

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).

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
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: _____