



North Central Accountable Community of Health

Early Warning System Workgroup

FIMC Advisory Committee – North Central Accountable Community of Health

MEETING NOTES

9:00 – 10:30 AM April 14th, 2017

Attendance: Gail Goodwin, Tim Hoekstra, Curt Lutz, Torri Canda, Tamara Burns, Christine Mickelson, Isabel Jones, Tenzin Denison, John Schapman, Christal Eshelman, Senator Parlette. **Via Phone:** Vanessa Mousavizadeh, Gwen Cox, Melet Whinston, Kevin Campbell, Krista Concannon, Lisa Cordova **Notes:** Teresa Davis

Goal of Workgroup:

Develop an Early Warning System that allows a feedback loop and triage process to identify and resolve system issues as they arise in the short term. This group is focused on transition of the BHO going away and the managed care organization take over. The group needs to identify indicators that will help them know if the transition is going off track. Recommends to keep the amount of indicators to track to about 10. The AIM Team will be presenting on the dashboard at the FIMC meeting in May. Draft recommendations on Early Warning Indicators due 8/31/17, finalized recommendations due by 10/31/17.

Identify Broad Issues:

Possible Tracking Metrics

- Jails: If clients do not get access to mental and substance abuse care, they will end up in jail
- Access to care, make sure client transition to new MCO goes smoothly
- Zip code concerns (some rural town zip codes cross into multiple counties)
- Access to beds (rural areas do not have single bed certification, which effects ED Services)
- Tracking bed access, geriatric beds are in high need
- Care coordination and gap in services
- Being paid on time
- Grievances
- Claims being sent back in error (submission & data error rates), resubmissions
- Utilization of crisis services
- Volume of calls to the crisis line
- Increased wait time (already tracking)
- Single bed certs

Discussion on Jail:

What questions are asked on the intake form?

They all know that questions are asked about Mental Illness, drugs and alcohol. Goal is to know the exact questions and figure out a way of exporting that information. All counties will bring copies of intake forms to the next meeting so that we can dig deeper into specifics and what we can change to get the metrics needed.

Transition to new plan:

People are going to be auto enrolled, then they will be given a choice for other providers. Main foreseeable issue is when clients show up to a provider and that provider does not have a contract with the plan that they were assigned.

How to monitor access to beds:

No bed report – many times there are beds but they are not the “right” kind of bed for the situation. Maybe come up with a report that shows no bed but also tracks why. Volunteers of America track in North Sound, do we have a mechanism to do that here.

Length of stay:

Measure length of stay but also track the time from when identified as ready to discharge to when they are actually released.



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Who else needs to be at the table? Jail staff from Okanogan and Grant County, more providers from other hospitals. Next meeting will be set up via GoTo Meeting. If possible would like to get the jail intake forms ahead of time.

Next Steps:

- Decide specific indicators
- Who is going to assign data and look at data?
- Isabel will get the dashboard indicators so that we can see what metrics are already in place and tracked.
- How are these outcomes going to be reported and approved?
- Target date for recommended measurement data is 7/1/17 in order to collect baseline data.
- Need to decide length that the EWS will be needed. Group decided to start with six months after implementation and meet at the six month point to see if the EWS is still needed.

Action Items:

Gail, Tenzin and Curt: Obtain intake forms from all jails

Next Meeting: April 28th 10:30 AM, Chelan Douglas Health District, East Wenatchee