



North Central Accountable
Community of Health

Whole Person Care Collaborative

September 14th, 2020

Introduction

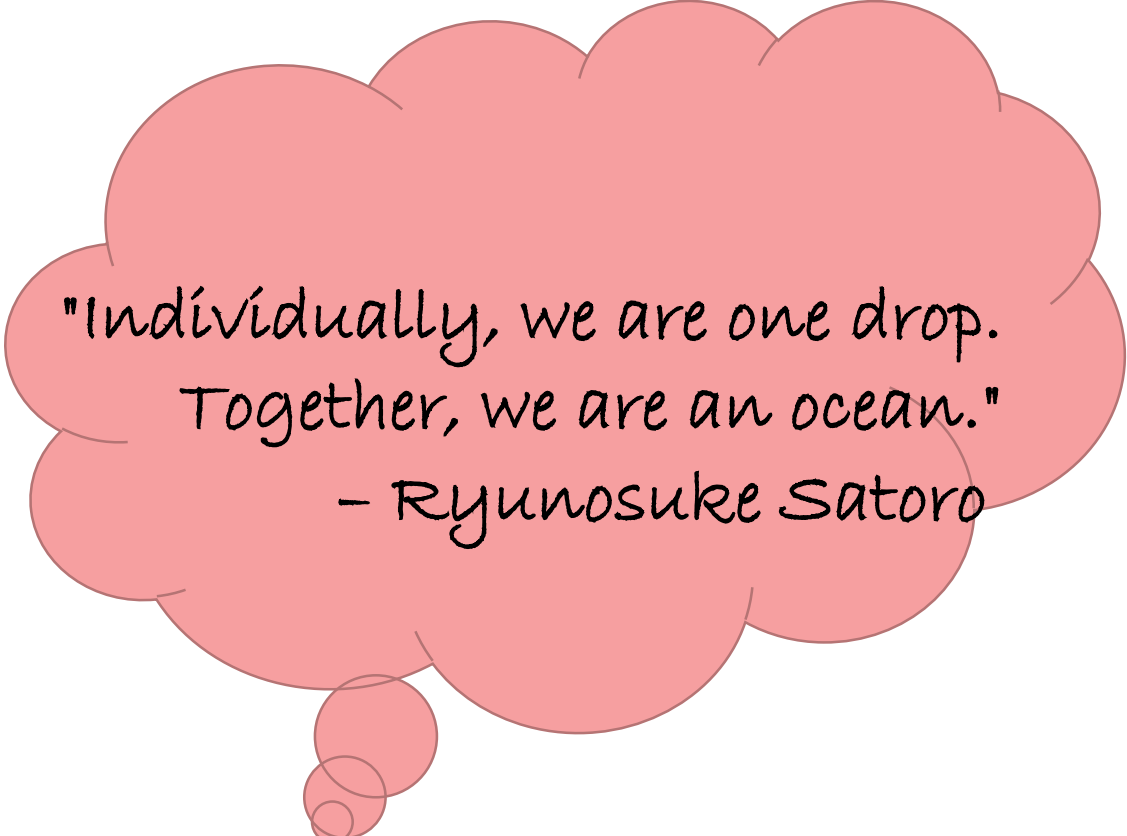
Welcome

Introductions

Consent Agenda

March & August Minutes

September Agenda



*"Individually, we are one drop.
Together, we are an ocean."
- Ryunosuke Satoro*

Announcements/Updates

- Amendments to the MOU – align with activity changes due to COVID-19
- Quarter 3 Reporting – Due September 30th
 - Wrap up 6-8 sections
 - Discuss the successes and challenges for each section. This should be tied specifically to the patient population served in each section.
 - Tell your story, consider where you were 2 years ago and how far you have come.
- Telehealth Discussion – NCACH Governing Board



North Central Accountable
Community of Health

Proposal for Next 18 Months

Change Plan Topics – Learning Community

- Behavioral Health Integration - Depression
- Chronic Disease - Diabetes and/or Mental Health/SUD

- Access
- Transitional Care
- Diversion Interventions
- Opioids
- Social Determinants of Health
- Pathways HUB

Pros

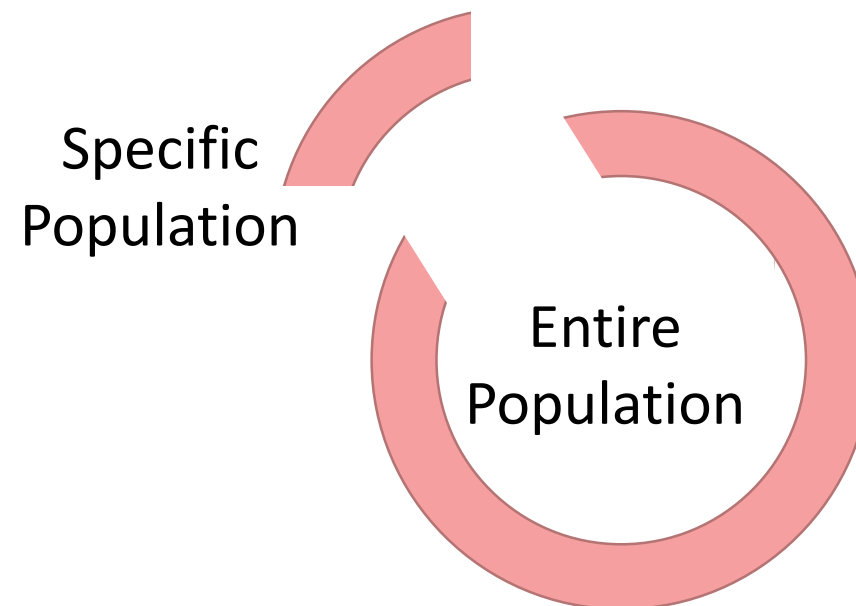
- Aligns with current improvement projects (ACO, UDS, etc.)
- Allows for balanced workload
- Allows orgs to dig deeper

Cons:

- Too narrow of a focus
- Lose momentum
- Doesn't stretch organizations into new territory

Behavioral Health Integration & Chronic Disease

- Depression & Diabetes/Mental Illness/SUD
- Improvement Project – start small, choose a target population
 - Telehealth
 - SDOH
 - Access





North Central Accountable
Community of Health

Discussion

Improvement Essentials

The minimum participation requirements for WPCCC members working towards whole person health for the region.



A current improvement charter/change plan



Participation in monthly measurement



Participation in monthly reporting (narrative and 5 core measures)



Testing changes (PDSAs), implementation



Participation at monthly WPCCC meetings



Plan for sustainability



WPCCC all site summit

Change and Improvement Supports

Optional activities designed to support members to achieve local improvements contributing to whole person health for the region

- A menu of optional improvement activities and supports
- Designed and tailored to help WPCC members obtain skills, connect with peers, manage change, and deliver local improvements contributing whole person health for the region
- A mix of planned, structured, and scheduled offerings as well as emergent, flexible, and responsive offerings

Change and improvement supports (optional)

1:1 Team supports

Available on demand, for duration of the project

Practice facilitation support

On demand technical assistance (PH, BH, Telehealth)

Structured change & learning activities

Available for sign-up, scheduled dates and activities

PHLAN 2.0
October 13th

Design thinking workshop
(Early 2021)

Peer led discussion groups

Available on drop-in basis, scheduled for regular interval

QI Affinity Group
Sept. 30th
12-1pm

IT EMR Affinity Group(s)

Skills development activities

Available for sign-up, scheduled dates and activities

MI & communication

Applied QI/QI intermediate

Topic specific webinars



North Central Accountable
Community of Health

Discussion



North Central Accountable
Community of Health

Metric Discussion

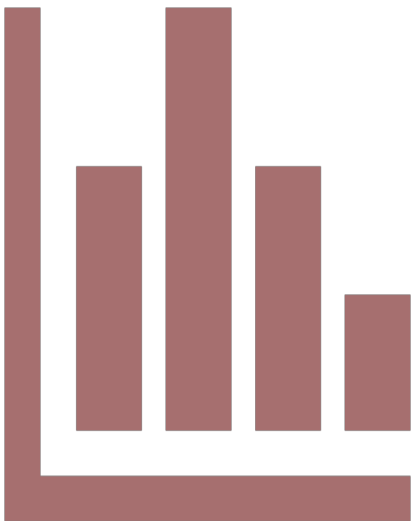
Primary purpose:

- Develop a small set of improvement indicators that will support team level learning and action toward improvement goals
- Alignment with VBP promoted by the state to further develop systems for improving population health

Secondary purpose:

- Improvement indicators that will support the WPCC to understand (in part) it's shared progress (note: may need to look elsewhere to gather global data)

Metrics – what we heard



- Needs to be meaningful to your work
- If not meaningful, just going through the motions of collecting data
- Value in collecting a shared set of measures: when someone is able to make improvement, they use some system/process that can be share and accelerate the groups improvement



Personalize it

WPCC Metrics Pizza Style

Hgb A1c Poor Control



Depression Screening
& Follow-up (NQF
0418)

Utilization of the PHQ-9 to Monitor
Depression Symptoms for
Adolescents and Adults (NQF 0712)

Measures for Consideration: Chronic Disease - Diabetes

Hgb A1c Testing

Hgb A1c Poor Control*

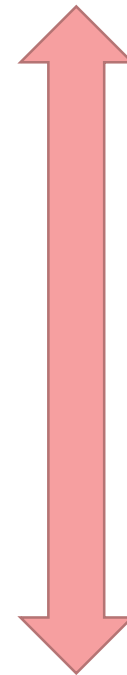
Eye Exam

Nephropathy

Foot Exam

BP Control

Statin Therapy for CVD



Improvement Journey

Measures for Consideration: Chronic Disease – MI/SUD

NQF Measures

- FU after ED visit for MI: 7 day
- FU after ED visit for MI : 30day
- FU after ED visit for AOD Abuse or dependence: 7 day
- FU after ED visit for AOD Abuse or dependence: 30 day
- MH service penetration (Depression)
- MH Treatment Penetration
- OUD Penetration
- SUD Treatment Penetration

Other Measures

- Patients with PHQ >19 who have not attended appointments
- Serious Mental Illness: PHQ Score
- Increase Access - Mental Health
- Increase Access – SUD
- MH service penetration (Depression)
- MH Treatment Penetration
- OUD Penetration
- SUD Treatment Penetration



North Central Accountable
Community of Health

Discussion



North Central Accountable
Community of Health

Small Group Discussions

We have learned much from the COVID-19 pandemic. As an “Accountable Community for Health”, how might we leverage that learning into a coordinated plan for the flu season?

- What are your plans for managing flu season?
- What innovation are being considered (drive through inoculations, patient outreach)?
- What is the role of all partners (MCO’s, CBOS’s, Primary Care and Behavioral Health) to support patients, organizations, community?



North Central Accountable
Community of Health
