WPCC Workgroup Meeting Notes

Thursday, May 10th 2018, 1-2:30 PM

Location: Webinar *AND* **Chelan Douglas Health District** 200 Valley Mall Parkway, East Wenatchee, WA 98802	GoToMeeting Info: https://global.gotomeeting.com/join/358682781 Meeting Access Code: 358-682-781 No computer audio? Dial in using your phone. United States: +1 (786) 535-3211

Attendees

Workgroup members: David Kolde, Molly Morris, Julie Lindberg, Kim Fricke, Blake Edwards, Amy Webb
Staff and consultants: Peter Morgan, Caroline Tillier, Kathy Reims, Linda Parlette
Absent: Dulcye Field, Deb Miller

1. Welcome & Introduction	Briefly reviewed main recommendations that came out of our last meeting on April 12th. In terms of PCMH-A and MeHAF assessment frequency, Caroline mentioned that HCA was considering making MeHAF assessment updates part of the semi-annual reporting. Agreed that not highest and best use of provider time to do MeHAF every six months, NCACH will relay this feedback to HCA. Regarding recommendation to use standardized SDOH screening tool, group agreed that it's less about needing to require/recommend a specific screening tool, and more about recommending similar baseline of data elements. PRAPARE can serve as guide, but don't require use of tool. A core data set is going to be key for understanding our region - want a data map that is consistent across organizations to get uniform pull. Uniformity of data and ability to use it gives us power across the region. Should be able to feed those to Pathways HUB. Action Items: Caroline will reach out to Gwen to see how the social needs screening tool that she recommended to Catholic Charities compares to PRAPARE. Kathy recommending that we identify a core minimum of SDOH screening questions, sooner rather than later, so we can recommend to providers and incorporate ideas into change plan development.

2. Feedback on change plan LAN and template	Peter welcomed thoughts for the good of the order. Blake offered that his team is in the process of demystifying the template and process, and struggling to close the gap between big ideas and process and concrete action that will need to take. The one-on-one with Kathy was really helpful in closing that gap. Would suggest that other providers might benefit from one-on-one consult as well. Dave shared that his quality folks looked at the template to identify which template measures they are currently capable of measuring. Noted that would have no idea how to measure the asthma action plans. Caroline pointed out that this is actually of a number of "pay for reporting" measures that the Health Care Authority dropped from their requirements at the end of April. Asked workgroup members to weigh the pros and cons of updating the template to reflect these changes (which might lead to loss of data for those who already selected those measures) or keeping list of measures as is since they are not required, though they do add clutter. Workgroup leaned towards cutting measures that are no longer required. Kathy suggested that we keep measures if they are deemed important, even if they are hard to measure, because one of the things to do is build capacity for measurement. Action Item: NCACH staff will work with CSI to remove measures that are no longer required by HCA and that are hard to specify/measure. Peter suggested that group might chime in to provide feedback. Discussion ensued about other sections of the change plan. Some members were under the impression that WPCC Learning Community was only working on chronic disease and bi-directional projects. There is some confusion amongst providers about how the change plan dovetails across the 8 categories and 6 Medicaid Transformation projects. Kathy recommending that providers think of SDOH or opioid sections (for example) within a larger chronic disease or bi-directional context - want those synergies. Transitional care section of change plan designed to promote handoffs back to primary care or BH after come out of ER, an effective strategy for avoiding re-hospitalization. That's the kind of thing NCACH wanted to incorporate into workflows and thus the change plan. Concern that spreading quality improvement efforts across 8 categories will dilute ability to be successful. Concern about amount of change that people are capable of undertaking. While we could consider shifting deadlines on certain sections of the change plan, Peter recommending that we stick with July 31st deadline and leave 8 sections as they are right now. Peter acknowledged that some areas of change plan may become more robust down the road as other project partners begin their own work (e.g. hospital partners working on transitional care, Pathways HUB care coordinators). We have the ability to add drivers and tactics to the template next time it is open for provider updates. This is important consideration as we think about evaluation of change plans. Group is very interested in process around evaluation of change plan process.

	Other Action Items: • Evaluation of change plan and implications on funding will be topic of discussion at the next WPCC Workgroup meeting. • NCACH staff will clarify 8 change plan topics and expectations during one-one-ones with provider orgs o Knowing what's required vs elective is really important • NCACH will clarify how frequently can adjust change plan (any time or open-enrollment?)

3. Review Updates to Stage 2 Funding	Walked through current thinking with workgroup members. Questions included:
	• How did we get to 31 teams?
	  o Staff shared excel workbook to explain underlying assumptions.
	• How much capacity does an organization have to engage teams?
	• Why don't the differences in encounter volumes get reflected in differences in base amounts?
	  o Regardless of volume, there is a certain cost to change. Trying to find a reasonable compromise for everyone without over-engineering funding model, given huge differences between organizations
	
	Peter reminded group that these are just projections, not promises. We do need to make Stage 2 funding recommendation to the Board by July meeting, so need to have Stage 2 funding recommendations fleshed out by end of June.
	
	Action Item: We can share the table with the workgroup, allowing members to critique the estimates.

4. Preliminary review and feedback on "Domain I" assessment questions	We skipped to the next topic given limited time. Action Item: Caroline will circulate draft assessment questions to workgroup members for input. Feedback will need to be provided on a fairly tight timeline.
5. Feedback on future LAN Offerings	Reviewed original outline and sequencing of learning activities based on Kick-Off feedback, and current thinking regarding priority topics. Discussed timelines, topics, and idea that diving into learning activities prior to change plan being due would help flesh out some change ideas. • Empanelment - number of organizations do not yet measure quality at individual provider or team level. This would be an intro to help get them started on that.

	• Area that is missing but would add value = team structure, given that it's hard to find certain staff (opportunities to adjust recruiting to fill positions in a different work). Assistance around personnel and team based care is key.
	  o How are others staffing their teams?
	  o Can we pull best practices together and learn from each other?
	  o Who addresses social determinants of health on the team?
	• Re: chronic disease management. Like idea of sprints and suggested that could have one meeting per month. Rolling meetings would address specific chronic conditions and help providers learn more about the medical issue
	• Fleshing out the specifics through a one-on-one consult has been key to move forward on change plan elements. E.g. stimulant medication management and cardiovascular linkages. Eager to have really specific ideas, not just big ideas.
	• Some were in favor of offering all proposed learning activities prior to having change plan template due
	  o Cart before the horse - need to know what you're getting into (the learning activities are the horse) the change plan is the cart
	  o Learning activities will help people understand what they're capable of doing
	
	<u>Action Item:</u> NCACH staff will circulate a revised future LAN schedule to workgroup members for critique. NCACH staff and CSI/CCMI team will also reconcile what to do around change plan due date and timing of learning activities.

6. Next Meeting	Next Meeting – June 14th!