

North Central Accountable Community of Health

TCDI WORK GROUP MEETING AGENDA
Thursday September 26th, 2019 10 AM – 12PM

LOCATION

Chelan Douglas Health District
200 Valley Mall Parkway
East Wenatchee, WA 98802

Conference Dial-in Number:

Join Zoom Meeting: <https://zoom.us/j/5518334075>
Call in Numbers: +1 408 638 0986 or +1 646 876 9923
Meeting ID: 551 833 4075
Find your local number: <https://zoom.us/u/adNIjFwjRo>

PROPOSED AGENDA	TIME	GOALS
1. WELCOME & INTRODUCTION Eric Skansgaard	10:00	<ul style="list-style-type: none">Review minutes and welcome members
2. TCDI Hospital Partner Updates <ul style="list-style-type: none">Lake Chelan Community HospitalCoulee Medical Center	10:10	<ul style="list-style-type: none">Shared Learnings by Hospital partners on current implementation efforts
3. 2020 TCDI Budget	10:35	<ul style="list-style-type: none">Action Item: Motion to approve 2020 TCDI workgroup budget outline
4. Medicaid Transformation Project Independent Assessor	11:00	<ul style="list-style-type: none">Gather input from TCDI Workgroup members on current status of work.
5. Meeting Updates/Roundtable Eric Skansgaard	11:50 (time permitting)	<ul style="list-style-type: none">Final workgroup member comments

Next Meeting:

Date: Thursday November 21st
Time: 10 AM – 11:30 AM

Location: Chelan Douglas Health District
200 Valley Mall Parkway
East Wenatchee, WA 98802

Note: Workgroup meeting was extended to 12PM. If you need to leave at 11:30AM due to the short notice, that is ok. The Washington State Independent Assessor will be present to gather feedback from Workgroup members.

Attachments:

- Attachment A: TCDI Hospital Partner Midyear Status Update
- Attachment B: NCACH Emergency Medical Service (EMS) Report

TCDI Hospital Partner Midyear Status Update

The following summary and recommendations are based on information shared by hospital partners in mid-year narrative reports and surveys, as well as follow-up calls NCACH scheduled to gain additional insight on how best to support partners for the remainder of 2019 and during 2020.

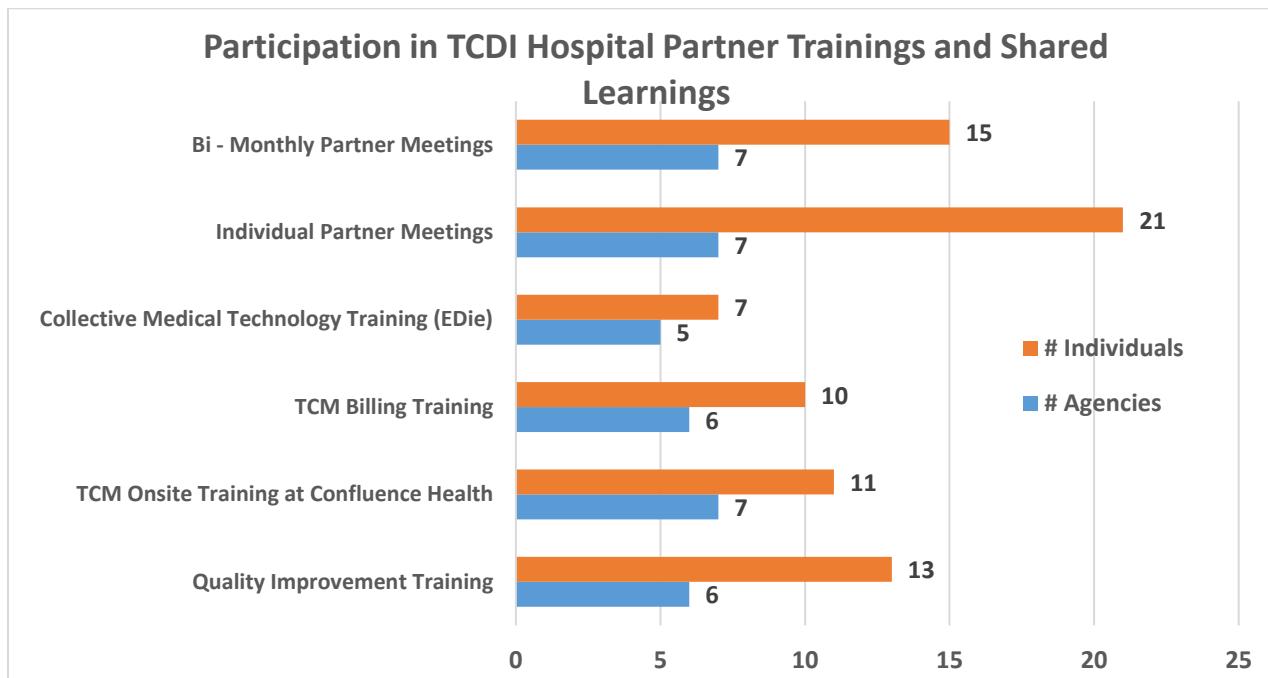
Key Takeaways

- Partners are starting to settle into their project workflows, now that they are 6 months into initial project implementation. Due to the Plan-Do-Study-Act (PDSA) cycles that partners completed on both workflows and data collection, partners feel they will need additional time (past 2019) to demonstrate a measurable difference in project work.
- Partners participated in 6 shared learning and training options in the first 2 quarters of 2019. Partners find value in shared learning and best practices across the region and believe it is a good way to reduce duplication. Going forward, there is less interest in regional trainings and more interest in individualized training and technical assistance.
- Partners have a smooth transitional care process from inpatient to their own primary care clinics. Transitional care processes and workflows involving primary care clinics outside of their organizations are inconsistent.
- Partners felt there was a greater emphasis on transitional care from inpatient services in 2019. Most partners recommend that our region spends additional time focusing on workflows out of the Emergency Department in 2020 (both internally and as organizations connect with external partners).
- Partners highlighted key Social Determinant of Health issues (e.g. transportation to appointments and pharmacy) that would help reduce the utilization of acute care facilities.
- Partners are supportive of focusing on improving connections with outpatient providers and non-clinical partners in 2020.

Survey Category	Main Comments
Most Beneficial part of engaging in TCDI work	<ul style="list-style-type: none"> Networking and Collaboration Trainings: CMT, education (QI, TCM Training) Shared Learnings
Least Beneficial part of engaging in TCDI work	<ul style="list-style-type: none"> Training specifics – Ensure they are applicable to organization
Partners to Engage	<ul style="list-style-type: none"> Primary Care and Behavioral Health Additional Community Partners
How to approach Funding/Work	<ul style="list-style-type: none"> 4 responses - NCACH regional project focus 2 responses - County specific project focus 1 response - Organization specific project focus
Future Process Improvement Effort Focus (Ranked from 1 to 4)	<ul style="list-style-type: none"> 1 – Connection with non-Clinical Partners 2 – Connection with PCP and BH 3/4 –CMT and QI Trainings

The table above highlights key comments from partners as part of the mid-year surveys

Trainings and Technical Assistance



The chart above demonstrates the kinds of trainings and share learning opportunities available. Opportunities ranged from a 1 time webinar to multiple meetings.

- Most partners enjoyed the trainings provided, but many individuals felt they would *not* benefit from additional group trainings (e.g. Quality Improvement, Collective Medical Technology).
- There were a number of individual TA requests (e.g. Motivational Interviewing, TA in building electronic health record reports). Partners recommend that we focus on individual technical assistance specific to the partners' needs when we develop future trainings.

Data Collection

- Partners feel that they are finally getting a good understanding on how to complete data collection. It is hard to compare the data collected by partners from the first 3 quarters due to changes partners have made in the collection process (due to internal PDSA processes). There are a few partners that feel they could benefit from individual technical assistance (e.g. report building) in the future.

Social Determinants of Health

- A number of partners have been engaging patients in the social determinants of health during discharge/transitional care. Partners have found the following key issues arise as part of that engagement:
 - *Transportation:* 3 of the 7 hospitals (very rural) have issues with transportation to appointments and to pick up medication post discharge. This is especially true for those individuals who are low income but do not currently qualify for Medicaid (either a person is not poor enough to access Medicaid or unable to obtain the appropriate documentation to get on Medicaid)
 - *Housing:* Emergency departments will sometimes act as temporary shelters if there is no shelter services available in the area.

Recommendations

1. Continue base funding for hospitals partners to complete both ED Diversion and Transitional Care processes in 2020.
2. Focus on Regional workflow development between primary care, behavioral health, and acute care (inpatient and Emergency Department) providers.
3. Offer trainings or individual technical assistance that meet partner needs.
4. Support partners as they develop clinical-community linkages within their local regions

Note: Funding models for 2020 will be shared with the Transitional care and Diversion Intervention Workgroup at the September meeting for approval by the workgroup.

NCACH Emergency Medical Service (EMS) Report

Quarter 2 Report - July 2019 Agency Update

EMS Report Summary:

North Central Emergency Care Council has spent the majority of quarter 1 and quarter 2 establishing trainings for EMS providers, engaging providers in developing their project focus areas, and identifying measures those providers can use to track progress. Most providers have been operating their agency specific projects for 3 months and it is still too early to measure the impact of their work. Each EMS Agency has chosen a specific area of focus as part of their “Treat and Referral” section of the project.

Agency	Treat and Referral Project
Aero Methow Rescue Services	Evaluate and connect non-transport patients to primary care in region for follow up care.
Ballard	Implementing a Fall Prevention Program (SAIL) targeted at patients who routinely call EMS and do not receive transport.
Cascade Medical Center	Identifying non-transport high utilizers of the EMS system and referring those patients to social workers at Cascade Medical Center.
Douglas Okanagan County Fire District	Develop a process to identify patients that qualify for services through Adult and Aging services and create a referral process to connect them with appropriate providers.
Lake Chelan Community Hospital	Identify high utilizers of the ED and connect them with LCCHs comprehensive community paramedicine program.
Lifeline	Identify high utilizers of the ED and patients transported who could have benefitted from transport to alternate destinations.
Moses Lake Fire Department	Evaluate patient needs (High utilizers) and connect them with local services (primary care, behavioral health, housing) within region.
Protection-1 LCC	Partnering with local hospital(s) to identify high utilizers of ED and complete in home follow up care post discharge.
Waterville EMS	Implementing a Fall Prevention Program (SAIL) targeted at patients who routinely call EMS and do not receive transport.

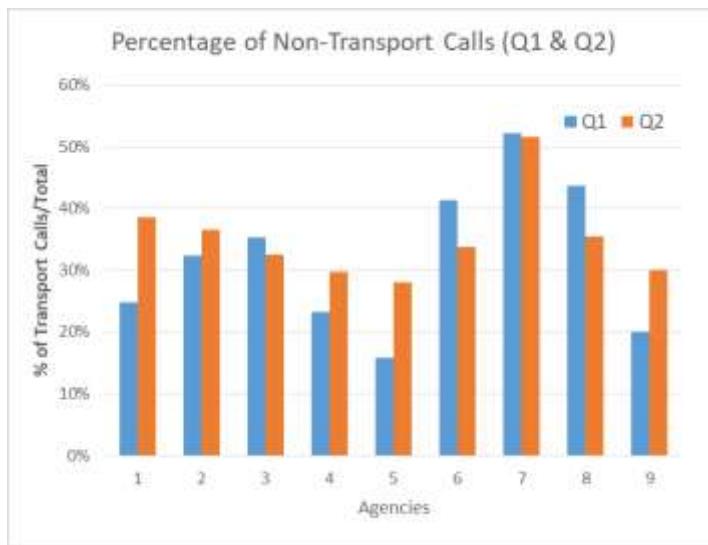
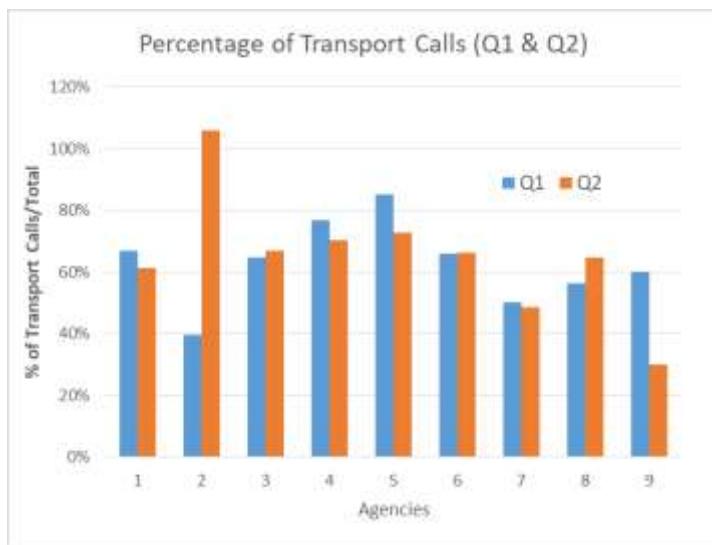
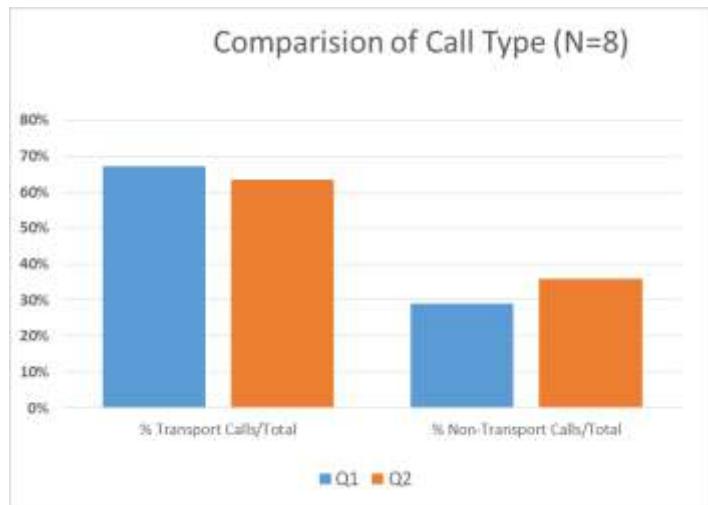
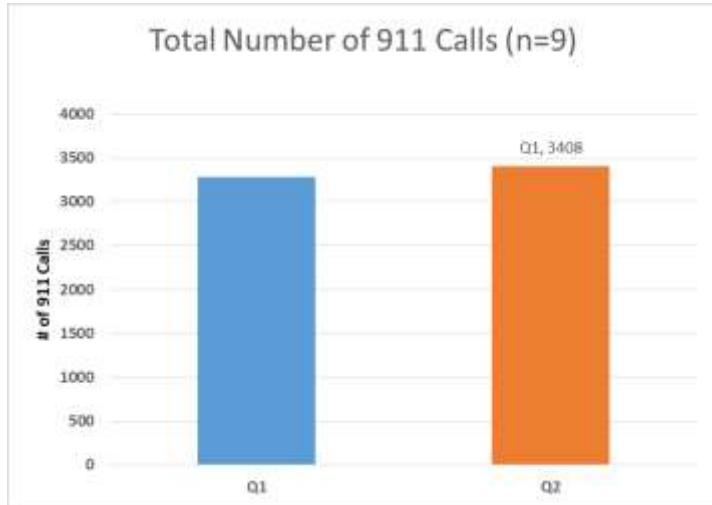
Quarter 3 and Quarter 4 will focus on expanding training opportunities (highlighted below) as well as working with agencies to focus on their treat and referral projects.

Quarter 1 and 2 Training Updates:

- The Certified Ambulance Documentation Training in May received strong reviews. NCECC is looking for additional opportunities to provide training in the future (including online trainings).
- DOH provided an overview of WEMESIS on July 9, 2019. Agencies were invited to attend with limited space. Agencies stated there is greater need for additional training opportunities on WEMESIS. NCECC is working with DOH to offer future opportunities (Dates TBD).
- NCECC provided technical assistance to partners in developing treat and referral project plans and identifying metrics for those partners to use. In quarter 3 and quarter 4, NCECC plans to work with partners to share best practices of partners’ projects across the region.
- SSB 5380 is requiring EMS to report to WEMESIS either directly or through their current eMIR system. DOH has begun the implementation process for the legislation and additional training will be needed for partners.

EMS Partner Data:

Below is initial data that evaluates total number of calls and % of total calls based on call type. The focus is on transport vs. non-transport calls.



Recommendations:

After evaluating quarter 2 reports, staff recommend supporting the following project implementation steps for 2020.

1. Investing in additional Certified Ambulance Documentation and WEMSIIS trainings.
2. Offer additional funding for those providers who would like to develop more robust community paramedicine programs (separate funding stream).
3. Support training to EMS providers and NCECC to support providers that need to adapt reporting processes to comply with SSB 5380.
4. Continue to support partners to expand their treat and referral programs and gather additional information on success of each individual project.
5. Offer additional technical assistance to providers as requested (e.g. Quality Improvement and Motivational Interviewing). NCACH is already starting to offer these services to EMS providers on a case by case basis.