

## Community Choice d.b.a. Action Health Partners - HUB Advisory Board Meeting Minutes

*Thursday, 8/9/18; 9:30AM – 11:00AM*

*Samaritan Hospital – Moses Lake, WA 98837*

<u>AGENDA ITEMS</u>	<u>NOTES:</u>
<b>Introductions</b>	<ul style="list-style-type: none"> <li>● On the call: Barry Kling, Senator Parlette, John Schapman, Brooklyn Holton, Molly Morris, and Virginia O’Kelly, Terry Titmus.</li> <li>● In person: Ryan Stillman, Christal Eshelman, Deb Miller, Kayelee Miller, Richard Donaldson, Robert White, interim COO, and Kim Fricke.</li> </ul>
<b>HUB Organization Update</b>	<ul style="list-style-type: none"> <li>● Deb and Jeff working together on the legal documents for the 2 different LLCs. Will also be working with the accountant to get everything aligned.</li> <li>● Deb and Christal are coordinating on making sure the HUB message/presentation is in a standardized form for all 4 counties in the region.</li> <li>● Community Choice d.b.a. Action Health Partners (“AHP”) staff meet once a week to go over what has been done and what needs to get done on a weekly basis.</li> </ul>
<b>Timeline</b>	<ul style="list-style-type: none"> <li>● Deb will be working with Christal to figure out a support role moving forward.</li> <li>● Using Smartsheets and associated files in Syncplicity has been somewhat confusing, as HUB Staff have been given multiple instructions from multiple individuals.</li> <li>● HUB Staff now have many of the legal documents completed and these have been shared via email.</li> <li>● Information from Samaritan: Possibly volumes, data on 3 ED visits, breakdown of demographics for who the 3 ED visits are.</li> <li>● Age, gender, zip code, PRISM scores. Cannot get PRISM or zip code data from the HCA.</li> <li>● Client inclusion criteria: 3 ED visits within 12 months for either the Medicaid or Medicaid eligible population.</li> <li>● About 40% of Samaritan patients are Medicaid or Medicaid eligible. May be higher percentages than that in the ED.</li> <li>● Need to know how patients many are behavioral health clients, adults, pediatric, and pregnant clients.</li> <li>● Grant County is the smallest geographic region NCACH has been able to find data for from the HCA, but they can’t figure out if a client is pregnant or not.</li> </ul>

	<ul style="list-style-type: none"> <li>● How is the referral process going to work?</li> <li>● The referral process and policy is being put together by AHP staff.</li> <li>● Sarah had uploaded her referral process into Syncplicity.</li> <li>● Will need to put all different possibilities on a whiteboard to organize us.</li> <li>● The vision is that Samaritan will be able to automatically send a referral to the HUB as soon as a client is admitted to the ED for the third time in 12 months.</li> <li>● Can use EDIE. NCACH will set up an additional call to get more information.</li> <li>● Should be mentioned to the client that they will be referred to the HUB for help.</li> <li>● Subgroup meeting to draft a referral process manual, scale it up to the group for feedback. Do this before the next meeting in 2 weeks.</li> </ul>
<p><b>Training Update</b></p>	<ul style="list-style-type: none"> <li>● There were 6 people in the NCACH region attending the training in Seattle.</li> <li>● Grant Integrated Services was not there, but the other 2 CCAs were there (Rural Resources and Moses Lake Community Health Center).</li> <li>● Got to begin an early working relationship with 2 supervisors for the 2 CCAs.</li> <li>● Feedback on training: <ul style="list-style-type: none"> <li>➤ Helpful: Insulated from capabilities of the program; HUB saw that as their function.</li> <li>➤ As HUB Staff have worked with the platform and have seen what is needed as a CCA, and the types of things that would be helpful; juxtapose of that with the backstage view. Depth of what's happening.</li> <li>➤ Kayelee: like to see more on the reports, and how HUB could use those; skimmed over really fast.</li> <li>➤ E.g. sit down with HUB manager to walk through that and tailor it to what would be the most useful; helpful to have focused training who would be using those reporting functions.</li> </ul> </li> <li>● Continue to do training in 4 days rather than 2 weeks (10 days) in the future - First time CCS has done something like this.</li> <li>● Everyone picked up software so fast, which is why the training ended up leaving a day early.</li> <li>● Terry Titmus at Rural Resources went to the training as well. Thoughts: <ul style="list-style-type: none"> <li>➤ Terry enjoyed being able to see the additional capabilities of the system.</li> <li>➤ Terry and Nina really appreciated formal training on the system.</li> <li>➤ Wished there could have been more focused training.</li> </ul> </li> </ul>

- First day of training was using the system as if you are the Care Coordinator. Next day was being a Care Coordinator supervisor. The third day everyone in the room acted as HUB managers in the CCS platform.
- Christal and Deb have been working with Kim Latham for the Wenatchee training.
- People planning on going: Kim Fricke wanted Jenny to attend, Kayelee, Ryan (if there is room left).
- Rural Resources has a large stack of applications to go through and interview before the training.
- Clinical Master Training submitted her letter of resignation because she wants to be working directly with the patients.
- Edgar will be doing the training solo in Wenatchee. Week 2 will be in September.
- Christal appreciates Kim working and doing what she can to get the Pathways Care Coordinators trained before October 1st.
- May need to have 2 Master Trainers on the East Side of the state in addition to the 2 Master Trainers on the West Side of the state.
- Kayelee has offered to be a Master Trainer for Eastern Washington on the Clinical side.
- Nina Adams is potentially a Master Trainer for the Social Work side.
- Training goes into the human body systems in addition to learning best practices for Pathways Care Coordination.
- Training to become a Master Trainer for Kayelee and/or Nina:
  - Observing 1 day, 3 days of intense training with Dr. Redding, then teach the class.
  - Sarah is still scheduling when she will be back in Washington State.
  - Then a class would be scheduled and she will be observed.
- It is greatly appreciated that the consultants are able to tailor this model to our state.
- Asset mapping of resources in the community.
- Beginning of building a network for the PCCs
- There is a lot of interest. As of yesterday, 91 were signed up.
- Americore Vista will be there as well with Deb. Christal has a spot that can be taken because she has another summit for the opioid workgroup.
- P-TCPI group/Carol McCormick:
  - Care coordinator summit on Sept 14th; Jenny to attend

	<ul style="list-style-type: none"> <li>➤ Interactive opportunity to begin boots on the ground care coordinators; mapping existing services in our region</li> <li>➤ Idea for environmental scan of what kind of services happening.</li> <li>➤ Confusion between this and Pathways training; Deb to clarify.</li> </ul>
<b>HUB Network Update</b>	<ul style="list-style-type: none"> <li>• Jenny at MLCHC is creating a job description for herself.</li> <li>• Kim F's plan for staffing Moses Lake Community Health Center (MLCHC):</li> <li>➤ Jenny is helping put together the job description for herself as a PCC supervisor.</li> <li>➤ Kim needs to know timelines before he brings additional people on board.</li> <li>➤ Might as well begin with list of patients that fit the inclusion criteria. During these weeks in between training, Kim will hire the second PCC.</li> <li>• Terry's plan for staffing at Rural Resources:</li> <li>➤ Process of interviewing. Have about 20 resumes to go through.</li> <li>• Grant Integrated Services is not ready to hire yet so they will miss this training. Last CCA to ramp up.</li> <li>• October training date not yet chosen by Kim at Healthy Gen - Wants an answer by Monday.</li> <li>• Supervisors cannot have more than 6 PCCs under their umbrella. Nina is excited about the opportunity to oversee all 6 of the PCCs in Grant county and working together with Jenny.</li> <li>• MOU will be in place until October 1<sup>st</sup>, then the official contract will be in place.</li> </ul>
<b>Outreach Update</b>	<ul style="list-style-type: none"> <li>• Deb had an opportunity for a first run at the HUB presentation at the Chelan-Douglas CHI (Coalition for Health Improvement) meeting yesterday.</li> <li>• Less than 5 people in the room had not seen the presentation more than 3 times. Most had not seen it at all yet.</li> <li>• The environmental scan needs to go to each of the CHIs in the region.</li> <li>• Grant County's CHI meeting is next week.</li> <li>• Deb sent an email to Christal, John, and Sahara about partnering at a booth at the table to have a more significant presence at the Health and Wellness Fair at Big Bend Community College on September 29th, 2019. Additional information:</li> <li>➤ About 300-400 people tend to show up.</li> <li>➤ Can work to all the partners around the table to do some intensive outreach about the HUB.</li> <li>➤ Will need Sarah's input about this.</li> </ul>

	<ul style="list-style-type: none"> <li>➤ Sarah will be in town in Wenatchee for a week and will sit down with Kayelee and Ryan on certain policies and procedures in the HUB manual.</li> <li>• Will need a short communication video to explain the HUB, similar to BHT ACH. Serves as a high level explanation HUB Advisory and others can use in all the counties in the region.</li> <li>• Anyone on the Advisory Board can reach out to Deb about additional CCAs.</li> <li>• Kim Fricke put together a list of about 50 patients that were in the ED at least 3 times in the last year. About 30 of them went 3-4 times, some went way more. Jenny will be looking into those clients to see if they are young, elderly, pregnant, etc.</li> <li>• Need to make sure the doctors are in the loop about the HUB Model/Program.</li> <li>• Need to put together a subgroup to customize the CCS platform. There are several things HUB Staff and Advisory can do to make it easier and there are lots of different things that can be customized.</li> <li>• There is an ongoing price negotiation with CCS for the platform contract.</li> <li>• Kim Latham had a call with Kate this week to remind her about a document for all the tools that can be customized for those drop down values that HUB management can move around.</li> </ul>
<p><b>Legal Document Review</b></p>	<ul style="list-style-type: none"> <li>• As noted by Deb, <b>please do not “track changes”</b> in the documents, but rather <i>add comments</i> on the right-hand side.</li> <li>• The weekly AHP HUB meeting has been moved to Tuesdays before the weekly call.</li> <li>• Action items for August 23<sup>rd</sup>: <ul style="list-style-type: none"> <li>➤ Samaritan and EDIE.</li> <li>➤ Policy cannot be written until the process is in place.</li> <li>➤ Would be helpful if Sarah Redding joins on the call.</li> </ul> </li> <li>• <b>By end of business day next Thursday (8/16/18) all HUB Advisory members need to send the comments back</b> from the HUB staff.</li> <li>• The HIPAA manual should be sent out by the end of the week. Please have those comments included by 8/16/18 as well.</li> </ul>
<p><b>Next Meeting: August 23rd</b></p>	<ul style="list-style-type: none"> <li>• Thursday, 8/23/18 – Advisory Board Phone Call</li> </ul>

