North Central Accountable Community of Health

Whole Person Care Collaborative (NCACH) Agenda

11:00 AM – 12:45 PM Monday February 5, 2018

Confluence Technology Center 285 Technology Center Way #102 Wenatchee, WA 98801	Conference Dial-in Number: (408) 638-0968 or (646) 876-9923 Meeting ID: 429 968 472# *Join from PC, Mac, Linux, iOS or Android: <https://zoom.us/j/429968472>*

Proposed Agenda	**Time**	**Goals**
1. Introduction Peter Morgan	11:00	• Introductions and Roll Call • Approve Agenda and Minutes • Follow up items from last meeting
2. Structure and Work Plan for WPCC Caroline Tillier Peter Morgan	11:20	• Share approved charters • Present updated timelines and milestones (Workgroup vs Learning Community) • Understand what this means moving forward (WPCC FAQs)

3. WPCC Learning Community: Proposed Kick Off Meeting Agenda
Connie Davis
Kathy Reims
Roger Chaufournier
Peter Morgan
	11:40	• Understand purpose of the Kick Off Meeting
		• Discuss Agenda for meeting
		  ◦ Objectives & process
		  ◦ Getting the right people at the Kick-Off
		  ◦ Preparation steps
		  ◦ Post kick-off work plan
		• Q&A and discussion with members

4. WPCC and Change Plan Template Peter Morgan Kathy Reims	12:10	• Discuss Change Plan Template development and proposed process for use • Q&A and discussion with members
5. Other Announcements: Peter Morgan John Schapman	12:40	• Summarize Agreements • Identify Next Steps
6. Adjourn	12:45	

North Central Accountable Community of Health

Whole Person Care Collaborative (NCACH) Agenda

11:00 AM – 12:45 PM Monday January 8, 2018

Confluence Technology Center

285 Technology Center Way #102

Wenatchee, WA 98801

Attendance: Amy Webb, Kris Davis, Shirley Wilbur, Blake Edwards, Tim Hoekstra, David Olson, Malcolm Butler, Tessa Timmons, Rick Hourigan, Gail Goodwin, Kevin Abel, Laurel Lee, Vicki Evans, Danielle Shawgo, Jim Novelli, Rachel Petro, Tawn Thompson, Charity Bergman, Barry Kling, Peter Morgan, Linda Parlette, Caroline Tillier, John Schapman, Sahara Suval, Christal Eshelman, Deb Miller, Carol McCormick **Minutes:** Teresa Davis
Phone: Caitlin Safford, Dulcye Field, Molly Morris, Clarice Nelson, Gwen Cox, Kathy Reims, Becky Corson, Traci Miller, Sheila Chilson, Kim Fricke, John McReynolds, Kris Neff

Proposed Agenda		**Notes**
1. Introduction Peter Morgan	• Introductions and Roll Call • Approve Agenda and Minutes • Follow up items from last meeting	• Malcom Butler moved, Tim Hoekstra seconded the approval of the December 2017 minutes, no further discussion, motion passed. • Changed the date for the kick off meeting for the Learning Community. Looking to the end of March and will send save the date when date is decided.
2. Proposed Structure for WPCC Caroline Tillier Peter Morgan	• Present revised charter for WPCC sub components • Address rationale for changes and alignment with other Project Workgroups • Describe process for identifying Workgroup Members	• Caroline gave a presentation on the revised structure and work plan. Key revision is to change the name from the steering committee to workgroup. Removed the Learning Partners box which included Community Based Organizations and partners because they really cut across all projects, not just WPCC. • Originally the Charter was written with language linked to both planning and implementation elements. We have split original charter into two different charters: WPCC Workgroup and WPCC Learning Community. o Regarding eligibility on Learning Community charter - concerned with 500 encounter number. Suggested adding number of unique members plus number served. Come up with some kind of formula consisting of a combo of the two. o Suggestion of a minimum of 100 unique members and 500 encounters. o We would want to make sure that we know as a group who we want to be involved and build the requirements around it so that we are not leaving someone out. o Where would this leave the individual BH Providers that do not have those numbers? Many may be ineligible.

		○ Barry suggested that we use the wording for the Board to entrust the workgroup to set a reasonable threshold to be defined by the workgroup, prior to establishing contract awards. ❖ Malcolm Butler moved to strike out the suggested encounter numbers and replace it with "to be determined by the workgroup prior to contracted work", Gail Goodwin seconded, no further discussion, motion passed. • Sheila: Workgroup Charter under charge it says workgroup "was tasked" suggested changing to "is tasked" with providing oversight. Group is fine with that change. ❖ Malcolm Butler moved, Kevin Abel seconded to accept the change in the wording under charge from "was" tasked to "is" tasked with providing oversight. • Regarding Composition: Suggested A WPCC Workgroup Chair "will" be appointed instead of "may" be appointed. Group agreed that we leave it as "may" for now as it may be hard to find someone that wants to serve as chair on this workgroup. ❖ Tim Hoekstra moved to approve both Charters to be recommended to the Board, with the changes described above, Malcolm Butler seconded the motion, no further discussion, motion passed. • Next task will be to solicit volunteers to serve on the workgroup: guidelines about number of people from the organization. Peter suggested 1 per organization, others said that they do not believe that that is adequate and each organization should be able to send as many as they see fit. Barry pointed out that we need to keep this group small enough to be accountable and able to make decisions. Tim suggested we have a better process and that documents need to come to the workgroup members further ahead of time for review, so that organizations will have the opportunity to vet them. • Work plan for the workgroup is being influenced by key dates: April Summit, June and September deadlines predetermined by HCA.
3. Learning Community Timeline and Funding Proposal Peter Morgan Kathy Reims (CSI)	• Revisit draft of Change Plan Template • Describe how change plans will be created, used for monitoring and tracking • Present and discuss proposal for Change Plan evaluation and funding • Proposed timeline and milestones for Learning Community • Q&A and discussion with members	Kathy Reims from CSI went over the Change Plan Template. Peter went over the expected timelines for both the Workgroup and Learning Community. • Rick suggested changing color of the Workgroup and Learning Community timelines and integrating the two, so easier to see how they are different but how they interact. • Do clinics need to wait to get started on change plans? Organizations can start working on their plans now. • What about the baseline time period and the credit for work that we are doing in the demonstration period. If we get started now, are we penalized? The assumption is that you will continue to progress, so no problem to start now. • Tim: Clarification which group is deciding what to recommend to the Board? Workgroup. • Funding Proposal: Went over stage one funding that was already approved. Stage 2 Funding: Pay based on size and complexity of the organization involved and quality and comprehensiveness of the plan submitted. Staff proposal is to fund based on number of teams involved, give an amount per team and amount per project. We would have to set a limit on the number of teams that one organization can send. Definition of Team: Group of multidisciplinary people working as a team from the same location. Suggested having a working definition. Need to be clear what a team is and what a learning activity is. Develop a glossary. Also working on a document of FAQ's. • Maximum number of teams per organization? Still deciding

		• David: If we use a blended model in stage one, why would we use a different model in stage two? Barry said that in stage two we are looking at what the organization is actually going to do; the more you do the more you get paid. • There is nothing in the language indicating that providers implement the projects - how do we make sure the teams do what they say they will do? Each team will be reporting progress through the portal and we would be monitoring progress. The learning activities require transparent and active participation. • Has the Board come up with an amount of funding based on the change plans? We hope to present a global budget to the Board at the end of this month and come up with a funding amount for WPCC. • Comprehensiveness of change plans: We would still like to evaluate plans on scope/scale and completeness but ultimately give pass fail scores. • Sheila: Understands what staff has put forth as a recommendation to the Board. Are we asking for approval today? We are hoping to approve charter but feel we need more time to review the funding. Will try to send for approval from Board in February after retreat. ❖ Sheila moved to approve the staff recommendations on stage two funding as detailed on page 42 of the packet. Malcolm Butler seconded the motion Discussion: Kim Fricke feels that the $10K number seems high per learning activity. Worries that we may not get the outcomes. How do you define team? Approximately 5 people that work together from the same organization in a clinical environment. Will the learning activities be defined by the learning community or consultants? The activities will be defined at the Kickoff. The learning community will define what they need most and consultants will help build the activities. Motion passed. David Olson and Amy Webb opposed.
12:45 Meeting Adjourned		

Whole Person Care Collaborative
2018 Provider Learning Community Kickoff

DRAFT AGENDA

9:00 am – 3:30 pm – March 24, 2018

Red Lion 1225 N. Wenatchee Ave Wenatchee, WA 98801	**Event registration** *http://bit.ly/WPCC2018Kickoff*

Time:	**Agenda Item:**
9:00 AM	Arrival and networking; light breakfast available
9:30 AM	Welcome and Overview
9:45 AM	*The Art of Possible* – Inspirational plenary providing examples of how groups and communities collaborated to improve the health of a community. – **Roger Chaufournier, CSI Solutions**
10:15 AM	*Models to Achieve Our Vision* – Review of the learning models and the vision for the learning community. Expectations, roles.
11:00 AM	*Breakout Session One:* **Small Group Dialogue on Collaborative Opportunities.** Round table discussions on topics. Starter topics below, audience solicited for topics. During roundtable the groups clarify the issues and recommends a learning model that would offer a critical mass to begin collaborating. • Integrating behavioral health and primary care • Population management • Access • Complex care management • Transitions in care • Health Homes • Opioid crisis management
12:00 PM	*Working Lunch:* Storyboard rounds. Participants will be provided a template in advance and will prepare storyboards. People will eat buffet style and walk around looking at each other's storyboards.
1:00 PM	*Stakeholder Panel Dialogue* – A panel will be convened of key stakeholders using a television talk show format where a moderator will interview participants. The panel could be patients from the community, representatives of the participating organizations or community leaders.
1:45 PM	*Breakout Session Two:* **Small Group Dialogue World Café.** Topics identified in previous workout afforded a second opportunity for dialogue. Groups self-select a topic and spend 15 minutes discussing the topic. At 15 minutes, participants will have the opportunity to rotate topics
2:25 PM	**Facilitated Large Group dialogue.** Debriefing from small group discussions on the topics. Timelines for action period confirmed with which topics and what format could be launched and when.

2:45 PM	*Welcome to the Change Plan Learning and Action Network*
3:20 PM	Next steps and wrap-up
3:30 PM	Adjourn

North Central Accountable Community of Health

WPCC Learning Community Charter

Background

During the summer of 2017, primary care and behavioral health providers involved in the Whole Person Care Collaborative (WPCC) completed an evaluation process conducted by a coach/consultant from Qualis Health to determine their current state of operations relative to an idealized model for population health as defined by the Patient-Centered Medical Home Assessment (PCMH-A) guideline for primary care or the Maine Health Access Foundation (MeHAF) rating scale. These baseline assessments established current operational state and identified improvement opportunities to be addressed in the transition to whole person care and value-based payment.

Building on these evaluations, the WPCC Learning Community is being organized to drive systemic change in clinical practice by focusing on basic operational processes needed to move from an acute, episodic model of care to a proactive, population-based model. Participation in the WPCC Learning Community is the primary means of engaging qualifying clinical providers as implementation partners of NCACH's Bi-Directional Integration and Chronic Disease projects for the Demonstration.

Eligibility

To be eligible to participate in the WPCC Learning Community, partners must:

- Be a primary care and/or behavioral health provider
- Serve a significant volume of Medicaid Beneficiaries (based on parameters set by the WPCC Workgroup prior to contracted work)
- Complete a MeHAF/PCMH-A baseline assessment to establish current operational state relative to the PCMH model (organizations may use Qualis or another consultant of their choice)
- Sign a Memorandum of Understanding indicating willingness and ability to be involved in the learning activities and agreeing to the meet the expectations outlined below

Expectations

Commitment to writing a change plan is a pre-requisite for engagement in the WPCC Learning Community. The Learning Community will offer Learning Activities *(see next section)* specific to change plan development in order to promote partner success. Primary care and behavioral health organizations also may choose to work with a consultant of their choice (or internal experts if available) to develop a Change Plan using a pre-established template. Each organization participating in the WPCC Learning Community will:

- engage in learning activities,
- develop and implement change plans to undertake improvement processes,
- measure and evaluate progress,
- share results with each other, and
- pursue further improvements.

Learning Activities

The WPCC Learning Community will offer implementation partners opportunities to share and learn from each other and take action to achieve common goals. **Learning activities will be designed with partnering organizations** and may include:

- Sprints
- Learning & Action Networks
- Affinity Groups
- Skill building opportunities
- Breakthrough Series Collaborative
- Idealized Design Projects
- Coaching Support
- Quarterly Meetings

Drawing on these structured peer-based learning activities, the WPCC Learning Community will take each organization at its own starting point and move it further along the continuum of bi-directional integration and whole person care.

Team Members

While team size is variable depending on size of clinical site, an ideal team might include the following members:

- *Clinical champion*: for primary care, this is a primary care provider. For BH this is a therapist, psychologist or substance use counsellor
- *Day-to-day leader*: someone who is familiar with the QI structure and methods of the organization. Will have ongoing responsibility to organize the team and make sure reporting happens, tracking tasks and activities.
- *Front line staff*: (1-3) people who are involved in the processes and have on-the-ground knowledge of the way the organization functions. Depending on the topic and goal of the team, this could be a medical assistant, a care manager, a community health worker, primary care psychologist, a peer support worker.
- *Senior leader*: The person who can clear the way for the team to do their work. They can influence the resources and processes of the broader organization.

Note that in smaller organizations, some people may hold more than one role.

Funding

Funding will be provided to participating organizations that have signed a Memorandum of Understanding. It is the intent that members of the Learning Community will receive funding throughout the demonstration project, provided they meet the ongoing requirements as outlined below:

Funding Stage	Time Period	Basis for funding
Stage 1	2018 Q1	• Signed MOU with funding based on historical encounters
Stage 2	2018 Q3	• Submitted Change Plan based on quality and comprehensiveness of the plan

Stage 3	2019-2020	• Successful implementation of a change plan based on reporting of milestones identified in the plan
Stage 4	2021-2022	• Reported improvement in quality metrics over baseline

Recognizing the time commitment involved, and the fact that provider organizations already feel stretched thin, funding is primarily intended to support practice team involvement in meetings and activities in their setting, which may require backfill, per diems, locums, or temporary staff to continue to meet patient needs.

In addition to supporting practice team engagement in the WPCC Learning Community to share best practices, engage in peer learning, and leverage available statewide practice transformation resources, Demonstration funding may be used to secure needed training and coaching to advance organizational change and clinical practice improvement, beyond what is being provided through the Learning Community.

While there are no specific prohibitions in the use of funds other than proscribed by State guidelines, the NCACH does not encourage their use to add resources that cannot be sustained beyond the Demonstration period.

Reporting

Continued funding will be contingent on demonstrated effort and progress as outlined in required progress reports to the NCACH. An NCACH portal will provide a centralized and efficient method of reporting (user licensing will be covered by the NCACH). The portal will also facilitate sharing of resources – including trainings, calendars, listservs, change plan templates, reporting templates – related to the WPCC Learning Community activities.

North Central Accountable Community of Health

WPCC Workgroup Charter

Background

On January 9th, 2017 the Washington State Health Care Authority (HCA) signed an 1115 Waiver, now known as the Medicaid Transformation Demonstration Project. The goal of the Demonstration is to improve care, increase efficiency, reduce costs and integrate physical and behavioral health into Medicaid contracting. To align clinical aspects of behavioral and physical health with payment integration, HCA developed the Medicaid Demonstration Project Toolkit to provide tools, resources and guidance for these efforts.

As the North Central Accountable Community of Health (NCACH) began planning for regional health improvement projects under this 5-year contract initiative, the Whole Person Care Collaborative (WPCC) was seen as a natural fit for the Bi-Directional Integration and Chronic Disease projects, whose objectives (as described in the toolkit) are as follows:

- Bi-Directional Integration of Physical and Behavioral Health through Care Transformation: Through a whole-person approach to care, address physical and behavioral health needs in one system through an integrated network of providers, offering better coordinated care for patients and more seamless access to the services they need. This project will support and advance Healthier Washington's initiative to bring together the financing and delivery of physical and behavioral health services, through MCOs, for people enrolled in Medicaid.
- Chronic Disease Prevention and Control: Integrate health system and community approaches to improve chronic disease management and control.

The WPCC Workgroup was conceptualized as a distinct advisory body in late 2017, in order to guide the planning and implementation of these two projects. The WPCC Workgroup may also provide input into mechanisms that assist provider organizations in contributing to and supporting NCACH's four other projects; Community-Based Care Coordination, Transitional Care, Diversion Interventions, and Opioid Use Public Health Crisis.

Charge

The WPCC Workgroup is tasked with providing oversight of a process for partnering providers to collaborate on and receive funding to support the two Demonstration projects described above. The WPCC Workgroup will work with NCACH staff to ensure that the NCACH region implements effective evidence based practices that align with the milestones and approaches described in the HCA Toolkit. Specifically, planning and implementation guidelines outlined by the WPCC Workgroup will:

- Enable primary care and behavioral health providers in the NCACH region to better integrate behavioral health and medical care,
- Better integrate and coordinate care activities with organizations addressing social determinants of health,
- Achieve the population-based clinical outcome goals of the Medicaid Demonstration projects as outlined by the HCA in the Demonstration Project Toolkit, and;

- Support partnering providers in delivering effective whole person care that is financially sustainable under evolving reimbursement models (value-based payment) beyond the Demonstration period.
- Provide recommendations to the NCACH Governing Board and staff on approaches to take for the Bi-Directional Integration and Chronic Disease projects.
- Ensure Bi-Directional Integration and Chronic Disease projects align with all other NCACH projects, as much as possible.
- Ensure projects effectively connect patients with resources to mitigate the negative consequences of the social determinants of health
- Help identify how Domain 1 (*IT, workforce, and value-based payment*) strategies can support WPCC projects.

Composition

The WPCC Workgroup will include representatives from Grant, Chelan, Douglas, and Okanogan Counties. Membership on the WPCC Workgroup is not a prerequisite to receiving funding through the Demonstration. The NCACH Executive Committee will recommend to the Governing Board workgroup members from a list of interested parties, assuring representation from:

- Primary Care
- Behavioral Health
- Managed Care Organizations (Operating in all 4 NCACH counties after Jan. 1, 2018)
- Emergency Medical Services
- Community-Based Organizations
- Tribes

Additional representation will be added to the WPCC Workgroup by the NCACH Executive Director if it is deemed necessary. A WPCC Workgroup Chair may be appointed by the Executive Director, if needed. The WPCC Workgroup is a sub-committee of the NCACH Board, and as such must have a minimum of two board members serving on the committee.

Meetings

WPCC Workgroup meetings will be held once per month, with additional meetings scheduled as necessary. Meetings will be held in Chelan, Douglas, Grant, and Okanogan Counties; locations will vary and an effort will be made to hold meetings in each of the Local Health Jurisdictions throughout the year. Whenever possible, members will have an option to participate via teleconference or audioconference for those unable to attend in person, although in-person participation is encouraged. NCACH's Director of Whole Person Care and the WPCC Workgroup Chair shall be responsible for establishing the agendas. Notes for all meetings will be provided to the Workgroup by NCACH staff within two weeks of each meeting. Monthly meetings will be open and meeting minutes and materials will be posted on the NCACH website (www.ncach.org).

North Central Accountable Community of Health

Membership Roles and Responsibilities

1. Attend at least 75% of regular meetings of the WPCC Workgroup and actively participate in the work of the Workgroup.
2. Sign a Membership Agreement (attachment A).
3. Review data to recommend target population(s), to guide project planning and implementation, and to promote continuous quality improvement.
4. Help develop and recommend processes associated with the Bi-Directional Care and Chronic Disease projects, including change plan templates and scoring, design of learning activities, funding levels, reporting methodology, and data and outcome tracking.
5. Assist in identifying, recruiting, and securing formal commitments for participation from implementation partners via a written agreement specific to the role each organization and/or provider will perform in the selected approach.
6. Recommend to the Board a project implementation plan adhering to project approaches outlined in Toolkit, including a financial sustainability model and how projects will be scaled to full region in advance of HCAs project implementation deadline.
7. Provide input on mechanisms for measuring performance of the ACH, sub-regions, and funded organizations to track progress over time.
8. Evaluate and recommend improvements 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).
9. Monitor project implementation plan, including scaling of implementation plan across region, and provide routine updates and recommended adjustments of the implementation plan to the NCACH Governing Board.
10. Collaborate with NCACH staff on the application of continuous quality improvement methods in projects.
11. Promote strategies that advance equity and reduce disparities in the development and implementation of the Bi-Directional Care and Chronic Disease projects.

Authority

The WPCC Workgroup is an advisory body that will inform decision-making by the NCACH Governing Board and ensure regional priorities and local considerations are incorporated in program design decisions. Recommendations and input developed by the Workgroup will be shared in regular monthly progress reports to the NCACH Governing Board.

North Central Accountable Community of Health

North Central Accountable Community of Health
Whole Person Care Collaborative (WPCC) Workgroup
(Attachment A)

Membership Agreement

I acknowledge by my signature of this membership agreement that I have read, understood, and agreed to follow the guidelines and policies outlined in the North Central Accountable Community of Health WPCC Workgroup Charter.

I understand that continued membership in the Workgroup is contingent on following the requirements of membership that are outlined in the Charter. Not meeting the requirements for membership could result in the loss of my membership status in the Workgroup.

Dated: _____ Signed: _____

Print Name: _____

Title: _____