## Agenda Item

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| **Confluence Technology Center** | In Person: Rick Hourigan, Roger Chaufournier, Gail Goodwin, Caitlin Safford, Courtney Ward, Dulcy Field, Barry Kling, Melodie White, Mike Lopez, David Kolde, Shirley Wilbur, Blake Edwards, Jim Novelli, Kris Davis, Laurel Lee, Rachael Petro, Paul Hadley, Deb Miller, David Olson  
**Via Phone:** Rebecca Voith, Courtni Fairbanks, Christina Harvill, Molly Morris, Shoshannah Palmeter, Ramona Hicks, Tracy Miller, Rebecca Corson, Richard Donaldson, Tony Butruille, John Kern, Sara Barker, Chris DeVillenueve, Doug Wilson  
**NCACH Staff:** Linda Parlette, John Schapman, Wendy Brzezny, Caroline Tillier, Peter Morgan, Cristal Eshelman, Tanya Gleason, Sahara Suval, Teresa Davis, Minutes |

### Introduction

- David Kolde moved, Melodie White seconded the motion to approve the meeting agenda, motion passed
- Dulcy Field moved, Jim Novelli seconded the motion to approve the September minutes, motion passed

BAVI Assessment completed, the final report available mid-October. Once the report is available Wendy will send out to the group. We can decide if we need a webinar after reviewing results.

**Upcoming Learning Activities:**
- Motivational Interviewing Workshop, Oct. 9-10
  - Over capacity – 27 participants
- QI Affinity Group, October 19th
- Motivational Interviewing Train the Trainer, Feb 2019 (4 day training)
  - There are prerequisites to join this training
  - Application available on the portal
  - Primary Care LAN, starts Tues. Oct 2nd, 8 organizations have registered
  - Behavioral Health LAN, starts Wed. Oct 3rd, 8 organizations have registered
  - **Reminder:** This activity is a pay for participation. “One representative from the team must attend a minimum of 80% of webinars. Attendance will only count if at least one member from the organization participates via video.”
  - **Transparency:** All documents/homework that the teams work on in the LAN will be uploaded to the portal. Users can subscribe to the notifications for the LANs by clicking on the heart at the top of the screen in the portal, can subscribe to all or specific LANs. Faculty will provide more information this week on homework uploading requirements.
### SUD Consent Management:

HCA formed a workgroup to offer guidance for providers around 42 CFR Part 2 and development of standard consent form(s). They have sent out the first round of forms for review, they are getting ready to send out a second round. Anybody interested in joining this workgroup should contact Wendy. You would be on-boarded via phone call with HCA.

- Caroline is going to get more details on this and bring back to the group. Courtney suggested that if you are a behavioral health organizations, you should have someone on this workgroup.

### Change Plan Results & Next Steps

- MOU’s all but 1 have been returned.
- Still have issues with the change plan and they are still closed to edits. Sent the problems back to the technical team and they are working on it.
- Measure specifications were submitted on Friday, so reporting template can be created and ready for use by end of December.
- Reporting portal is will be based on the specifications - primary & secondary measures will be listed. You will just need to use the drop downs to say if you have started them. Then there is a short narrative.

### Change Plan Implementation – Coaching Activities

- Nicole Van Borkulo and Gwen Cox will be primary coaches. Tina and Kathy fill in as coaching is needed.
- Kathy Reims went over what coaching is starting to look like as we go through this coaching transition. She also gave an overview of the measures that the teams are choosing. Seeing a lot of patient satisfaction/experience, access, depression screening, BH/PC linkages, and diabetes. This is a diverse group of measures that the teams are working on. All of the areas that people are focusing on are an opportunity to learning from each other. Wendy noted that some sites were not interested in additional coaching, we will have a quality improvement advisor looking at the homework so you may get a call from them to get feedback.

### Leadership Development

Roger Chaufournier gave an overview of leadership development. We have been trying to figure out how to best help this region and support the roll out of the initiatives. Initially we thought there would be a one size fits all approach, but that did not really support the area’s priorities and needs. Leadership is a core driver for success.

### Internal Alignment.

- We need to have a collective impact. Need to make sure the organization’s strategic plan is cascading down to our internal priorities in the organization? How is it transforming into an operating plan?
- Some providers have quality departments already and they have their own work that they are doing. It is tough to manage competing priorities.
### How do you connect the dots for staff?

- Chris DeVillenueve said that they have taken the vision what change can be and what patient’s mental health is and went back to the Board. Showed them what a patient’s mental health can look like in 3-5 years and got their buy in.
- Gail started change plan from vision that they already had and made sure the change plan was in line with that vision.
- Rick said that leadership needs to answer the why when presenting a vision to staff on the front line.

### External Alignment:

- First 6-9 months been working on capacity building, now we are moving into the LANs to implement changes.

Roger went over the dashboard showing benchmark data from HCA

Areas that we might create alignment, leverage resources, and bring collective energies of the group to move the measures. What synergy can we start to create with Community Based Organizations and/or payers?

- Communication from Emergency Departments to Behavioral Health needs to be improved. Follow up area 7 & 30 days is ripe fruit. We have the TCDI workgroup & Edie system that could help. BH is not getting PreManage. Caroline noted that they are working on getting providers connected with PreManage. We can access outside resources to help with PreManage. NCACH staff will follow up when we have an approach to roll it out.
- Depression med follow-up, need to acknowledge that there are other solutions for patients who may not be helped by medication. (e.g.: church based groups & counseling that are not billed to the MCO’s and therefore not tracked for success rate) In Oregon they came up with an alternative payment method that addresses alternative solutions.
- We are still living in a fee for service world – providers are still paid based on encounters. Most providers are going to have to figure out how to incorporate things that aren’t just production.
- Notification to clinic regarding discharge from inpatient facility. Clinical Data Repository is now live with the state, we should dig down into what information is available. MCO’s receive notification from CMT. TCDI has all of the players at the table if we come up with 3-5 common measures, we could work on moving the metrics.
- Follow up within 7 days and 30 days is a priority.
- Medication management for people with Asthma – do patients have to be compliant 75% of the year? We also may be over diagnosing when people are coming in with a cold and coding incorrectly.
• Coding training would be helpful – many providers stick with the same code for everything. It is happening because providers don’t have time and may not realize how important it is to code correctly.
• It is helpful to have a coder on staff to look over billing and make sure services are coded correctly.
• MCO’s have HEDIS tool kits to make sure that the coding is accurate.

**Placeholder for 2 topics**

- Follow up to 7 & 30 days
- Asthma management
  - In the work / LANs that we are rolling out we could cross reference these areas as priorities.

Peter thinks we should do a deep dive in Hospital Utilization Data: MCO’s could help with that data. MCO’s have committed to providing quarterly HEDIS data to ACH’s. If there are additional measures needed we can request it. Rick suggested drilling down into the claims data and tell us what the preventable admissions are from the MCOs then present it to the providers. Is it a coding, access or a SDOH issue? Consensus on entering into business associate agreements to drill into this data? If it is not patient level data, there would not be a need for agreements.

**Next steps:**

- Look into coding training
- Work with payers to find out what that agreement would look like to have data aggregated.
- Updated data will be released this month, will bring that back next month to see if anything has changed.
- Work on follow up after discharge and asthma
- Providers start looking at your own data to see what it shows you

We want to leverage this meeting – we are transitioning this meeting to more of a strategic leadership style. Roger will be joining us every month to facilitate this discussion.

**Roundtable:**

- Need to focus on discharge planning and communication
- Unified EMR?
  - Epic is not designed for behavioral health.
  - Rick believes having a regional EMR is a no brainer.
  - David Olson: Everybody on the same EMR that would be the best, if that could not be done, create a hybrid to communicate with Epic.
  - Richard is looking into Health Information Exchange
  - Big question is who will pay for it?
- Deb Miller announced that the Pathways Community HUB launched today and the have a client.