North Central
Accountable Community of Health

Whole Person Care Collaborative
MEETING NOTES
11:00 AM – 12:15 PM June 05, 2017
Confluence Technology Center
Wenatchee, WA

Attendance:
Public attendees onsite: Gwen Cox, Rick Hourigan, Tim Hoekstra, Barry Kling, Tessa Timmons, Jesus Hernandez, Kat Latet, Kevin Abel, Megan Guffey, Sheila Chilson, Shirley Wilbur, Dr. Justus, Doug Wilson, Jackie Weber, Tessa Timmons, Chris Davis, Bill Hinkle, Laurel Lee, Victoria Evans
Public attendees via phone: Diane Blake, Kris Neff, Clarisse Nelson, Molly Morris, Tawn Thompson
NCACH Staff onsite: Linda Parlette, John Schapman, Christal Eshelman, Peter Morgan **Minutes:** Teresa Davis

Agenda Item	Notes
Welcome & Approval of minutes	Sheila Chilson motioned to approve the May minutes, Barry Kling seconded the motion, no further discussion, motion passed.
Qualis Health assessment update	***See attached report from Gwen Cox*** • Gwen has completed 15 assessments • Went through the initial report, all assessments completed prior to May 1st are on this report. Any completed after will be on a future report. • Most practices are moving toward Patient Centered Interactions. • There is a lack of consultative services • Not using the registry of patients in their EHR systems • Not a lot of load balancing with providers • Most scored low on engaged leadership, mainly because leaders want the changes but staff do not feel that they are given adequate time. Many came in on their own time to do assessments. • Care coordination was self-scored high, but, upon further review it was based on a very narrow definition of care coordination involving referrals to specialty care. • Several practices reported have co-located services for Mental Health needs, but found that it was difficult for patients to get in to those services. • It is very evident that clinics feel part of a community • Even where 24/7 Nurse advice lines are available, Gwen has found that many patients often bypass the service and go straight to the ER, because they know that they will be told "go to the ER if you are not comfortable" • Confluence has a help line plan in the works and would like us to consider a single service four counties with the nurse line. • Toured the Confluence Health Ephrata Clinic. Confluence has not yet been evaluated but Dr. Justus said that they are open to it.
Learning Collaborative	Collaborative Work Plan • Current work plan is to get through the assessments. For transparency we need to decide who is going to participate. Linda said she will reach out to every medical facility to see if they went through the assessment. If they choose not to participate, that is their choice. Organizations will need to make their own work plans, decide what they need to do and there will be funding available for implementation of the plans. Then they will be accountable for making those changes. • Un-blinding clinic data and making performance transparent was suggested helpful to a collaborative effort. Dr. Justus stated that it is needed for all to be transparent and not to worry about where you may be lacking. • Given apparent low levels of use of patient registries and their importance to providing proactive, population-based care, this should be a focus area.

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	• Patient centered perspective – we need to make sure we design care from the patient lens. How do we change patient behavior? • Design some share learning, consultants to work with organizations. • Charter for Collaborative – **See attached** ➢ Charter will need to get more detailed. Would love more comments. Will follow up with each provider about un-blinding data. It needs to be a part of the charter. **Possible requirements for funds:** ○ Complete PCMH-A assessments ○ Incorporate MeHAF assessments for BHS providers ○ Develop an improvement plan to submit to the group that identifies barriers to improvement and clarify the request for resources ○ WPCC will collect, evaluate and identify commonalities and make funding recommendations to ACH board. ○ Much clarity still needed from HCA on how funds will flow to ACH and be distributed as investments in improvement vs. incentive for performance. • Will there be a template and what the timeframe is to submit? ➢ Yes, the staff will create project template, with tentative expectation of completion somewhere around the end of summer. • Membership ➢ Are the right people at the table? ○ Need behavioral health providers and more people at the table. • How are MCO's getting the information so that they can help with the plan? ➢ Once the protest period is over, we will start meeting with the MCO's
Value Based Payment Recommendations	• Improvements need to be sustained by VBP later • Need to have finance people in a group to work with John Doyle so that he can communicate with the advisory panel.
Next Steps	• Consider Region-wide 24/7 Nurse Advice as a WPC project • Telemedicine was suggested as playing an important role. • Organizations should start reviewing evaluations and begin to come up with work plans, so that we can start planning collective work. • Have all assessments BH and Primary Care done by the end of the summer. • Submit comments on WPC charter to John Schapman john.schapman@cdhd.wa.gov • Make un-blinding the data a requirement for funding
Meeting adjourned at 12:22 PM Next Meeting: Monday July 10th, 2017 11:00 AM **Samaritan Healthcare** 801 E. Wheeler Road Room 407 Moses Lake, WA 98837	