### Introductions
- Pass around sign-in sheet and collect at end of session

### Topic Discussion

**A goal of this meeting is to refine and/or add to the recommendations we have already made to the HSI design. Given your discussion in the mixed Round Tables, we may want to “dig a little deeper” into some of the issues that fall within our committee charge and/or our recommendations.**

**Ask each committee member to share:**

**What was the 1 – 2 key “learning” or “take away” from your round table discussion?**
- What meaning do some of these have for our committee—is it something that we need to address now?

**Reaction to HSI Design draft:**

- Addiction medicine needs to be included
- Specifics are needed on how integration would occur
- What are the credentials for Community Wellness Coordinator: is this a CHW, nurse, other? What is the scope of practice for this position? MCO Care Coordinators already provide many of these services; need to avoid duplication of effort.
- Is the design integrated with HIPAA; what are the governance issues?
- How will the design provide access for the privately insured and undocumented persons?
- Language in documents has been inconsistent throughout process; started with PCMH model, now moving to CCHH
- Why are we considering a “brand new” model” when existing successful ones already exist?
- Information Technology (IT) remains a barrier to integration – in areas without connectivity and broadband, how will practitioners be able to report data?
- Nurses need to be included in recruitment and retention efforts.
- Health consumer input not reflected anywhere in the design; we need direct input from Centennial Care clients
- County governments and health commissions need to be consulted. Also, local agencies need to know how to participate
- Need to have data about the gaps in workforce, including the number of slots in panel size
- Need to have a “visual” of how the patient would access the proposed system
- Demographics of the workforce need to reflect the population served
- Need first-hand, age-specific input with a preventive lens, i.e., youth, elderly, etc.
- Wellness is good but also needs to focus on chronic clinical needs
- Who will be providing oversight for the range of providers?
| Brief report-outs and updates from work groups that have met and/or presentations assigned to committee members | 1) Community EMS: Still not sure how EMS fits into the design. A survey tool has been developed for EMS providers and fire fighters to identify what is needed in the community and the non-emergency roles that these providers can play.  
2) CHWs/Connectors: Framing of roles is required for the design. Training of CHWs will require cross-training in many areas to best address the patient perspective. The NM CHW curriculum will feature a three-tier approach; the question remains whether additional training will be required for the model design?  
3) Recruitment and retention: Psychiatrists, other behavioral health providers, and providers of children’s services have significant shortages. As the design is further developed, it will be important to place providers with prescription authority in strategic locations. It is believed, at this juncture, that there are not many statutory needs; there may be licensing and regulatory issues to be addressed. It is important to remember that in order for MCOs and other payers to consider reimbursement for services, clear delineation of roles and authorities are required. Non-profit behavioral health agencies are currently struggling with lack of reimbursement for Licensed Social Workers’ services because they are frequently supervised by non-independent clinicians. It is believed that HSD is working with the MCOs to resolve this issue. It would be useful to conduct focus group sessions with healthcare provider groups to get first-hand feedback on the design. |
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<td>Next steps for the Committee</td>
<td>Report Out Preparation</td>
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| Identify at least 4 key recommendations for the HSI model design in your committee’s area of responsibility. These can be new, adapted, or enhanced recommendations based on your discussion. These will be reported out.  
15 minutes |  |