### Agenda

| 1. **Introduction**  
Peter Morgan | **Goals** | **Minutes** |
| --- | --- | --- |
|  | - Introductions and Roll Call  
- Approve Agenda and Minutes from June meeting  
- Follow up items from June meeting | **Attendance:** Deb Miller, Andrea Davis, David Olson, Shirley Wilbur, Gwen Cox, Linda Parlette, Jim Novelli, Chris DeVilleneuve, Loretta Stover, Caroline Tillier, Vicky Evans, Dawn Barton, Courtney Ward, Kayelee Miller, John Schapman, Sahara Suval, Christal Eshelman, Paul Hadley, Navind Oodit, Kate Haugen, Malcolm Butler, Mareena Pierce, Minutes: Teresa Davis  
**Phone Attendance:** Tawn Thompson, John Kern, Tracy Miller, Connie Davis, Rebecca Corson, Racheal Petro, Gail Goodwin, Christina Clark, Shoshannah Palmanteer, Sara Barker, Sheila Chilson, Kim Fricke, Ramona Hicks, Dulcy Field, Molly Morris |  
- David Olson moved to approve the agenda, Kim Fricke seconded the motion, motion passed.  
- Sheila Chilson moved to accept the June minutes, Deb Miller seconded the motion, motion passed. |

| 2. **WPCC Recent Activities Summary**  
Caroline Tillier  
Peter Morgan | **Goals** | **Minutes** |
| --- | --- | --- |
|  | - Share site visit takeaways | Peter gave an overview of the site visits that the NCACH did. The purpose was to see how the teams were functioning and hear how everything was going.  
**Findings:**  
- Most teams are organized, engaged, and have done a lot of thinking about the plan  
- Many find the Change Plan process useful:  
  - Helpful information & process for QI beginners  
  - Brings structure and focus to work underway  
  - Refocusing or rejuvenating prior efforts  
- Collaboration between orgs. has increased  
- Template, portal, & group learning still a work in progress  
- More & earlier direction on change plan language and evaluation criteria were needed  
- Organizations more advanced in QI journey looking for more value in Learning Activities targeted to their needs.  
**From the survey, we will be focusing on…**  
Coaching needs  
HIT/HIE Opportunities  
VPB  
Workforce |
### Access Care Coordination

#### Learning Activities
- Lots of interest in foundational learning activities
- Support for next round of learning (Population Management & Bi-directional integration)
  - 2 or 3 months prior scheduling requested
  - Detailed syllabus to determine who will go
- Need to revisit assumptions about “team” involvement in learning activities.
- Clarify link between learning activities & change plan outcomes

### 3. WPCC Workgroup Activities

<table>
<thead>
<tr>
<th>Peter Morgan</th>
<th>Caroline Tillier</th>
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<tbody>
<tr>
<td>Change plan evaluation and Stage 2 funding framework</td>
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<td>Share workgroup feedback</td>
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<td>Seek approval from broader group</td>
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#### Discussion:
- David Olson: Regarding the goals/targets criteria, it sounds like the percentages are high (you either need to be perfect or 5 goals). This is still being worked on.
- Traci: Did not realize that we were going to write a new plan every year. Do we write only the goals for 2018 or include future goals? We still want you to look long-term and you will update the change plan every year – but that is more about fine tuning as you go, rather than re-writing. It is better to include stretch goals, trying will not hurt you.
- David: At what point does the info that the state wants from us determine what we are doing? We will not actually get any information from the state on performance until 2019/2020. We are measuring with data that we can collect locally. We have not figured out a pay for performance structure yet. We know that we need to address that somehow, the workgroup will be addressing this. We are trying to hit the same marks that the MCO's/HCA are also holding organizations to.
- Gwen suggested that the State, ACHs and MCOs need to use common measures.
Andrea: MCOs continue to give suggestions to HCA about the measures. She feels that the ACH leads have more of a pull with HCA. Providers need to give feedback when the measures are out of line (when HCA is asking too much).

Change Plan - Weights by topic
• Bi-Directional Integration – 25%
• Chronic Disease Prevention and Control – 25%
• Access to Care – 10%
• Addressing the Opioid Epidemic – 10%
• Transitional Care – 10%
• Diversion Interventions – 10%
• Social Determinants of Health – 5%
• Community-Based Care Coordination 5%

David: There is all this focus on Bi-directional integration. Are we putting too much focus on the medical and not enough on the other things? Peter responded that these weights will probably change over time as we get more specificity on things like SDOH & Care Coordination. Meanwhile, a lot of ACH accountability is directly tied to Bi-Directional Integration and Chronic Disease Mgmt.

Caroline went through the timeline for evaluation and funding process.

Stage 2 Funding:
Based on base amount and pay for participation
Base amount will be adjusted based on encounters
Disbursements will be made in quarterly payments contingent on quarterly reporting
Reporting will be based on the change plan entries and offer drop downs and short text fields to describe progress.

2019 and on, the base funding will be adjusted based on the number of points that you received on the change plan.

• Learning activities: $10,000 per learning activity per team
  ➢ Because it is a heavy lift for entire team to participate in webinars, we are adjusting expectations; at least one member from the team needs to attend webinars and bring the lessons learned back to the rest of the team.
  ➢ We are considering having teams do a self-assessment to gauge their engagement in the learning activity.
Concerns voiced about not being able to meaningfully participate in learning activities for those orgs that are already doing the work. Peter said we are still trying to figure out activities that all can participate in.

Sheila thinks that this is set up correctly and understands that in the future it could use improvement. Even though the org may be doing things, we may have staff that could benefit from the trainings. Sees it as an opportunity to engage more people in this work.

We are also working with the consultants to build breakout sessions for orgs that are further along so they can participate and benefit from the learning activities.

### 4. Future LAN Offerings

<table>
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<tr>
<th>Peter Morgan</th>
<th>Caroline Tillier</th>
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<tbody>
<tr>
<td>Updated learning activity schedule</td>
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<td>Registration process</td>
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LAN Offerings: Hoping to have the future LAN descriptions on the portal in the next couple of months.

Chronic Pain Learning Activity: There is an existing opportunity offered through UW and staff curious whether NCACH providers would get what they needed from this. Malcolm is not sure how ECHO would work for non-provider staff/team – may need more than discussing clinical case studies to make progress on this front. Gwen said that NM has an ECHO where they teach.

- Caroline will send LAN Offerings and estimated timeline out to members

#### Roundtable:

- Malcolm: scoring and funding seems balanced and fair.
- Sheila: Has a level of detail, but is still generous and we can adapt as we go.
- Loretta: still trying to figure out how BH fits in, but thinks it sounds fair.
- David Olson: Who will be evaluating the assessment? OHSU Team, 3 NCACH Staff
- Shirley: Thinks it is fair and likes the idea of the write back period.
- Jim: There is no way that OBHC will reach 75,000 encounters, which means they can't get reach the max funding.
- Rachael: During tomorrows LAN will we have time to go through the criteria? Yes
- Traci: Jim had a valid point about the number of encounters.
- Rick: There is not a good way to do this that benefits everyone equally, and this is the best that we can probably do.

### 5. Adjourn