more positive.

Lise Duncan, Admissions and Marketing Director for The Village at Cedar Hill, shared they accept patients 55 and older for independent living. They have a license for 55 patients; 20

residents for independent living and a memory unit. Their admissions process is different than admissions in a skilled nursing facility or nursing home. Lise shared that their services are often overlooked during a hospital discharge process. Patients who can't go home, but still need assistance, may meet eligibility guidelines for their facility. Residents can come and go as they please. With the pandemic, they had to get creative with technology as well using Zoom and FaceTime. The building has been open inside and there has been community activities inside and outside the building. Lise reported residents and staff have also started to receive their 1<sup>st</sup> vaccine doses. Over 50% of residents and staff have been vaccinated to date. Lise reported their facility is currently full and they have a waitlist. As noted above, the move in process is not as quick in comparison with skilled nursing facilities. There are more in-depth assessments required. Their facilities are private pay; however, they can participate in Medicaid, but require a 3-year financial commitment. This is challenging for families. In addition, they do provide hospice services as well. Nurses are allowed to come in to the building to care for people during the pandemic.

Jill shared her gratefulness for the level of care and appreciation for what you all do. She recognizes how everyone has been stepping up to the plate and sharing services. Thank you!

This year, Jill hopes we can all learn more about our community partners. If you wish to do a presentation regarding your agency and offered services, email Jill. The next meeting will occur in April.

**5. CHIP WORKGROUPS UPDATE** – Jill referred back to the Windsor HSA Community Collaborative graphic and estimated that, for each workgroup, there are around 15-30 partners working together collaboratively. This is an astounding number of people working together to improve the health and wellness of our community!

*PSA- February 11<sup>th</sup> convening of all workgroups. Jill will send an invitation. You may want to join us. Hear about workgroups and help launch the Community Health Needs Assessment (CHNA).*

*If you'd like to register for the CHIP convening, please use this Eventbrite link:*

<https://www.eventbrite.com/e/community-health-improvement-plan-convening-february-2021-tickets-136000742883?aff=affiliate1>

- **Alcohol and Substance Misuse (ASMU)** – This workgroup will send out an announcement by the end of this week announcing the launch of their website and anti-stigma campaign. They have been unfaltering in their work to decrease barriers and increase access to treatment. This is a very high-risk time, with a sharp rise in opioid deaths during the pandemic. Self-stigma will be their focus, and are hopeful to start reaching out.
- **Strengthening Families (SF)** – The workgroup picked two targets to work on;
  - Playgroups
  - Coordination of a Circle of Security parenting program for NH and VT.
  - The workgroup is making great progress working through guidelines.
- **Affordable Housing** – COVID-19 has caused a barrier for some of the work for this group. They have reached out to landlords, for landlord awareness. Their goal is to create increased housing availability in towns and communities. They are trying to get the message out to older folks who are living alone in older homes, and may want to consider home sharing.

- Jill added that Windsor is also working on creating a new housing opportunity behind the Windsor Diner. Windsor Improvement Corporation (WIC), the Select Board and Windham and Windsor Housing Trust are working on this.
- **Senior Health** – Mark has been leading this group. He is excited to announce they have created a quick guide refrigerator magnet which lists resources for seniors. These will be distributed at the convening, and located at Dr.'s offices, as well as a variety of locations. They will use this as a jumping board to expand into tri-fold rack cards. Some seniors just don't know where to start or where to call. This was an area where there was a need. Mark also shared there will be educations during their monthly meetings. They will have a series of presentations, with education on how to get started as an Aging in Place group. Each meeting a topic is chosen, and information is shared with the rest of the attendees (501c3, community nurse, etc.) Attendees can ask questions. Last topic was 501c3, Cornish attendees were excited and asking questions which was promising.
  - Please reach out to Jill if you are interested in receiving these magnets.
  - Jill shared that we were able to get additional funding for all of these groups. Mark added that several proposals were sent to the Couch Family Foundation, and they accepted and money was received for an Aging in Place community nurse in Reading. They already have a candidate in mind and have developed a job description. \$5,000 will fund the support for development of a community nurse position and efforts to reach out to older Vermonters.

*from Tayo Kirchhof OHF to everyone: 8:41 AM*  
*OHF is working with Reading as well to help fund this position as well!*

- **Food Security Workgroup** – Alice shared that this workgroup was formed last summer 2020, which was much later than the other workgroups. Their work is slightly behind the work of the other groups and the Core Elements not as robust thus far. This group was formed due to a higher need which was uncovered in relation to COVID-19 response. Alice participated in the Virtual 3 Squares Conference and they reiterated the notion of reducing barriers and stigma. Alice shared that an AHEC Intern has been collaborating with this workgroup to design and plan out a campaign to reduce stigma. The goal is to build education and awareness; all members of group have agreed to share on Facebook so the targeted audience is expanded. In addition, they are looking adopting additional effective messaging strategies, and there will be a champions for each strategy.

*from Alice Stewart to everyone: 8:47 AM*  
*If anyone wants to keep an eye on the messaging the Food Security workgroup is posting, you can follow the RiseVT Windsor County Facebook page. Our current series focuses on the Reading-West Windsor Food shelf - we should have one of our volunteer highlights going up in the next day or so. <https://www.facebook.com/risevtwc/>*

- **Spiritual Health** – Jill reported that this group also started later. They developed an AIM statement of increasing spiritual awareness in the community. Stay tuned for more to come.
6. **QUALITY DASHBOARD** – *(Please see attached)*
- **Hypertension Care** –
    - Dr. Levin shared that he is still following this project, however he is not actively involved at this time. Speaking from his own experiences in the primary care clinic, blood pressures are typically higher at the beginning of an office visit, and

therefore should be re-checked later in the visit for almost every patient. The team is working hard with the providers to keep this process consistent.

- Outcomes show a 32% overall improvement documenting repeat BPs and 33% of repeat BPs falling within control criteria.
- **Diabetes Care** – Focus is on two types of patients:
  - Chart A – Patients with diabetes whose recent A1c >9.0% across MAHHC
  - Chart B – Number of patients with diabetes, with no A1c test in one year, across MAHHC.
  - The Community Health Team (CHT) will take a closer look at this group and work with providers. Their goal is to improve this result. COVID-19 has largely played a role in patients making appointments. The team will continue to encourage everyone to participate
  - Dr. Levin recognized and thanked Rudy for his suggestion to do a survey for providers. Most responded and they will have a meeting tomorrow to review results. This may be the key to get back on track and decrease these numbers.
- **Substance Use Disorder (SUD)** –
  - Jill reported the dismal statistic that Windsor County continues to be the highest in the state for opioid-related fatalities with 24 deaths through November 2020. Dr. Marasa has been diligently continuing his effort in the ED with the Medication Assisted Therapy (MAT) Program, Narcan education and linking patients to CVRS, and the Recovery Coach Program. Jill shared that there is an increased use of stimulants our communities. The pandemic has been a high risk time. Jill also shared she has been working collaboratively with the Outreach After Overdose Program for the county. There are three teams:
    - Windsor
    - Hartford
    - Springfield
  - These teams include Police, EMS, HCRS and Recovery Coaches. If an overdose occurs, they will reach out to the team to provide support, and access to the team for the patient and their family.
  - Dr. Taft has been advocating for SUD treatment in the clinics. Dr. Taft reported OHC is rising in outreach and MAHHC is very active. She would like to recognize HCRS for their work. George added that the Open Access program has made a significant difference in improving access. He expressed his gratitude for the collaborative effort of community partners. Jill reported that Dr. Marasa has been maintaining study sheets and in November and December it was 100% of patients who met the goal of being seen before 3 days.
  - Dr. Marasa added that the collaboration effort has been incredible. CVRS has been meeting expectations.

*from Rudy Fedrizzi to everyone: 8:59 AM*  
*Sorry that I'm off again, wishing everyone well. Reach out to VDH if we can help.*

**7. COVID-19 STATUS UPDATE-** Dr. Perras reported there's been no single inpatient influenza case at MAHHC. We are expecting a light flu season which is likely do to masking, social distancing and hand washing. Dr. Perras added that Australia had the lightest flu season in recorded history. With that being said, there are still many Upper Respiratory Infections (URI) still going around.

Dr. Perras reported that MAHHC has a 3-pronged approach:

- Inpatient Care
- Respiratory Clinic and Treatment
- Vaccinations

Dr. Perras reported that the Respiratory Clinic was stood up in mid-March 2019 with robust staffing and began seeing patients with respiratory complaints.

- To date, we have completed over 10,000 COVID-19 tests while maintaining a 24hr turn-around despite volumes.
- Community positivity rate has remained less than 1%, most recently 2.5 to 3%, but still far less than the rest of the country.
- Dr. Perras noted the population in Claremont has a higher positivity rate than Windsor County, however both counties are seeing outbreaks in skilled nursing facilities and nursing homes.
- For MAHHC inpatient side, recent weeks have been the busiest since the start of the pandemic with COVID-19 patients. Small hospitals that do not have the capacity for these patients are referring to us.
- This past week we've had 11 COVID-19 inpatients, which is the second highest in state of the Vermont behind UVM for COVID-19 pts.
- We have a completely segregated COVID-19 unit.

The good news- we are getting good at it. Last week was 2 weeks post New Year's Eve, so an inpatient surge was predictable. However, decline is also predictable and this week is more tolerable. With the new COVID-19 strains turning up in the UK and South Africa, there is opportunity for widespread outbreaks. Dr. Perras reported that primarily staff with community exposure are bringing COVID-19 into resident care facilities.

- Steady decline for COVID-19 inpatients the D-HH system.
- VNH managing 11 COVID-19 patients- continue to see VNH numbers rise, and inpatients will decline over the next few weeks.
- Staffing for inpatients, Respiratory Clinic are working, as well as newly formed vaccination clinics.
- Through yesterday 1064 first doses, 192 second doses (Pfizer and Moderna).

Dr. Perras reported there are concerns among many of the state of Vermont hospital leaders regarding the state's vaccine distribution plan, as it is unclear. Dr. Perras reported the following information for the states of VT and NH:

- **Vermont**
  - Call center and website will be announced on Friday for state residents over 75yo's schedule first dose.
  - Administered at Vermont Dept. of Health field offices and no secondary sites have been announced.
  - Only 8000 vaccines available each week in the state.
    - MAHHC has submitted a proposal to the state to supply vaccine to the Primary Care clinic patients.
    - MAHHC will limit vaccine to our Vermont resident patients.
    - MAHHC has just under 1000pts in our practice who are over 75yo.
    - 500 a week to vaccinate. May start as early as the Feb 1<sup>st</sup>.
    - We will reach out to our pts and schedule them.
- **New Hampshire**
  - Will start vaccinating 65yo's and up this week and local sites include Claremont and Lebanon.

- The State of NH will get 17,000 vaccines per week.
- The State of NH has stated that their vaccines will be for NH residents only.
- NH residents will be directed by MAHHC to get vaccinated in NH.

Tayo asked Dr. Perras a clarifying question- Those folks without primary care provider, how will they be contacted? Dr. Perras reported that they will be notified through the state website and call center when their age group is ready to be served.

*from Sue Graff to everyone: 9:17 AM*

<https://www.healthvermont.gov/covid-19/vaccine/about-covid-19-vaccines-vermont>

**8. CARE COORDINATION DATA** – Jodi would like to commend Dr. Levin progress for his work on HTN and DM made. OneCareVT is focusing on 4 measures:

- Adult- HTN/DM
- Child- Developmental/Mental health

Jodi shared that there is a new Value-Based Incentive Fund. Their goal is to benefit patients and hospitals will also see a financial reward in 2021-2022 for your work. Funds are available for prior years to be used for quality projects. Jodi asked the stakeholders in this meeting, to consider what you would use this fund for if given the opportunity; equipment or programs. Jodi shared that in-home monitoring devices were one of the top requests. Jody reported that measure specifications in 2021 allow values that patients report through Telehealth, will count toward measure, which has not been the case in the past. Dr. Levin shared that he works more with diabetes, but stated that our patients would benefit from BP cuffs at home.

Dr. Taft reported there is work being done on a workflow for point of contact testing at OHC, she is hopeful that this will improve the numbers there.

Thomasena shared that there is a pilot being done by Lisa Moulton with 18 patients, who's glucose monitoring moved from above 9% to 7%, which is a significant improvement.

Amy Swarr added that at-home BP's on telehealth would be a great benefit after cuff calibration. Amy also shared that patients are doing continuous glucose testing (4x a day or more), have had barriers with in-home glucometers and their insurance coverage. Jodi reported that the OneCare funds are limited and will not be able to invest in financial support for any future or ongoing costs and designed for one time purchases.

Jill shared that we're doing Care Coordination work across the HSA with our community partners. We're making a difference in reducing complications in emergency care and overall care management. Jill reported that 20% of population is care managed and commended the Community Health Team (CHT) for their strong work in coordination with our partners, Mark from Senior Solutions and HCRS. Work on the ground is stronger than the work on paper. Jill and George and HCRS leadership team have met to explore ways to better integrate.

Dr. Perras reported that he is advocating for CHT staff, as he is part of the Board for OneCareVT. He reminded the committee that the payment model for care management and outpatient for community care coordination has changed. No more "participation trophy" only based efforts that are entered in the documentation platform in Care Navigator. Revenue coming from OneCare has slowed down- he encourages more community engagement. PCP practices have taken on a lot and the work of Home Health and Hospice agencies are appreciated.

**9. NEXT MEETING** – If you would like to add any agenda items or a presentation on quality for your agency, please reach out to Jill. The next meeting of the Windsor HSA Community Collaborative Committee is scheduled for Wednesday, April 21<sup>st</sup>, 8am-9:30am via WebEx.

Respectfully recorded,

Mary Boardman, Admin Assistant