Whole Person Care Collaborative

“If you want to go fast, go alone. If you want to go far, go together.” —African Proverb

May 6, 2019
Introductions & Roll Call
Approve Agenda & Minutes
Announcements
Announcements

• Microphones

• VBP any f/u discussion?

• Update or announcement from WPCC partners?
VBP talking points

• Different between RHC and FQHCs
  • Most FQHCs are in some form of VBP contract
  • Many RHCs are not in VBP contracts

• Current VBP contract concerns:
  • Only a “bonus” payment, a minute fraction of the operating budget
    • Added more population health care, but revenue has not replaced the need for encounters.
  • Must meet cost cap before receiving quality payments: One catastrophic event can erase all anticipated payments
  • Moving target changes, cost in sustaining, but not rewarded
Concerns about moving into VBP contracts:

- Fear of the unknown, don’t know expectations and how it will affect bottom line
- Do more, getting paid less
- Technology does not support reporting
- Building new reports is cost prohibitive
- Equity – rural population has poorer health outcomes
- Adding to documentation and reporting requirements – increases administrative burden and not reimbursable.

Update or Announcement
Learning Activities

Evaluations
Learning Activity Evaluation
Behavioral Health Care into Primary Care LAN

Highlights

The ability to tie the discussions, our team meetings, and the homework in the LAN to the tasks and aims of the Change Plan.

Good webinars and experts. I had improved insight into various aspects of BH into PCP integration.

Relevant to a current project our facility was working on.

BHI planning where our homework was to address several questions that addressed things that should be considered in setting up a BHI program in the clinic. Then, discussing with others what they were doing gave additional food for thought that we could use in our facility.

Hearing what other clinics goals are and what body of work they are tackling.

Review our current processes and focus on opportunities to improve current structure/work flow and consider future development.

The team collaboration, and hearing where other sites were at was a big plus.

Very informative, dedicated presenters.

Hearing about the success and missteps that others have had along the integration journey.

Hearing other’s stories.

The ability to tie the discussions, our team meetings, and the homework in the LAN to the tasks and aims of the Change Plan.

How likely are you to recommend this workshop to your colleagues?

How confident are you that you can use the skills from this workshop?

Participating Organizations

Cascade Medical
Columbia Basin Family Medicine
Columbia Basin Health Association
Columbia Valley Community Health
Coulee Medical Center
Family Health Centers
Lake Chelan Community Clinic
Mid Valley Clinic
Moses Lake Community Health Center
Parkview Medical Group
Samaritan Healthcare
Advice for LAN improvement

More time in the small groups. Perhaps allowing the same small groups to meet each time, to allow for familiarity. It can be challenging to jump into a conversation without knowing who you are talking to.

If we continue to have small group breakouts as part of the LAN, having the facilitators have something to share or discuss that is in common for the organizations in the breakout session would likely help get participants sharing and staying on topic.

The breakouts were a bit clumsy and most of time was spent describing what we were doing. If these were set up at the beginning of the LAN, we would already have the background and could delve into the specifics of the breakout more deeply.

Ask for input on time and dates of learning activities to find best dates for the participants to attend.

Early on there were some participants that were asked ahead of time to share what they had been doing - that usually meant they were better prepared to present. Later sessions asked for feedback - and while that was also relevant, perhaps including some insights from organizations on topics that were prepared ahead of time would have enhanced the discussion.

Maybe interval between LANs could be longer than 2 weeks.

One on-site kick off meeting could inspire more team participation

It may be helpful to have questions asked before the meetings, and passed out to the teams so that the answers can be thought about, instead of being on the spot. Still allow for off the cuff discussion, as well as more prepared Q&A sessions from site to site.

Sometimes technical difficulties caused delay

“I intend to use the skills I learned in this workshop in my practice.”

“I am satisfied with the LAN.”

Total Individual Participants

57
Learning Activity Evaluation
Primary Care into Behavioral Health LAN

Highlights
- Quality and work on project flow.
- Learning about flow charts and how to make sense out of PDSA Cycles.
- Learning that others are going through this same type of work, encountering same struggles, and seeing an infrastructure to put the work into.
- Dr. Kern framed the work so well, and really inspired us to see the value of addressing chronic healthcare issues in a behavioral health setting. The whole team provided great suggestions for working to improve patient care and health outcomes.
- Digging into the workflows.
- Hearing about other organizations success and failure stories.

Advice for LAN improvement
- Better sound quality.
- At times, I was confused by the differences in our system compared to other BH providers.
- 1.5 hours is a long meeting; prefer 1 hour.
- I would have liked a few more LAN sessions. We got through the planning, development and first PDSA cycles, but having sessions “down the road” to discuss experiences and to get recommendations post implementation would be great.
- I think it would help to determine at what point in the integration process people are and do work specific to that timeframe.

How likely are you to recommend this workshop to your colleagues?

1 2 3 4 5 6 7 8 9 10

How confident are you that you can use the skills from this workshop?

1 2 3 4 5 6 7 8 9 10

“I intend to use the skills I learned in this workshop in my practice.”

“I am satisfied with the LAN.”

Total Individual Participants

47

Participating Organizations
- Catholic Charities
- Children’s Home Society of Washington
- Confluence Health
- Grant Integrated Services
- Okanogan Behavioral Health Care
- The Center for Alcohol and Drug Treatment

“BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON”
Learning Activity Evaluation
Empalmennt Sprint

Highlights

We appreciated gaining an understanding of how to quantify when a panel is full.

Just understanding of the process of panels. We have currently changed to teams in our clinic, challenge at times with changing patients around and educating everyone of the new process and why.

Learning the 4 cut method for Empalmennt and calculating supply for our PCPs.

Breaking down the 4 cut method and generating the actual report from our EMR. We are already seeing an improvement.

Learning the specific methods for panel management size

Learning the process of empanelment.

I have tools in my hand and can educate other about what empanelment is and how it works.

The step by step approach to delineating panels and the powerful message as to "why" in the setting of Population health initiative.

Measuring continuity.

How likely are you to recommend this workshop to your colleagues?

How confident are you that you can use the skills from this workshop?

Participating Organizations

Columbia Basin Family Medicine
Confluence Health
Coulee Medical Center
Family Health Centers
Lake Chelan Community Clinic
Moses Lake Community Health Center
Parkview Medical Group

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"
Advice for LAN improvement

Having the homework kept us here in the office moving on the project and made us document our next steps and our expectations. This seemed to make sharing in the webinars easier as people already had ideas formulated.

The presentation went well some more fluid than others; all in all was a good process.

Ask for date/times that would work for the Organizations that are interested in joining the LAN. Some of our Empanelment team members have Fridays off and were not able to attend the live sessions with the rest of our team.

I think they are run very well, good IT capabilities and flexibility, good access to teachers.

Survey those in the group to find out what the needs are and do LANs based off those needs.

For empanelment specifically, I think we needed more time. The classes were too close together to really go back and try to implement some of the things.

I like the hour vs 90 minute LANs and the noon hour is the best for us in the outpatient setting. We participated as a team, but the homework often required either one person or the use of the IT department (not part of the team). Maybe homework that could engage all the team members more equally. Also, although weekly meetings keeps engagement up, the homework often could not be accommodated in the week's time for small entities where everyone is fully booked.

Perhaps two tracks; one more basic and one more advanced - less time, or more in depth.

Having the homework kept us here in the office moving on the project and made us document our next steps and our expectations. This seemed to make sharing in the webinars easier as people already had ideas formulated.

“I intend to use the skills I learned in this workshop in my practice.”

“I am satisfied with the LAN.”

Total Individual Participants

32
Learning Activities

• QI Affinity Group - virtual
  • Value stream mapping cont.
  • Data driven improvement – using your improvement data to drive learning and improvement
  • More on PDSAs – what’s everyone testing?
  • Early wins – what is working for others?

• Motivational Interviewing Train the Trainer
  • June 10-13th in Wenatchee
Learning Activities

• Team Roles for Primary Care Integration in Behavioral Health workshop
  • May 8th in Moses Lake
  • Training agenda in packet

• Patient and Family Voice in QI workshop
  • May 30th 8:30am-4:30pm, registration open on portal
WPCC Peer Sharing

Family Health Centers: Spread
FHC Mission: to **improve the health of our entire community** through collaboration, patient care and education, to **deliver positive patient experiences**, and to **provide access to affordable care**.
Change Plan Strategy

- Build on the Mission of the FHC Board-Community Health Improvement using:
  - Behavioral Health Integration
  - ACEs and Trauma Informed Care
  - Motivational Interviewing
  - Partnership and Community Collaboration
Key Factors

- Embedding the Change Plan into each area of the organization-Not a “special project”
- Increased Provider Investment into Quality Improvement, Process Improvement and Change Plan Aims
- Proactive collaboration with other community sectors/leaders (School Districts, Community Action etc.)
- Change in EHR System (Athena) came at a perfect time to revamp work flows with the Change Plan in mind.
- Implementation of a Call Center to maximize patient access and focus on staff/patient interaction on site
- Development by the Management Team of a robust vision around Whole Person Care and the Eight Change Plan topics (first year of WPCC)
- Development of formal Change Plan with Aims/Measures/Drivers to submit to NCACH (QTR 1 & 2 of 2018)
- Development of Eight Subcommittees based on site with a minimum of one PC Provider, one BH Provider, and one Clinic Manager
- Fourth Quarter 2018 was our first LAN (BHI)
- Empanelment Sprint- All Clinic Managers participating
2019

- Quarter One: Revamped work flows using Change Plan goals to include BHI, SDOH screening, Chronic Condition work flow improvements etc.
- Quarter Two: Athena Go Live on May 14
- Subcommittees will participate in applicable LANs and other training opportunities as they become available
- Subcommittees will meet regularly with quarterly reports to Change Plan QB with suggested next steps
- Empanelment will be key
- Team Care Management reorganization will be next
The Eight Subcommittees will concentrate on one “mini-project” (PDSA) per quarter.

Lessons learned from subcommittees will be shared as a Change Plan agenda item at each meeting (Medical Provider, Leadership, Site/Staff meetings etc.).

Many lessons learned have carried over across topic/subcommittees (improvement in data/reporting).
Spread of Change Plan Lessons

- PDSAs shared across clinic sites
- Opportunity for peer to peer shadowing of new processes on site at pilot location
- Opportunity for peer to peer on site mentoring from pilot clinic staff at other locations
- Each subcommittee report will be evaluated for site specific adjustments needed due to:
  - Patient demographic differences
  - Provider and staff availability
  - Facility (space) challenges
  - Community resources
QUESTIONS?
CHI Update
Coalitions for Health Improvement

Update at WPCC Meeting
May 6, 2019

Kelsey Gust, Laina Mitchell, Sahara Suval
Chelan-Douglas Coalition for Health Improvement

Focus Areas for 2019:
- Relief Housing Crisis
- Capacity Development & Community Empowerment
- Sustainable Change
- Parenting Programs

Because there are better ways to get to work.

Chelan-Douglas Rides to Work
Town Hall

Have you ever had trouble getting to work or a job interview due to transportation? We want to hear from you!
Help us solve this issue by bringing your personal stories and creative solutions to a community meeting.

5:30 PM-7:00 PM
Free food and refreshments provided!

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- Wenatchee Public Library: 310 Douglas St.
- Leavenworth Fire Station: 228 Chumstick Hwy
- Entiat Community Center: 2084 Entiat Way
- Waterville Public Library: 107 W Locust St.
- Chelan Fire Station 71: 232 E Wapato Ave.
- Bridgeport Elementary School: 1400 Tacoma Ave.
- Rock Island City Hall: 5 N Garden Ave.
- Cashmere City Hall: 101 Woodring St.

Please fill out our short survey about transportation solutions, open through the end of May:
For the English survey: https://www.surveymonkey.com/r/STBR72Q
Para la encuesta en Español: https://www.surveymonkey.com/r/WVjX6C2H
Questions? Contact Kelsey Gust, kelsey.gust@cc-ahp.com or Tanya Gleason, tanya.gleason@cdhwd.wa.gov
Chelan-Douglas CHI, Challenges:

- Integration of CHI with community and workgroups
- Developing an inclusive action plan
- Coordinating with the other CHIs
- Shift culture so we aren’t attending meetings to attend meetings
- Identifying verbiage to explain what we’re doing/want to do
Chelan-Douglas CHI In 3 Years:

- Self-sustaining leadership structure and agenda
- Improved Social Determinants of Health in Chelan and Douglas Counties
Grant County CHI

We are currently partnering with and focusing on:

• The Grant County Suicide Prevention Taskforce:
  • This group has broad sector representation throughout the county and is working on sustainable change at all ages regarding this topic

• The Homeless Taskforce:
  • This taskforce is working in Grant County to make a difference in the lives of those without shelter. They identify ways to coordinate and link resources with a shared goal of building a comprehensive system to work to end homelessness and prevent return to homelessness

• We are working on upstream, harm reduction work surrounding substance abuse and misuse
Grant County CHI, challenges

• Generating new members
  • Helping them understand their role within the CHI

• A majority of our current contacts are “tapped out”
  • They are always the individuals doing the work, overwhelmed with number of meetings

• Need more of the “worker bees”
• Trouble breaking down silos between the North Central Region
Grant CHI 3 years from now

• Success for the Grant County CHI means:
  • Robust sector representation
  • Reduction of opioid overdoses and deaths
  • Expansion of MAT providers and SUD treatment
  • Diverse sectors involved in the suicide prevention coalitions and taskforce
  • Expansion of Homeless taskforce throughout the county
  • Always aware of the diverse population throughout our extremely large county
Okanogan Coalition for Health Improvement

Focus Areas for 2019:
- Reproductive Health-Panel in March 2019
- Behavioral Health
- Access and Care
- Adverse Childhood Experiences (ACEs)
Okanogan County CHI, Challenges:

- Getting education and other social determinant partners to the table.
- Identifying strategies for effective collaboration/reducing organizational silos.
Okanogan CHI In 3 Years:

- Reduce opioid deaths/ODs
- Expanded local services for SUD
- Transitional/Recovery House options for juvenile, adults and families
- 100% LEO/agencies trained and using Narcan
- Improved Social Determinants of Health in Okanogan County
CHI Community Initiatives Funding update:

• $450,000 approved by NCACH Governing Board to be invested into local and regional health projects, **to be managed with oversight fromCoalitions for Health Improvement**

  • Advisory Group developed in January 2019 with representation from all 3 CHIs

  • **Funding priorities identified**

  • **Community investment process** has been developed – currently working on things like project application, review criteria, etc

  • More information to be released in coming months

  • *Note* there will be limitations to WPCC member organizations interested in applying for funding
Get involved: We want to support your change plan goals and partner to provide the best care possible

• Next CHI meetings:
  
  • **Chelan-Douglas CHI** meets May 8, 3:00 pm – 4:30 pm at Work Source in East Wenatchee
  
  • **Grant County CHI** meets May 14, 2:00 pm – 3:30 pm at Grant County Health District in Moses Lake
  
  • **Okanogan County CHI** meets May 28, 12:00 pm – 2:00 pm at Okanogan Behavioral Healthcare in Omak
  
  • Plus, check us out on Facebook!
Leadership Dialogue

“Othering and Targeted Universalism in Our Clinical World”
What did we learn from the Prof. John Powell presentations?

What is Othering?

What does Targeted Universalism mean?

How do we translate theory to action?
Stories of Targeted Universalism

• The Dolphins are back

• Penwerris England- Hazel Stutley

• La Farge Wisconsin- 92% women go natural after a C-Section. 8% in their general population. The Amish model.

• The Concept of Abundance- Marshall University (WV) Example
Community Programs with results-Diabetes

**Community Coordinated**
- Girls on the run-national
- 1 Miler- Parkersburg, WV
- School meal programs
- After school engagement-Hennepin County
- Faith based programs- Church gardens
- Stanford CDSMP-YMCA
- CHWs
- Promotoras
- Summer Camps (WABI-Eu Claire WI; Camp NewU-WV)

**Hospital/Clinic Coordinated**
- ARcare community center
- CHWs
- Food pantry
- Farmer’s market
- Clinic supported Promotoras
- YMCA partnerships
- Workplace wellness programs
- Scripps Project *Dulce*
- Sibley Hospital- *Taste and Talk program*
- ARcare Economic Development Program
Where is the abundance in WPCC Land?

- Diabetes Management
- Depression Management
Roadmap

• Confirm a coalition of the willing. Be the convener!
• Understand the data.
• Segment and prioritize the population.
• Map the current environment and identify the “abundance” opportunities.
• Prioritize and focus improvement efforts.
• Identify the gaps.
• Ideate new programs and rapid prototype- Design Thinking?
• Reference Examples:
  • Implementing Community-Based Diabetes Programs: The Scripps Whittier Diabetes Institute Experience
    • Athena Philis-Tsimikas, MD corresponding author and Linda C. Gallo, PhD
  • Penwerris Beacon Project: https://www.theguardian.com/society/2000/nov/15/communities.housingpolicy
Dialogue