



Greater Columbia Accountable Community of Health

Collaboration • Innovation • Engagement

Leadership Council Meeting Minutes

February 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):	Mark Wakai, Mark Watilo, Shawnie Haas, Elissa Southward, Sean Domalgaski, Chas Hornbaker, Carla Prock, Nicole Austin, Angelina Thomas, Matt Davy, Rick George, Bill Mesina, Susan Campbell, Larry Thompson, Delphine Bailey, [REDACTED], Corrie Blythe, Ronni Batchelor [†] , Matthew Kuempel (Lutheran community services), Jac Davies, Sarah Bollig Dorn, Sheri Snowwhite, John (richland school), Becky Grohs, Barbara Mead, [REDACTED], Chuck Eaton, Sierra Foster, Jocelyn Pedrosa, Michelle Sullivan, Rhonda Hauff [†] , Brisa Guajardo, Bertha Lopez, Kirk Williamson, Shannon Jones, Dell Anderson, Veronica Gutierrez, Darlene Darnell [†] , Sandra Suarez [†] , Martha Lanman*, Michele Roth*, Lara Sim*, Dr. Kevin Martin*, Virginia Janin*, Michele Roth*, Brian Sandoval*, Winn Cox*, Marcy Durbin*
Staff/Contractors:	Carol Moser, Megan Kummer, Kylee Spence, Wes Luckey, Aisling Fernandez, Patrick Jones, Sam Werdel*
Special Thanks:	Thank you, Columbia Basin College, for use of the facility. Thank you, CG Public House & Catering, for catering.

MINUTES & REPORTS

Welcome, Introductions, & Minutes (Patrick, Wes, Kylee, Megan)	<ul style="list-style-type: none"> • 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 and organization. • Minutes: The January 18, 2018 Leadership Council minutes were distributed but not discussed. • Wes, Kylee and Megan reviewed the Director's Report: <ul style="list-style-type: none"> ○ This work is about Practice Transformation, about improving the delivery system, integration between different types of services. GCACH and other ACHs are in project implementation phase: <ul style="list-style-type: none"> ▪ The big lift this year is the implementation plan GCACH will submit to the HCA in October <ul style="list-style-type: none"> • Assessing our current state capacity, the four main project areas, and the Strategic Planning Group.
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	<ul style="list-style-type: none"> • The mission of the Strategic Planning Workgroup is to help with development of implementation plan, health equity, help oversee the work of some of the informal work. ○ In November we turned in the Project Plan in to HCA and we scored 100%. ○ Per the Board’s request, GCACH is trying to honor commitments around some the areas from the Waiver that weren’t put into the project plan, including dental hygiene, care coordination, and maternal and child health. ○ GCACH renovated the office to make it more accommodating and aesthetically pleasing for staff and guests. ○ GCACH is looking forward to two new staff: <ul style="list-style-type: none"> ▪ Sam Werdel will be coming on as the Bi-Directional Program Manager. ▪ Rubén Peralta will start March 1st and comes from the Tri-Cities Regional Chamber of Commerce. • Click here for the February 2018 Director’s Report
<p>Practice Transformation at Lourdes Health Network</p>	<ul style="list-style-type: none"> • Barbara Mead was a nurse and in management with Lourdes for 37 years, retired 18 months ago, and now is a consultant to Lourdes for Practice Transformation. • Barbara Mead’s Presentation was titled “Transformation Journey: Bi-Directional Integration Primary Care & Behavioral Health.” • Lourdes is a private, not-for-profit accredited organization. 3 divisions. Lourdes has been in the community for 101 years! Lourdes has 3 divisions: a medical center in Pasco, a physician clinic division (with primary care, family practice, pediatrics and some specialists), and the third division is behavioral health (has been in our community for close to 50 years.) The focus for the BH division is to treat the seriously mentally ill population. Hospitals often have more resources than smaller organizations many times, but hospitals have lived in silos for a long time- different departments within the hospital and silos from other fields. • Barbara discussed the journey that Lourdes is taking toward Practice Transformation. • The Lourdes Practice Transformation goal for June 2018: <ul style="list-style-type: none"> ○ Have a collaborative care management team in the largest primary care site that is: <ul style="list-style-type: none"> ▪ Team-based and patient-centered and ▪ Population-based and data-driven, measurement-based and treatment-to-target. • The Lourdes Practice Transformation goal for June 2019: <ul style="list-style-type: none"> ○ Have a primary care provider at the counseling center in Richland to provide general health care to this population. <ul style="list-style-type: none"> ▪ Results in BH and primary care in one settings ▪ Patients need to feel comfortable going to that setting. • Barbara talked about different teams at Lourdes that are taking on this work. Sam Werdel is their coach. • Key Point: The original idea was to screen adults for depression. How can we leave adolescents out of this? We know that suicide is the second leading cause of death for youth in the US. So they will continue with adults and as soon as possible and build a team around adolescents. • Click here for Barbara’s Presentation.

<p>Practice Transformation at Tri-Cities Community Health (TCCH)</p>	<ul style="list-style-type: none"> • Veronica Gutierrez (Director of Quality) and Dell Anderson (Director of Behavioral Health) at Tri-Cities Community Health (TCCH) co-presented. • TCCH has been going through Practice Transformation and they recently completed the 2.5 hour assessment phase. They worked with staff from around TCCH including managers, frontline office staff, physical health providers, behavioral health specialists, to get feedback on opportunities to improve in terms of scheduling patients, provider communication around individual patients, the EMR system and other aspects of the health delivery system at TCCH. They also touched on barriers including silos of work, funding streams, and changing practices habits like the length of a visit. Every door should be the right door. • There was no PowerPoint for this presentation.
<p>Practice Transformation Presentation</p>	<ul style="list-style-type: none"> • Sam Werdel’s presentation: “What the Heck is Practice Transformation?” • Previously worked with Qualis, Healthier Washington Practice Transformation Support Hub as a Practice Transformation Coach and a Connector. She will be the Bi-Directional Program Manager for GCACH starting in March. • Her presentation covered Practice Transformation, including the Four Foundational Change Concepts that make possible the level of system performance required of practice transformation: 1. Laying the foundation 2. Building Relationships. 3. Changing Care Delivery, and 4. Reducing Barriers to Care. She presented on empanelment (part of level 2), or the assignment of each patient to a PCP care team and holds clinicians responsible for decisions that patients make and uses a team-based approach. She touched on patient-centered interactions, expanded access, and care coordination. One key point was that Practice Transformation is not really about State initiatives, it’s about adding value to patient care. • Sam’s presentation was highly detailed and informative and can be found here.
<p>Facilitated Discussion</p>	<ul style="list-style-type: none"> • GCACH’s Fearless Facilitator Patrick asked several questions to the Leadership Council members and received feedback from the audience: • Patrick asked, “What’s one thing that stands out from today’s presentations?” <ul style="list-style-type: none"> ○ “The example of using the motivational interview at TCCH. That was great care interaction.” ○ “It’s great to make everyone more familiar with Practice Transformation. The Benton-Franklin Health District (BFHD) is looking to do something similar with Quality Improvement (QI). Like how Barbara has a presence at other team meetings to keep the focus on track and in line.” ○ “Liked Barbara’s take on the challenges of providers giving up a medical space for a mental health space and being on the same floor. Also liked the idea of keeping things simple.” ○ “Projects become silos within organizations. Need correct orientation at the end of the line. Needs to be top-down and bottom-up.” ○ “Stood out that cultural transformation is more important than team structure. Very different cultures between physical and BH practices.” • Patrick asked, “What do you see as the greatest challenge or threat to those of you who provide care?” <ul style="list-style-type: none"> ○ “How do you do innovative things around realities such as billing barriers that limit to one type of care per day?”

- Barbara said that, "Medicare has codes around collaborative care. You can provide care in a patient-friendly center. 50% of the patients don't come back if you send them away. There will also be a solution for Medicaid."
 - "At YHNS, there are no issues with billing on the same day for medical and BH visits for Medicaid. Only about 6% of population has private insurance."
 - "An article said that by 2010, commercial payers will be implementing VBP in at least 70% of their services. Assumption is that collaborative care is an easy way to show VBP."
 - "There's a real shortage in BH and in primary care workforce."
 - "Bringing together value based practices with productivity based system so that providers know that it won't fall all on their shoulders."
- Patrick asked, "What do you think will get providers excited to get involved in the new way of care?"
 - "For providers to know it is a team approach and they are not really alone."
 - "It would be helpful for the primary care provider to know what is happening with a patient for better transition of care."
 - "Thinking about accountability- providers want to be more connected with the BH side because they will affect the outcomes they are responsible."
 - "My experience with patients was outreach on the street to the homeless and bringing them into systems of care. They were getting support for addiction etc. and when they got those supports together and it was held together by someone who was helping them, it helps them to get stabilized. That wasn't even a system like. Better to spread that responsibility out so you're not just the one making sure they're seeing their providers. Exciting to hear this is coming together."
 - Barbara said that "teaching primary care physicians and psychiatrists about social determinants of health and the impact those have on these people's lives is important."
 - Dell said that when it comes "to BH organizations working with provider groups, make sure to do integration both ways. Build relationships with TRUST! For so long, providers have wanted BH but haven't trusted that they'll get what they'll need from the system."
 - "At YNHS, the primary care provider said it was great to have BH support implementing PHQ9s etc. because the PCP is gathering all this information but doesn't know what to do with it. The biggest challenge is not just having a referral for a patient, but someone to hand a patient off to (BH staff and care coordinators). About 10% of people are homeless and this takes 90% of their time. Everyone who isn't homeless is on the line. It's about Trust- what can you share with your local MH providers. It's about the relationship between providers. Nothing in HIPAA if we share patients that we can't share info."
- Patrick asked the audience, "This [Practice Transformation] is about the patients and this is about healing. What do you think this will mean to patients and how they will react to change?"

- "Will be build trust. For patients it will be exciting to see results. Will prevent a person from getting lost in the system."
- "From a BH perspective, clients don't like to be bounced around or to have to repeat their stories over and over. Not appropriate for trauma-informed care. They will feel less patronized and less bounced around."
 - Barbara "Providing BH services in a primary care setting hopefully normalizes the process, BH becomes part of their history, receiving BH becomes a normal part of healthcare."
- Patrick asked, "How would you try to describe this to a peer or supervisor? What concepts stick out about transformation?"
 - "I tell people that HCA sent a mandate that mental health and physical health will come together and integrate and will be cared for at the same time."

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, March 15, 2018 **(No Board Meeting on March 15. Board will meet March 22 from 12:30 to 3:00 PM at the Community Action Connections (CAC) Board Room, 720 West Court Street, Pasco, WA 99301)**
- Thursday, April 19, 2018
- Thursday, May 17, 2018
- Thursday, June 21, 2018
- Thursday, July 19, 2018