Whole Person Care Collaborative

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

June 3, 2019
Introductions & Roll Call
Approve Agenda & Minutes
Updates or announcements from partners?
WPCC Annual Meeting

WPCC Annual Meeting
Friday, October 4, 2019
Wenatchee Convention Center

• Only for learning community
• We will be asking you to create a story board (more information to come in July)
Quarterly Reporting

Next Report Due: June 30th (always the last day of the quarter)
Quarterly Reporting cont.

Always 2 reports to complete each quarter
1. Quantitative Data – Measurements
2. Progress to Date (Change Status and Narratives for each section)
Measurement Clean-Up

- There are 530 measurements total
  - 39 Recommended measures chosen by multiple organizations
  - 302 Optional Measures

- Good Measures, Relevant to AIM, Numerators and Denominators are defined
- Good Measures, Relevant to AIM, Numerators and Denominators are NOT defined
- Good Measures, NOT Relevant to AIM, Numerators and Denominators are NOT defined
- NOT a Good Measure, NOT Relevant to AIM, Numerators and Denominators are NOT defined

184
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184 Unique Measures
NCACH Workgroups and CHI

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<td>03 Jun</td>
<td>UMI Telepain</td>
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<td>04 Jun</td>
<td>NCACH - Patient and Family Advisory</td>
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<td>DOTs Buprenorphine</td>
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<td>07 Jun</td>
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<td>Team-Based Care LAN</td>
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<td>NCACH Check-Ins</td>
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<td>DOTs Buprenorphine</td>
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<td>01 Jul</td>
<td>UMI Telepain</td>
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</table>
Upcoming Workgroup & CHI Meetings

• Opioid Workgroup: August 15th and November 15th
  • Contact Christal Eshelman @ christal.eshelman@cdhd.wa.gov

• TCDI Workgroup: July 25, September 26th, November 21st
  • Contact John Schapman @ john.schapman@cdhd.wa.gov

• Coalition for Health Improvement (CHI): Varies
  • Chelan/Douglas: contact Kelsey Gust @ kelsey.gust@cc-ahp.com
  • Okanogan County: contact Kelsey Gust @ kelsey.gust@cc-ahp.com
  • Grant County CHI: contact Laina Mitchell @ lmitchell@granthealth.org
Community Health Worker
Community Health Worker Training

About the Training
• Free eight week combination of online and in-person training
• Designed to strengthen the common skills, knowledge and abilities
• Trainings offered quarterly in multiple locations around the state.

Why Train Community Health Workers?
Based on their life experiences and roles as health influencers within their communities, Community Health Workers are vital to achieving the goals of Healthier Washington within the rapidly changing environment of health reform. This assumption is rooted in research, which demonstrates that CHWs can improve health outcomes and the quality of care while achieving significant cost savings, particularly when working with underserved populations.
CHW Core Competency Schedule

3rd Quarter:
  • July 16 and September 11: Moses Lake

4th Quarter
  • October 15 and December 10: Yakima

** There are 3 other dates for Western Washington

1st In-person day –9:00 am to 3:30 pm
  • Meet other participants
  • Introduction to online learning system
  • Receive 3 core competencies
  • CHW Roles and Boundaries
  • Communication Skills
  • Cultural Competency

2nd In-person day –9:00 am to 12:00 pm
  • Present case Study
  • Receive Certificate of Completion

Source: www.doh.wa.gov/chwts
Individuals who participated in previous trainings included:

- Clinic Directors
- Community Health Workers
- Health Educators
- Outreach workers
- Patient Advocates
- Patient navigators
- Volunteers
- AmeriCorps members
- Local Health Jurisdictions
CHW – Health Specific Modules

• Must be Core Competency graduate to participate
• Two Tracks of Health Specific Modules offered each quarter
• Can register for 3 courses per track
• Each track is 10 days and is separate, but may overlap
• Each module requires 2-4 hours of coursework
Learning Activities

Evaluations
• MI Train the Train: 13 or 14 participants
  • June 10-13th @ CTC in Wenatchee

• Team-Based Care
  • June 5th webinar
  • All team members must register so they can complete the assessment
  • Identify team lead

• Premanage Webinar Update
Substance Use Disorder

Amber Sexton and Matt King
WPCC Peer Sharing

Family Health Centers: Spread
Implementing SBIRT at Moses Lake Community Health Center

Allen Noble, PAC
Medical Director

“Healthcare with a Heart”
Background

• Unhealthy alcohol and other drug use is the most common cause of preventable death in the US.¹
• Despite their frequent presentation in primary care, unhealthy alcohol and other drug use often go unrecognized.²
• In Nov 2018, the USPSTF released their recommendation for “screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.”³

Moses Lake and Quincy Community Health Center

• 25 Medical providers
• 2 sites
• 3 Co-located and Integrated Behavioral Health Consultants
• ~30,000 unique patients per year
• Well established workflows for screening for depression, tobacco use, passive smoke exposure, colorectal cancer, breast cancer, cervical cancer
• No standardized method for alcohol or other drug use screening
What is SBIRT?

- An evidence-based approach to identify patients who use alcohol or other drugs at risky levels with the goal of reducing health complications, diseases and accidents.\(^4\)
- **Screening** - use a standardized tool to screen patients
- **Brief Intervention** - a short conversation using motivational interviewing techniques to reduce harm
- **Referral to Treatment** - referral to therapy or treatment

Purpose of SBIRT

Our Process: Identify Values

- Simple
- Evidence-Based, Sensitive and Specific
- Ability to standardize across the entire organization and all care teams
- Utilize expertise of BHCs
- Fit naturally within existing workflows
- Spirit of Motivational Interviewing
- Assist in documenting the severity of unhealthy use vs disorder and justify DSM Criteria if needed.
Our Process: Review of Literature
### Our Process: Review of Screening Options - Alcohol

#### AUDIT - Alcohol Use Disorders Identification Test

**ADULT:** Recommended to be used with individuals aged 18 and older. The AUDIT consists of 10 questions assessing past year alcohol consumption and related problems. Scores range from 0 to 40, with higher scores indicating a greater likelihood of hazardous drinking.

**Single Item Question:** How many times in the past year have you had five (four for women) or more drinks in a day?

#### CAGE Questionnaire for Detecting Alcoholism

- **Question:** Have you ever felt you should Cut down on your drinking?
  - Yes: 1
  - No: 0

- **Question:** Have people Annoyed you by critiquing your drinking?
  - Yes: 1
  - No: 0

- **Question:** Have you ever felt Guilty about your drinking?
  - Yes: 1
  - No: 0

- **Question:** Have you ever had a drink first thing in the morning (Eye opener)?
  - Yes: 1
  - No: 0

A total score of 0 or 1 suggests low risk of problem drinking. A total score of 2 or 3 indicates high suspicion for alcoholism. A total score of 4 is virtually diagnostic for alcoholism.

### Sensitivity and Specificity of Screening Options

- **Alcohol:**
  - 3 questions
  - 73 percent sensitivity and 91 percent specificity (women)
  - 86 percent sensitivity and 89 percent specificity (men)

- **AUDIT-C:**
  - 10 questions, 10 minutes
  - 90 percent sensitivity and 80 percent specificity

- **Single Item Question:**
  - 82 percent sensitive and 79 percent specific for unhealthy alcohol use
Our Process: Review of Screening Options - Drugs

SoDU Screening test
- 2 questions
- 92 percent sensitive and 93 percent specific (among vets)

10 questions, 10 minutes
100% sensitive and 73% specific

Single Item Question- How many times in the past year have you used an illegal drug, Marijuana or used a prescription medication for non-medical reasons?
- 100 percent sensitive and 74 percent specific
Our Process: Review of Screening Options - Adolescents

- 92 percent sensitive and 64 percent specific
Our Process: Selected Screening Tool

- Alcohol
  - Single item question with reflex to AUDIT if positive
- Drugs
  - Single item question with reflex to DAST if positive

- Simple, standardized, evidence based, sensitive/specific, documents DSM criteria (or lack thereof)
Our Process: Build Screening Tools Into Standard Workflows For All Care Teams

• Every MA rooms every patient using a custom intake form
Zero= screening completed
Positive single item screen → ask permission to ask more questions

- Several patients became upset when MAs asked these screening questions.
- By asking permission, patient acceptance went up dramatically.
- By allowing for care teams to give a paper copy to the patient, acceptance went up as well.
If patient answers no, red prompt for provider remains
If patient answers yes, red prompt for MA to administer additional screening

<table>
<thead>
<tr>
<th>Drug and Alcohol Screening</th>
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<th>May I ask a few more questions about your alcohol use?</th>
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<th>No</th>
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<tbody>
<tr>
<td>How many times in the past year have you had 5 or more drinks in a day?</td>
<td>1</td>
<td>May I ask a few more questions about your substance use?</td>
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<td>No</td>
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<tr>
<td>How many times in the past year have you used an illegal drug, or marijuana, or used a prescription medication for non-medical reasons?</td>
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Audit-10

Instructions
Read questions as written. Record answers carefully.

Begin the AUDIT by saying “Now I am going to ask you some questions about your use of alcoholic beverages during this past year.”

Explain what is meant by “alcoholic beverages” by using local examples of beer, wine, vodka, etc. Code answers in terms of “standard drinks”

Questions
1. How often do you have a drink containing alcohol?
   - 4 or more times a week
   - 5 or 6
   - Weekly
   - Weekly
   - Less than monthly

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   - Weekly
   - Weekly
   - Less than monthly

3. How often do you have six or more drinks on one occasion?
   - Weekly
   - Weekly
   - Less than monthly

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   - Weekly
   - Weekly
   - Less than monthly

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
   - Weekly
   - Weekly
   - Less than monthly

6. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
   - Weekly
   - Weekly
   - Less than monthly

7. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?
   - Monthly

8. How often during the last year have you had a feeling of guilt or remorse after drinking?
   - Monthly
   - Yes, but not in the last year

9. Have you or someone else been injured as a result of your drinking?
   - Yes, but not in the last year

10. Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?

Results

Previous
Total Score: [Blank]
Interpretation: [Blank]

Today
Total Score: 24
Interpretation: Harmful drinking behavior

Would you like to speak to a health coach?
Drug use refers to: (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin).

The questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you always able to stop using drugs when you want to?
4. Have you had "blackouts" or "flashbacks" as a result of drug use?
5. Do you ever feel bad or guilty about your drug use?
6. Does your spouse (or parents) ever complain about your involvement with drugs?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?

Results

Previous
Total Score: 
Interpretation:

Today
Total Score: 5
Interpretation: Intermediate (likely meets DSM Criteria)

Would you like to speak to a health coach?
Barriers and bumps

- Staff hesitancy to ask personal questions
- Patient unease with answering personal questions
- BHC staffing
- Time
- New workflow fatigue
- Billing codes for SBIRT
Next Steps

- Further training for medical providers in brief interventions and motivational techniques
- Spread to additional providers
- Brief Action Planning Training
- BHC recruitment
Questions?
QUESTIONS?
TCDI Update
Aim of TCDI Projects:

1. Improve transitional care services to reduce avoidable hospital utilization
2. Promote appropriate use of emergency care services and person-centered care through increased connections to outpatient care and social services
3. Ensure patients are receiving the right care at the right time
North Central’s Approaches

Hospital Partners

2C: Transitional Care
• Provide follow up phone calls with patients discharged from acute care to home or supportive housing

2D: Diversion Intervention
• Emergency Departments:
  • Patient/community education about appropriate use of ED
  • Improve connection with follow up care post emergency department visit
  • Utilizing the Collective Medical Technology platform to better track and take care of patients
North Central’s Approaches

EMS Partners

2D: Diversion Intervention
• Engage ambulance providers in projects that include components of community paramedicine including:
  • Improved documentation and tracking of preventative services
  • Alternative transport to non-emergency department destinations (e.g. Parkside)
  • Better referral system for non-transport patients to preventative services to reduce the utilization of the 911 system.

*Note: See attachment for report on current projects from regional Emergency Medical Service (EMS) partners
### 2019 TCDI Partner Meetings

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<tr>
<td><strong>Focus Groups - Coordinating follow up calls across partners</strong></td>
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* Q3 – Q4 of 2019 will focus on how we better align follow up care with Whole Person Care Collaborative partners
Current Accomplishments Year to Date:

- Completed TCM trainings at Confluence Health
- CMT hosted two webinars. CMT has site visits
- Partners have completed two rounds of reporting
- Launched the TCDI page on healthcarecommunities.org
- Started Quality Improvement Training webinars for partners
TCDI Partners have a portal that is used for:
1. Posting shared learning
2. Webinars (upcoming and recorded)
3. Quarterly reports
Coordination of TCM process

**Goal:** Work with partners in each region (Chelan-Douglas, Grant, and Okanogan) to determine how we can coordinate the transition of a patient from acute care to outpatient care

- Create a workflow/process to do the following:
  - Identify the organization most appropriate to provide a follow up call
  - Notify organization’s when their patients are discharged from hospital
- This discussion will require both front line and leadership from hospitals and outpatient providers to participate.
Multiple organizations may be calling a patient for their follow up care.
Issue #2

No primary care established and no organizations following up with patient. Patient has an increased risk of readmission.
WPCC Meeting Update

Reason for Coordination

For Patient:
1. Ensure the patient is followed up by the most appropriate organization
2. Decrease the number of duplicate phone calls a patient receives
3. Ensure the patient is connected with their outpatient clinic to ensure they receive the appropriate follow up care

For Organizations:
1. Reduce duplication of patient phone calls and decrease cost
2. Improve coordination across organizations (Increase efficiency)
3. Better outcomes for your organization’s patients
Partnership with WPCC

TCM Model:
• Collecting and reporting on data
• Aligning how follow up calls are made between agencies in the region to reduce duplicity of work
• Training both outpatient and inpatient staff the model
• Incorporate TCM codes/workflows into follow up visits to ensure proper billing and reimbursement

Additional Opportunities:
• Social Determinant of Health Screening
• Discharge Planning

Current request of WPCC Partners: Participate in the discussion in your organization’s region
TCDI Workgroup Meeting

Next TCDI Meeting

Date/Time:
Thursday July 25th, 2019; 10 AM – 11:30 AM

Location:
Chelan Douglas Health District
200 Valley Mall Parkway
East Wenatchee, WA 98802
Objectives

- Introduce measures dashboard to leadership
- Increase awareness of data available for the WPCC
- Discuss leadership role in data collection and analysis
Data for WPCC

PRO TIP:
Use the left hand navigation menu or the Change Plan Links to get to the data you want to see

- Performance on quantitative measures
- Progress on the Change Plan

NEW!

(Guidance and screenshots in the FAQ)
Welcome to the NCACH Quarterly Measurement Reporting Page

If you need any assistance, please contact Wendy Brzezny at wendy.brzezny@cchd.wa.gov

Please use the following parameters for measure reporting:

- 2018 Q4 Reporting Period: Measurement Period October 2017 – September 2018
- 2019 Q1 Reporting Period: Measurement Period January 2018 – December 2018
- 2019 Q2 Reporting Period: Measurement Period April 2018 – March 2019
- 2019 Q4 Reporting Period: Measurement Period October 2018 – September 2019

Also, don't forget to report in the "Progress to Date" tab, found under the change plan.

Small Multiples (of all measures) by Organization

Child access to POP (%) | 3rd Next | CAHPS: wait for appointment (%) | Timely access (%)
Why Run Charts?

- Graphical depiction of data over time
- Measures the performance of a particular process
- The Change Plan guides changes each organization is making in key processes
- Run charts allow us to see if the changes we are making result in improvement
Performance on Selected Measures

- All data is self-reported, quarterly over time
- All data is transparent
- Organizational systems for data collection and reporting are essential for data integrity
- Measures that are reported by multiple organizations give a better picture of the impact we are having across the NCACH
- Can be viewed by topic area across all organizations or individual organizations
What we know so far....

- Only a few measures have been reported by multiple organizations
- Many organizations struggling to report measures

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<tr>
<th>Measure</th>
<th>2018 Q4 (N)</th>
<th>2019 Q1 (N)</th>
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<tr>
<td>Depression Screen and Follow-up</td>
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<td>MAT Provider Capacity (Median)</td>
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<td>Providers Trained on Opioid Prescribing Guidelines</td>
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<td>Child access to PCP</td>
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<td>MAT Patients (Median)</td>
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<td>6</td>
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<td>OUD Provider Capacity</td>
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<td>5</td>
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<td>3rd Next (Median)</td>
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<td>Follow-up After ED Visit for MI: 7 day</td>
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<tr>
<td>Follow-up After Hospitalization for MI: 7 day</td>
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<tr>
<td>SDOH Screening %</td>
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Leadership Role in 2019

- Do we have the right (meaningful) measures?
- Do we need all of these measures?
- Can we get the data to report our measures?
- Does the data we have reflect our reality?
- How will we use the information about our performance?
- What do I need to learn to be able to use this data to improve?
Current Measurement Activities

- NCACH coaches and staff are working with individual organizations to ensure each team has measures that will be meaningful.
- NCACH coaches are helping teams define numerators and denominators where needed.
- There will be ongoing encouragement to align measures for WPCC with already existing measures.
- In the future, coaches can help teams with data collection workflows.
- Upcoming Webinar!
  - QI Affinity Group, June 25, 1 – 2 pm
  - Orientation to the data, Q & A
Questions or comments?
Roundtable
Upcoming Workgroup & CHI Meetings

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• Coalition for Health Improvement (CHI): Varies
  • Chelan/Douglas: contact Kelsey Gust @ kelsey.gust@cc-ahp.com
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