

| Location | Attendees |
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| Big Bend Community College Moses Lake, WA | <p>Attendance: Craig Mott, Deb Miller, David Olson, Allen Noble, Christina Harvill, Melodie White, Jamie Hilliard, Heather Massart, Jorge Rivera, Pat Songer, Sheila Chilson, Gail Goodwin, Kelsey Gust, Mike Lopez, Hayley Middleton, Dr. Brzezny, Holly Zvonach, Nick Bross, Karen Jacobson, Rebeca Voith, Racheal Petro, Paul Hadley, Traci Miller, Amelia Davis, Gwen Cox, Blake Edwards, Kathy Reims, Jim Wallace, Shoshannah Palmanteer, Chenia Flint, Becky Corson, Courtnie Fairbanks, David Kolde, Kendra Castaldo, Molly Morris, Virginia O’Kelley, Loretta Stover</p> <p>NCACH Staff: Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Christal Eshelman, Tanya Gleason, Mariah Brown, Heather Smith, Teresa Davis – Minutes</p> |
| Agenda Item | Minutes |
| Approval of Minutes | <p>❖ Sheila Chilson moved, Paul Hadley seconded the motion to approve the April & May minutes, motion passed</p> |
| Announcements / Learning Activities | <ul style="list-style-type: none"> • Catholic Charities – True Blood has extended funding to extend services to Okanogan County • Received numbers from HCA – Quarterly payments to WPCC Learning Community will go out on June 28th • WPCC Annual Meeting – October 4th, Wenatchee Convention Center – Only for the Learning Community, will be asking each organization to make a story board. • Quarterly reporting is due June 30th. There are 2 reports – Quantitative and Qualitative • Doing a measurement clean-up ➢ LCCH would like to know how long they have to select different measures since they have had significant staff changes. Now is the time to make the changes, we have a meeting set up and we can discuss further then. • We are in the process of updating the portal calendar with the other workgroup and CHI Meetings. • Community Health Worker Training – Offered by DOH Free 8 week training July 16 & Sept 11 Moses Lake / October 15 & December 10 Yakima **There are other trainings offered in Western Washington www.doh.wa.gov/cwhts for more info • Team Based Care Webinar June 5th – All team members must register so they can complete the assessment, each team will need to identify a team lead, let Wendy know who your lead is. • Premanage Webinar update – Instead of 3 cohorts, we are going to open it up to any WPCC organization that is ready to learn more. We will have them watch prerecorded webinar then participate in two live webinars. You do not need to wait for NCACH to move forward with Premanage. |
| Substance Use Disorder | <p>Presentation on the new SUD guidelines was given by Matt King. For more information and the guide published by HCA visit: https://bit.ly/2I6O0cc</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Primary care clinic providing MAT therapy - do not need to obtain specific consent to disclose SUD Services? That is correct as long as that is not their primary role and they are not holding themselves out as an SUD Provider. • Do these rules pertain only to licensed providers of SUD Services? The law doesn’t tie into state licensing or certification. • As A SUD provider, we see a problem with someone wanting to revoke consent with individual provider. Is there any work being done around that? Yes there is work being done, but he does not have a time frame. • Gail noted that Senator Patty Murray has been working to make changed to the CFR so if you have addition information, send them to her. |

WPCC Peer Sharing

Allen Noble Moses Lake Community Health Center gave a presentation on the SBIRT Project. (see meeting packet for full presentation)

What is SBIRT?

- An evidence-based approach to identify patients who use alcohol or other drugs at risky levels with the goal of reducing health complications, diseases and accidents.⁴
- **S**creening- use a standardized tool to screen patients
- **B**rief **I**ntervention- a short conversation using motivational interviewing techniques to reduce harm
- **R**eferral to **T**reatment- referral to therapy or treatment

Our Process – Build Screening Tools Into Standard Workflows For All Care Teams

- Every MA rooms every patient using a custom intake form
- If there is a positive single item screen the MA asks permission to ask more questions.
 - Several patients became upset when MAs asked these screening questions.
 - By asking permission, patient acceptance went up dramatically
 - By allowing for care teams to give a paper copy to the patient, acceptance went up as well
 - If the patient says no to more questions, there is still a red prompt for the provider to ask questions.

Barriers & Bumps

- Staff hesitancy to ask personal questions
- Patient unease with answering personal questions
- BHC staffing
- Time
- New workflow fatigue
- Billing codes for SBIRT

Next Steps

- Further training for medical providers in brief interventions and motivational techniques
- Spread to additional providers
- Brief Action Planning Training
- BHC recruitment

Questions:

- David Olson noted that this is so helpful – do you have a patient portal that the patient could answer questions ahead of time? Not as of right now, it would not feed into the record correctly (it would show up as a PDF).
- Dr. Guffey – Trying to get team based care up and going, what advice do you have? Get MA's on board with workflow, have a champion, have evidence to tell providers, start small with one care team and work out the kinks, then spread slowly, let that staff spread it on to the next group.
- Sheila noted that none of this work goes quickly. It requires a vision change.
- Allen will send codes to Wendy to share with the Learning Community

TCDI Update

John Schapman gave an update on the TCDI Workgroup – Next Meeting Thursday July 25th, 2019; 10 AM – 11:30 AM

Aim of TCDI Projects:

1. Improve transitional care services to reduce avoidable hospital utilization
2. Promote appropriate use of emergency care services and person-centered care through increased connections to outpatient care and social services
3. Ensure patients are receiving the right care at the right time

North Central's Approaches

2C: Transitional Care: Provide follow up phone calls with patients discharged from acute care to home or supportive housing

2D: Diversion Intervention:

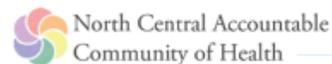
Emergency Departments:

- Patient/community education about appropriate use of ED
- Improve connection with follow up care post emergency department visit
- Utilizing the Collective Medical Technology platform to better track and take care of patients

EMS Partners

Engage ambulance providers in projects that include components of community paramedicine including:

- Improved documentation and tracking of preventative services
- Alternative transport to non-emergency department destinations (e.g. Parkside)
- Better referral system for non-transport patients to preventative services to reduce the utilization of the 911 system



WPCC Meeting Update

Partnership with WPCC

TCM Model:

- Collecting and reporting on data
- Aligning how follow up calls are made between agencies in the region to reduce duplicity of work
- Training both outpatient and inpatient staff the model
- Incorporate TCM codes/workflows into follow up visits to ensure proper billing and reimbursement

Additional Opportunities:

- Social Determinant of Health Screening
- Discharge Planning



Current request of WPCC Partners: Participate in the discussion in your organization's region

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

Data Dashboard

Kathy Reims reviewed the new data dashboard available on the Healthcare Communities Portal

- You will see performance on quantitative measures and progress on the change plan
- You will be able to search by topic and by organization (one or multiple)

Why run charts?

- Graphical depiction of data over time
- Measures the performance of a particular process
- The Change Plan guides changes each organization is making in key processes
- Run charts allow us to see if the changes we are making result in improvement

Performance on Selected Measures

- All data is self-reported, quarterly over time
- All data is transparent
- Organizational systems for data collection and reporting are essential for data integrity
- Measures that are reported by multiple organizations give a better picture of the impact we are having across the NCACH
- Can be viewed by topic area across all organizations or individual organizations

Leadership Role: Work with Wendy and the NCACH Team (Mariah & Heather) to answer the following questions:

- Do we have the right (meaningful) measures?
- Do we need all of these measures?
- Can we get the data to report our measures?
- Does the data we have reflect our reality?
- How will we use the information about our performance?
- What do I need to learn to be able to use this data to improve?

❖ **QI Affinity Group, June 25th 1-2 PM: Dedicated to the Dashboard**