



North Central Accountable
Community of Health

Whole Person Care Collaborative

5/7/2018 Meeting

WPCC Recent Activities

WPCC Learning Community Update



- Portal Registration
 - Thanks to all organizations for submitting authorization forms for portal (early April)
 - 54% of portal invitations have been accepted to date (51 out of 94 WPCC Learning Community members who were authorized across our 17 orgs)
- Kick-Off Feedback and Storyboards
 - All ideas from Kick-Off participants were summarized and shared on portal.
 - Thanks to Catholic Charities and Confluence for uploading their storyboards!
- Change Plan LAN
 - 2 webinars to date, webinar #3 scheduled for 5/8, 12-1:30pm
 - All reminders, access to change plan template, resources, and calendar invites are dependent on portal registration
 - CSI team making improvements to template based on feedback from users

Portal Registrations

WPCC Learning Community Member Orgs	# of Staff Authorized	# Registered to Date	Registration Rate
Cascade Medical Center	4	3	75%
Catholic Charities	9	2	33%
Center for Drug and Alcohol Treatment	5	4	80%
Children's Home Society of Washington	5	3	60%
Columbia Basin Health Association	3	1	33%
Columbia Basin Hospital – Family Medicine	7	6	86%
Columbia Valley Community Health	6	3	50%
Confluence Health	4	2	50%
Coulee Medical Center	7	2	43%
Family Health Centers	7	2	29%
Grant Integrated Services	6	6	100%
Lake Chelan Community Hospital & Clinics	6	2	33%
Mid Valley Clinic	7	3	43%
Moses Lake Community Health Center	2	2	100%
Okanogan Behavioral HealthCare	6	5	83%
Parkview Medical Group	6	3	50%
Samaritan Healthcare	3	1	33%

Change Plan Teams - Guidance

- **Change Plan Quarterback:** This role is accountable for making sure the Change Plan is completed.
- **Transformation Champion:** This role is filled by someone who is in touch with needs across the organization and enthusiastically supports transformation in all 8 areas of the Change Plan.
- **Customer Voice:** The recipients of care of the system who can provide valuable input from their side of care provision. Two people must be in this role.
- **Resources Wrangler:** This role is charged with knowing the strategic priorities of the organization, understanding how resources are committed and taking that into account during the Change Plan development.
- **Measurement Captain:** This role is filled by the person who will be in charge of measurement for practice improvement projects linked to the NCACH Medicaid Transformation.
- **Front Line Expert:** This role will provide practical, real-world expertise about how the system functions in order to imagine what is possible.
- **Utility Players:** Flexible role for whatever need the organization has in order to complete the Change Plan.

WPCC Workgroup Activities

Updates from April 12th workgroup meeting

WPCCC Workgroup Updates

April 12th Meeting

- Input
 - Change Plan template
 - PCMH-A/MEHAF assessments and progress reporting
 - Standardized screening tool for social determinants of health (SDOH)
- Domain I
 - Reviewed high-level questions on VBP, HIT/HIE, workforce
- Stage 2 Funding options
 - Explored and discussed Stage 2 funding models

Workgroup Recommendations

- Assessments: Supportive of asking all orgs to update PCMH-A and MeHAF assessments annually
- SDOH screening tool: Support adoption of PRAPARE screening tool since it is being rolled out with FQHCs already, and integrates with major EHRs

Find meeting materials and minutes here: <https://ncach.org/wpcc-workgroup/>

Stage 2 Funding Models – Workgroup Feedback

- Supportive of base funding element for several reasons:
 - smaller providers have fewer resources to begin with, despite having large goals to achieve (recognition that there's a certain hurdle that everyone needs to get over)
 - Base funding provides element of predictability and stability - important, since providers are wrestling with how best to plan and budget for this work
 - Reduces complexity, simplifying the management of the funding process
- Recommended updates to Stage 2 funding model address the following:
 - Like the concept of some funding being tied to measurement; holding organizations accountable to outcomes, and helping them work through barriers. Payment for performance is important to make sure people are achieving outcomes
 - Base amount shouldn't be same for everybody (should be adjusted based on volume)

Future LAN Offerings

Current Draft Proposal

Topic	Learning Objectives	Faculty	Type	Timing
Empanelment			Sprint	Late June 2018
Bi-Directional Integration	PC into BH	CCMI, CSI/AIMS	LAN	July-Aug 2018
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QI Infrastructure	Hands on QI Basics	CCMI, CSI	1 – 2 day face to face meeting	July
Access Refresher	Supply, Demand		Sprint	August
Advanced Access	>85% continuity, managing panels		LAN	Sept-October 2018
Chronic Pain ECHO	Managing Chronic Pain, Safe opioid practices		ECHO	Q month, begin Sept 2018
Data Driven Improvement	Interpret first data report and plan for next quarter		Pre-work data submission, peer sharing and trends	November 2018
Population Health	Risk stratification, roles and workflows		LAN	November-December 2018
Hypertension Control	Increase % of population with controlled BP		Sprint (Every other week)	February 2019