Primary Care Transformation Collaborative

Meeting Agenda

Wednesday, July 6, 2016, 11:00 AM – 1:00 PM

Chelan-Douglas Health District, 200 Valley Mall Parkway, East Wenatchee

Conference Call: **1-866-906-9330** **Participant Conference Code:** **636-1827#**

PCT Collaborative DocVault Page: http://www.mydocvault.us/2016-primary-care-initiative.html

Meeting Facilitators: Peter Morgan & Barry Kling	**Present:** Jimmy Wallace, MD, Brad Hankins, David Olson, Sue Dietz
Meeting Notes: Cathy Meuret	**Unavailable:** Sheila Chilson, Diane Blake, Kevin Abel, Jesus Hernandez, Peter Rutherford, Jeff Davis

Topic	Discussion	Follow-Up Work		
		Who	What	By When
Introduction and Agenda Overview	Participant introductions and experiences with PCMH and WPMH. Peter provided an overview of meeting attachments: agenda preamble questions, agenda, PCMH-A tool, and original PCT Collaborative document.	All	Review PCMH-A tool components and measurements.	
Background on Whole Person Care and Agency Status	Acknowledged that a WPC project encompassing all providers in NCW region would be a project of significant scope. Rationale for care transformation: • External drivers (CMS, MCOs) pushing for care transformation and value-based purchasing. • Unique opportunity in NCW with smaller number of agencies, history of collaborative work, agencies value each other and the niche that each fills. • Agencies can be more effective working collaboratively than independently (increased credibility, visibility and influence with state, potential for standard processes across the region). • Agencies can develop more robust primary care delivery models. FHC, CVCH, LCCH, CDHD report readiness to engage: • FHC actively involved in PCMH model: developing clinic-based educational outreach and health outreach workers, changing or creating job descriptions. Needs include IT support and new EMR, connectivity with home visits, better data collection processes. For providers: identifying how providers fit into new processes/ redefining their role within the organization, use of email to connect with patients, need for teamwork and case management, methods to identify high-risk populations. Would like to see more			

	assessment tools (in addition to PCMH-A tool), a diagram of care that goes beyond clinic walls, and examples of more robust primary care delivery models. FHC is a certified PCMH by The Joint Commission. • LCCH has less than 2 years experience. Few staff have worked in outpatient care. Using Lightbeam for analytics and supports standard analytic tool for collaborative. Completed the Qualis health assessment as their readiness tool. Need to continue to generate revenue from fee-for-service while working towards value-based reimbursement. • CDHD supports Collaborative work and WPC models. Emphasizes cross sector collaboration and environmental, policy, and systems-level actions that affect social determinants of health. Capable of mobilizing community action. • CVCH actively involved in PCMH model. Very early adopter in Northwest, certified by The Joint Commission since 2012. • Sue Dietz reports that NC ACH Care Transformation Collaborative is ahead of curve, will provide leadership for WA State at a local level. Reported that while funding sources may be available in the future, decisions are lagging. Encouraged the Collaborative to move forward and not postpone efforts.			
Define Role of the WPC Collaborative	Consensus that project requires a definition of WPC. Emphasize that dollars will be used to support provider clinics, not to support NCACH. Discussion on the definition and role of the Collaborative: • Build an active collaborative. • Serve as a neutral convener. • Create a common platform for participants. • Assess readiness of the region using a recognized assessment tool. • Define outcomes and metrics (e.g., capacity measurements, organizational outcomes, set scope of accomplishments, including limitations). • Allow for variety in measurements that meet different regional needs. • Identify a variety of solution options. • Let outcomes guide the process. Help providers move to solutions. • Identify policy barriers and help break down barriers. • Distribute model examples, articles. • Serve as clearinghouse of thoughts and ideas from outside NCW. • Identify how to measure progress when different systems are used (e.g., different EMRs, different models). • Help benchmark outcomes against each other and against other regions. • Support common analytics product already in use by some participants (Lightbeam). • Support data transparency by all members.			

	• Broker and distribute common data. • Develop better data, not just regulatory requirements. .			
Rural Health TCPI Overview: **Sue Dietz**	Sue is the Regional Vice President for the National Rural Accountable Care Consortium and serves as the General Manger of CPC + (Comprehensive Primary Care). **Enroll in TCPI (Transforming Clinical Practices Initiative):** • Enrollment is easy. • There is funding available to provide support. • Support is available for coordination of IT systems, new processes, new roles, provider training, nurse hotline. • Encourage provider enrollment by all providers of large and small agencies. All providers eligible (solo practice, private practice, specialists, etc.). • Provide education and develop a timed rollout strategy. **Collect Data:** • From enrolled practices (e.g., Lake Chelan Community Hospital and Clinics, Columbia Basin Hospital, Coulee Medical Center, Mid-Valley Medical Group, Confluence Health and others outside our region) How is participation working?; Do you like what you're getting? • From current data sources (patient data, billing data). What does the data say? Where do we need to improve?			
Summary & Next Steps	NCACH to hold a modest, meaningful role as convener and provide data sharing support. Suggested next steps: • Create a formal Steering Committee. Steering Committee will hold scheduled face-to-face meetings monthly. • Draft charter for WPC Learning Collaborative which will address: o Goals for the Collaborative o Membership participation criteria o WPC model specifications and scope of WPC o Resource requirements and project funding o Backbone or other consulting support o Measurement and Analysis o Communication plan • Decision on enrollment in rural health TCPI initiative	All	ID availability for a second meeting with Sue.	

Next Meeting Date: A second meeting with Sue in August - date TBD based on member poll results and Sue's availability.