



# North Central Accountable Community of Health

## Whole Person Care Collaborative MEETING NOTES

11:00 AM – 12:30 PM May 1, 2017  
Confluence Technology Center  
East Wenatchee, WA

### Attendance:

Committee Members Onsite: Peter Morgan, Melete Whinston, Gwen Cox, Deb Miller, Kat Latet, Senator Parlette, Barry Kling, John Schapman, Christal Eshelman, Tim Hoekstra, Rick Hourigan, Sue Deitz, Andrea Bennett, Tawn Thompson, Jim Jackson, Tori Gildred, Kayla Down, Jesus Hernandez, Robert Justus

Committee Members via phone: Kris Neff, Kim Fricke, Kathleen Nelson, Kyle Kelm, Sara Barker

Meeting Notes: Teresa Davis

Agenda Item	Notes	Follow up Tasks
Introductions Approval of February Minutes	Meeting called to order at 11:04 AM by Peter Morgan <b>Barry Kling moved to approve minutes from the April meeting. Motion was seconded by Kat Latet. No discussion, motion passed.</b>	
Qualis Update	<p><b>See attached report</b></p> <ul style="list-style-type: none"> <li>• Columbia Pediatrics Assessment went well. Scheduled to do Children’s Home Society.</li> <li>• There are still 3 providers that have yet to schedule. Senator Parlette will reach out to those providers after talking to Sheila Chilson today.</li> <li>• They will be sending all of the completed assessments to the analytics department and should have an aggregate set of data within a couple of weeks to send to the ACH.</li> <li>• She will be visiting Confluence Health on the 3<sup>rd</sup> to look at the Ephrata Clinic which is a model clinic.</li> <li>• Is the list of completed assessments just counting PCMH-A or is it also including the MeHAF? This list included the PCMH-A, but there are some clinics that have done the MeHAF as well. RE: MeHAF...is there any value in doing this if providers have already done the PCMH-A? There is valuable information that will come out of it. Could they do self-assessment for the MeHAF? There is some duplication, she suggests pulling out the questions that are not covered by the PCMH-A. Kim Fricke, said that the questions had a slight difference and there is a chance of not having a consistent answers. Suggest going through the MeHAF if you have any form of mental health providers. Tim Hoekstra said that anytime you can get a sense of the cost of service delivery and capturing the cost then it is beneficial. Gwen said that the MeHAF is a good tool designed to evaluate behavioral and mental health. She would like to take this back to her leadership group to discuss a self-examination. Gwen may not actually have to be onsite, but possibly on the phone. If there is a chance that we get our rates changed by doing this then it may be worth the extra work. Gwen said that she has been amazed at the amount of services that have been delivered for free.</li> </ul>	
Whole Person Care Collaborative Next Steps	<p><b>See attached discussion draft from Barry Kling:</b>  <i>Governing Board Retreat held on 04/26/17 at Gamble Sands in Brewster</i></p> <p>During our retreat, we reviewed feedback summaries. Conclusion regarding optional projects, consensus is to select the Pathways HUB and Chronic Disease projects at a minimum; and if further information from HCA indicates there are financial disadvantages to omitting the Transitions and Diversion projects, also select those. Then on Thursday there was a funds flow meeting. We learned a lot about funding. Total amount of funding that we think will be available within the region in in the neighborhood of the low \$40M range for the four implementation years, in addition to that, there will be an additional \$5.4M incentive money. Then as high as \$6M that will come through the ACH for administrative costs. Of that money we are</p>	



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	<p>going to use as much as we can to put towards the projects. Reminded everyone that we will be making sustainable changes that can be continued after the 5 years.</p> <p>Discussion around functional plan:</p> <ul style="list-style-type: none"> <li>• Peter said after the board decides on projects, we will need to decide how much of the can be folded into the whole person care initiative.</li> <li>• We want the behavioral health organizations to become part of the Whole Person Care Collaborative. Each organization will come up with a transformation plan.</li> <li>• Jesus said it is helpful that the MCO's are coming to all of the providers with similar metrics. It makes a lot of sense to have all providers become members of collaborative.</li> <li>• Peter: We can only move as fast as the system goes. We can't make these changes until the value based payments system is set up.</li> <li>• Kat said that that the legislature is hopefully going to pass 2 new codes related to behavioral health integration. State needs to match those dollars for that new service. With respects to transformation plans we will need to match budgets. What is currently paid for, what is not, what could be and what can't be paid for under a Medicaid contract? So that we know what we can't pay for at this time and make plans to move forward. How do we bring the other projects into this?</li> <li>• Peter suggested a value based purchasing task force – expert committee. To really dig into all of this. The state does have that, John Doyle from Confluence is sitting on that committee.</li> <li>• Andrea said there is a separate value base payment pool. There is still a lot to be determined in that area. Manatt's goal is to get experts on the ground to really dig into value based purchasing. They are hoping to get trainings with boards or possibly learning cooperative across ACH's. She understood that there are very little restrictions on the spending of the money. We could hold onto the money until HCA has the Value Based Payments system set up.</li> <li>• Better Health Together did convene a group of experts on value based payments. It might be worth talking to Alison Carol White for some feedback.</li> <li>• Barry stated that we need to form plans that are sustainable. The plans need to be written knowing that the plans can be changed as we see needed.</li> <li>• Dr. Justus – Has this organization come to grips with specific goals? Do we anticipate specific goals from HCA. Clearly the goals will have a major impact on how we operate?</li> <li>• Once assessments are complete, we can start talking about how we work together as a collaborative. The PCMH-A and the MeHAF are going to be our guides. Peter encourages everyone to read the tool kit.</li> <li>• Sue Deitz gave an update on Caravan Health</li> </ul>	
<p>Next Steps/Meetings</p>	<p>Next Steps:</p> <ul style="list-style-type: none"> <li>• Come up with a participation agreement that would allow the ACH to create a plan for funding. Get more specificity on what the collaborative looks like.</li> <li>• Come up with a work plan that would bring all of the providers to the table.</li> <li>• Dig deeper into bi-directional care, need to have behavioral health providers involved.</li> <li>• Kat asked if we could get comments on the plan two weeks prior to the next meeting.</li> </ul> <p>Next meeting is Monday June 5<sup>th</sup>, 2017 - 11:00 AM at the Confluence Technical Center (Wenatchee, WA).</p> <p>Meeting adjourned by Peter Morgan at 12:20 PM</p>	