



North Central Accountable Community of Health

Whole Person Care Collaborative (NCACH)

11:00 AM – 12:20 PM Monday August 7, 2017

Confluence Technology Center

285 Technology Center Way #102, Wenatchee, WA

Attendance: Peter Morgan, John Schapman, Barry Kling, Linda Evans Parlette, Darlene Darnell, Jesus Hernandez, Gail Goodwin, Tim Hoekstra, Amy Webb, Brian Stillman, Kevin Abel, Christal Eshelman, Caroline Tillier, Shirley Wilbur, Loretta Stover, Naudia Pickens, Victoria Evans, Kalani Louie, Matt Graham, Michelle Jerome, Chelsea Affleck, Caitlin Safford, Dulcye Field, Doug Wilson, Deb Miller, Lisa Schafer, Kay Sparks, Tessa Timmons, Clarice Nelson, Blake Edwards, Kris Davis, Rick Hourigan, Megan Gillis, Whitney Howard, Gwen Cox, Ryan Stillman, Jennifer Willett. **Via Phone:** Larry Farness, Molly Morris, Sarah Barker, Tracy Miller, Becky Corsen, Jim Wallace, Tori Canda, Sarah Dorn, Andrea Bennett, Laurel Lee. **Minutes:** Teresa Davis

Meeting opened at 11:00 AM by Peter Morgan

Approval of Minutes: *Barry Kling moved to approve the July minutes, Jesus Hernandez seconded, no further discussion, motion passed.*

Approval of Agenda: *Rick Hourigan moved to approve the agenda, Tim Hoekstra seconded, no further discussion, motion passed.*

Charter: The WPCC approved the charter as it was written at the last meeting on July 10th. The charter will be on the September 11th agenda for approval by the NCACH Board.

Members are those that have the intent and ability to participate as the funding process takes place. This includes all of the following

- Physical Health providers
- Mental Health Providers
- Substance Abuse Providers

Funding proposal: The funding proposal is still in draft mode. We have made some minor changes in the dollar amounts. In response to feedback, we lowered the initial dollar amounts. We want to approve the process so that it is ready to go in January.

Comments on funding document:

- Really need to identify the members in the funding document
- Structure: Make the document more readable
- Stage 1 – Make sure there is clarity

Christal went over beneficiary counts document (emailed prior to meeting) that shows total number of claims from 2016 and beneficiaries. Please look at this document and make sure that it looks correct. Numbers do not include Dental & Maternal.



North Central Accountable Community of Health

Barry: There will be a base amount of funding, then there will be another amount based on percent of Medicaid claims. The funding document was originally written for primary care, but behavioral health and substance abuse providers should be looking at this document to provide feedback on how to integrate into it. Send comments to Peter if you would like to participate.

Kevin thought the old version with higher amounts was better.

John: The funding portion of this document will be very important in the project planning that is due November 16, 2017. There are planning funds and implementation funds, we want people to concentrate on the outcomes and how to move those metrics.

John went over the timeline: We have 4 meetings until the project plan application is due. We have a few things that need to be done by November 16th.

- Funding Document
- Membership agreement
- Timelines and milestones, we need to lay out how we are going to achieve the goals.
- Collaborative will be main contact for project 2A and 3D
- We want to get this going, we need feedback so that we are ready to go in 2018. HCA sees this as the planning year, we are wanting to move forward faster than that.

Are we looking for Okanogan County to participate? Yes, the project covers all 4 counties.

Doug Wilson: Strongest proposals seem to include collaboration? Will we be able to facilitate that by November? Peter: Been working with a consultation group on how to help us run a collaborative. He has asked them for a quote. Doug thinks that it is a good idea to get some outside help.

Jesus: Collaboration is difficult, a big part of collaboration is trust. Could a MOU for collaboration be made to help sustain the collaboration? There are competitive dynamics that get in the way of collaboration. Can the ACH help develop some guidelines that will hold everyone accountable? Peter mentioned the Charter does speak to that. Member agreement is short, but language can be added to clarify what is expected in a collaborative environment.

Jesus: Survey was sent out in the beginning about trust, could that be something that is checked in on from time to time? Data sharing is where we would like to see more trust. Barry said that data sharing is going to be very important.

Qualis Health Update:

- Columbia Basin scheduled for Thursday
- Molly at Coulee Medical Center is ready to schedule.
- Had a coaching session with Lake Chelan.



North Central Accountable Community of Health

Behavioral Health Provider Meeting: Tim Hoekstra had a meeting with the behavioral health providers in the area. What is the role of BH providers? All of the providers came either in person or via phone. They are going to continue to meet to identify things in the system that are or are not working. Looking how to have better coordination. Committed to focusing on the patient and not the competitiveness.

Peter: As you look at the PCMH-A assessments, the change concepts and and workflows...are these thing like empanelment, team based care, care coordination etc. applicable to you? How can collaborative be most useful to you?

Round Table:

We want to incentivize improvement over time, not reward or penalize organizations based on their current state. We will likely segment into a few different workgroups based on each organization's greatest opportunity for improvement. The behavioral health group will likely be one.

Are there any "aha" moments from the assessment? System for crisis management needs to capture and report these incidents better.

Doug: We are rural and away from Behavioral Health we are having BH providers come a couple of times a week. We have uncovered a real need and we need better access to care. The small case management changes that Confluence has made has helped and they can see the huge unmet need with care management.

Loretta: Found that the Center needs to become dual licensed. They see a need to provide other services other than treatment when patients are in the building.

Rick: We need to come up with a large vision. How we can start building this system?

Barry: This proves that yes this is a learning collaborative. It is not just about the money. It is how we can improve healthcare throughout the region.

Peter: We can't lose focus on 24/7 Nurse advice lines and Telehealth as infrastructure projects that cut across and support all organizations.

MCO's will bring additional resources

Project infrastructure: tool kit project metrics. HCA will be establishing baseline data starting in 2017 they will also be evaluating the data and sending to us. Still asking the state when is data is going to be coming to us. Will need to have a discussion on how we are going to collect real time data. Barry sees the benefit in a consultant to help gather this data as we do not know what kind of lag time the state will have in getting us this data.

Project Infrastructure:



North Central Accountable Community of Health

John presented a table showing the outcome measures for projects 2a and 3d which will be tied to the WPCC work and form the basis for measuring organizational success. He and Peter encouraged each organization to determine each organization's ability to capture and report on these measures and to engage their quality directors in ensuring understanding of and agreement with the definitions of the measures presented by the HCA.

Action Items:

- Share vision document
- Finalize funding document and seek approval at September WPCC meeting.
- Present charter to NCACH Board at September meeting
- Members to get signed member agreements submitted to the ACH
- Members review outcome measures, agreement with definitions and ability to report
- Members report Medicaid Business as % of total to ACH (2016 Medicaid outpatient professional encounters/total outpatient professional encounters) to aid in assessing effect of funding document algorithms

Meeting adjourned 12:24