### Location

**Confluence Technology Center**  
285 Technology Center Way #102  
Wenatchee, WA 98801  

### Attendees

- Eric Skansgaard; Kelly Allen (+2 staff individuals); Laurie Bergman; Tanya Gleason; Caroline Tillier; Linda Parlette; Brooklyn Holton; John Schapman; Vicki Polhamus; Traci Miller; Ray Eickmeyer, Jill Thompson; Raleigh Bowden; Rinita Cook; Laina Mitchell

### Agenda Item

**Welcome & Introduction**
- Review minutes and welcome members
- Review Updated Charter and approve changes

**EMS and Hospital Update**
- Update on Implementation partner work
  - TCM Training starts January 7th
  - EDie workflow training starts in January
  - Semi-Annual report is due February 1st, 2019
  - Review potential partner trainings in 2019. See table below.

### Monthly Hospital Meetings

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<th>March</th>
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<td>CH TCM Onsite</td>
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- Hospital Partner Report (Due February 1st, 2019)  
  - Focus is on initial implementation efforts, successes and barriers  
  - Provide baseline data partners can use in the future to evaluate improvement efforts  
  - Develop a clear Quality Improvement plan/charter partners can use throughout 2019

### EMS Partner Update:

1. MOU signed by NCECC for work done in 2019
2. Have developed the training schedule for EMS partners
   a. Meeting with DOH January 2019 to look at electronic Patient Care Record work/training
   b. Plan to complete Certified Ambulance Documentation training in May 2019
NCACH Data Dashboard

**Region’s updated data provided by Healthier Washington Dashboard** - See packet for slides

Caroline shared ACH performance in comparison of Statewide Performance for Transformation Project Metrics we are held accountable for in 2019. Green means we are above statewide performance, yellow means we are below statewide performance and red means we are the lowest performing ACH. All measures are excluding dual eligibles. Will have updated data products from the Health Care Authority within the next month. Measures in 2020 will be compared to 2018 results.

- Asthma data: Could be a good focus population, are they running out of meds before they are having a chance to get into primary care. Schools could be a good partner as well.

- Mental Health Treatment Penetration 65+: Eric noted that this is a big issue, we need data on this. Caroline said that she thinks that she can get some data on this, but it will include dual eligible, she will ask for it.

2019 TCDI Budget & Projects

**2019 Planning and Budget**

**Goals**

Monitor 2019 TCDI Project work:

- Identify additional supports needed for implementation partners to be successful in projects
- Review effectiveness of project model and provide recommendations for improvement/changes in 2020

Identify Transitions and Diversions focus in 2020 including

- Expanding on current work of TCDI implementation partners
- Reviewing if there are other partners/work that promotes transitions and diversion that NCACH should support in 2019/2020

**Additional Deliverables 2019**

1. Establish mechanisms for coordinating care management and transitional care plans with related community-based services and supports such as those provided through supported housing programs (Completion no later than 2019, Q4)
   - Connections with Foundational Community Support
   - Ensure partners completing SDOH screening are connecting patients with case managements/organizations that will provide support for supportive housing and employment services.
   - Medical Respite Programs – Tanya gave an overview of the respite program. Can be modeled to fit into our community. Can be stand alone or incorporated to fit into an existing facility. There is not a standard definition for the respite program. Brooklyn suggested partnering with Sandra with the city as the low barrier shelter is being put into place. This is a huge problem in the hospitals because they can’t discharge these people, Catholic Charities spends endless hours trying to place these people with no results. Mid Valley – they run into lack of
resources – she would like the law enforcement involved in their area as they play a huge part. Jill from Lake Chelan said the lack of care givers is a problem for seniors in her area, Vicki also said that is an issue. Group is interested in exploring this more and deciding later.

2. Incorporate activities that increase the availability of POLST forms across communities/agencies (http://polst.org/), where appropriate (Completion no later than 2019, Q4)
   - Finding connections with current Advanced Care Planning Initiatives in region -
   - Supporting crisis community were applicable (e.g. Advanced Directives)

Raleigh Bowden & Vicki Polhamus talked about the Palliative Care Initiative –
   - 7 Cohorts around the state – 2 in our area Vicki’s and Raleigh’s
   - 3 of the 7 are delivering services
   - Discussion:
     - Confluence Health Focus is Advanced Care Planning this year. Patient population narrowed to Health Alliance Patience.  
     - POLST Forms need to be filled out by a qualified provider, seeing forms with Drugs - YES but CPR - NO
     - Eric noted that there is a huge opportunity on the behavioral health side for savings in educating the facilities and the case managers to keep the patients out of the ED ahead of time.

2019 Meeting Schedule

Number of Meetings: 6  Length: 1 hour 30 minutes

Breakdown of Meeting:
45 - 60 min: Implementation Partner Work (updates)
   - Hospital partners and NCECC would attend to provide updates on work (Required to have attendee from contracted partners in person or via teleconference)
   - Discuss areas where additional support would be beneficial to partners

30 – 45 min: Workgroup business
   - Identify other areas of focus for TCDI in 2019 and 2020
   - Identify funding strategies for partners in 2020
Focus for 2019

- Continue to look into the medical respite program
- Connect the advanced care initiatives
- Mapping care coordination
- Continue to support implementation partners

2019 TCDI Budget

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<tr>
<th>Transitional Care and Diversion Intervention</th>
<th>Up to Dollar Amount ($)</th>
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<tbody>
<tr>
<td>Confuence Health (TCM Trainer)</td>
<td>$55,000</td>
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<tr>
<td>Additional Hospital Contractor Payment (TBD)</td>
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<td>EMS Contractor Payments (TBD)</td>
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<td>TCDI Hospital Partner Funds</td>
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<td>EMS Partners Payments</td>
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<td>Emerging Initiatives Approval (CCOW)</td>
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<td>Other TCDI Initiatives</td>
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<td>Grand Total</td>
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