

Whole Person Care Collaborative – Minutes

11:00 AM – 12:20 PM Sept 11th, 2017

Family Health Center 1003 Koala Ave Omak, WA 98841	Conference Line: 1-888-285-0307 Participant PIN: 7116056#
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Attendance:

In Person: Barry Kling, Peter Morgan, Deb Miller, Chris Develleneuve, Gwen Cox, Mikaela Marion, John McReynolds, Karen Schimpf, Tawn Thompson, Rebecca Corson, Traci Miller, Ryan Stillman, Clarice Nelson, Gail Goodwin, Rub Justus, Molly Morris, Kevin Abel, Kat Latet, Jesus Hernandez, Larry Farness, Laurel Lee, Whitney Howard, Doug Wilson, Rick Hourigan

Via Phone: Amy Webb, Christine Marboe, Dulcye Field, Tim Hoekstra, Becky Corse, Sheila Chilson, Kim Fricke, Johnathan Oaks, Kris Neff, Kris Davis, Loretta Stover, Emily Cantor, Sarah Barker, Vicki Evans

NCACH Staff: Linda Parlette, Christal Eshelman, John Schapman, Caroline Tillier, **Minutes:** Teresa Davis

Approval of Minutes: *Tim Hoekstra moved to approve the August minutes, Gail Goodwin seconded the motion, no further discussion, motion passed*

Charter: Went over changes made on the charter, pointed out one significant change of removing emergency services from the category of members who are eligible to receive Demonstration funding through the WPCC. This does not mean that there will not be funding for emergency services; it just may not be through the WPCC. Discussed membership agreement – will email out final draft to distribution list.

Sheila Chilson moved to approve the WPCC Charter with the condition that we add wording to page 2 “including but not limited to” (re: members who are active partners in Demonstration). Rob Justus seconded the motion, motion passed.

Funding Proposal: Went over revised document. Discussed intent of Stage 1 funding to fund improvement, not penalize for work already done. Most of the Demonstration funding is based on pay for reporting, and only 23% is for outcomes (pay for performance.)

Gail: As we are looking at stage 2, feels that this is still very primary care centric; it needs to be more reflective of the behavioral health providers. May want to get another version for behavioral health, and Gail willing to assist with edits to Stage 2 language so that it is more inclusive of behavioral health. We will do more work on this and reach out to behavioral health providers for feedback.

Doug: Concerned about putting executive committee on the spot for these funding decisions.

Sheila: Agrees with Doug, would like us to consider outsourcing that to a neutral third party, worth seeing if there are other options. Stage 2: would like to see if we can delineate impact for Medicaid population more clearly. The definition of professional encounters would need further clarity. Sheila thinks Medicaid enrollees is much easier to validate than encounters.

Doug: We have seen data of encounters from HCA, we still need to think about the duplication of enrollees.

Barry suggested that we adopt a flat amount for everyone. Peter pointed out that there is not a huge difference between Stage 1 awards (\$85-105K). Peter said we will take another look at the table of encounters vs beneficiaries by provider, and send out online for feedback. Doug agrees that he does not think it is worth delaying this process for phase 1 funding, and there was general sense that it was worth moving forward.

Kevin: Public Hospitals are required to have their budgets in by November, and would like to have this decided soon so that they can include the funding.

Qualis Update from Gwen Cox: Has three more providers scheduled. Went over 6 confluence locations and will be doing more. She has been unable to contact the Mattawa centers (Dulcye was on the phone and has not seen any emails or requests). Peter will follow up with her. Mattawa Family Medical Center contact is Dana Fox.

Behavioral Health – Gwen has reached out to all of them and has heard back from two.

A lot of excitement at Confluence, they think it is incredibly valuable and provided great information. Appreciates the big effort that Gwen has made.

CCMI/CIS Proposal: This group would provide support of Collaborative, and Peter reported that reference checks have come back pretty stellar. Briefly walked through the potential phases of their proposal (design, pre-work, and transformation.) This group would provide the backbone to help design the collaborative. They would help us find coaching. Demonstration funding would fund this.

Feedback:

- Jesus: supportive of the concept since it will provide a lot of structure. It is really going to rely on providers' commitment. It will rely on data sharing and learning together. Perhaps we could spend some time developing a threshold for commitment...a tool to show the minimum threshold.
- Doug: Added that it would be helpful to clarify how many people and time would need to be involved. Wishes we could see how much time and headaches this will prevent.
- Rob: Appreciates the comments for neutral party for funding. This is also a neutral party for creating a collaboration.
- Barry: There may not be one answer for the time commitment / sharing. It will depend on the organizations and they will tell us that information in their change plans.
- Sheila: Agrees with Barry, after reviewing document, it would be important to engage with them before going much further. Can we engage for each phase individually? Yes we can. This organization has worked with Community Health Centers in Washington State. Can they come in October? Peter will check with them to see if they can come. If they come, we need to read through the proposal and come to the October meeting with questions.

Jesus Hernandez moved to pursue conversation to clarify level of commitment, and would be committed to moving forward with a proposal for the design phase, Dr. Justus seconded the motion, no further discussion, motion passed.

Other announcements:

- Practice Transformation Conference in Moses Lake <https://www.eventbrite.com/e/eastern-wa-steering-toward-success-achieving-value-in-whole-person-care-tickets-34992494493>
- 9/19 bi-directional webinar <https://content.govdelivery.com/accounts/WAHCA/bulletins/1b3ac23>

VBP Survey: No results yet, but many organizations completed. This survey was for both Behavioral Health and Physical Health providers. If box was checked the information will be sent to ACH at least on the aggregate level.

Next Steps:

- Update stage 2 to be more inclusive of Behavioral Health
- Outsource stage 2 funding decisions
- Shared table summarizing Medicaid Population & Encounters by provider
- Clarify funding for stage 1 (will do work and roll out for comment)
- Add wording to charter and present to NCACH Board for approval
- Email final approved copy of charter and membership agreement
- Stage 2: Try to tie scoring to evidence based practices from the toolkit

Next Meeting: October 2nd, 2017 12:30 PM – 3:00 PM

Confluence Technology Center 285 Technology Center Way #102 Wenatchee, WA 98801	Conference Dial-in Number: (415) 762-9988 or (646) 568-7788 Meeting ID: 429 968 472#
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