

Advanced Primary Care Small Group Discussion

Small groups were asked to break out and discuss the following 2 questions.

1. What are the most significant challenges for us in moving further along the road to Advanced Primary Care?
2. What resources or assistance would be most useful in moving further in that direction?

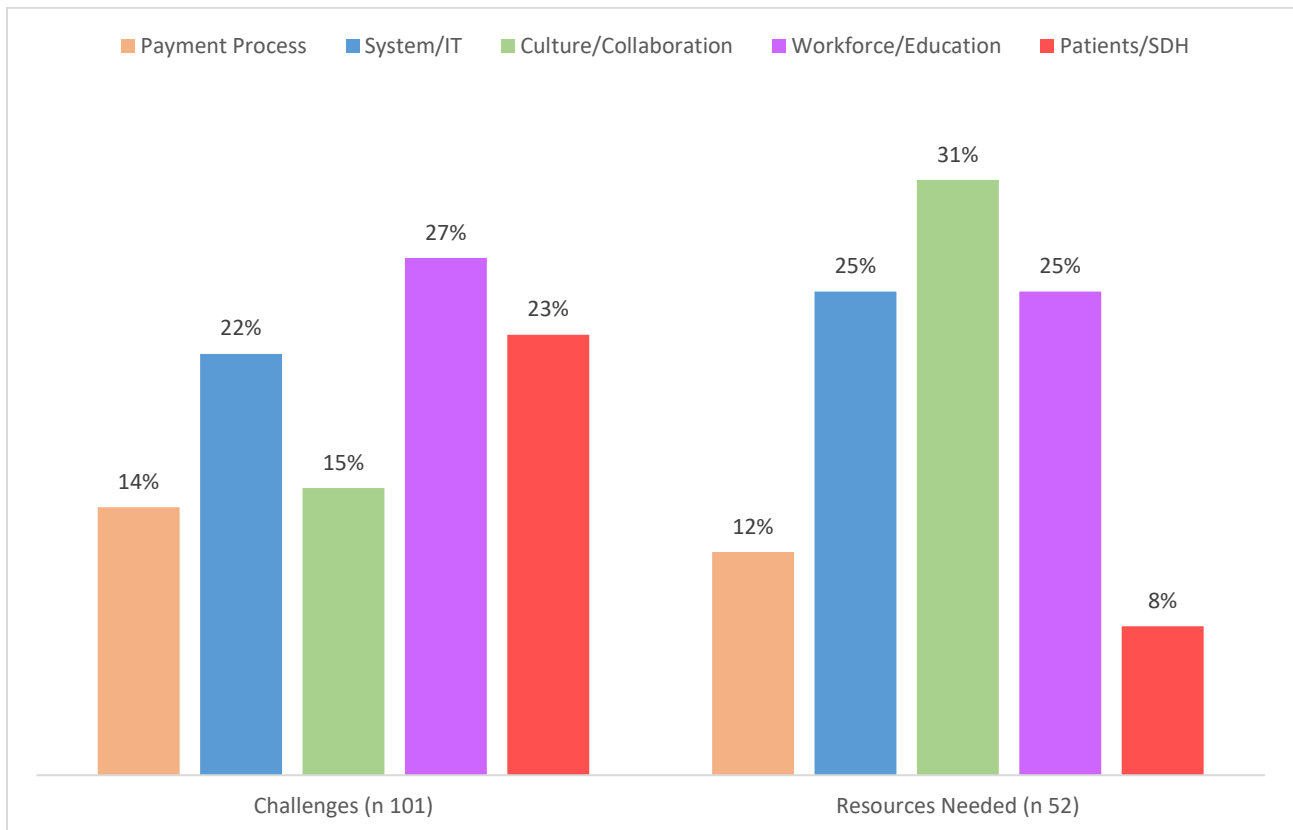
Responses were broken down into 5 categories: Payment Process, System/IT, Culture/Collaboration, Workforce/Education, and Patients/SDH.

Definitions:

- **Payment Processes:** Related to funding of services or flow of funds.
- **System/IT:** Related to developing the system including IT platforms
- **Culture/Collaboration:** Changes in North Central Regional Culture and/or collaboration with organizations
- **Workforce/Education:** Training, retaining, and recruitment of workforce in area
- **Patients/SDH:** Focus on the patient relationship and community based determinants of health

Questions	Payment Process	System/IT	Culture/ Collaboration	Workforce/ Education	Patients/ SDH
Challenges (n 101)	13	23	15	27	23
Percent	13%	23%	15%	27%	23%
Resources Needed (n 52)	6	13	16	13	4
Percent	12%	25%	31%	25%	8%

Responses broken down into above categories for the 2 questions asked



Challenges to Advanced Primary Care:

Payment Process

- Cost and Reimbursement: Every FTE cost money
- Payment models need to change (better to see healthy people)
- Level playing field – panel cherry picking
- Medicaid billing for home health
- Reimbursement (i.e. telehealth)
- Payment Model
- Understand shift in PH Payment model
- Redirecting savings toward prevention
- Sustaining funding
- Incentives are misaligned
- Finances don't support team based care
- Putting resources to push for continuity of care
- Financial burden on patients
- Focus on reimbursing team based care

System/IT

- EMR/IT Infrastructure
- Technology communication (Between BH and PC) – Consent
- Space for transformation (Clinic Design)
- Economies of scale
- Okanogan and Grant – Need Inpatient beds
- Lack of single source infrastructure
- Time constraints of traditional model
- Resources at local level
- What is needed and when to start
- Psych services – hard to get info out and related to PCP
- How to deal with cross regional services (i.e. specialist in Seattle)
- IT/Connectivity
- Data sharing infrastructure. How do we expect patients to be able to follow care plans
- Information sharing
- Common measure set
- Regional transparency – how are we going to merge tech platform
- Access/legality to fluidity between systems
- Fear about info sharing (HIPPA and agreements)
- Standard metrics for insurers
- Data Silos
- Inpatient services for BH
- Leveraging current data

Culture/Collaboration

- Leadership
- Acceptance that model for Healthcare Changed

- BH trained more traditionally – need change
- Cultural shift
- Who is missing from the table (Tribal entities)
- Medical system has already been through cultural change (Burnout)
- Trust around organization
- Culturally relevant
- Fear of shared information
- Trusting telehealth/medicine – fear of how it works
- How do we network/connect with each other
- Primary Care Lonely profession (ensure there is still face to face interaction)
- Physician cannot hold burden
- Empanelment
- Access to DSHS

Workforce/Education

- Care Coordination
- Available People to do work
- Training professionals
- Case Management
- Staff working at full extent of license
- Care Coordinator training and knowledge
- CHW model- job description
- Attracting talented providers to region
- Staff/Resource shortage
- Competition for staffing/talent
- Leveraging support staff effectively
- Recognize everyone as providers (EMS, BH, SDH)
- Practice at highest level of degree
- Sufficient providers to execute services (i.e. PCMH)
- Staff recruitment efforts
- Staff retention
- Cultural/language differences
- Health Literacy
- Recruitment and Training of staff
- Expertise in target areas
- Multiple case management
- Best practices
- Workforce burnout
- Knowledge on how to do this work (Change transformation)
- Recruit resources to provider resources
- Resources for providers
- Working with complex patients

Patients/SDH

- Patients/Patience
- Access to Care (Rural Counties)

- Resource poor and no access to SDH for patient
- Dealing with homes that are not safe
- Neighborhoods run down
- Amount of poverty
- Transportation
- Housing Critical need
- Public transportation
- Medical neighborhood
- Financial burden on patients (How do copays work)
- Size of region
- Safety
- Essential community resources not available in areas
- Coordinating community resources
- Planning represent patients we service
- Rural area
- Patient Distance
- Provider hopping
- Connect people to appropriate community resources
- Patient Centered and redesign to multiple patient needs
- Millennial vs non-millennial patients
- Resource poor

Resources needed for Advanced Primary Care:

Payment/Infrastructure

- Dollars to specific needs
- Employ economies of scale (Effectively)
- Common tool to assess all needs moving forward
- Financial infrastructure
- Sustainable funding plan
- Satellite offices (i.e. schools)
- Incentives/payment to cooperate

IT

- Universal medical records
- IT information sharing
- Medical record system – compliant
- Multiple access points
- Pathways to implementation
- Aligned with SDH
- Facilities built to meet need
- Resources around crisis stabilization
- Effective/meaningful referral
- Effective emr system
- Privacy regulations that do exist work
- Technology integration

Culture/Collaboration

- System that attracts providers
- Someone to push MCOs
- Facilitate cooperation
- Bringing in additional key stakeholders
- People to apt.
- Leadership by-in
- Collaboration and continuity
- Collaborative framework agreements
- Policy changes to allow system to work
- Partnership and overall
- Culture examines quality
- Identify key stakeholders
- Partnership/communication of community.
- Interagency understandings
- Collaboration of services
- Identified community need

Workforce/Education

- Post-Doctoral training program
- Attorneys to deal with legal side
- Recruitment assistance
- TA through transition
- Competencies for work
- Pipeline to employment for local population
- Training of current staff
- Resource knowledge
- Definition team – remain humble – utilize everyone’s skills
- Education around whole person
- Coaching through process (experts)
- Dedicated staff
- Care coordination to link all services together

Patients/SDH

- Health literacy education
- Trust between patients and doctors
- SDH capability information
- Patient advocacy groups