<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Minutes</th>
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<tr>
<td>Approve Agenda and Minutes</td>
<td>• Paul Hadley moved, Chris DeVilleneuve seconded the motion to approve the agenda, motion passed.</td>
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<td>• April minutes will be approved at next meeting.</td>
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<td>Announcements</td>
<td>• Next WPCC meeting in June is at the Big Bend Community College.</td>
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<td>• Site visits – Wendy, Heather and Mariah have been doing site visits to organizations.</td>
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<td>• VBP follow up discussion – We have been asking thoughts on VBP during site visits. Many FQHC’s are already on VBP. Current concerns for those on VBP is that it is only a bonus payment. They are doing more and getting paid less. Cost cap has to be met before receiving quality metric payment, one catastrophic event can derail all payments. Moving target – set up a system to address a metric then the metric gets changed. There are continued costs to sustain the change. For those moving into VBP there is the fear of the unknown. Technology does not support the reporting. Building new reports is cost prohibitive. Equity – rural population has poorer health outcomes. Adding to documentation and reporting requirements – increases administrative burden and that is not reimbursable. Discussion:</td>
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<td>• Challenge is that we negotiate contracts every six months, if we want to build a new report when do we negotiate that into the contract?</td>
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<td>• MCO’s all require reporting differently and want the info in a different format, increasing the cost burden</td>
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<td>Updates / announcements from partners</td>
<td>• Kathleen O’Connor introduced Pat Sonder – New COO at Cascade Medical Center from UC Health Colorado.</td>
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### Learning Activities

Caroline took the 3 learning activities and summarized the feedback of the activities. (See packet for results of survey). Please let Wendy know if you have ideas and thoughts on future learning activities.

**Upcoming learning opportunities**

- QI Affinity Group – Virtual
- MI Train the Trainer June 10-13 in Wenatchee
- BH Team roles for PC in BH workshop – May 8th in Moses Lake (training agenda in packet)
- Patient and Family Voice in QI Workshop - May 30th 8:30-4:00 in Wenatchee (registration open in portal)
- LAN Team Based care for PC and BH – will be offered over the lunch hour. Will be covering a variety of team dynamics. Will be offering each organization a team assessment then offer customized coaching based on the assessment tool.
| WPCC Peer Sharing | Melodie White shared information on the Family Health Centers change plan.  
| Building on the Mission of the FHC Board-Community Health Improvement using:  
| • BH Integration  
| • ACEs & Trauma Informed Care  
| • Motivational Interviewing  
| • Partnership and Community Collaboration  
| Key Factors  
| • Change plan is not a “special project” we are embedding it into existing meetings.  
| • Increased Provider Investment into Quality Improvement, Process Improvement and Change Plan Aims  
| • Proactive collaboration with other community sectors/leaders (School Districts, Community Action etc.)  
| • Change in EHR to Athena came at the right time to revamp workflow with the change plan in mind.  
| • Implemented a call enter to maximize patient access and focus on staff/patient interaction on site.  
| Next Steps:  
| • The Eight Subcommittees will concentrate on one “mini-project” (PDSA) per quarter  
| • Lessons learned from subcommittees will be shared as a change plan agenda item at each meeting (Medical Provider, Leadership, Site/Staff meetings etc.)  
| • Many lessons learned have carried over across topic/subcommittees (improvement in data/reporting) |

| CHI Update | Sahara Suval, Kelsey Gust and Laina Mitchell gave an update on the Coalitions for Health Improvement groups.  
| **Chelan Douglas**  
| **Focus Areas for 2019:**  
| • Relief Housing Crisis  
| • Capacity Development & Community Empowerment  
| • Sustainable Change  
| • Parenting Programs  
| **Challenges:**  
| • Integration of CHI with community and workgroups  
| • Developing an inclusive action plan  
| • Coordinating with the other CHIs  
| • Shift culture so we aren’t attending meetings to attend meetings  
| • Identifying verbiage to explain what we’re doing/want to do  
| **In 3 Years:**  
| • Self-sustaining leadership structure and agenda  
| • Improved Social Determinants of Health in Chelan and Douglas Counties |
**Grant County**

*Focus Areas for 2019:*
- Partnered with the Grant County Suicide Prevention Task Force
- The Homeless Taskforce
- We are working on upstream, harm reduction work surrounding substance abuse and misuse

*Challenges:*
- Generating new members
- Current members are tapped out
- Need more worker bees
- Trouble breaking down silos between the North Central Region

*In 3 Years:*
- Success for the Grant County CHI means:
  - Robust sector representation
  - Reduction of opioid overdoses and deaths
  - Expansion of MAT providers and SUD treatment
  - Diverse sectors involved in the suicide prevention coalitions and taskforce
  - Expansion of Homeless taskforce throughout the county
  - Always aware of the diverse population throughout our extremely large county

**Okanogan CHI:**

*Focus Areas for 2019:*
- Reproductive Health-Panel in March 2019
- Behavioral Health
- Access and Care
- Adverse Childhood Experiences (ACEs)

*Challenges:*
- Getting education and other social determinant partners to the table.
- Identifying strategies for effective collaboration/reducing organizational silos.

*In 3 Years:*
- Reduce opioid deaths/ODs
- Expanded local services for SUD
- Transitional/Recovery House options for juvenile, adults and families
- 100% LEO/agencies trained and using Narcan
- Improved Social Determinants of Health in Okanogan County
**CHI Community Initiatives Funding Update:**
$450,000 approved by NCACH Governing Board to be invested into local and regional health projects, to be managed with oversight from Coalitions for Health Improvement.
- Advisory Group developed in January 2019 with representation from all 3 CHIs
- Funding priorities identified
- Community investment process has been developed – currently working on things like project application, review criteria, etc.
- More information to be released in coming months
- *Note* there will be limitations to WPCC member organizations interested in applying for funding

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<tr>
<th>Leadership Dialogue</th>
<th>Roger Chaufournier</th>
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*****Recording of this session available on the portal*****
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<td>• CVCH transitioned our specialty BH providers onto Athena in December to improve the ways that they engage with the PCP and other providers. Made adjustments mid-March to dedicate a BH provider at 600 Orondo &amp; Columbia Pediatrics one day a week. This work started from the Behavioral Health LAN.</td>
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<td>• CBFM Ephrata – SDOH screening in April. Been building the care coordination program for the last two years. In the last 90 days, started the Community Health Worker Position, they are coming across more people that do not have phones, fortunately they have a CHW that they can send to the home, but that is not sustainable.</td>
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<td>• Cascade- Doing everything we can to empower the right people to do the job. They have a very engaged medical director who really owns things on the provider side.</td>
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<td>• OBHC – Experiencing frustration with change plan. Succeeding in access, but now struggling with what to do with all of the extra people.</td>
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<td>• GRIS – SDOH should be the priority not the BH integration &amp; Chronic Disease. Would like to see that be the priority in the future. Has had a diabetes project since August, 99% have coordination of care following that positive screen.</td>
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