

Whole Person Care Collaborative (NCACH) Agenda

11:00 AM – 12:45 PM Monday January 8, 2018

**Confluence Technology Center**

285 Technology Center Way #102

Wenatchee, WA 98801

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| **Attendance:** Amy Webb, Kris Davis, Shirley Wilbur, Blake Edwards, Tim Hoekstra, David Olson, Malcolm Butler, Tessa Timmons, Rick Hourigan, Gail Goodwin, Kevin Abel, Laurel Lee, Vicki Evans, Danielle Shawgo, Jim Novelli, Rachel Petro, Tawn Thompson, Charity Bergman, Barry Kling, Peter Morgan, Linda Parlette, Caroline Tillier, John Schapman, Sahara Suval, Christal Eshelman, Deb Miller, Carol McCormick **Minutes:** Teresa Davis **Phone:** Caitlin Safford, Dulcye Field, Molly Morris, Clarice Nelson, Gwen Cox, Kathy Reims, Becky Corson, Traci Miller, Sheila Chilson, Kim Fricke, John McReynolds, Kris Neff |

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| **Proposed Agenda** |  | **Notes** |
| **1. Introduction**Peter Morgan | * Introductions and Roll Call
* Approve Agenda and Minutes
* Follow up items from last meeting
 | * Malcom Butler moved, Tim Hoekstra seconded the approval of the December 2017 minutes, no further discussion, motion passed.
* Changed the date for the kick off meeting for the Learning Community. Looking to the end of March and will send save the date when date is decided.
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| **2. Proposed Structure for WPCC** Caroline Tillier Peter Morgan | * Present revised charter for WPCC sub components
* Address rationale for changes and alignment with other Project Workgroups
* Describe process for identifying Workgroup Members
 | * Caroline gave a presentation on the revised structure and work plan. Key revision is to change the name from the steering committee to workgroup. Removed the Learning Partners box which included Community Based Organizations and partners because they really cut across all projects, not just WPCC.
* Originally the Charter was written with language linked to both planning and implementation elements. We have split original charter into two different charters: WPCC Workgroup and WPCC Learning Community.
* Regarding eligibility on Learning Community charter - concerned with 500 encounter number. Suggested adding number of unique members plus number served. Come up with some kind of formula consisting of a combo of the two.
* Suggestion of a minimum of 100 unique members and 500 encounters.
* We would want to make sure that we know as a group who we want to be involved and build the requirements around it so that we are not leaving someone out.
* Where would this leave the individual BH Providers that do not have those numbers? Many may be ineligible.
* Barry suggested that we use the wording for the Board to entrust the workgroup to set a reasonable threshold to be defined by the workgroup, prior to establishing contract awards.
* Malcolm Butler moved to strike out the suggested encounter numbers and replace it with “to be determined by the workgroup prior to contracted work”, Gail Goodwin seconded, no further discussion, motion passed.
* Sheila: Workgroup Charter under charge it says workgroup “was tasked” suggested changing to “is tasked” with providing oversight. Group is fine with that change.
* Malcolm Butler moved, Kevin Abel seconded to accept the change in the wording under charge from “was” tasked to “is” tasked with providing oversight.
* Regarding Composition: Suggested A WPCC Workgroup Chair “will” be appointed instead of “may” be appointed. Group agreed that we leave it as “may” for now as it may be hard to find someone that wants to serve as chair on this workgroup.
* Tim Hoekstra moved to approve both Charters to be recommended to the Board, with the changes described above, Malcolm Butler seconded the motion, no further discussion, motion passed.
* Next task will be to solicit volunteers to serve on the workgroup: guidelines about number of people from the organization. Peter suggested 1 per organization, others said that they do not believe that that is adequate and each organization should be able to send as many as they see fit. Barry pointed out that we need to keep this group small enough to be accountable and able to make decisions. Tim suggested we have a better process and that documents need to come to the workgroup members further ahead of time for review, so that organizations will have the opportunity to vet them.
* Work plan for the workgroup is being influenced by key dates: April Summit, June and September deadlines predetermined by HCA.
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|  **3. Learning Community Timeline and Funding Proposal** Peter MorganKathy Reims(CSI) | * Revisit draft of Change Plan Template
* Describe how change plans will be created, used for monitoring and tracking
* Present and discuss proposal for Change Plan evaluation and funding
* Proposed timeline and milestones for Learning Community
* Q&A and discussion with members
 | Kathy Reims from CSI went over the Change Plan Template. Peter went over the expected timelines for both the Workgroup and Learning Community. * Rick suggested changing color of the Workgroup and Learning Community timelines and integrating the two, so easier to see how they are different but how they interact.
* Do clinics need to wait to get started on change plans? Organizations can start working on their plans now.
* What about the baseline time period and the credit for work that we are doing in the demonstration period. If we get started now, are we penalized? The assumption is that you will continue to progress, so no problem to start now.
* Tim: Clarification which group is deciding what to recommend to the Board? Workgroup.
* Funding Proposal: Went over stage one funding that was already approved. Stage 2 Funding: Pay based on size and complexity of the organization involved and quality and comprehensiveness of the plan submitted. Staff proposal is to fund based on number of teams involved, give an amount per team and amount per project. We would have to set a limit on the number of teams that one organization can send. Definition of Team: Group of multidisciplinary people working as a team from the same location. Suggested having a working definition. Need to be clear what a team is and what a learning activity is. Develop a glossary. Also working on a document of FAQ’s.
* Maximum number of teams per organization? Still deciding
* David: If we use a blended model in stage one, why would we use a different model in stage two? Barry said that in stage two we are looking at what the organization is actually going to do; the more you do the more you get paid.
* There is nothing in the language indicating that providers implement the projects - how do we make sure the teams do what they say they will do? Each team will be reporting progress through the portal and we would be monitoring progress. The learning activities require transparent and active participation.
* Has the Board come up with an amount of funding based on the change plans? We hope to present a global budget to the Board at the end of this month and come up with a funding amount for WPCC.
* Comprehensiveness of change plans: We would still like to evaluate plans on scope/scale and completeness but ultimately give pass fail scores.
* Sheila: Understands what staff has put forth as a recommendation to the Board. Are we asking for approval today? We are hoping to approve charter but feel we need more time to review the funding. Will try to send for approval from Board in February after retreat.
* Sheila moved to approve the staff recommendations on stage two funding as detailed on page 42 of the packet. Malcolm Butler seconded the motion Discussion: Kim Fricke feels that the $10K number seems high per learning activity. Worries that we may not get the outcomes. How do you define team? Approximately 5 people that work together from the same organization in a clinical environment. Will the learning activities be defined by the learning community or consultants? The activities will be defined at the Kickoff. The learning community will define what they need most and consultants will help build the activities. Motion passed. David Olson and Amy Webb opposed.
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| 12:45 Meeting Adjourned |