Whole Person Care Collaborative

Monday, February 5, 2018

11:00 AM – 12:45 PM

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| **Welcome and Attendance**  | **Attendance:** Courtney Ward, Amy Webb, Tony Butrielle, Kris Davis, Shirley Wilbur, Blake Edwards, Dulcye Field, Malcolm Butler, David Olson, Rick Hourigan, Tessa Timmons, David Kolde, Marcus Miller, Winnie Adams, Molly Morris, Gail Goodwin, Kevin Abel, Megan Guffey, Laurel Lee, Julie, Sheila Chilson, Daniel Shawgo, Jim Novelli, Rachel Petro, Deb Miller, Gwen Cox, Carol McCormick**Phone**: Doug Wilson, Ramona Hicks, James Wallace, Kyle Kellum, Tracy Miller, Patterson, Clarice Nelson, Sara Barker, Connie Davis, Kathy Reims, Roger Chaufournier, Sherrill Castrodale, Linda Evans Parlette, John Schapman, Christal Eshelman, Sahara Suval, Caroline Tillier, **Minutes**: Teresa Davis  | * + Sheila Chilson moved to approve the January minutes as written, Blake Edwards seconded the motion, no further discussion, motion passed
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| **Structure and Work Plan for WPCC**  | * + Share approved charters
	+ Present updated timelines and milestones (Workgroup vs Learning Community)

Understand what this means moving forward (WPCC FAQs) | Caroline revisited the revised structure and timeline. Changes that we approved at the last meeting were approved by the Board. Eligibility parameters for WPCC Learning Community is still being worked out. * Proposal for eligibility would include dual parameters to define “significant volume”: Organizations that serve at least 300 beneficiaries and 1000 encounters.

Discussion: * This definition would include Behavioral Health providers. The only provider that would not fit from our list is the Indian Health Services. Molly thought that IHS will be waiting for a roll out next year. Coulee Medical Center and Mid Valley will be absorbing the IHS cliental in their numbers.
* Estimate of how many organizations would qualify: 16 or 17 orgs qualify (all may not sign up right away, but we need to budget for them).
* Malcolm Butler moved to accept the parameters of 300 beneficiaries and 1000 encounters for eligibility, Kevin Abel seconded the motion, no further discussion, motion passed

 **Workgroup:** We are looking to create a smaller workgroup that can meet in between larger meetings and vet documents. This will take a time commitment of 4-5 hours a month. Peter has reached out to Amy Webb, Dulcye Field, Blake Edwards, David Kolde, Kim Fricke, an MCO and Tribal rep (possibly Molly Morris). We may end up cancelling the meeting of the broad WPCC group in March, but the WPCC workgroup will continue working on everything. Workgroup will be weighing in on change plan template, phase 2 funding and continuous monitoring and reporting. Discussion ensued around the workgroup and all were in agreement with the people that Peter selected.  Timelines: Caroline went over the updated timeline  Team formation - There is some flexibility for team formation. Meaning that someone can serve multiple roles on a team.  FAQs document: Full list of questions are outlined at beginning of document and are hyper linked if people want to jump to specific questions to read the details.  **Save the dates:** March 24th is the Kick Off for WPCC Learning Community Partners, April 20th is the NCACH Summit and is open to everyone.  |
| **WPCC Learning Community: Proposed Kick Off Meeting Agenda** | * + Understand purpose of the Kick Off Meeting
	+ Discuss Agenda for meeting
		- Objectives & process
		- Getting the right people at the Kick-Off
		- Preparation steps
		- Post kick-off work plan

Q&A and discussion with members  | **Who should be at the Kick Off?** Provider organizations that are eligible and plan on participating. Need at least the leadership of the organizations and some front line staff. Identify a clinical Champion in the organization -- a day to day leader (operational focus) and front line staff that will be involved in making the changes. This is new to all of us, we are learning how to learn. We want to start small. Change plan LAN will start in April. We do not know what additional topics will be addressed through learning activities in the future, but hope to get that information from the Kick Off.   |
| **WPCC and Change Plan Template**  | * + Discuss Change Plan Template development and proposed process for use

Q&A and discussion with members | We are asking organizations to predict the work that they will be doing, and to think strategically, knowing that the change plan can evolve and change. **Discussion**: * The team should be able to track progress in the change plan.
* Will require internal change
* Mechanism that is tied in to connect with the ACH
* Taking time away from practices is going to take support
* Keep it simple, low yield paperwork will be appreciated
* We need to keep everything positive
* When will we have access to evidence based practices? Everything will be unveiled at the kick off. Should organizations that have started change plans stop working on them? The intent of the template was for the ACH to help providers link to the HCA toolkit. Caroline advised to wait for the template. Peter said he doesn’t think it would hurt to continue working.

Kathy went over how a change plan LAN could look.   |
| **Other Announcements** | * + Summarize Agreements

Identify Next Steps  | **Round table observations included:** * + Would like to see some sample of what component and measures would look like and flesh out the amount of time it takes to participate in learning activities.
	+ Concerned with taking providers out of work to participate in these teams.
	+ Confluence struggling to figure out how to find 4-5 people to represent Confluence as a whole.
	+ Concerned with time commitment for staff, meeting location is also a concern.
	+ It is impossible to look 5 years ahead.
	+ Keep it simple to begin with, it is nice that everyone will be working together. Suggestion of reaching out to National Council.
	+ Helpful to see how this will be operationalized. Timeline between March and July is short…how are we going to get the baseline data?
	+ Mid Valley: they are resource poor but have had great support from Gwen Cox at Qualis.
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