



# North Central Accountable Community of Health

## Whole Person Care Collaborative MEETING NOTES

11:00 AM – 12:20 PM January 9<sup>th</sup>, 2016  
Quincy Community Health Center  
1450 1<sup>st</sup> Ave SW Quincy, WA 98848

### Attendance:

Committee Members Onsite: Peter Morgan, Sheila Chilson, Dave Olson, Jesus Hernandez, Kevin Abel, Senator Parlette, Barry Kling, John Schapman, Christal Eshelman, Loretta Stove, Rick Hourigan, Lena Nachand, Jeff Davis, Laurel Lee, Kat-Latet, Isabel Jones

Committee Members via phone Becky Demers, Stephanie Osgood, Doug Wilson, Alice Lund, James Wallace

Guest Presenters: Bre Holt, Rick Helmes, Carolyn Brill (Qualis Health)

Meeting Notes: John Schapman

Agenda Item	Notes	Follow up Tasks
<p>Introductions</p> <p>Approval of October Notes</p> <p>Chair Report</p>	<p>Meeting called to order at 11:00AM by Peter Morgan</p> <p>Introduction of Christal Eshelman, FIMC Project Coordinator for North Central ACH</p> <p>Shelia Chilson motioned to approve the December meeting minutes. It was seconded by Dave Olson. Motion passed</p> <p>Peter stated that we have been working with Qualis to develop a proposal for Primary Care assessment. There are 2 current proposal we will receive:</p> <ol style="list-style-type: none"> <li>1. Assessment of billing information technology needs of the Behavioral Health Providers.</li> <li>2. Assessment of current Primary Care’s readiness for Whole Person Care and recommended next steps (presentation today)</li> </ol>	<ol style="list-style-type: none"> <li>1. Qualis Health Behavioral Health IT proposal due week of January 16<sup>th</sup>, 2017</li> </ol>
<p>Qualis Health Presentation</p>	<p>Bre described the practice transformation support hub. The power point presentation is posted on the mydocvault.us site, and attached to the end of the meeting minutes. The following comments where provided after the formal presentation.</p> <p><u>Question/Comment Period:</u></p> <p>Dave - What does coaching look like? Rick stated that they creating action plan for coaching. However, it will vary dependent on the site needs.</p> <p>Jesus - Is the assessment focused on BH integration or integration of WPC initiatives? Rick stated both. The clinic’s current state will determine next steps. Bre stated the goals of the hub overall is to focus on 3 areas – Value based payment, community linkages, and behavioral health integration. Behavioral health integration is the largest section of work Qualis will do. Qualis will ensure that the clinics will work with the right initiatives. If it is more practical for a clinic to work with the TCPI initiative, Qualis direct the clinic to that initiative.</p>	<ol style="list-style-type: none"> <li>1. Recommend to the NCACH Board to progress with the Qualis Primary Care Assessment Proposal</li> <li>2. Qualis, Peter, and John to meet about next steps</li> <li>3. Define clarity on Provider Organization ability to use multiple federal grants</li> </ol>



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	<p>Dave – Is there a standardized approach for assessments/coach? Bre stated we are not trying to get all practices to look the same, but we do use standardized coaching.</p> <p>Barry – How do you work with practices regarding VBP changes in Medicaid? Bre stated they are currently talking to SW to learn what their major challenge are. So far the largest challenge has been around BH payment integration.</p> <p>Sheila Comments - First, as organizations we can be overwhelmed with resources out there. This is another opportunity to help organization move along the pathway. Second, this is multi-year, cultural change in organization. At MLCH, we never discussed Practice Transformation or PCMH. We want to enact changes that brings it closer to patient centered medical care. We cannot hold Qualis up as the group who will now help us reach PCMH.</p> <p>Kat - As we are a region working on vision, VBP will help this work be more obtainable. Key components will be organizational culture changes, business intelligence, and success in VBP.</p> <p>Barry – PCMH has been available for long time. What are your thoughts about this? Bre stated that resources have been an issue in the past.</p> <p>Peter would like the committee to recommend to the board to adopt this approach and get people signed up and ready to go.</p> <p>Dave Olson, Committed to this, CVCH is currently head down that path to a certain degree but can always do better and improve.</p> <p>Kevin – Wants to get clarity on TCPI on what we are doing so we are not taking different paths. Have we discussed with Sue Dietz to ensure we are not doing multiple things (i.e. light beam software), or discussed how contracts with rural hospital imitative grants work. Can we do both since they are both federal grant contacts. It would help WSHA/others what the details area.</p> <p>Bre – yes, we are working closely with them so our messages and plans are aligned with them. Bre stated se recognized more clarity is needed from the state to direct provider organizations how they can use different initiatives.</p> <p>Sheila – Wants to ensure we know how all the initiatives work together (TCPI, PTH, etc.) since some organizations will have limited capacity to work with multiple transformers.</p> <p>Jesus – For family health center, they would be used as a sounding board to make their process more robust</p> <p>Senator Parlette – Asked if we knew status of integration in SWWA. Bre stated Qualis signed contracts with DOH end of September so they are still working on processes</p>	
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	<p>Dr. Hourigan - Not sure of Confluence status, but feels outside eyes would be able to assist with seeing the holes</p> <p>Barry – Feels decision moving forward should reside with the clinics receiving the assessment.</p> <p>Doug (Confluence) – very logical first step. Cross organizational platform, as long as people can get on board, worth promoting.</p> <p>Jeff – Agreed with sentiments of Dr. Hourigan</p>	
<p>Whole Person Care Collaborative Vision Statement</p>	<p>Jeff Davis started conversation on vision documents. The document and the picture should work together to provide a narrative on what whole person care is. Jeff stated that we want both of these to be directionally correct, but could go on months to add/refine</p> <p>Jeff reviewed the diagram. The main focuses are: 1. The patient in middle of care. 2. The PCP team, Behavioral Health, and Care Coordination are closely wrapped around the patient to provide care with the remaining services coordinated around those 3 groups.</p> <p>Sheila appreciated the last bullet on the vision document. One critical edit is to include the involvement of the patient and their families in the document.</p> <p>David - As long as organizations are not forced to do it financially, the transition is not going to happen or outcomes will be diminished. David stated starting April 1<sup>st</sup> – no one gets paid on production at CVCH.</p> <p>Jesus - Necessary to distinguish between Whole Person Health in clinics and Whole Person Health with partners in the community. Family Health Centers partner with Community Choice for disease management courses. These patients are not specific to certain clinics. If we are truly serious about engaging partners, we need to look at Whole Person Health Work and how we can look at this outside of clinical environments.</p> <p>Kevin – Stated we should pull out a vision statement and place it above the description so the overall goal of whole person care is called out more.</p> <p>Peter - Stated we need to be as inclusive as possible, and ensure we have the right people providing input. Emphasized need to have individuals at WPC Workshop</p>	<ol style="list-style-type: none"> <li>1. Committee to revise Whole Person Care Vision Statement and share with group</li> <li>2. Create Vision Statement in slide format.</li> </ol>
<p>Whole Person Care Workshop</p>	<p>Peter shared that the speakers are finalized for the event and request have gone out. There are approximately 50 – 60 registrants currently and we have capacity for up to 150 people. Please continue to encourage your organization’s representatives to attend. Senator Parlette, Sent email to Wenatchee World to get something in the local newspaper to talk about conference. Time to do so. Will work with Barry and John on details.</p>	<ol style="list-style-type: none"> <li>1. Committee members should register for event and encourage providers at facility to register</li> </ol>



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Next Steps/Meetings	Next meeting is Monday February 6 <sup>th</sup> , 2017 at the Confluence Technical Center (Wenatchee, WA). Meeting adjourned by Peter Morgan at 12:22 PM	