

North Central Accountable Community of Health

Whole Person Care Collaborative MEETING NOTES

11:00 AM – 12:20 PM February 6th, 2017

Confluence Technology Center

285 Technology Center Way #102, Wenatchee, WA

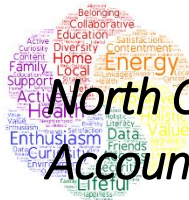
Attendance:

Committee Members Onsite: Peter Morgan, Sheila Chilson, Blake Edwards, Jesus Hernandez, Kevin Abel, Isabel Jones
Senator Parlette, Barry Kling, John Schapman, Christal Eshelman

Committee Members via phone: Alice Lund, Doug Wilson, Gwen Cox, Rick Helms, Bre Holt, Caitlin Safford

Meeting Notes: John Schapman

Agenda Item	Notes	Follow up Tasks
<p>Introductions</p> <p>Approval of January Notes</p>	<p>Meeting called to order at 11:05AM by Peter Morgan</p> <p>Shelia Chilson moved to approve minutes from the January meeting. Motion was seconded by Jesus Hernandez. Motion passed</p>	
<p>Whole Person Care Workshop Update</p>	<p>John S reviewed evaluations and data from workshop. Speakers rated 4.5 on a 5 point scale. The main takeaways were that people are excited to do the work, but do not know where to start. They are looking for leadership from the ACH to move forward. Most providers understood Advanced Primary Care. Many were excited in the Pathways Hub but do not understand how it will work in our area.</p> <p>Discussion on WPC Workshop: Jesus H – ACH should explore the natural areas of collaboration. Sheila C – Opioid work is a natural area where the providers have already collaborated. Jesus H – How do we establish shared collaboration between each other (i.e. school districts)? ACH needs to develop some form of document/shared understanding. Felt workshop was great and suggested we do something similar annually. John S - Take away would be getting some communication out to attendees and broader membership. Linda P – Need to publish March 15th HCA Demonstration forum date and encourage attendees of the workshop to participate. Sheila C – Need to ensure that our committee is representative. Do not know everyone’s background. Cannot tell by meeting notes if we have people representing behavioral health and/or other organizations that are critical for decision making process. We should analyze which sectors are represented. Barry K – This will get determined with charter and membership process. Jesus H – Need to ensure we outline our process for engaging specific sectors (i.e. Primary Care 1st), so individuals understand how they fit into the work. Peter M - Clarify what the next steps are and remind us that whole person care has 3 initial components and together they are</p>	<ol style="list-style-type: none"> 1. Follow-up with workshop participants with next steps and a call to action 2. Develop charter and membership agreement around learning collaborative 3. Outline current sector representation of the WPC Collaborative 4. List vision statement at top of WPC Collaborative agendas



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	<p>enormous pieces of work. The three parts of the work and articulate initial focus. Will not exclude things done the road.</p> <p>Sheila – We should list purpose at the top of the agenda.</p>	
<p>Whole Person Care Collaborative Vision Statement</p> <p>Qualis Health Assessment</p>	<p>Received feedback for WPC vision document. Some examples are: Lose the quarter back metaphor and change to something else, add spiritual wellbeing to the section of the comments, and refine the final details around #7 (last page). Will rework document and send out to committee.</p> <p>Rick from Qualis Health introduced Gwen Cox – North Central Practice Coach. Current update: Qualis Health is working with 10 sites including Lake Chelan, CVCH, and Family Health Centers. Rick is planning to follow up with providers from Workshop. Peter stated we need to send letter from NCACH to providers along with description of what Qualis offers. Rick stated he will send out Qualis details to Peter/John</p> <p>Peter stated he is still working on a joint agreement between the TCPI Initiatives and the PTH with the Department of Health (Mary Beth Brown).</p>	<p>5. Update WPC Vision statement and send out to collaborative members</p> <p>6. Get letter in place around HUB and TCPI involvement</p> <p>7. Develop and send out a letter for NCACH providers around PTH.</p>
<p>Learning Collaborative</p> <p>Behavioral Health IT Assessment</p>	<p>Peter is working with Dr. Parchman, Laura Pendington, and others to line up learning collaborative details. Next step is to put a definition around it and present to the group.</p> <p>Sheila C – Volunteered to assist if needed.</p> <p>Peter M - Goal is to involve people as soon as there is something to get involved around. As soon as there is structure, definition, peter will bring people into the conversation.</p> <p>Barry K – Currently the Behavioral Health IT assessment is hung-up due to Qualis Health and DOH working to resolve a conflict of interest issue around current work Qualis Health does with the BHO.</p> <p>Sheila C– Asked if this is mainly to understand on where the BH IT systems are moving towards FIMC. Idea is that Behavioral health providers are billing RSN and BHO. Barry verified that this is a large focus since the Behavioral Health providers will need to move from billing the BHO to the MCO’s. Barry will update the group throughout the process.</p>	<p>8. Develop summary of Learning Collaborative for collaborative members</p>
<p>Next Steps/Meetings</p>	<p>Next meeting is Monday March 6th, 2017 at the Confluence Technical Center (Wenatchee, WA).</p> <p>Meeting adjourned by Peter Morgan at 12:15 PM</p>	