Primary Care Transformation Collaborative

Meeting Agenda

Monday, August 29, 2016, 9:00 AM – 11:00 AM

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 **Meeting Notes:** Cathy Meuret	**Present:** Sheila Chilson, Linda Evans Parlette, Diane Blake, Kevin Abel, Jesus Hernandez, Jeff Davis, David Olson, Theresa Sullivan, Kurt Kuykendall. **Unavailable:** Peter Rutherford, Jimmy Wallace, Brad Hankins, Doug Wilson, Becky DeMers

Topic	Discussion	Follow-Up Work		
		Who	What	By When
Introductions **Background of the Collaborative Purpose and Benefits**	Participant introductions. Peter and Barry provided an overview and recap of: history of this group, rationale for primary care revisions (external drivers, payment reform, unique opportunity for the region, benefits of collaboration, and the premise of Whole Person Care).			
National Rural Accountable Care Consortium Overview: **Sue Dietz**	Sue Dietz, Regional Vice President of the National Rural Accountable Care Consortium (NRACC) and the General Manger of CPC + , provided an overview of the National Rural Accountable Care Consortium and Transforming Clinical Practices Initiative (TCPI). Key takeaways: • Payment reform is coming and it is on a timeline. Reimbursement is moving from a fee-for-service payment model to one based on service quality and value. • Practice model changes are being supported using both penalties (PQRS, MU, MIPS) and incentives (ACOs, bundled payments). • The Practice Transformation Network is an incentive program. Focus goes beyond "just doing the right thing for patients" to sustainability and revenue stream development. Participation is voluntary. There is no cost to join but costs will be incurred for at least EMR work. Support component options include: setting up billable care coordination, redesigning practice to manage population health, and supporting efforts to achieve the patient-centered medical home model. Support is available for coordination of IT systems, new processes, care coordinator training, provider training, and a federally-funded 24/7 nurse hotline. Organizations do not have to participate in complete program, but can pick and choose the elements that they want.			

	Discussion: • Participating agencies offered reports on their status and feedback on their membership experiences. Progress is slow, but as vacant positions (e.g., care coordinators) are filled to provide support, it is anticipated to pick up. Need more detail on services (e.g. 24/7 nurse support – are all patients eligible or is a care plan required in the system for nurse access?; Lightbeam – requires a daily flat file transfer from the primary care organization's EHR to Lightbeam to keep files current. Jesus reported that in his conversations with MCOs they were not interested in putting information in a common pool. Positive feedback from participating agencies about the ability to choose level of participation. • The HCA has identified 7 quality measures incorporated into the MCO contracts in 2017. There is not much detail on how they will be measured and it's coming right around the corner. How can we leverage the ACH to get clarity on this and to get common measures across MCO contracts for all providers in the ACH? Consensus: • There is interest in signing up for the NRACC since a number of regional organizations are already participating. We need to know whether or not we can use two different systems – or is that considered double-funding? If we can only use one and select NRACC, we need to ID what opportunities we might be passing up and what might be left on the table. • There is a desire for transparency in data across MCO contracts.	Peter	F/U with HCA for clarification: can we participate in more than one effort?	
Definition of Whole Person Care	Discussion: • Jeff identified that we need a definition of what we are building toward and a vision of where we're going as a WPC collaborative. Once we have a vision and a clear definition, we can develop steps to achieve our goals. • Peter agreed that that we need a plan, but at a pretty conceptual level as we don't have time to build the blueprint of the perfect WPC model and don't want model development to interfere with/impede forward movement. Consensus: There is interest in moving ahead toward developing a common goal.			
Define Role of the WPC Collaborative	Role of the Collaborative seems to include: • Identifying our individual work and what is common that should be done together. • Leveraging collective influence to get collaboration from HCA and from MCOs. • Reporting out quality measures and other measures of progress toward the triple aim. This is an important role for the Collaborative with the caveat that we won't be creating our own data warehouse and analytical capability but • We need to understand what is allowable under anti-trust statutes so we're not			

	appearing to be involved in things that restrain trade or collude on things we should not but that we leverage collective information on behalf of the patient, customer, and public at large. • We need to identify the main barriers to moving ahead with WPC. • We need to identify which processes we would seek to implement have payment streams and which don't (e.g. care management). • We need to reach out to all practices in NCACH to make sure we're inclusive and get the broadest possible participation in events. Make sure we have a definitive list that includes Grand Coulee and Ephrata participants.			
Educational Events	Education: A 1-day workshop is being scheduled in September that can introduce NCACH and the Care Transformation effort to a broad regional group as well as success stories and problems faced by other states that are further along in the process. A 2-day regional workshop is planned in January, 2017 on the Collaborative. Consensus: Education is a great idea.	All		
Summary & Next Steps	1) Linda suggested a standard monthly meeting be set on the morning of the Governing Board meeting. Unanimous agreement. 2) Resolve questions about Lightbeam: a) What are the quality measures CMS uses to determine progress and how prepared are practices to comply? b) Will Lightbeam facilitate reporting to the HCA on the 7 proposed quality measures? 3) Resolve questions re: 24/7 Nurse Advise service: a) Will service have access to patient information on EHR? Sue mentioned that clinics need to have uploaded care plans. How realistic is that? b) If organizations already have Nurse Advice services, is there a reason to switch? How do the services compare in functionality? c) What is the long term vision for Nurse Advice services for the region (*part of vision for WPC?*) 4) Clarify implications of signing up for NRACC vis-à-vis accessing other consulting services that might be considered TCIP sponsored (*e.g. could organizations also avail themselves of services via the DOH Transformation Hub if they sign up for NRACC?)* 5) Create Long-term vision for region-wide Whole Person Care to clarify the goal we're striving for and the standards against which we would measure progress. Small group to draft and all to revise and recommend for approval by board.	All Peter, ? Peter, ?? Peter Barry, Peter Jeff, Cathy, _____ _____		

Next Meeting Date: Watch for updated information.