Whole Person Care Collaborative

"Coming together is a beginning, staying together is progress, and working together is success." – Henry Ford

January 6, 2020
Approve Agenda & Minutes
Announcements
• Microphones

• All members of the WPCC Learning Community are fully funding in 2020!

• MOUs were distributed – if you have not signed and returned, please do so.

• PH LAN – Tuesday, January 7th 12-1pm
SAVE THE DATE: Friday, February 7th
Confluence Technology Center, Wenatchee

Registration: https://tinyurl.com/y566lsg3

• Completion of the 4-hour in-person course as well as a 4-hour online follow-up allows physicians to apply for the waiver to prescribe buprenorphine for office-based treatment of opioid use disorder. ARNPs and PA-Cs require an additional 16 hours of training. CME is approved by American Academy of Addiction Psychiatry (AAAP) or American Society of Addiction Medicine (ASAM).

• Society of Addiction Medicine (ASAM). Other interested professionals including RNs and chemical dependency counselors may attend upon approval of the course contact, listed below. Free training is also available online: https://pcssnow.org/education-training/mat-training/.
MAT WAIVER TRAINING

Completion of this free 4 hour in-person course followed by a 4 hour online course allows physicians to apply for the waiver to prescribe buprenorphine for treatment of opioid use disorder. ARNPs and PA-Cs require a 16 hour online course.

Non-prescriber OUD care team members, including RNs and Substance Use Disorder Professionals, are encouraged to attend.

More training opportunities at: https://pcssnow.org/education-training/mat-training/.

Friday, February 7th, 2020

WENATCHEE

Time: 9:00 AM—1:30 PM
Location: Confluence Technology Center
285 Technology Center Way #102 Wenatchee, WA 98801
Host Organization: North Central Accountable Community of Health
Contact: Christal Eshelman <Christal.Eshelman@cdhd.wa.gov>
Registration: https://tinyurl.com/y566lsg3
DATA Sponsor: AAAP is the DATA 2000 Sponsor for this training

Learning Objectives
⇒ Screen and identify patients with OUD and define evidence-based treatments.
⇒ Discuss the pharmacology of opioids as it relates to treatment of opioid use disorder (OUD) patients.
⇒ Describe the fundamentals of office-based opioid treatment including the treatment of the co-morbid patient.
⇒ Explain the process of buprenorphine induction as well as stabilization and maintenance.
⇒ Discuss all FDA approved antagonist and agonist medications to treat OUD.
⇒ Discuss basic office protocols including medical record documentation and confidentially.

Funding for this training made possible in part by grant number 1H79IT081968 from SAMHSA and Cooperative Agreement Number NU17CE925007, funded by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Centers for Disease Control and Prevention Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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Polling

Text: northcentral418 to 22333

Or

Pollev.com/northcentral418

Or

Poll Everywhere App at Google play or Apple App Store
WPCC Meetings

1st Monday of every month at 11 am works for me.

1st Monday of every month works for me, but would like it to start sooner.

I would like the meeting to be scheduled on a different day.
Which day would you like to meet?

Monday
Tuesday
Wednesday
Thursday
Friday
Update or Announcement

WPCC Learning Community
MCO
Community Based Organization
Questions?
Evolution of WPCC
NCACH/WPCC Timeline
Evolution of the Whole Person Care Collaborative

2015
NCACH Formation
Partners and Stakeholder began meeting
SIM funding received

2016
Optimizing Primary Care Workgroup
Official ACH designation and ED Hired
Optimizing Primary Care and Obesity Workgroups formed, primary care –
centric focusing on BHI, WPC and POMH

2017
Medicaid Demonstration (Transformation) Project - Year 1
WPC Regional Workshop, created vision:
MTP Project Selection
Behavioral Health Organizations joined
Workgroup rebranded name to Whole Person Care Collaborative (WPCC)

2018
WPCC Learning Community Kick-Off
Official kick-off of the MTP
FIMC—Chelan, Douglas & Grant Counties
1st change plans submitted
Skill-building workshops: MI & QI
BHI LAN for BH and PC

2019
1st Full Year of Implementation
FIMC—Okanogan County
Skill-building workshops: MI & QI
POMH-Building Blocks LANs/Sprints
Change Plan Implementation
Population Health LAN began

2020
Population Health
Population Health LAN
Addressing SDOH as a region
Continued Change Plan Implementation

2021
Final Year of MTP
Continued Change Plan Implementation
The world is your oyster…
Reducing Barriers to Care
Changing Care Delivery
Building Relationships
Laying the Foundation

Care Coordination
Patient-Centered Interactions
Organized, Evidence-Based Care
Continuous and Team-Based Healing Relationships
Empanelment
Quality Improvement Strategy
Engaged Leadership


Introduced by Sheila Berschauer (MLCHC) at the 2017 North Central ACH Whole Person Care Workshop
10 Building Blocks of High-Performing Primary Care

1 Engaged Leadership
2 Data-Driven Improvement
3 Empanelment
4 Team-based care
5 Patient-team partnership
6 Population management
7 Continuity care
8 Prompt access to care
9 Comprehensiveness and Care Coordination
10 Template of the future

Change Concepts for Practice Transformation (PCMH)

1 Engaged Leadership
2 Building Relationships
3 Changing Care Delivery
4 Reducing Barriers to Care
5 Care Coordination
6 Enhanced Access
7 Patient-Centered Interactions
8 Organized, Evidence-Based Care
9 Continuous and Team-Based Healing Relationships
10 Empanelment

Laying the Foundation
Quality Improvement Strategy
Engaged Leadership


Where we are going...

1. WPCC Meetings
2. Introduction to Quality Improvement/QI Affinity Group
3. Sprint completed beginning of 2019
4. LAN in Summer 2019
5. Patient and Family Voice in QI and Population Health LAN
6, 7, 8, 9: Population Health LAN
8. Webinar September 10th

Another way to look at PCMH

What stood out to you from November's WPCC Meeting?
• Shifted focus/lost purpose
• Need increase engagement/collaboration
• Broad differences in organizations
  • Small to large
  • Just starting – very advanced
• Would like to discuss success/challenges with the change plan
Maximizing the Value of the WPCC Meeting
Part II: What’s going well?

"Success is best when it's shared." – Howard Schultz
Purpose of these meetings?

• Receive updates on WPCC events and timelines

• Collaborate with other members
  • share the experience, struggles, and successes with endeavoring to be more integrated, or at least better connected to each other.
  
• facilitate care integration and share strategies to improve population health.

• a discussion about the best practices and challenges of creating an environment where the whole person can be cared for in a patient and staff friendly environment that is efficient and cost effective.

• to collaborate in communities and create partnerships to better serve our patients.
  
• networking, shared focus
  
• learn from each other and listen to information which could help their transition.

• Not sure of purpose, mission is unclear, lost focus, struggling to get momentum.

• Not aligned with the original goals of WPCC.
Working well at the WPCC meetings

- Collaboration, hearing from partners, sharing experiences, building relationships (x 5). “The meeting itself, by merely existing, already catalyzes change.”
- Receiving updates on due dates, reporting requirements upcoming grant opportunities, trainings, etc. (x3)
- Roger’s training (3x)
- High leadership engagement (x3)
- Attendance by MCOs (2x)
- Management, follow-up, coordination and providing support to the participated organizations (x2)
- Not much
Why do you keep coming?

• I feel a sense of connection to the other WPCC partners. I learn from their struggles, applaud their successes, and take away valuable ideas for implementing projects. I also get to rub shoulders with some of the smartest people in the four county area (and hope some of it wears off).

• I have enjoyed when other organizations have shared their work including QI and Change Plan Updates.

• Primarily for any updates and also to hear what other organizations are doing in comparison to ours. I would recommend that leaders get involved as well, so they know the work that their organization is doing.

• Ideas from other clinics. I think it is valuable to learn from other clinics and what they are doing and implementing as we often have the same challenges but are able to come up with different ideas to break barriers.
Why do you keep coming?

• The updates are the most helpful for me to keep our organization on track with what is due next for the WPCC and also what LANs and other opportunities are coming up. We all get many emails each day and it is hard to keep up with all of the upcoming events. Also, the in depth explanation of these at the WPCC meetings help explain any questions that we may have and minimize the need to reach out for clarification. I would recommend Senior Leadership/Middle Managers to participate in the WPCC meetings as their schedules would allow as I believe it would be helpful for them to hear the information at the WPCC meetings first hand to help prioritize projects that they would like for their teams to participate in.
Why do you keep coming?

• The information from Roger is beneficial. We've incorporated PDSA's, change management and other management philosophy into our operational and management culture.

• I appreciate the leadership series presented by Roger. I like to hear what other organizations are doing. I appreciate updates from the ACH.

• As a small organization we are unable to stay on top of all the opportunities or challenges in healthcare that happen in our region. Being able to go to this meeting and hear/talk about what is important to the optimal implementation of integrated care is very valuable.

• Personally, I like seeing the other providers and learning how their organizations are doing and where they are making changes to their service lines. I may recommend that leaders attend so they are aware of community needs.
Why do you keep coming?

• You can't complain about partnerships and collaboration if you don't attend. There is value in being in the meetings its just that the process of change is painful and slow. Not all of the agencies are aligned the same and there is no motivation or incentive for agencies to partner together towards broader integration. https://www.mgma.com/resources/operations-management/the-whole-truth-washington-state%E2%80%99s-journey-of-beh

• In order for the WPCC gain meaningful traction, senior leadership needs to engage. Unfortunately, the NCACH board and leadership has neglected this initiative terribly. There is a serious loss of confidence in the governance and leadership of the NCACH.
Why do you keep coming?

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Why do you keep coming?

• We learn about opportunities we might have otherwise missed. We hear about facilities have similar challenges to us, or how they have found solutions. Currently these meeting have been setup to have regions look at their needs and report those out to the State to review policy and practices to help with the implementation process statewide. Knowing that our concerns discussed in these WPCC meetings will be represented from our ACH in the State meetings and that policy makers will be looking for solutions to these challenges is very important. Often it takes a lot of legal changes to get the laws in place to reduce barriers of care and optimize work force and improve information sharing so we can best treat our patients and of course fund these services appropriately. Taking advantage of this established and supported structure while it exists and policy makers are embracing the needed changes is very important. Having our combined, informed voices at these meetings should help our collaborative better support our region and possibly the state.
Why do you keep coming?

• Again, I enjoy partnering, and learning from each other. Roger's topics have been great and I usually take something new from that session that I can apply to my work. I do not recommend that Senior Leadership attend. We have representation at the table and it gets to be too many people around the table if you need everyone at every level. You need to develop better lines of communication in your own organization if that is the case.

• Biggest reason to participate is to hear about and learn from struggles and successes of other organizations. WPCC meeting makes us realize that we are a part of a group wrestling with the same problems we are. It makes our impossible ordeal less isolated.

• Greater familiarity with the people and work of regional organizations. Peace of mind related to our organization's work within the scope of the WPCC/MTP.

• I continue to participate as it is required in the MOU.
WPCC Peer Sharing

"Success is best when it's shared." – Howard Schultz
New in 2020

• Monthly Peer Sharing
  • 2 per month
  • QI project/effort that relates to your change plan
  • ~10-15 min
  • No formal template
  • https://bit.ly/2sEFFIQ
  • Practice Facilitators are here to help

• Sign-up
  • https://bit.ly/2sEFFIQ
2019 Successes

What QI effort did you undertake in 2019 you are most proud of?
Next Steps
Proposed Series for Q1 2020

• Propose a Series focused on Social Determinants of Health
  • February-
    • Foundational
    • Sharing business case tools
    • Peer Sharing

• March- Exemplar programs and approaches

• April- Design Session for what you might be able to do together
Sample Business Case Tools

### CASHI BUSINESS CASE CANVAS

<table>
<thead>
<tr>
<th>a. Organization</th>
<th>b. Staff Completing Canvas</th>
<th>c. Date of most recent update:</th>
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<th>d. Hypothesis/Value proposition</th>
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<th>e. SITE or SITES targeted for business case:</th>
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<th>g. Overall Activity ID</th>
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### SCREENING & INTAKE

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<tr>
<th>Description</th>
<th>b. Staff</th>
<th>Notes</th>
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<th>Staffing/Whata day it</th>
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| other stakeholders/ |
| partners             |
|                      |

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<thead>
<tr>
<th>Data needed/what is new documented/documentation sources</th>
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<table>
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<tr>
<th>What we already know from the data challenges/benefits</th>
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<table>
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<tr>
<th>Cost of each</th>
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This Business Case for SDOH: Multiple lenses for assessing value

<table>
<thead>
<tr>
<th>Business Case Loss</th>
<th>Key Questions</th>
<th>Potential Data Sources (organization specific)</th>
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<th>Hypothesis or value proposition:</th>
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<th>Program/Impact on Health/Outcomes:</th>
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### SPREAD INTERVENTION COST

<table>
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<tr>
<th>Screening Component</th>
<th>Current Resource</th>
<th>Screening Component</th>
<th>Current Resource</th>
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<tbody>
<tr>
<td>Title or staff type</td>
<td>$ 2.00</td>
<td>Title or staff type</td>
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<tr>
<td>Cost per patient</td>
<td></td>
<td>Cost per patient</td>
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<tr>
<td>Current Annual Cost</td>
<td>$ 23,516.42</td>
<td>Annual Cost</td>
<td>$ 25,516.03</td>
</tr>
<tr>
<td>Total cost if all are screened</td>
<td>$ 22,516.03</td>
<td>Total cost if all are screened</td>
<td>$ 22,516.03</td>
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### Referral component

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<th>Title or staff type</th>
<th>Current Resource</th>
<th>Title or staff type</th>
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<tbody>
<tr>
<td>Cost per patient</td>
<td></td>
<td>Cost per patient</td>
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<tr>
<td>Total current cost to research and refer</td>
<td>$ 7.81</td>
<td>Total cost to research and refer</td>
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### Navigation component

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<th>Current Resource</th>
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<th>Current Resource</th>
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<tr>
<td>Cost per patient</td>
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<td>Cost per patient</td>
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<tr>
<td>Total current cost to research, refer, navigate</td>
<td>$ 60,000.00</td>
<td>Total cost to research and refer</td>
<td>$ 23,437.90</td>
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### Care Management (as applicable)

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<th>Title or staff type</th>
<th>Current Resource</th>
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<th>Current Resource</th>
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<tbody>
<tr>
<td>Cost per patient</td>
<td></td>
<td>Cost per patient</td>
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<tr>
<td>Total current cost to research, refer, ongoing care mgmt</td>
<td>$ 60,000.00</td>
<td>Total cost to research and refer</td>
<td>$ 4,903.85</td>
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### Service provision component

<table>
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<th>Services Total</th>
<th>Service provision component</th>
<th>Services Total</th>
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<tbody>
<tr>
<td></td>
<td>Introduction</td>
<td>Current Intervention costs</td>
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<td>Services Total</td>
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"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"
The Ask-Your Homework

• Are you screening for Social Determinants of Health?
  • If yes, how and with what tools.

• Do you provide any support or interventions for identified SDoH challenges (internal food pantry; medical legal services; housing support; transportation; energy assistance, etc.)?
  • If yes, please be prepared to describe your program.
What do you want to collaborate on next?

A. Social Determinants of Health?

B. A specific disease or condition?

C. Continue the Leadership Series to include Joy in work, Strategic management and cascading plans, etc.

D. No formal topic - I just want to hear from other organizations and the NCACH workgroups/CHIs

E. Other
Dialogue
Next Meeting