WPCC Workgroup Meeting Notes

Thursday, August 9th 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 present: Kim Fricke, Amy Webb, Deb Miller, Hayley Middleton (in lieu of Dulcye)
Staff and consultants: Peter Morgan, Caroline Tillier, Linda Parlette, Roger Chaufournier (CSI), Christina Clark (CCMI)
Absent: Molly Morris, David Kolde, Dulcye Field, Courtney Ward

1. Welcome & Updates	
2. Learning Activities + Coaching	Workgroup members chimed in about updated learning activities schedule, as well as identified coaching needs. Peter explained a slight change in direction. Rather than asking every WPCC organization to participate in a given LAN, we are planning on offering more discrete LANs supplemented by individualized coaching. Network of coaches would be in the field helping organizations with improvement of change plans, dealing with measurement issues, troubleshooting, etc; tailoring coaching based on organization's capabilities and needs. Coaching goal will also be to determine priority implementation goals for the near term and helping target learning activities. Current plan is that NCACH would centrally coordinate and pay for this coaching network. This "formula" may need to be adjusted based on feedback from providers this fall and going into January 2019. Comments • To maximize participation, dates become very important for any organization's teams – short lead times make it harder for teams to carve out the necessary time. Even if don't have curriculums or times, setting the dates and times is key. Noted that this may not be as critical for 1.5 hour web-based learning session formats.

	• Roger emphasized that orgs with internal coaching capacity, coaching network could be inclusive of those coaches. Coaches help with peer sharing and problem-solving, pollinators of best practices • Coaches should have a lot of experience in topics and day to day challenges faced by busy clinic practice. To the degree that it would help foster exchange of best practice and ideas surrounding the LAN topics, coaches could be really helpful. Needs to be someone who's been in the trenches. Organizations can learn a lot from each other.
3. Reporting Process	In many ways, the next four months is like an extended write-back period in that organizations will have an opportunity to fine-tune their change plans due at end of December. Staff reviewed reporting expectations going forward and provided mock screen shots of qualitative and quantitative elements of reporting in portal. The idea is to keep it simple while holding organizations accountable for quarterly updates. Reviewed the following qualitative elements: • Change Status (e.g. not started, planning, testing, limited implementation, etc) which would be reported and updated every quarter. • Practice Level Entries – text boxes allowing agencies to share a short summary of successes, summary of challenges, and next steps. This would be by overarching topic, aka 8 domains (e.g. BHI, Chronic Disease, Access, etc) • TA Provided – probably should say "TA received". Overview of technical assistance and support that organizations are tapping into (e.g. learning activity, coaching, training, etc) <u>Feedback</u> • Include definitions for drop-down options • Like the simplicity of the descriptions in the drop-downs • Practice level entries sounds very reasonable Quantitative elements will be collected through portal platform (CSI Lumen system), allowing for quarterly updates on measures. Will need to work with WPCC organizations to get specific about the numerators and denominators for the measures they chose. We chose as an ACH to not make any measures required, but down the line, we may decide that everyone should track certain measures. Reviewed how frequently recommended measures were selected. Also discussed what to do about the 299 optional measures. Discussed work ahead around supporting capacity building around measurement for most of 17 member organizations. Many agencies don't have baseline data. Brainstorming a process for engaging organizations to fine-tune measures, data collection strategies, analysis. Need to prioritize measures to be incorporated in this first round and then slowly build measure set (given how many measures were submitted). In order to follow up on measures, do workgroup members think that an individualized phone call would be more valuable than a more collective process with a QI affinity group?

	Feedback • Suggested that grouping organizations with same EMRs would be a great starting point to learn from one another in terms of pulling the right reports from their systems. Help each other learn how to collect and analyze. A measurement coach would be awesome, in that it would provide an opportunity to bring WPCC members together via webinar, with someone versed in data validation facilitating the discussion around collecting and analyzing data. • Person who writes report has to have discrete data to pull from system, EMR has to be designed to collect the data discretely, workflow has to allow for data to be collected. Workflow must be designed to capture data elements as you go, versus doing manual processes or chart audits. Design around valid data collection is key on the front end. • Coaching is helpful, but working with other peer organizations can often times be just as valuable. • Asked about reasonable measurement period for every quarter (report due at end of December would probably not involve Oct-Dec data). Incorporating a 45 day lag as general rule of thumb would be good. • For multi-site organizations, some may decide to report their measures at organizational level, others may choose to report at site level. The challenge is that for teams working on a specific learning activity, data may not be sensitive enough to capture changes in the field. General agreement that this design decision should be left to organizations. • Regarding measure transparency, workgroup members on the phone agreed that transparency (seeing how compare to others in the region) would be good, with some caveats. Value in benchmarking as an ACH, but probably using de-identified data. Want to be mindful of sensitivities. Hesitations around audience; where is information going? Would want any measures to be accessed and shared only within the WPCC Learning Community. To the extent that measures stimulate collaboration between colleagues, very supportive. But how people read and translate data is critical – lots of interpretation. Important not to misread the data, and that is where transparency can raise concerns. Displaying numerators important, to help with interpretation of measure variation.
4. Synchronizing Workgroup Strategies	Peter provided context; need to define interface between WPCC and other workgroups. How do we promote alignment to the extent that different workgroup partners depend on each other's processes? Will share this information with broader WPCC as well. John Schapman shared updates for the Transitional Care and Diversion Intervention (TCDI) workgroup. Implementation partners for this workgroup are Emergency Departments and inpatient hospitals in our region (10 entities will be eligible for funding). Their process improvements will tie back to the WPCC in that outpatient providers will be working on follow-up visits with patients discharged from acute settings. Some of the TCDI metrics have a lot of interplay with WPCC (e.g. increase in follow-up post hospitalization physician/mid-level visits for all patients, increase follow-up after discharge from ED for mental health). Kim pointed out that if Samaritan discharges a Moses Lake Community Health Center patient, understanding

	discharge protocols and how partners work is key for not duplicating efforts. John pointed out that will be working on helping hospital partners maximize use of EDIE, while also working with outpatient providers to maximize use of PreManage. As we engage various funded partners, staff will be facilitating conversations and connections between partners, while also paying attention to any health information exchange strategies that the ACH could invest in to help with coordination. Will need to fine-tune process for synchronizing drivers and tactics for these respective groups of funded partners. Caroline shared some Opioid workgroup updates, which is staffed by Christal Eshelman. Eleven entities received rapid cycle funding through that process. Some WPCC providers did apply for and receive this funding. Caroline emphasized that in order to be eligible for this additional funding, WPCC providers were asked to emphasize work in/with the community and were required to show that their opioid application involved an outside partner that they would be working with. Deb Miller walked the workgroup through the Pathways HUB roll-out, which is starting in Moses Lake. She has been meeting with Care Coordination Agencies (CCAs) in Grant County that plan on employing Pathways care coordinators, aka community health workers. Target population is Medicaid or Medicaid eligible with 3 or more ED visits in past 12 months. As figure out referral process, will think through how to catch referrals for *household* with 3 or more ED visits. In terms of link to WPCC, there is a medication management pathway which may need to be visited with WPCC members (note that there are 20 pathways). It may be worth doing a webinar for WPCC providers. Because NCACH provided little guidance and measures in the community-based care coordination section of the change plan, this area will need to be further developed and explained so WPCC providers understand what the Pathways HUB means to them. For example, a webinar for chronic care coordinators employed by outpatient providers would allow them to better understand the type of service that could be available to their patients. Amy noted that this would be more useful if it was closer to the roll-out within each county, and tailored to providers operating in those counties. Linda pointed out that a consistent elevator speech explaining the Pathways HUB (something they are working on) will be key. We will share applicable information with WPCC providers as things roll out.
5. Other	Will share some of these workgroup alignment updates with the broader WPCC at the next meeting. Meeting adjourned. Next workgroup meeting – September 13th!