Whole Person Care Collaborative

March 4th, 2019
Introductions & Roll Call
Approve Agenda & Minutes
NCACH Practice Facilitators

- WSU Graduate: BA in History
- Previous Experience: Lourdes Health Network as a Clinical Documentation Improvement Professional

- UW Graduate: BS in Public Health
- Previous experience: Confluence Health as the Education Coordinator for the Accountable Care department.
Announcements

• Qualis HIE/HIT Support

• Value Based Payment Presentation by HCA
  • After April WPCC Meeting, from 1-2:30pm

• Reporting 2019
  • Quarter 1 Reports due March 31st
Learning Activities
Learning Activities

• Empanelment Sprint

• QI 3-part webinar series
  • Tuesday March 5\textsuperscript{th}, 12-1:30pm
  • Tuesday March 12\textsuperscript{th}, 12-1:30pm

• QI Affinity Group, March 13\textsuperscript{th}, 12-1pm
  • Engaging Patients in Improvement

• Foundations of Motivational Interviewing
  • April 3-4\textsuperscript{th} – Okanogan
  • April 5-6\textsuperscript{th} – Moses Lake (Feb. workshop was rescheduled due to weather)

All details can be found on portal calendar!
Opioid Project Update

Whole Person Care Collaborative, March 4th, 2019
Addressing the Opioid Use Public Health Crisis

DEATHS IN THE UNITED STATES, PEAK YEAR

64,070  Drug Overdoses, 2016
54,589  Car Accidents, 1972
50,628  HIV/AIDS, 1995
44,193  Suicides, 2015
24,703  Homicides, 1991
16,899  Vietnam War, 1968

Drug overdose deaths, 1980 to 2016

*Estimate based on preliminary data

HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON*
Regional Opioid Stakeholders Workgroup

- Formed in October 2017
- Merged with NCW Opioid Addiction and Treatment Stakeholders Group in Dec. 2018
- Anyone is welcome to attend workgroup meetings and provide input!

### 2019 Opioid Stakeholders Workgroup Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Details</th>
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<tr>
<td>January 18th</td>
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<tr>
<td>February 15th</td>
<td>Wenatchee</td>
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<tr>
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<td>Opioid Response Conference</td>
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<tr>
<td>April 19th</td>
<td>Omak (Family Health Centers) 1-2:30 PM</td>
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<tr>
<td>May 17th</td>
<td>Moses Lake</td>
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<tr>
<td>June 21st</td>
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<td>August 16th</td>
<td>Omak</td>
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<tr>
<td>September</td>
<td>No Meeting</td>
<td>Opioid Response Conference</td>
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<tr>
<td>October 18th</td>
<td>Moses Lake</td>
<td></td>
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<tr>
<td>November 15th</td>
<td>Wenatchee</td>
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<tr>
<td>December 20th</td>
<td>No Meeting</td>
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</table>
Opioid Project

Toolkit Strategies

- Strategies that fall wholly within Primary Care and Outpatient Behavioral Health
  - Incorporated into Change Plan
- Strategies that include partners outside of primary care and outpatient behavioral health
  - Workgroup Priority Strategies
Rapid Cycle Opioid Award

• In 2018, $100,000 in funding was made available to implement the priority strategies through the Rapid Cycle Opioid Award
  • Other strategies could be proposed, but justification had to be provided
  • Award of up to $10,000 per organization for a 6-month opioid project targeting opioid prevention, treatment, overdose prevention, or recovery
  • WPCC members are eligible for this funding, but must partner with a non-WPCC member and must show how this funding will be utilized for work that is not included in their change plan
### 2019 Opioid Project Plan

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Treatment</th>
<th>OD Prevention</th>
<th>Recovery</th>
<th>Strategy</th>
<th>Budget</th>
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<td>Rapid Cycle Opioid Application</td>
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<td>North Central Opioid Response Conference – DCM</td>
<td>$10,000</td>
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<td>North Central Opioid Response Conference</td>
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<td>Dissemination of Dental Prescribing Guidelines</td>
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<td></td>
<td>Increase Awareness of Opioid Use and Addiction &amp; Reduce Stigma</td>
<td>$30,000</td>
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<td>School-based Prevention</td>
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<td>Naloxone Training and Distribution</td>
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<td></td>
<td>Recovery Initiatives and Events</td>
<td>$20,000</td>
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<td><strong>TOTAL</strong></td>
<td><strong>$285,000</strong></td>
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Objective: Provide funding to support local initiatives and promote collaboration

- Will continue to open the Rapid Cycle Opioid Application every 6 months, awarding ~$50,000 each round
- It will be a 12 month project period going forward
- A mid-point report will be required on barriers and challenges to help identify areas where NCACH or Workgroup partners can support the project

Timeline
- **March 4th**: Application Open
- **March 15th**: Opioid Response Conference
- **April 12th**: Applications Due
- **April 15 - May 10th**: Application Review and Selection
- **May 17th**: Applications presented to Opioid Workgroup
- **June 3rd**: Recommendations presentation to NCAHC governing board
Rapid Cycle Opioid Awards

2018 Funded Applications

- Drug Disposal Kiosk
  - North Valley Hospital District
- NCW Opioid Communication Plan
  - Grant County Health District
- Narcan Take Home & Overdose Education
  - Samaritan Healthcare
- Substance Abuse Prevention Program Pilot
  - Methow Valley School District
- Syringe Service Program
  - Grant County Health District
- Rapid Response to Resources Text “OPIOID” to 898211 Expansion
  - Washington 2-1-1
- Medication Lock Boxes and Education
  - Chelan Douglas Community Action Council
- Establish a Drug Court in Chelan County
  - The Center for Alcohol and Drug Treatment
- Creating Resilience Against Opioids
  - Family Health Centers
- Opioid Intervention Service
  - Catholic Charities
- Community Opioid Treatment Plan
  - Mid-Valley Clinic

2019 Funded Applications

- BLS Intranasal Naloxone Administration and Training Program
  - Lake Chelan Community Hospital
- Syringe Services Program
  - Grant County Health District
- Opioid Take Back Program
  - Three Rivers Hospital
- Rapid Response to Resources Text “OPIOID” to 898211 Expansion
  - Washington 2-1-1
- Coulee Medical Center Opioid Project
  - Coulee Medical Center
**Objective:** Engage smaller, local communities in local prevention efforts, connect diverse public and private partners, in the conversation and identify areas of mutual interest, and catalyze collaboration and empower partners to take action locally.

- Distributed Conference Model
  - Sites in Oroville, Omak, Twisp, Nespelem, Colville, Coulee Dam, Bridgeport, Leavenworth, Wenatchee, Moses Lake
- Theme: Pathways to Prevention
- Date: March 15th, 2019
- Time: 9:00am – 12:00pm
  - 9-10 → Welcome and 2 keynote speakers
  - 10-12 → Local Discussion and Action Planning
- Registration is open: [https://ncw_opioid_response_conference.eventbrite.com](https://ncw_opioid_response_conference.eventbrite.com)
- Currently 236 people registered!
Dental Opioid Prescribing Workshop

Objective: Increase dentist’s awareness and knowledge of dental prescribing guidelines, evidence-based understanding of OUD, concept of exposure allowing addition, the Prescription Monitoring Program

- Date: May 3rd
- Time: 9am-1:30pm
- Working with L&I to issue continuing credits (~4 credits)
  - Satisfies CE requirement around opioid prescribing for dentists effecting Feb 1, 2019
- PMP will be onsite to register people

Agenda:

- The Opioid Epidemic: Overview and a Look to the Future – Gary Franklin, MD, MPH
- Highlights of the 2017 Bree/AMDG Dental Guideline – Rolf Christensen, DDS
- Summary and Implications of the New Dental Rules – Jennifer Santiago
- Addiction and Recovery: A Personal Story – Chris Rimby
- Panel: Lessons from the Front Line
  - Rolf Christensen, DDS
  - Amy Cook, DDS
  - Theresa Madden, DDS, MS, PhD
  - Jennifer Santiago/Gary Garrety
Opioid Awareness and Education Marketing Campaign

Objective: Increase knowledge among the general public about opioid use.

• Grant County Health District was selected through an RFP process
• They proposed to utilize an existing Regional Communicator Network to do the following:
  • Promote prevention messages through social media, rack cards, radio, movie theater ads, and digital radio media
  • Develop a consistency calendar with messaging
  • Coordinate three screenings of the documentary "Written Off"
  • Conduct and evaluation of the project
Objective: Promote school-based prevention activities among middle and high school students.

• Expansion of Methow Valley School District Rapid Cycle Opioid Award
  • Goal: Adopt an integrated K-12, evidence-based approach to substance use prevention education and policy.
  • Project Description: Develop an integrated approach to substance use and abuse evidence-based curriculum for a pilot audience that can be expanded to a district-wide approach. Hold focus groups to collect data and engage students.
  • Funding: $10,000

• Currently working with the School-based Opioid Prevention Committee to develop funding process recommendations – will utilize information learned from March 15th Opioid Response Conference
Objective: Increase awareness and access of Narcan in our community, especially with those at increased risk of witnessing an overdose.

- $5000 allocated to each of Grant County, Okanogan County, Chelan/Douglas Counties, and Colville Confederated Tribes
- Non-profit and Government agencies eligible to apply
- Up to $75 per 2 dose box; up to 10 boxes of Narcan per application
- Cost reimbursable for Narcan only, after training and distribution occurs
- Reporting requirements to NCACH for reimbursement
  - Proof of payment for Narcan
  - Information on trainings and distribution

Key Dates

- Feb 14th – Application Opens
- March 4th – 1st Review of Applications
- March 31st – Applicants Notified and MOUs sent
- December 31st – Applicants must submit for reimbursement or funding is forfeited.
Recovery Initiatives

**Objective:** Offer opportunities for people in long term recovery to be advocates and peer supports and raise awareness of recovery the recovery community and promote recovery events.

1. Training opportunities for people in recovery including train-the-trainer opportunities to increase number of trainings offered locally
   - Recovery Coach Training
   - Elevate Recovery Advocacy Trainings

2. Increase awareness and visibility through Recovery Series - Create short professional quality videos of people telling their story of recovery. Will be used to raise awareness, promotion for Recovery Coalitions, and at our Opioid Summit in the fall (if they are done in time)

3. Increase awareness by supporting Recovery Month Events and local Recovery Coalitions
WPCC Opioid Work
Opioid Aim Statements

• Reducing the percentage of patients who have chronic/long-term prescriptions

• **Increasing availability of Narcan**

• Providing acute care, team case management, and **recovery** services to patients with OUD

• Increase access for patients with SUD or OUD
• Developing standardized process for patients with chronic pain, including, but not limited to referral process, implementing pain contracts

• Providing training education for staff and providers (chronic pain treatment, safe prescribing, MAT training, prescribing guidelines, referral process, etc.)

• Develop community partnerships to provide prevention strategies in the community
Leadership Primer

“Attention is the Currency of Leadership”
De Bono’s Six Thinking Hats

**White**: Objective look at data

**Red**: Legitimize feelings, hunches

**Black**: Negative; caution

**Yellow**: Positive, feasible

**Green**: Creativity, Innovation

**Blue**: Control of the thinking process
7 Step Team Meeting Skills

- Establish Aim
- Set Timed Agenda
- Assign Roles (Timekeeper, Recorder, Facilitator)
- Work
- Review today’s work
- Plan Next Agenda
- Evaluate the work of the group/team
  - 0 meeting from “Hell” -10 Breakthrough today
Where do we go from here?
Collaborative Assessment Scale

• Composite indicator of the improvement community’s collective capability to implement sustainable improvements over time

• Purpose is to support learning and improvement (e.g., learning activities, guide coaching and advocacy supports)

• A 4.0 is considered awesome

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<th>Description</th>
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<tr>
<td>0.5</td>
<td>No activity</td>
</tr>
<tr>
<td>1</td>
<td>Intent to participate agreements</td>
</tr>
<tr>
<td>1.5</td>
<td>Beginning planning activities (formed team, meeting regularly)</td>
</tr>
<tr>
<td>2</td>
<td>Activity and clear goals set; no changes</td>
</tr>
<tr>
<td>2.5</td>
<td>Began testing; no measurable progress</td>
</tr>
<tr>
<td>3</td>
<td>Testing; initial measurable progress on at least one measure</td>
</tr>
<tr>
<td>3.5</td>
<td>Testing multiple changes; measurable progress</td>
</tr>
<tr>
<td>4</td>
<td>Changes have been implemented with clear changes in structure and care processes</td>
</tr>
<tr>
<td>4.5</td>
<td>Changes institutionalized with plan for spread to other parts of organization</td>
</tr>
<tr>
<td>5</td>
<td>Changes have been successfully spread across organization with sustainable business model</td>
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Cumulative Reach of Capacity Building Activities, by Number of Individuals

- Intro to QI workshop 1 (28)
- BH LAN (PC into BH) (42)
- BH LAN (BH into PC) (35)
- Foundations of MI workshop 1 (29)
- Foundations of MI workshop 2 (26)
- Empanelment sprint (28)
- Intro to QI online (28)
- Intro to QI workshop 2 (18)
- Intro to QI workshop 1 (28)
• Organization level data
• Planning across all sections of Change Plan
• Expect to see testing growing
• Implementation & spread
Challenges

- Staffing, turnover, capacity
- Getting the right data (e.g., lack of HIE, accurate coding, legislative barriers)
- EMR accuracy, completeness, and transitions
- Working with other organizations
- Information sharing blocks
- Getting changes to work well
- Change plan not quite fitting
- Aligning with existing initiatives
- Change fatigue
- Budget and reimbursements
- Lack of space
Early themes in success

1. Better understanding of populations, care gaps, and systems
2. Partnerships and collaboration increasing
3. Changes occurring across all 8 topic areas
1. Better understanding of populations, care gaps, and systems

“We are realizing that one of the most common SDOH affecting our patients is transportation” – Coulee Medical Center

“We have a better understanding on how we can be effective in the transitional care process for patients.” – Grant Integrated Services

“...we learned, and worked through, each of the steps to successful implementation of one of our Change Plan Aims.” – The Centre for Alcohol and Drug Treatment

“We have recently started having conversations with our Designated Crisis Responders that work on our Crisis Response Team about what this would look like in our county and who we need to include in the planning process.” – Okanogan Behavioral Healthcare
2. Partnerships and collaboration increasing

“We have partnered with several community action organizations throughout our service area to help increase access to resources.” – Family Health Centers

“Having a community partner to refer patients for post ED visit services is a great addition to our community.” – Samaritan Healthcare

“We resolved to share our treatment plans and reinforce the asthma treatment plan with the caregivers to increase their confidence in complying with the treatment protocol for their child.” – Children’s Home Society
3. Changes occurring in all 8 topic areas

“Our third next available measure has improved due to adjusting our provider schedules to include more time for scheduled appointments.” – Coulee Medical Center

“I am SO proud of our database analysts work with our data! It was a real challenge to tease out our opioid prescribing, and we still have some challenges with days supply for a small percentage of our Rx's but it's a great starting point.” - Moses Lake Community Health

“Working collaboratively with the ER to help patients understand appropriate settings for their care needs and building a screening tool for SDOH into our EMR have been huge successes.” – Columbia Basin Family Medicine

“We are proud to have identified a workflow that should work to enhance client confidence in adhering to their asthma action plan.” – Children’s Home Society

“We have several departments that are well above 75% in measuring PHQ on patients. We've made it part of the work flow.” – Confluence Health
More good stuff happening

- Better understanding of where we’re at, how to be effective (e.g., more accurate data, needed changes, updates to change plan)
- Better information sharing between providers and sites
- Better defined roles and responsibilities
- New roles and capacity added to teams
- Coming together as a team
- Using data to drive change and improvement
- Increasing enthusiasm and comfort with quality improvement
- Leadership interested and engaged in the quality improvement and change processes
The Original IHI Learning Model
“Breakthrough Series”

Select Topic
Planning Group

Identify Change Concepts
Pre-work
Participants

Supports
E-mail
Phone
Assessments
Senior Leader Reports

The Proposed WPCC BLAN

<table>
<thead>
<tr>
<th>Sprint 1</th>
<th>Sprint 2</th>
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Tracks
- Population Health
- Team Based Care
- Access

LAN

Depression
Diabetes
CVD
Asthma

2 WPCC Directed Topics
What is your reaction to the Proposal?

White: Objective look at data
Red: Legitimize feelings, hunches
Black: Negative; caution
Yellow: Positive, feasible
Green: Creativity, Innovation
Blue: Control of the thinking process

The Proposed WPCC BLAN

Tracks
Population Health
Team Based Care
Access

Sprint 1
Asthma
Depression
Diabetes
CVD

Sprint 2

2 WPCC Directed Topics