

| Location | Attendees |
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| Virtual Meeting | <p>Dusti Rocha, Roger Chauffenier, Shoshannah Palmanteer, Becky Corson, Chenia Flint, Deb Miller, Heather Massart, Jesus Hernandez, Tessa Timmons, Loretta Stover, Caroll Opel, Mike Lopez, Lisa Apple, Victoria Evans, Jan Sternberg, Kathy Reims, Dawn Anderson, Christina Clarke, Afton May, Hayley Middleton, Sara Van Horn, Stephanie Dowland, Craig Mott, Manuel Navarro, Marcus Miller, David Olson, Whitney Lak, Courtney Ward, Tawn Thompson, Maxwell Mulholly, Chris DeVilleneuve</p> <p>NCACH Staff: Linda Parlette, John Schapman, Wendy Brzezny, Mariah Brown, Joey Hunter and Teresa Davis – Minutes</p> |
| Agenda Item | Minutes |
| Approval of Consent Agenda | <ul style="list-style-type: none"> ❖ Afton May moved, David Olson seconded the motion to approve the consent agenda, motion passed |
| Announcements & Updates | <ul style="list-style-type: none"> • Amendments to the MOU – NCACH has been having discussions on the MOU’s due to COVID to make sure that they align with the actual work being done. Wendy will work with John to get an amendment to the MOU out soon. • Quarter 3 Reporting – Due September 30th, partners will be asked to do the following.... <ul style="list-style-type: none"> ➢ Wrap up 6-8 Sections of the change plan ➢ 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 – Will be presenting to the NCACH Governing Board today and asking for more capital investment to support Telehealth. |
| Proposed Plan for the next 18 months | <p>Narrowing the focus to: Behavioral Health Integration – Depression Chronic Disease – Diabetes and/or Mental Health/SUD</p> <p>Pros:</p> <ul style="list-style-type: none"> ➢ Aligns with current improvement projects ➢ Allows for balanced workload ➢ Allows orgs to dig deeper <p>Cons:</p> <ul style="list-style-type: none"> ➢ Too narrow of a focus ➢ Lose momentum ➢ Doesn’t stretch organizations into new territory |

Minimum Participation required:

- A current improvement charter/change plan
- Participation in monthly measurement
- Participate in *monthly reporting* (narrative and 5 core measures): with the pared down change plan we will move from quarterly to monthly reporting
- Testing changes (PDSAs), implementation
- Participation at monthly WPCCC meetings
- *Plan for sustainability* – with the MTP closing out at the end of 2021, we will work together to develop a plan for sustainability for organizations moving forward.
- WPCCC all site summit

Optional change and improvement supports will be offered through a menu of activities and supports that partners can choose from:

- Practice Facilitation support
- On demand tech assistance (PH, BH, Telehealth)
- PHLAN 2.0 October 13th – pay for participation
- QI Affinity Group Sept 30th 12-1 PM
- Design thinking workshop (early 2021)
- IT EMR Affinity Group(s)
- MI & communication
- Applied QI/QI intermediate
- Topic specific webinars – topics to be determined by WPCCC members

Discussion:

Group thought this is a good idea to narrow focus, felt it was laid out well.

Organizations will have the choice to address the metrics on their own or work with the collaborative.

Metrics: What we have heard during our various meetings is that metrics need to be meaningful to your work. If it is not meaningful, we are just going through the motions of collecting data. There is value in collecting a shared set of measures: partners can share systems and processes that have produced results with the collaborative.

Primary purpose:

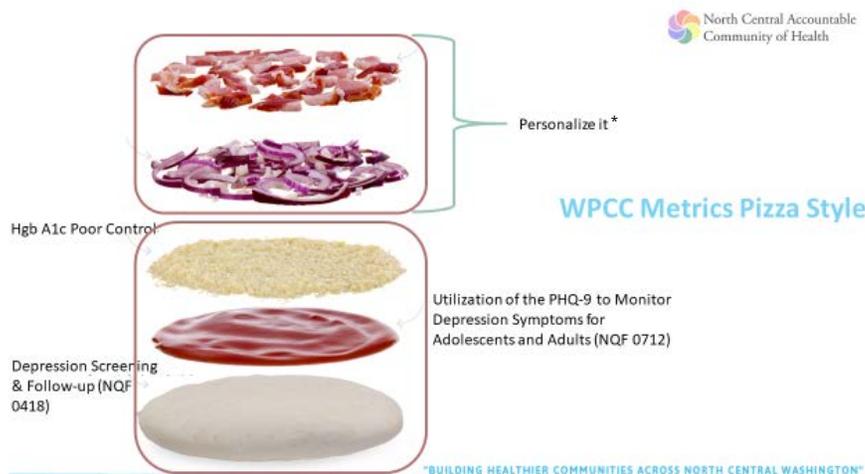
- Develop a small set of improvement indicators that will support team level learning and action toward improvement goals
- Alignment with VBP promoted by the state to further develop systems for improving population health

Secondary purpose

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

Discussion:

Is this going to meet the requirements of the state for the ACH to meet the performance metrics? There are some metrics that are looking good, we have chosen to address the metrics that our area is lacking. Wendy shared the following slide that illustrates how this will work.



*See meeting packet for a list of the measures. If you want to choose a measure that is not on the list, please discuss this with Wendy.

Small group discussions

Group was split into small groups to discuss:

As an Accountable Community of Health, how might we Leverage Covid-19 learnings into coordinated plan for the flu season

1. What are your plans for managing flu season?
 2. What innovation are being considered (drive through inoculations)?
 3. What is the role of all partners (MCO's, CBOS's, Primary Care and Behavioral Health) to support patients?
- Catholic Charities – thinking about setting up virtual visits with CVCH. Have the client come into Catholic Charities and connect them with provider at CVCH virtually. Also looking at adjusting hours to accommodate clients' needs
 - OBHC still providing services via Telehealth. Hoping flu season will be better than previous seasons due to the social distancing that is already happening. This is the first year that none of the staff wants to participate in the free flu shots offered at work. In the behavioral health sector flu season is not number one on the list – focusing on depression, anxiety and SUD.
 - Flu shots – Christina, Columbia Basin Family Medicine, shared that they are setting up a drive thru flu shot days. Dawn from Coordinated Care shared that they are working with clientele to get flu shots and will be rolling out to care coordination.
 - Lisa Apple shared that flu season has not been a priority; instead they are dealing with the immediacy of anxiety/depression in staff and patients as well and drug/alcohol relapses they are seeing.

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| | <ul style="list-style-type: none">• Kathy shared that in her group they were taking the learnings from Covid and applying that to flu planning, including innovations they can continue, differences, similarities, order of testing, etc.• Deb shared that the network of care coordinators have close relationships with clients. They don't know what they don't know. They would be happy to get information to clients. Standardized scripting around flu shots and notification of the clinics being offered would be good for care coordinators to have. <p>*Wendy and Kathy will work together offline and try to come up with shared messaging around the flu.</p> |
| Adjourn | Meeting adjourned at 12:45 PM |