

North Central Accountable Community of Health

Whole Person Care Collaborative – North Central Accountable Community of Health

MEETING NOTES

11:00 AM – 12:15 PM July 10th, 2017

Samaritan Hospital, Moses Lake WA

Attendance: Tim Hoekstra, Tawn Thompson, Gwen Cox, Peter Morgan, Barry Kling, Linda Parlette, Christal Eshelman, Amy Webb, Gail Goodwin, Victoria Evans, Deb Miller, Kyle Kellum, Ryan Stillman, Torri Canda, Tessa Timmons, Kayla Down, Misty Kuntsmann, Molly Morris, Allison Lim, Laina Mitchell, Jim Jackson, Carolyn Bunch, Sheila Chilson, Tory Gildred, Ruth Bush, Whitney Howard, Laurel Lee, Kim Fricke, Becky Demers, John Schapman

Via Phone: Blake Edwards, Scott Graham, Sarah Barker, Clarice Nelson, Andrea Bennett

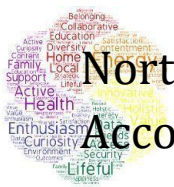
Notes: Teresa Davis

Introductions: Barry Kling Moved to approve June minutes Sheila Chilson seconded the motion, no further discussion, motion passed. We are moving along at a fast pace and we realize that there is a desire get started on projects. There is a lot happening in the background at the ACH and we want to explain where we are at.

- **Demonstration Project Timelines:** We have passed phase 1 certification and currently working on phase 2 certification due August 14th. We will need to submit project proposals by November 16 (date may get pushed to December). This month we are expecting the final project plan template. HCA will review project proposals from November through December. We do not need to have everyone signed up by November 16th or concrete plans in place, but we do need to have a good framework in place. We are working on creating that solid framework.
- John shared attached timeline. This time line emphasizes that we are in year 1 which is the planning year. Year 2-3 is pay for reporting, years 4-5 it will shift to pay for outcomes. Barry gave and update on the funding and how it works. \$5.5 million for being a mid-adopter, up to \$42.5 million is project funding, which will be decided by our proposal scores. We are trying to define accountability measures for membership and funding through the collaborative. The ACH will be submitting semi-annual reports, HCA will release funds to the financial executor and they will disperse after review and approval by the ACH Board. Funds earned do not need to be distributed right away and can be held with the executor until measures are met.
- There is a meeting on July 25 at 10:00 AM in Okanogan with the Commissioners. Maryann Lindeblad and Nathan Johnson from the Health Care Authority will be there. This is an informational meeting to learn and ask questions about integrating prior to 2020.

Qualis Update: See Qualis Health Report from Gwen Cox

Gwen shared blinded data that came out this morning. She assessed 5 Confluence Clinics since the last meeting. Many of the bigger clinics have done well integrating behavioral health into their clinics. Some of the smaller clinics have behavioral health providers in their facility one day a week, or there is a behavioral clinic within 35 miles. Telehealth would be a good option for these clinics. Clinics have different definitions for care coordination, empanelment and quality improvement among other things. Having standard definitions across the board would be good thing to implement.



North Central Accountable Community of Health

Learning Collaborative work plans...what is next? We are working on integrating the behavioral health providers into the collaborative. The Maine Health Access Foundation (MeHAF) self-assessment tool is designed for both behavioral health and primary care setting.

What is next after assessments are done? We are still developing a process for projects. Providers should be thinking about what improvements they can be making. Look at the assessments, what are the processes that you want to lean into and in what order? What support will you need? Having this information ready will make providers more prepared when the project plan templates do come out. We want to develop a process that moves the whole ACH towards the models of care defined in the assessment tools. Each organization will be in a different place on the continuum and we want to support you to improve regardless of your starting point. Data will be very important in the future. Tim Hoekstra said that there has been a discussion of behavioral health providers getting together and discussing change plans. Peter said that is the direction that this group is heading. Once people get clear on plans, the group could segment to create other smaller groups to come up with change plans to report back to the collaborative. The goal is to cluster around important processes that people want to work on. The purpose of the WPCC is to address the work of provider organizations in addressing patient needs. There will be other work groups around Care Coordination, Opioid and IT, that address work done outside provider organizations.

Charter: BHO is referenced in the Whole Person Care Collaborative Charter. It is confusing because the BHO is going away, we can remove that reference. Sheila and Tim both think that this is a strong charter.

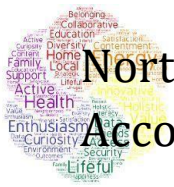
Tim Hoekstra motioned that we move forward with the following changes to send this charter to the NCACH Board for approval. Kim Fricke seconded the motion, no further discussion, motioned passed.

- “Composition Section” remove Behavioral Health Organization and change Emergency Departments to Emergency Services.
- “WPCC Roles and Responsibilities Section 3c” should read – Provide coaching and *training* opportunities as needed to address organizational change and clinical practice improvement.

Clarification for future meetings...who can make motions? Providers that will be getting funding (people at the table).

Barry Kling - see attached document “Investing in change through the WPCC”: This group is not about telling an organization what they have to do, it is about enabling them to make changes. This collaborative will be the primary means for funding to help providers make meaningful changes, recognizing that different providers will be on different timelines. Creating sustainable changes takes money to develop and implement plans. The change plans need to include metrics and there needs to be accountability. Organizations will then receive awards. Emphasis is on the cost involved to get providers in a place where they can provide good care. Operational costs could be funded but providers will need to show how to move forward and be sustainable after the ACH has dissolved.

We would like feedback on this document. Comments would be best submitted by email due to meeting time constraints. Look at the draft scoring and funding processes and provide feedback to Barry or Peter. To get this done, we may need to have some conference calls.



North Central Accountable Community of Health

Roundtable:

Sheila: We will probably need to have a subgroup working on this to come up with the correct funding process. This is about transforming the care for our patients, it is not just about money.

Tawn Thompson Pediatric Update: 8 different organizations signed up. Similar to Qualis. Working with Molina to get the data to look similar. Looking to involve more clinics, professional counseling and family practice.

Next Steps / Follow up items:

- Feedback send to Peter Morgan ptrmrgn@gmail.com
- Submit WPCC Charter (with changes) to NCACH Board for approval

Meeting Adjourned: 12:25 by Peter Morgan