**Whole Person Care Collaborative Charter**

**Mission and Vision**

The mission of the Whole Person Care Collaborative is to align provider’s transformation efforts in the North Central Region with a shared vision of Whole Person Care. The vision of Whole Person care is for patients to reach a state of complete physical, mental, and social well-being by creating healthcare systems that will improve the patient experience of care, improve population health, and reduce the per capita cost of health care (The Triple Aim)

**Background**

North Central ACH had to select primary initiatives as part of the State Innovation Model Grant. It was known that fully integrated Medicaid contracting would occur by 2020 and to assist the provider organizations to be prepared for contractual side, the North Central ACH Governing board decided to select Whole Person Care as their primary project. This initial workgroup was called the Primary Care Transformation Workgroup. In fall of 2016 the group adopted a broader vision of Whole Person Care and formed the Whole Person Care Collaborative. The term “collaborative” was used because the ACH Board intends to create organized and standardized systems to better integrate care between provider organizations across NCW and the Board believes the collective and cooperative efforts of these organizations will provide the most effective means to achieve this aim.

**Purpose**

The purpose of the Whole Person Care Collaborative is to create a structured and systematic process for participating provider groups in NCW to collaborate on creating, sharing, implementing, and improving evidenced-based practices that will:

1. Enable primary care and behavioral health providers in North Central Washington to better integrate behavioral health and medical care,
2. Better support organizations addressing social determinants of health,
3. Achieve the population-based clinical outcome goals of the Medicaid Demonstration project as outlined by the HCA in the Demonstration Project Toolkit, and;
4. Adapt successfully to Value Based Payments and similar initiatives in Medicare, such as MACRA. Successful adaptation means that the provider organizations are able to deliver effective Whole Person Care while surviving economically under the changing incentives created by changes in payment methods.

**Member Obligations and Key Deliverables**

1. Every WPCC member organization will conduct its own baseline assessment (using Qualis or the consultant of their choice) to establish a starting point and help define issues that must be addressed in the transition to Whole Person Care and Value Based Payment. Several of these assessments are under way now.
2. Every WPCC member organization will work with the consultant of its choice (or its internal experts if available) to develop its own Transformation Plan. WPCC will provide a Transformation Plan template, but each organization must develop its own internal plan. This plan should be as specific as possible in identifying necessary changes in arrangements for behavioral health integration, changes in staffing patterns, IT changes, care coordination arrangements and other measures that will be needed to provide Whole Person Care under Value Based Payment. The plan should include a budget reflecting the costs of this transition and an implementation plan identifying who in the organization will be involved in shaping and implementing these changes. The Transformation Plan will be submitted to the WPCC. Medicaid Demonstration funds will be used to support the development of Transformation Plans.
3. WPCC will evaluate transformation plans and allocate Medicaid Demonstration funds to support the implementation high quality plans.
4. WPCC will work with member organizations as needed to improve plans, using Demonstration funds if needed, to enable the organization to acquire needed clinical resources.
5. The WPCC will, as directed by the Board:

	1. Provide mechanisms for measuring performance of the ACH, sub-regions, and member organizations and progress over time.
	2. Provide opportunities for members to learn about best practices, to learn from each other and to improve
	3. Provide coaching opportunities as needed to address organizational change and clinical practice improvement.
	4. Evaluate and recommend investments in shared systems as necessary to improve care across organizations (*e.g. 24/7 nurse advice systems, health information exchange/interoperability, care management systems, other IT solutions*)
6. NC ACH performance on HCA’s Demonstration metrics will have a part in determining the amount of Demonstration funding available. In early implementation years, funding will be earned by reporting on plans and other process indicators. In the middle years, actual achievements in implementing plans will be used as indicators. In the final year or two, clinical metrics and other impact measures will be used to evaluate performance and determine funding allocations to the region.

**Authority**

The Whole Person Care Collaborative is not a decision-making body in itself, but is an advisory body that will inform decision-making and ensure regional priorities and local considerations are incorporated in program design decisions.

**Composition**

The Whole Person care Collaborative is open to providers in the Grant, Chelan, Douglas, and Okanogan Counties. Representatives from the following sectors will be encouraged to participate:

* Behavioral Healthcare Providers
* Behavioral Health Organization
* Crisis Service Providers
* Physical Healthcare Providers
* Hospitals
* FQHCs

**Meetings**

Whole Person Care Collaborative meetings are held one time a month. An effort will be made to hold meetings in each of the counties throughout the year. All meetings will have an option to participate via teleconference for those unable to attend in person. The NC ACH Whole Person Care Collaborative Chair, Governing Board Chair and staff shall be responsible for establishing the agendas. Notes for all meetings will be provided by NC ACH staff within 2 weeks of each meeting. All meeting materials (agendas, notes, presentations, etc.) will be publicly available on the NC ACH website ([www.mydocvault.us](http://www.mydocvault.us)) under the Whole Person Care Collaborative page.