

WPCC Meeting Minutes

Monday, May 7, 2018 11:00 AM – 12:45 PM

Confluence Technology Center 285 Technology Center Way #102 Wenatchee, WA 98801	Conference Dial-in Number: (408) 638-0968 or (646) 876-9923 Meeting ID: 429 968 472# <i>Join from PC, Mac, iOS or Android: <https://zoom.us/j/429968472></i>
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<u>Proposed Agenda</u>	<u>Goals</u>	<u>Notes</u>
1. Introduction Peter Morgan	<ul style="list-style-type: none"> • Introductions and Roll Call • Approve Agenda and Minutes from April meeting • Follow up items from April meeting 	Attendance: Tessa Timmons, Blake Edwards, Jim Novelli, Winnie Adams, Andrea Davis, David Kolde, Kris Davis, Kate Haugen, Peter Morgan, Caroline Tillier, John Schapman, Sahara Suval, Christal Eshelman, Jesus Hernandez, Shirley Wilbur, Gail Goodwin, Loretta Stover, Deb Miller, Laurel Lee, David Olson, Linda Parlette, Rachael Petro, Malcolm Butler Phone: Kathy Reims, Amy Webb, Traci Miller, Connie Davis, Tina Clarke, Tawn Thompson, Kaitlyn Safford, Sheila Chilson, Molly Morris, Chris DeVilleneuve, Carly Levitz, Kim Fricke, Gwen Cox <ul style="list-style-type: none"> ❖ David Olson, Loretta Stover seconded the motion to approve the agenda, motion passed ❖ Sheila Chilson moved, Gail Goodwin seconded the motion to approve the April minutes, motion passed
2. WPCC Recent Activities Summary Caroline Tillier Peter Morgan Kathy Reims (CSI)	<ul style="list-style-type: none"> • Status summary of Learning Community • Observations and takeaways (Staff & CCMI/CSI) • Discussion and feedback 	<ul style="list-style-type: none"> • Caroline shared the list of organizations that are signed up for the portal; 54% of invitations have been accepted. • Feedback from Kickoff is shared on the Portal. Please share story boards from kick off by uploading to the portal. • We have had two change plan LAN sessions and all reminders are going out through the portal for those. We are making improvements to the change plan template, Rachael Petro has been testing and helping to find glitches.

		<ul style="list-style-type: none"> • Change Plan Team Composition: We are not sure that everyone has the correct people signed up. Please review positions on the team. Need Change Plan Quarterback, Transformation Champion, Consumer Voice, Resources Wrangler, Measurement Captain, Front Line expert, and Utility Players. Kathy noted that the goal of the LAN is not just to help complete the template but to get people to reach out to others in their organization to think about how the change plan will align with current work and the Medicaid Transformation. <p>Comments:</p> <ul style="list-style-type: none"> • David Kolde - Has held back on figuring out who should be on the team. Trying to crosswalk projects with work that they are already doing. • How are others incorporating the customer voice? CVCH has a patient experience strategic team. Once they crystalize change plans, they will be able to figure out how to involve patients. Confluence has Patient Experience Committee and also have a Patient Advisement Board. • Gail Goodwin - Has team but still waiting to see where it is going. Generally committed, but not sure of the details they are committing to at this point. • Jim Novelli - Their smaller team has been a benefit for them because it is easier for team to communicate. • Amy Webb - Struggle with the bandwidth. Have enthusiasm around obtaining PCMH status. This has not left a lot of time for the whole person care effort, but will be joining the LAN. • Traci Miller - Working with Gwen on the template every week. Has a long wish list, the difficult part is pairing down to align with resources. Template is easier to use than what she thought, going into it. <p>➤ Next step: Staff will contact individuals who still need to get registered for portal.</p> <p>Have heard that the template is hard to browse. Staff created a separate document outlining menu of options so people can use to see what is available – will be posted to portal as a resource. Feel free to reach out to Peter or Caroline with any questions.</p>
<p>3. WPCC Workgroup Activities Caroline Tillier</p>	<ul style="list-style-type: none"> • Provide updates from WPCC Workgroup meeting <ul style="list-style-type: none"> • Decisions and/or recommendations 	<p>Caroline and Kathy gave an update on the April 12th workgroup meeting.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • SDOH screening tool: adopt PRAPARE Screening Tool

<p>Kathy Reims (CSI)</p>	<ul style="list-style-type: none"> • Issues on the table • Future Workgroup plan • Q&A and discussion with members 	<ul style="list-style-type: none"> • Ask Orgs to complete PCMH-A and MeHAF assessments annually. We need to look at what this would mean for larger organizations with multiple sites. <p>How are we interacting with other projects, is there a tool that other groups are looking at in regards to SDOH? John said that they have been looking at tools that can address SDOH. We are not to the point of defining what that tool will look like. We will work to have a standard approach.</p> <p>If we are going to screen, need to make sure that there is follow up. Malcolm noted that screening can be a bit of a Pandora's box. If everyone in primary care developed a screening like this and updated annually, it could be helpful.</p> <p>Sheila: Supports what Malcolm just said. Focus as a region on the items that we want to track instead focusing on the specific tool. Let people use the tool that works best for their organization.</p> <p>Blake - Gwen Cox has shared an SDOH tool that could help. Their agency intends to do the MeHAF every 3-6 months just to have meaningful discussion.</p> <p>Jim – Due to WACs, we already have to collect information. Another tool would be very cumbersome. Would like to use own tool.</p> <p>Openness to looking at PRAPARE. Thinks it makes sense to do screening even if we do not have all of the answers to find the right solutions. If organizations are already screening, then the group consensus was to cross-reference their current tool with the PRAPARE tool to add additional questions to their existing tool vs adopt PRAPARE outright.</p> <p><u>Stage 2 Funding Model Recommendations:</u></p> <ul style="list-style-type: none"> • Supportive of base funding elements. Base funding may need to be adjusted based on the volume of services provided. Also need to explore payments that would tie payment to measurement and performance. <p>Domain 1: We are needing to get up to speed on VBP, HIT/HIE and Workforce. We may be doing an assessment to understand where everyone is with regards to these areas.</p>
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<p>4. Future LAN Offerings Peter Morgan Kathy Reims Caroline Tillier</p>	<ul style="list-style-type: none"> • Share the proposed schedule of future Learning Activities • Questions and Answers 	<p><u>Peter walked everyone through some ideas for near-term LANs, based on provider feedback at Kick-Off.</u></p> <ul style="list-style-type: none"> • BH Integration into Primary Care • Primary Care Integration into BH • Team based care • Access to care • Care Coordination • Medication Management • QI Infrastructure • Chronic Pain ECHO • Data Driven Improvement • Population Health <p>Hoping to offer a LAN the 1st of August, or even sooner. Will need to think through organization capacity and staff/faculty bandwidth.</p> <p>Ideas were taken from the feedback from the Kick Off. These are not set in stone. If organizations have other ideas, we can try to fold those in.</p> <p>There is some work being done on access. Many are feeling the impact of Psych shortage. These LANs are addressing the BH problems as well as Primary Care.</p> <p>Connie: Are these timelines realistic? Minimum number of teams going into a LAN is 6 or 7. There is not a maximum.</p> <p>Is it necessary to have two different LANs for BH onto PC and PC into BH? BH Orgs are coming into this from such a different place, we feel that they may need a LAN specific to their needs. The needs are different enough that it might justify two LANs.</p>
<p>5. Adjourn</p>		<p>Meeting adjourned at 12:16</p>