Greater Columbia Accountable Community of Health

Collaboration · Innovation · Engagement

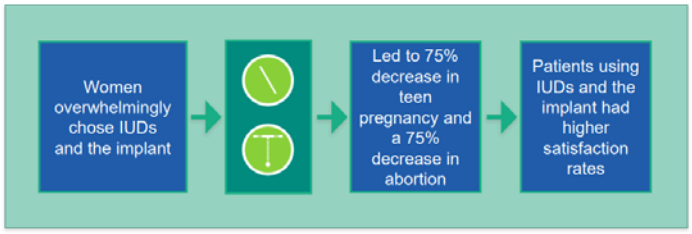
Leadership Council Meeting Minutes

March 15, 2018 | 9:00 am – 11:30 am

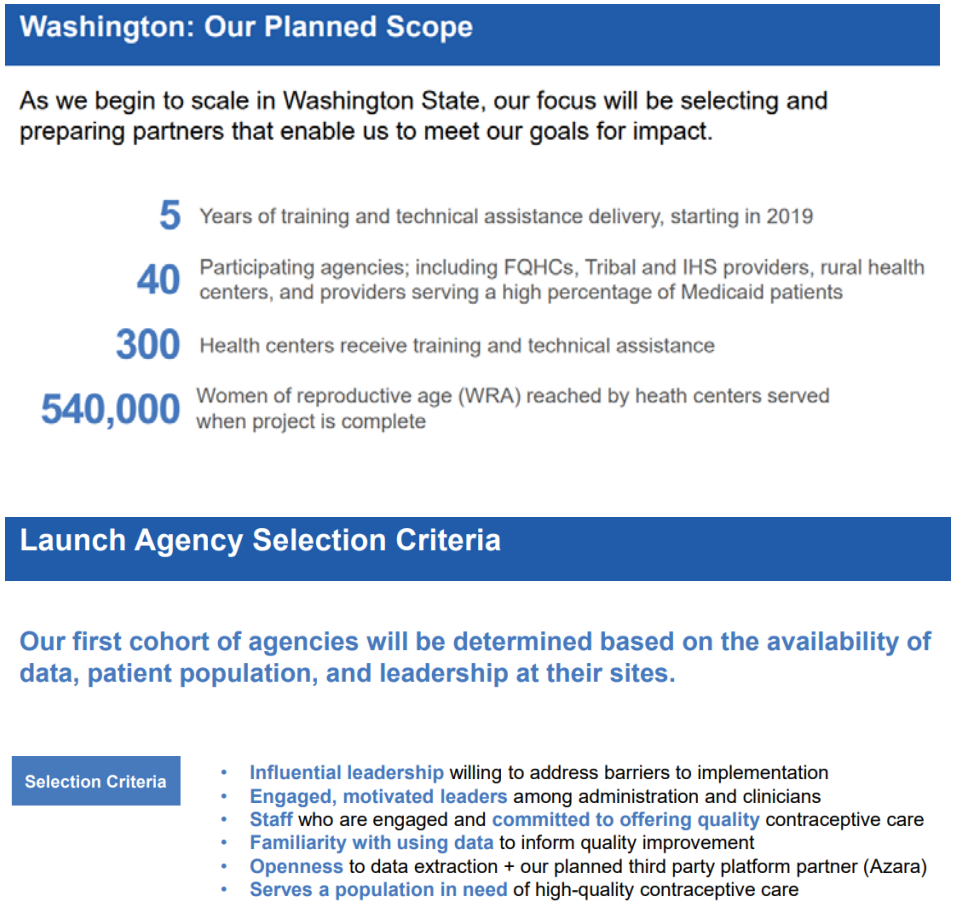
Columbia Basin College (CBC), Library 102 (L102), 2600 N 20th Ave, Pasco, WA 99301

ATTENDANCE	
Participants (* denotes they called in, † denotes a Board member):	Speakers: Chelsea Waliser, Brian Sandoval Participants: Lupe Mares, Sean Domalgaski, Chas Hornbaker, Kirk Williamson, Miguel Messina, Shelly Little, Ashley Nelson, Blanche Barajas, Carla Prock, Cheri Snowhite, Dr. Amy Person, Mandee Olsen, Martha Lanman, Fenice Fregoso, Holly Siler, Michelle Mann, Matt Davy, Andy Nyberg, Sue Jetter, Becky Grohs, Sierra Foster, Susan Campbell, Barbara Mead, Jon Lobdell (Richland school district), Matthew Kuempel, Ronni Batchelor†, Michelle Sullivan, Jocelyn Pedrosa, Lisa Hefner, Gary Castillo, Sandy Corrollo*, Mark Wakai*, Larry Thompson*, Bill Dunwoody*, Heidi Berthoud*, Gwen Cox*, Corrie Blythe*, Bertha Lopez*, Virginia Janin*, Wally Lee*
Staff/Contractors:	Carol Moser, Megan Kummer, Kylee Spence, Wes Luckey, Aisling Fernandez, Patrick Jones, Sam Werdel, Ruben Peralta
Special Thanks:	Thank you, Columbia Basin College, for use of the facility.
MINUTES & REPORTS	

Welcome & Introductions, & Minutes (Patrick, Carol, Wes)	• Welcome & Introductions: Patrick Jones, Ph.D. Executive Director of the Institute for Public Policy & Economic Analysis at Eastern Washington University, facilitated the meeting. He welcomed participants to the meeting. Participants around the room introduced themselves by name, organization, and what their plans were for the upcoming St. Patrick's Day.
	• Minutes: The February Leadership Council minutes were distributed electronically but not discussed.
	• GCACH Staff reviewed the GCACH Report, formerly called the Director's Report.
	  • GCACH is working with the Yakama Nation on an oral health access program, focusing on dental health aid therapists.
	  • GCACH is working on IT that supports the Waiver Demonstration metrics, tracking progress and achievement of the metrics by the participating providers. GCACH is comparing several IT software packages.
	  • Megan Kummer walked the Leadership Council through the new website which is an improvement over the old one in function and in aesthetics. Visit **www.gcach.org** to see the calendar of public events, resources, news, contact information, ways to get involved, and FAQ. The website and staff have the new, shorter GCACH.org domain (instead of the greatercolumbiaach.org domain). Reach out to Megan at **mkummer@gcach.org** for any recommendations for additions or clarification about the new site. **(Update: Please notify Lauren Johnson for additions or recommendations: ljohnson@gcach.org).**

	• Megan's last day with Greater Columbia ACH will be March 30th. Lauren Johnson will be the new Communication & Administrative Coordinator (**ljohnson@gcach.org**). • Carla Prock, of the Benton-Franklin Health District & Co-Facilitator of the GCACH Reproductive and Maternal and Child Health Project Team last year, talked about continuing this work, focusing on Long-Acting Reversible Contraceptives (LARC). She introduced the first guest speaker, Chelsea Waliser, from Upstream USA. • Visit our Resources Page and download the 2018-03-15 GCACH LC Packet .zip file at **https://gcach.org/gcach-resources** to see the March 2018 GCACH Report.
Upstream USA Overview Presentation	• Chelsea Waliser is "Upstream's Washington State Executive Director, leading the effort to reduce unplanned pregnancy by helping more Washington women access the most effective forms of birth control, through training, technical and financial assistance to Washington healthcare providers." (quotation from http://www.upstream.org/team/chelsea-waliser/) • Chelsea's presentation was titled "Upstream Washington. State Plan Overview. March 2018" • The mission of Upstream USA is, "Upstream USA is a nonprofit organization that helps health centers across the country eliminate barriers that prevent women from obtaining the full range of contraceptive methods so that all women are empowered to become pregnant only when they want to." • Upstream USA is working in partnership with the State DOH, with HCA and with ACH organizations across the state. There's an opportunity gap in WA and the USA. Typically lower income people have less access to LARC, which includes implants and IUDs. We still have a challenge transferring it to a clinic level. • Upstream USA coaches everyone in a clinic so that everyone is part of the care team. • Chelsea talked about The Choice Project in St. Louis, pilot studies in Delaware and a case study in Massachusetts. • Key Point: This organization is about changing the culture of health, both within a clinic and to support the reproductive health goals of women from different backgrounds. This is an example of practice transformation. • In the presentation, Chelsea said that Success looks like: o Serving a population that is in need of better access to quality contraceptives. o Having influential and engaged leadership. o Partnering with organizations that are committed to data-driven goals and improvement. Organizations that want to set goals for how many women they will talk to, measure what method they have now and what they have in 3-6 months. • Upstream is a Quality Improvement Initiative. Impressive results from the program! Example: In a groundbreaking research study by Washington University in St. Louis (2007-2011), nearly 10,000 women were offered a choice of all contraceptive options with no barriers — all clinic services and methods were free and provided in a single visit. 

- Chelsea laid out the planned scope of work in Washington State, and how cohorts would be determined:



- Q&A:
  - "[Does Upstream have] any experiences so I far working with BH or with women in the midst of MH or addictive disorders?"
    - CHELSEA: "Yes. [Upstream] partnered with two primary types. One was more traditional like FQHCs, another type was with foster care and other kinds of community health worker roles. Upstream has adapted training materials and has adapted how to provide counseling and make referrals. The greatest improvement in unintended pregnancies rates from no method at all to some method.
  - "It's a population that doesn't need one more thing on their plate."
  - "[What about] support for women who say yes?
  - "Some people only care they're receiving in the ER."

	▪ CHELSEA: "In Delaware we worked in urgent care, in some ER settings. Problem is that ERs are usually attached to a large hospital. Upstream can work with large systems. o "How are you providing LARC in primary care, immediately post-partum, and in urgent care?" • Chelsea's presentation can be found here by visit our Resources Page and download the 2018-03-15 GCACH LC Packet .zip file at **https://gcach.org/gcach-resources**.
2A Bi-Directional Integration of Care Presentation	• Brian Sandoval is the Clinical Director of Primary Care Behavioral Health at the Yakima Valley Farm Workers Clinic (YVFWC). Brian Sandoval's presentation was called, "Lessons Learned from Behavioral Health Integration." • Key Points: • There are two divisions for BH integration. ▪ Integrating BH into primary care setting • Bree Collaborative Approach • Collaborative Care ▪ Integrating primary care into BH setting. • BH homes • Offsite collaboration • "Integrated means routine care." A high percentage of people coming in for primary care then see behavioral health. • "A carrot helps." To achieve greater engagement, give them a carrot. For example, some people will come to a session who don't want to be there, but they come because they will get their opioid prescription filled at the end. The people who come in sometimes didn't think they wanted this group, but then change their mind. • CenteringPregnancy is something YVFWC is working on, which follows women through prenatal and postpartum care and creates a cohort of women who support each other. This integrates BH. • Diabetes Care is led by a medical provider, but in a team with a dietician and a BH consultant. • Collaborative Care learnings: patients got better, achieved 100% remission, but was for a smaller subset of patients than expected. PCBH Brief Intervention Model serves larger subset of patients and more efficient. Adding components of Collaborative Care (vs. the model itself) allows for more flexibility and ability to track conditions related to metrics more effectively. Need to look at root causes for problems such as ED use. ▪ "We must ask *should* we build or expand first before *how*." ▪ "Don't expand models, think about the system." ▪ "The approach should dictate what learnings/trainings we take on, not the other way around." • Q&A: • "How do you create more intentional interventions?" ▪ BRIAN, "PCBH is the brief intervention model used at YVFWC. Empirically based model. Well accepted. Focus, acceptance and commitment therapy." • BRIAN: "We want to see a person 4 times or less per quarter. There's a dashboard that can be shared on the GCACH website."

	• "Are you using other screens for anxiety or PTSD?" ▪ BRIAN: "We give the PHQ9 and GAD-7 together. It informs treatment much more than PHQ9 alone. Helps with more efficient business." • Brian's presentation can be found here by visit our Resources Page and download the 2018-03-15 GCACH LC Packet .zip file at **https://gcach.org/gcach-resources**.
Facilitated Discussion	• GCACH's Fearless Facilitator Patrick asked several questions to the Leadership Council members and received feedback from the audience: • Patrick asked, "To those of you who are providers or work with providers, what are the biggest challenges in your organization to implement this type of work?" • "They are integrating BH around the Collective Care model at Lourdes. I hear Brian saying that's more of an expanded concept than just Collective Care. Brian is saying that the principles from Bree are much broader and more inclusive. That's a change in thinking, resources, etc. from Collective Care." • "I'm interested in ED data. If 90% of ED use is attributed to BH issues, how do we get them into the system especially those with SUDs, like with opiates?" o BRIAN: "A lot of those people come into the clinics. We must do way better job with those in the system and iterate from there, focusing later on the people outside the system. People get focused on the treatment not on the life they want to live. Perspective is everything! Capitalize on an opportunity! Make MH/BH a routine part of care visit, make sure people don't feel stigmatized. Motivational interviewing stops at the desire to change and you must take it a further to engage people's values. Acceptance therapy is the next step." o There are components I'm not hearing. A lot a lot of times people are giving up. Sometimes people go in to the ER for a band aid. She likes Lutheran because they do wrap-around services. Those services will continue to be over-utilized. There's a woman attributes her improvement in life to the support she received which helped her to not give up. ▪ "We need people on the ground helping people, bringing them into the system. In primary care, we started to recognize the importance of the Social Determinants of health. Now YVFWC gives out food and has an internal food pantry. The groups are for peer support outside the clinic especially for at-risk families." • "People are really the community's patient! Many providers share those patients as they move to and from different clinics. Sharing resources is key." o BRIAN- "What if that is part of the coalitions? Clinical-needs based. How do we expand that? I appreciate that point. Many people are assigned but not engaged." • Patrick asked, "To those from Community Based Organizations, [what do you think of that is] not just the clinical provision of care, [but also the] environment?" • BRIAN: "There really is not as much TA as there needs to be. We need to learn from each other. This is where the collective effort comes in." • Carol & Wes closed the meeting by thanking everyone for coming. Next month we'll talk about opioid use. Stay tuned!
ADJOURNMENT	
Meeting was adjourned at 11:30 a.m. Minutes taken by Aisling Fernandez.	

Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!

The regular Leadership Council meetings will be (from 9-11:30 a.m. at CBC, room 102) on the following dates:

- Thursday, April 19, 2018
- Thursday, May 17, 2018
- Thursday, June 21, 2018
- Thursday, July 19, 2018