Whole Person Care Collaborative

6/4/2018 Meeting
WPCC Workgroup Activities

Updates from May 10th workgroup meeting
WPCC Workgroup Updates

May 10th Meeting
• Change Plan LAN and template feedback
  • Measures dropped by HCA
  • 8 sections of change plan
• Review updates to Stage 2 Funding
• Review of assessment questions
• Feedback on future LAN activities

Workgroup Recommendations
• Template Measures: remove measures that are no longer required by HCA and that are hard to specify/measure
• Need to clarify expectations around change plan
• Stage 2 Funding: no further recommendations on base+ framework, but change plan evaluation and impact on funding up for discussion on 6/14

Find meeting materials and minutes here: https://ncach.org/wpcc-workgroup/
What is the WPCC Learning Community’s role in NCACH Projects?

**Coordinates and Funder**

NCACH staff and Workgroups are coordinating the planning and implementation of six Medicaid Transformation projects in our region.

1. Bi-Directional Integration
2. Community-Based Care Coordination
3. Transitional Care
4. Diversion Interventions
5. Addressing Opioid Use
6. Chronic Disease Prevention & Control

**WPCC Learning Community**

Behavioral health and primary care providers in our region are actively implementing clinical health improvement efforts in outpatient settings.

**Performers (“boots on the ground”)**

Our WPCC Learning Community draws on a collaborative framework to support systematic approaches to process improvement while strengthening connections between providers as they share successes and learn from each other. Together, we can get there faster!
WPCC Recent Activities
WPCC Learning Community Update

• Portal Registration
  • 72% of portal invitations have been accepted to date
  • 79 out of 110 WPCC Learning Community members who were authorized across our 17 orgs

• Change Plan LAN
  • 4 webinars to date, webinar #5 scheduled for 6/5, 12-1:30pm
  • All reminders, access to change plan template, resources, and calendar invites are dependent on portal registration
## Portal Registration

<table>
<thead>
<tr>
<th>WPCC Learning Community Member Orgs</th>
<th># of Staff Authorized</th>
<th># Registered to Date</th>
<th>Registration Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cascade Medical Center</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Catholic Charities</td>
<td>9</td>
<td>6</td>
<td>67%</td>
</tr>
<tr>
<td>Center for Drug and Alcohol Treatment</td>
<td>7</td>
<td>6</td>
<td>86%</td>
</tr>
<tr>
<td>Children’s Home Society of Washington</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>Columbia Basin Health Association</td>
<td>3</td>
<td>2</td>
<td>67%</td>
</tr>
<tr>
<td>Columbia Basin Hospital – Family Medicine</td>
<td>7</td>
<td>6</td>
<td>86%</td>
</tr>
<tr>
<td>Columbia Valley Community Health</td>
<td>6</td>
<td>3</td>
<td>50%</td>
</tr>
<tr>
<td>Confluence Health</td>
<td>15</td>
<td>10</td>
<td>67%</td>
</tr>
<tr>
<td>Coulee Medical Center</td>
<td>7</td>
<td>3</td>
<td>43%</td>
</tr>
<tr>
<td>Family Health Centers</td>
<td>7</td>
<td>2</td>
<td>29%</td>
</tr>
<tr>
<td>Grant Integrated Services</td>
<td>6</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Lake Chelan Community Hospital &amp; Clinics</td>
<td>6</td>
<td>3</td>
<td>50%</td>
</tr>
<tr>
<td>Mid Valley Clinic</td>
<td>7</td>
<td>4</td>
<td>57%</td>
</tr>
<tr>
<td>Moses Lake Community Health Center</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Okanogan Behavioral HealthCare</td>
<td>6</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Parkview Medical Group</td>
<td>6</td>
<td>5</td>
<td>83%</td>
</tr>
<tr>
<td>Samaritan Healthcare</td>
<td>3</td>
<td>2</td>
<td>67%</td>
</tr>
</tbody>
</table>
Change Plan LAN - successes

• The majority of evaluation comments we received have been positive, indicating the content was relevant, easy to understand, helpful for change plan creation etc.

• We had great turnout and participation during Webinar #3 (lots of sharing and engagement, especially through the chat room.)

• We have heard several members say that the change plan template is easier to use than they anticipated.
## Change Plan LAN - challenges

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Staff Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Webinars #2 and #4 were not as well attended, and 2 organizations have not attended any of the webinars to date.</td>
<td>Webinar recordings and notes can be accessed on the portal allowing people to catch-up if they were unable to attend. NCACH staff are planning one-on-one visits with member organizations in June in order to check-in on their participation to date, and better understand how we can support their success.</td>
</tr>
<tr>
<td>A couple webinar feedback responses indicated that one respondent did not find the information easy to understand, and another had some issues with the length/level of detail.</td>
<td>Staff shared and addressed this directly during the subsequent webinar. We aim to make this information practical, simple and accessible. If it’s not, we’re available to respond to any questions you have – don’t hesitate to email or call us.</td>
</tr>
<tr>
<td>Some feel that they are still working in parallel vs. cooperatively (as they work on their change plan)</td>
<td>We are encouraging peer sharing during webinars, but it is true that some of the more collaborative work will happen during the more substantive LANs that will be offered.</td>
</tr>
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## Change Plan LAN - challenges

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<td>Some are confused about the 8 topics built into the Change Plan. Some thought they were just working on bi-directional integration and chronic disease management.</td>
<td>We have included information about all 8 topics in handouts, report-outs, and the FAQs. This will require continued messaging, especially for those representatives who have joined this process only recently.</td>
</tr>
<tr>
<td>Some feel that the change plan is putting the cart before the horse meaning that learning activities conducted ahead of time would greatly benefit completion of the Change Plan</td>
<td>The change plan is designed to capture an organization’s strategic vision for practice transformation with the recognition that many of the operational details will need to be developed in the course of doing the work.</td>
</tr>
<tr>
<td>Members need clearer expectations around change plan (e.g. how it will be evaluated, how many aims and measures must be selected)</td>
<td>Staff is working on evaluation frameworks that will be shared with the WPCC workgroup in mid-June. Expectations around aims and measures will be clarified in FAQs specific to the change plan (which will be released early June.)</td>
</tr>
</tbody>
</table>
Coming Up: In Person Check-ins

Peter sent emails out to each member organization

• When: between June 11\textsuperscript{th} and 22\textsuperscript{nd}
• How long: 1.5 hours
• Who should be there? Change Plan Quarterback, Transformation Champion, Measurement Captain

• Purpose:
  • understand the work underway and how we can best support you
  • hear your input and address your questions and concerns
  • check and adjust the process based on your experience to date
Coming Up: WPCC Assessment Survey

• Due Date: June 30th
• Purpose: Identify needs and inform NCACH’s investment priorities around the following:
  • Coaching
  • Workforce
  • Value Based Purchasing (VBP)
  • Health Information Technology/Exchange
  • Access
  • Care Coordination
Future LAN Offerings
## Latest Draft Proposal

<table>
<thead>
<tr>
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<th>Brief Description</th>
<th>Type of Activity</th>
<th>Timing</th>
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<tr>
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<td>Essentials of establishing and maintaining panels and scheduling for better access, care team organization.</td>
<td>LAN</td>
<td>Summer 2018</td>
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<td><strong>Quality Improvement (QI)</strong></td>
<td>Introduction to QI methods and strategies including the model for improvement, data for improvement, testing and implementing changes.</td>
<td>Skills workshop</td>
<td>Summer 2018</td>
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<td>Pop health 1 or equivalent required for entry. Advanced topics in population health.</td>
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<td>Case-based learning community on opioid prescribing and management of chronic pain</td>
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<td>SAN</td>
<td>Winter 2019</td>
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<tr>
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<td>Sprint</td>
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<td>LAN Offerings &amp; Estimated Timing</td>
<td></td>
<td></td>
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<td>----------------------------------</td>
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| **Population Health Foundations 1: Systems & Data**  
| Introduction to Quality Improvement  
2-Day In-Person QI Workshop | | | | | | | | | | |
| Bi-Directional Integration for Behavioral Health Care Providers  
Learning and Action Network (LAN) | | | | | | | | | | |
| Bi-Directional Integration for Primary Care Providers  
Learning and Action Network (LAN) | Jul-18 | Aug-18 | Sep-18 | | | | | | |
| Population Health Foundations 2: Team-Based Care  
Learning and Action Network (LAN) | | | | | | | | | |
| Chronic Pain & Opioids  
ECHO | | | | | | | | | |
| Foundations of Motivational Interviewing  
2-Day In-Person Skills Workshop | | | | | | | | | |
| Data Driven Improvement  
Share and ACT Network | | | | | | | | | |
| Cardiovascular Disease  
Sprint | | | | | | | | | |
Overview
The following grid outlines proposed topics and timing for learning activities in from Summer 2018-Winter 2019. Learning activities specific to Transition/Diversion, addressing Social Determinants of Health (SDOH), and improving care coordination including community-based care coordination through the Pathways HUB would be addressed in 2019-2020. Detailed descriptions follow.
LAN = Learning and Action Network
SAN = Share and ACT Network

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Summer 2018

July to August 2018

**Population Health Foundations 1: Systems and Data**
Learning and Action Network (LAN)

**Description:** A series of 6 webinars followed by action periods where participants will learn about the essential components of establishing panels (e.g., demand management, appointment templates, scheduling methods, measurement of balancing supply and demand, etc.) and how to organize your existing staff as care teams to meet the needs of a panel of patients. Participants will learn from expert faculty and peers, exchange ideas, and apply change concepts to transform systems.

**Estimated Commitment:** Six 1.5 hour webinars over 12 weeks, 4-6 hours application of content after each session

**Audience:** WPCC members who are not currently working in team-based care linked to panels of patients or who need a refresher. BH providers of medication management may benefit if limited access is a challenge.

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July or August 2018

**Introduction to Quality Improvement**
2-Day In-Person QI Workshop

**Description:** A two-day workshop introducing the fundamentals of quality improvement (QI). Participants will learn about tools and strategies to accelerate change and improvement including the Model for Improvement, how to develop an effective aim statement, tools and strategies to measure and interpret QI data, approaches for developing change ideas, and the PDSA cycle for testing and implementing changes leading to improvement.

**Estimated Commitment:** 2 full days in workshop, pre-survey and post-survey

**Audience:** Suitable for all WPCC members with no previous QI training and those looking for a refresher.

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Summer/Fall 2018

August to September 2018

**Bi-Directional Integration for Behavioral Health Care Providers**
Learning and Action Network (LAN)

**Description:** A series of 8 webinars and action periods where participants will learn about essential topics for bi-directional integration of behavioral health (BH) and primary care for whole person care. With special emphasis on embedding physical
health in a BH care setting, participants will identify and share their goals from their change plans and then share progress over time. Participants will learn from expert faculty and structured peer consultancy.

**Estimated Commitment:** Eight 1.5 hour webinars over 12-16 weeks, 4-6 hours application of content between each session.

**Audience:** Available to all WPCC members with content targeted to BH care providers seeking to integrate primary care at any stage of integration.

August to October 2018

**Bi-Directional Integration for Primary Care Providers Learning and Action Network (LAN)**

**Description:** A series of 8 webinars and action periods where participants will learn about essential topics for bi-directional integration of behavioral health (BH) and primary care (PC) for whole person care. With special emphasis on BH integration into primary care settings, participants will learn from expert faculty and peers, exchange ideas, and apply change concepts to transform systems.

**Estimated Commitment:** Eight 1.5 hour webinars over 16-20 weeks, 4-6 hours application of content between each session.

**Audience:** Available to any WPCC member with content targeted to PC providers seeking to integrate BH at any stage of integration.

Fall 2018

September-October 2018

**Population Health Foundations 2: Team-Based Care Learning and Action Network (LAN)**

**Description:** A series of 6 webinars followed by action periods where participants will learn more advanced topics to manage and coordinate whole person care for the unique populations you serve. With topics including panel management, optimizing the care team for population health, stratification of patients, assessing service needs for population segments, and alternative care pathways, participants will exchange ideas and apply change concepts to transform systems. Expert faculty and peers will teach and share, with action periods to follow each session giving participants an opportunity to test and implement changes.

**Pre-Requisite:** Successful completion of Population Health Foundations 1 or equivalent experience. Faculty pre-consultation recommended.

**Estimated Commitment:** Six 1.5 hour webinars over 12 weeks; application of content between sessions 4-6 hours.

**Audience:** All WPCC member interested in improving population health for all or segments of their population.
September 2018

**Chronic Pain & Opioids**

*ECHO*

**Description:** An ongoing case-based learning community that convenes care providers across the WPCC and expert faculty in weekly two-hour videoconferencing sessions. Each session includes a 20-minute presentation related to pain care (e.g., managing chronic pain, opioid prescribing guidelines, monitoring, etc.) followed by 1-2 patient case presentations to help participants gain new insights and strategies to manage complex chronic pain patients.

**Estimated Commitment:** Drop-in, weekly 2-hour sessions.

**Audience:** All WPCC members.

October 2018

**Foundations of Motivational Interviewing**

**2-Day In-Person Skills Workshop**

**Description:** A two day in-person workshop focused on the key aspects of motivational conversations that support people to make positive changes in their lives. Skills include evocative questions, affirmations, reflections, and summaries, recognizing and responding to sustain and change talk, moving a conversation from engagement, through focusing, exploring change and creating an action plan when appropriate.

**Estimated Commitment:** Two days in person, 2-3 hours skills practice after the session, in small groups (via telephone or video, preferably by organization with team members who have attended the workshop together), pre- and -post surveys.

**Audience:** Open to all WPCC members.

**Note:** This workshop is a pre-requisite for organizations who wish to build internal training capacity in a train-the-trainer program.

Winter 2019

January 2019

**Data Driven Improvement**

**Share and ACT Network**

**Description:** Participants will explore how to effectively share and use data within their organizations by working with their performance measures in the WPCC. Topics covered will include the benefits of monitoring data over time, run chart rules, options for impactful data displays and the power of data transparency. Through peer sharing, we will explore how to interpret data and decide next steps to improve performance. Examples of
leveraging variation and sharing data with different stakeholders will also be discussed. Participants will learn from expert faculty and structured peer consultancy. These sessions will require participants to be willing to share their performance data as peer learning will be featured.

**Pre-requisite:** Performance data for at least six months on three or more measures relating to whole person care. Introduction to QI or equivalent strongly recommended.

**Estimated Commitment:** Eight 60-minute sessions over 16 weeks, between sessions, participants will need to complete assignments such as the creation of stakeholder mapping, data displays, and presentations to share with the group. Estimated 6 – 8 hours after each session.

**Audience:** data managers, QI directors, WPCC members interested in the topic.

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**February 2019**

**Cardiovascular Disease Sprint**

**Description:** A short-term, high-intensity, fast-results improvement community that will learn and use a rapid-cycle testing approach to apply population health management strategies to address the proportion of your population with cardiovascular disease.

**Pre-requisite:** Completion of Population Health 1 and 2 or equivalent. Pre-conference with faculty regarding equivalent.

**Estimated Commitment:** To be determined.

**Audience:** Open to all WPCC members, particularly those looking to rapidly improve care for cardiovascular disease.