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
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
Focus: 2 Topics

Behavioral Health Integration & Chronic Disease
  • Depression & Diabetes/Mental Illness/SUD

  • Improvement Project – start small, choose a target population
    • Telehealth
    • SDOH
    • Access
Discussion
Improvement Essentials

The minimum participation requirements for WPCC 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 WPCC meetings
- Plan for sustainability
- WPCC 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
Discussion
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) its shared progress (note: may need to look elsewhere to gather global data)
• 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
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (NQF 0712)

Hgb A1c Poor Control

Depression Screening & Follow-up (NQF 0418)

Personalize it

“BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON”
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: 30 day
• 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
Discussion
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?