



North Central Accountable Community of Health

Whole Person Care Collaborative MEETING NOTES

10:00 – 11:30 AM April 10, 2017

Chelan Douglas Health District

East Wenatchee, WA

Attendance:

Committee Members Onsite: Peter Morgan, Kevin Abel, Isabel Jones, Melete Whinston, Clarice Nelson, Jay Johnson, Bill Hinkle, Gwen Cox, Laurel Lee, Whitney Howard, Megan Gillis, Deb Miller, Kat Latet, J Scott Graham, Senator Parlette, Barry Kling, John Schapman, Christal Eshelman,

Committee Members via phone: Sheila Chilson, Kris Neff, Kyle Kellogg, John Wallace, Tracy Miller, Torri Canda, Diane Blake, Tawn Thompson, Kim Fricke, Jenny Sieg, Diane Vrenios, Jesus Hernandez, Rebecca Carson

Meeting Notes: Teresa Davis

Agenda Item	Notes
Introductions Approval of February Minutes	Meeting called to order at 10:00 AM by Peter Morgan Shelia Chilson moved to approve minutes from the February meeting. Motion was seconded by Jesus Hernandez. No discussion, motion passed.
Qualis Health Primary Care Assessment Update	<p>Gwen Cox reported the following status for assessment (see attached report)</p> <ul style="list-style-type: none"> • 4 Completed • 6 Scheduled • 1 Conference Call Scheduled • 9 not yet contacted <p>Mid Valley Clinic signed a partnership agreement and they are in the process of scheduling. If a provider is already with Nation Rural Accountable Care Consortium, we need to determine where the services may overlap. If National Rural already did an assessment then Qualis can't go back in and duplicate services but they are offering to do the mental health assessment.</p> <p>Gwen was present at all assessments. The providers were very easy to work with. The common thread was lack of quality improvement. PCMHA assessment tool is working well. The goal is to score providers from A-D and most providers are falling in the B-C range. The assessment is 34 questions long and takes about two hours to complete.</p> <p>Comments from providers on the assessment...</p> <p><u>Jesus:</u> Is eager to see where they fell and how it aligns with current initiatives that we are already working on.</p> <p><u>Dr. Wallace:</u> Hopes they scored well, there are some measures that they need to meet, hopes Qualis Assessment will help give them a boost.</p> <p><u>Kevin:</u> Suggested just picking one tool and going with it. Rural hospitals are using PAT.</p> <p><u>Gwen:</u> Qualis is trying to crosswalk PCMHA with PAT so that she will not need to duplicate efforts.</p> <p><u>Sheila:</u> She was trying to schedule two clinics at the same time to save on staffing. Gwen has to assess them separately.</p> <p><u>Kris:</u> Samaritan Rural TCPI, working with Gwen to address specific areas.</p> <p><u>Peter:</u> Asked if Gwen needs any help from them? Gwen said Senator Parlette has been helpful with letters and phone calls. She thinks that they have a good handle on it. North Central is doing really well compared to other regions. Sheila also offered to make connection with some providers in her area if needed. Gwen added that providers are surprised that Qualis is a free resource and are here to help and not judge them.</p> <p><u>Barry:</u> One thing that may change the tenor is getting the incentive dollar amount that can be passed onto to providers. It will make more sense to them as to why we are assessing them.</p> <p><u>Clarice:</u> Heard concerns that the legislature may not accept the funding. Senator Parlette said it is one legislator that thinks no money will go to providers and hopes it will get resolved with some education from the ACH's.</p> <p>Sara Barker from AIM Team (Advancing Integrated Mental Health Solutions) explained the program. They sub-contract with Qualis to provide training and technical assistance around bi-directional Integration.</p>



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	<p><u>Question:</u> Will AIM come onsite and provide training? Sarah said if as a region we identify a need that needs to be addressed, then they could arrange a training for multiple providers to attend, but they do not have the capacity go to individual facilities.</p> <p>Question: Do you utilize MEHAF (Main Health Access Foundation) in assessments? They have just become familiar with MEHAF and working on integrating it into their trainings and will be promoting the MEHAF.</p>
<p>Qualis Behavioral Health IT Assessment</p>	<p>Question: What is the goal of the IT Assessments? To assess what they are doing and how or what they will need to do differently to service under an MCO. Want as much information as possible to move forward. Qualis has completed all of the interviews and will be writing an initial report. They will connect with the providers and make sure all of the information is correct, then they will talk about possible solutions and submit the final report. All of the providers are enthusiastic but anxious and are in a different place, there will not be one solution that will work for everyone. The concern is that the providers seem to be very ambitious with their plans.</p> <p>The report addresses the following issues...</p> <ul style="list-style-type: none"> • IT System – What needs to change in order to have the capacity to bill • Organizational mindset and staffing / training issues – coding, procedures, clinician training, tightening up processes. • Process of reconciling and getting paid – also responding in a timely manner to make sure they get paid <p>How can funds from the ACH help with these changes? She will look at that and address that in the report.</p>
<p>Whole Person Care Collaborative Next Steps</p>	<p>See attached discussion draft from Barry Kling: Peter started discussion saying that we all need elements of trust, moving together as a region, have transparency and ask for help when needed.</p> <ul style="list-style-type: none"> • Talked about the need to analyze who should be at the table and how to allocate. • Maybe an organization needs to commit to being part of the collaborative in order to get incentive dollars to make changes. <p><u>Question:</u> What role does the ACH play in this collaborative? ACH is not going to tell providers what to do. Each organization has to support a plan with metrics. Have a process where they are supported and the ACH can be an advocate to the state for funding. The ACH can help identify gaps and use incentive dollars to help with those gaps. The ACH may be able to help structure a plan that works for the provider.</p> <p>Diane suggested that there is a timeline created for participation in the collaborative. Need to establish if the collaborative will be looking at reports or will providers need to submit funding requests to the ACH?</p> <p><u>Discussion:</u> ACH will need to understand from providers what is needed. There needs to be a formal participation agreement. We have to apply for the demonstration funds. ACH is not going to have an overarching ability to make a provider sign on to changes.</p>
<p>Next Steps/Meetings</p>	<p>Next Steps:</p> <ul style="list-style-type: none"> • Come up with a participation agreement that would allow the ACH to create a plan for funding. • Dig deeper into bi-directional care, need to have behavioral health providers involved. <p>Next meeting is Monday May 1st, 2017 - 11:00 AM at the Confluence Technical Center (Wenatchee, WA).</p> <p>Meeting adjourned by Peter Morgan at 11:30 AM</p>