



Greater Columbia Accountable Community of Health
Collaboration • Innovation • Engagement

Leadership Council Meeting Minutes

April 19, 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: Ian Corbridge and Trish Anderson, Everett Maroon, Becky Grohs Participants: Shannon Jones, Martha Lanman, Larry Jecha, Sean Domalgaski, Bethany Hickey, Chas Hornbaker, Kirk Williamson, Fenice Fregoso, Mark Wakai, Rob Watilo, Sandy Quiroz, Holly Siler, Hayley, LoAnne Ayers, Marshall Pickett, Sarah Bollig Dorn, Cheri Snowwhite, Mande Olsen, Gail Brown, Ryan, Marcy Durbin, Susan Campbell, Ed Frost, Chuck Eaton, Matt Davy, Andy Nyberg, Gwen Cox, Corrie Blythe, Miguel Messina, Andrea Davis, Caitlin Safford, Jean Murrow, Barbara Mead, Rick Evens, Jocelyn Pedrosa, Matthew Kuempel, Ronni Batchelor†, Kevin Martin, Jorge Rivera, Jon Lobdell, John Christianson, Meghan DeBolt†, Gary Castillo, Reese Halford, Melissa Cross*, Karla Greene*, Liz Whitaker*, Jim Jackson*, Brian Sandoval*, Bertha Lopez* *Joyce Newsom, *Sue Jetter,
Staff/Contractors:	Carol Moser, Kylee Spence, Wes Luckey, Aisling Fernandez, Patrick Jones, Sam Werdel, Ruben Peralta, Diane Halo, Lauren Johnson
Special Thanks:	Thank you, Columbia Basin College, for use of the facility.

MINUTES & REPORTS

Welcome & Introductions, & Minutes (Patrick and Staff)	<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. • Carol Moser, Executive Director, welcomed everyone • Minutes: The March 15, 2018 Leadership Council minutes were distributed electronically but not discussed. • The GCACH Report (previously called the Director’s Report) included a summary of: <ul style="list-style-type: none"> • GCACH had its kick-off meeting of the Practice Transformation Workgroup • Updates on changes to staff titles • Carol & Dan’s tour of the Wortman Medical Science Center and meeting on workforce • Carol and Wes’ presentations at the Practice Transformation Workflow Committee • Carol, Sam and Ruben reported on their experiences at the Northwest Rural Health Conference. • Rubén Peralta, our Community and Tribal Engagement Specialist, reported on his work and travel throughout the GCACH region. • Yakima Blue Zones Project
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	<ul style="list-style-type: none"> • Initial Distribution of Engagement Dollars • WA Financial Executor Portal • LHIN Contract Status • A welcome to the new Finance and Contracts Coordinator, Diane Halo • Visit our Resources Page and download the 2018-04-19 GCACH LC Packet .zip file at gcach-resources to see the March 2018 GCACH Report and the other meeting materials, including presentations.
Opioid Data (Wes)	<ul style="list-style-type: none"> • Wes Luckey, GCACH Deputy Director, presented on Opioid Statistics from CDC’s National Center for Injury Prevention and Control and the Morbidity and Mortality Weekly Report as well as from the WA DOH Opioid Prescriptions and Drug Overdoses County Data Dashboard. • He discussed the high numbers and rates of deaths from opioids in the United States, looking at some differences between the counties within GCACH and between GCACH and WA State. Garfield County, which is within our ACH region, has the highest fatal drug overdose rate in Washington State. • Wes discussed DSRIP Pay-4-Reporting metrics, a new “Christmas Tree” of metrics from the four toolkit projects that GCACH is pursuing for the project plan. The text of those measures that pertain to opioid use are in red (5/27 measures). • There was a short Q&A for Wes’ presentation. Here are some of Wes’ responses: <ul style="list-style-type: none"> • In terms of substance use disorder treatment penetration (an access measure), we want to see positive performance for “Gap to Goal” and “Improvement over self”. This can be for more substances than just opioids. • Patrick: Over the 9 counties, how do we fare as a whole compared to the State? <ul style="list-style-type: none"> ▪ Wes: We’ll know that at a future meeting. Hard to tell right now and bring that back.
Advancing State-Wide Efforts to Address the Opioid Crisis Presentation (Ian Corbridge & Trish Anderson)	<ul style="list-style-type: none"> • Presentation: Advancing State-wide Efforts to Address the Opioid Crisis • Presenters: <ul style="list-style-type: none"> • Ian Corbridge and Trish Anderson with Washington State Hospital Association (WSHA). Ian Corbridge is the Policy Director of Patient Safety for WSHA’s Governmental Affairs team. Ian leads WSHA’s policy efforts on clinical issues: Opioids; Patient safety; Pharmacy issues; Workforce issues; Population health/community benefits. He holds an MPH from the George Washington University and a BSN from Pacific Lutheran University • Trish Anderson is the Director of Quality and Performance Improvement and Patient Safety. Trish leads WSHA’s performance improvement efforts on clinical issues: Opioids, Readmission reduction, Behavioral health, and Workforce safety. She holds an MBA from UNC and a BSN from University of Alberta • Key Points: <ul style="list-style-type: none"> • WSHA/WSMA Joint Taskforce- with leadership, practice changes and guidelines. The greater sphere of accountability. • ERs for EMERGENCIES. Hoping to reduce prescriptions form ED providers. Early success = a near immediate 24% reduction! Simply providing feedback reports on the rate of opioid prescriptions compared to your peers. • Strong collaborative with state department of Health and WSHA and WSMA legislation from the 2017 session. Electronic overdose alert system- if your patient has an overdose event it send notifications to primary care providers and others who would prescribe to them to rethink their course of treatment. Leading the nation here. There were more than 10 bills made it forward this session but only 1 made it forward. We got a meaningful bill- a State drug takeback program funded by pharma.

	<ul style="list-style-type: none"> • ACH boundaries are meaningful for ACHS and the State but not for patients. We want the system to be aligned so patients get the same level of care wherever they go. • Expand access to MAT • Q&A led by Patrick Jones: <ul style="list-style-type: none"> • Becky Grohs: “A lot of the independent practitioners that are not in a health system are those who are high prescribers.” <ul style="list-style-type: none"> ▪ Ian Corbridge: “Hopefully WSMA can bring their members to the collaborative- her question brings up a good point. Also work with dental community.” • Question: “What is the resistance from elected officials to do something?” <ul style="list-style-type: none"> ▪ Ian Corbridge: “There is a ton of interest, but this was a short session- the comprehensive package from the Governor had an amendment at the end of the bill added at the end, but many officials didn’t want to vote with this amendment related to safe injection sites. Unfortunate. Hopefully another opportunity in 2019.” • Ronni Batchelor: “What about heroine vs prescribed opioids? In my experience, people sell one to get the other. This issue is not being addressed. For people with MH issues or homelessness, these are co-occurring pieces. The supports necessary for these people aren’t being discussed.” <ul style="list-style-type: none"> ▪ “There are two epidemics- the prescribed and the illicit opioid epidemics.” ▪ “This work is health-care centric.” ▪ “This is a role for the ACHs to work with judicial community, law enforcement and other interventions to work with the illicit side as well. WSMA doing their work to bring down the rate of prescriptions can help, some people might turn to illicit avenues. Unfortunately deaths by heroin are backfilling the problem and the deaths.” • Question: “Who is doing the education and providing resources in the ED?” <ul style="list-style-type: none"> ▪ “Sometimes the ED nurse- some hospitals have ED educators- there are some pilots going on.” • Becky Grohs: “It takes some detective work to figure out if it’s a prescription or illicit opioid. Some of this work lies with MCOs within EDIE.” • Ronni Batchelor: “What about peer support from community health workers? By the end of life- all of their natural supports have fallen off.”
<p>Opioid Resource Networks: Design Justification and Overview Presentation (Everett Maroon and Becky Grohs)</p>	<ul style="list-style-type: none"> • Presentation: Opioid Resource Networks: Design Justification and Overview • Presenters: Becky Grohs- Consistent Care and Everett Maroon- Blue Mountain Heart to Heart <ul style="list-style-type: none"> • Becky Grohs, RN, BSN, CCM, COO & Statewide Clinical Director of Consistent Care Services SPC, PS Becky is a Registered Nurse and Certified Case Manager. She has over 20 years of experience in managing complex healthcare needs alongside patients and their families. Born and raised in the Tri-Cities Becky has deep roots in our community. She actively participates on numerous community wide committees, serving to improve health access, address behavioral health needs and improve the overall health of the community. She serves on the Leadership Council for the Greater Columbia Accountable Communities of Health. She is passionate about opioid abuse and works diligently to reduce overdoses by participation in the Unintentional Poisoning Workgroup with DOH and other key leaders in the state. She also serves on the Leadership Tri-Cities Board, a graduate of Class XIII. • Everett Maroon, Executive Director, Blue Mountain Heart to Heart Everett Maroon has nearly twenty years of experience in project management, systems analysis, and policy making for social and health services. Since 2010 he has served as the Executive Director of Blue Mountain Heart to Heart, a Ryan White Care Act Part B and harm reduction organization located

	<p>in Walla Walla, Washington. Previously Mr. Maroon served as the IT lead for usability analysis at the Social Security Administration headquarters, and as a senior project manager at ORC Macro in Beltsville, MD, for which he directed projects for Health and Human Services, the Department of Education, and the National Science Foundation.</p> <ul style="list-style-type: none"> • Key Points: <ul style="list-style-type: none"> • Alzheimer’s and other conditions can be scary and difficult to work with. Opioid users are not a problem child- these are our moms, brothers, sisters. Our objective is to advance opioid crisis response strategies in four core areas, which are also inclusive of traditional public health 1a, 2a, and 3a prevention. We’re not doing very well with daily doses of opioids. The 4 goals are DEPENDENCE PREVENTION, TREATMENT, OVERDOSE PREVENTION, & RECOVERY. • We are creating an OPIOD RESOURCE NETWORK- a case management support for linkages and retention in primary care and MAT. Sometimes primary care wants to get involved in MAT. Sometimes MAT is its own service that will be linked in. • We are trying to take pressure off primary care providers who are already overburdened, for example by having the case management person bring a person to an appointment and help with communication during the appointment. • Walla Walla now has a drug court! This is meant to tie patients to treatment and give them the resources to stay in treatment. • Some practical steps for GCACH communities: <ul style="list-style-type: none"> • Create advisory boards in your town around opioid crisis response to interact with this network. • Talk with local syringe exchange managers. We need more info not less! Some of these folks who go to the syringe exchange might not be seen at the hospital for a while. • Talk with Social workers and foster better connections with them. • MAT specialists- can help stabilize these patients. • Drug court officers- talk with them- what are they seeing as they adjudicate cases? • Becky & Everett shared several use cases as examples. • Q&A led by Patrick Jones: <ul style="list-style-type: none"> • Comment: “Providers need a lot of support even for the medical stuff!” <ul style="list-style-type: none"> ▪ Carol: “The ACH can play this role with workforce development.” • Susan Campbell: “There’s a risk-for-addiction assessment, a quick assessment for all areas of care- is that being used?” <ul style="list-style-type: none"> ▪ Becky: “There’s a tool call the Opioid Risk Tool but it’s not being used.” ▪ Everett: “We’re not leading with a tool because of the stigma around opioid use. Some providers are using a tool to say NO to new patients. If people aren’t ready for MAT, that’s okay, we’re trying to MEET THEM WHERE THEY ARE, maybe just to help them not get abscesses.” • Comment: “The fourth area is Recovery- long-term recovery not just 60 days and then hope they’re fine. Looking for improved retention. If Medicaid will only pay for 30 days, maybe ACH will pay for 60 days, get them in longer. We have a long way to go. We can do a lot better. This is a good metric and we can do well on this metric if people get involved in this structure! Goal is to be flexible and scalable.”
Facilitated Discussion (Patrick Jones)	<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: <ul style="list-style-type: none"> •

- Patrick asked the Public Health Departments to chime in:
 - “The Health Department is trying to keep head above water. Look at core funding to have educators in departments communicate throughout the community. It’s critical to keep this alive and well. Do the hard work of education not just in the moment [of crisis].
 - “Have compassion. If you look at UW’s data use on drug use, you see a lot of heroin use and opioid use and there’s also a wave of meth. We want people to have sympathy not just for opioids users but also for alcoholics and meth users and all drug users. How can we move away from justice toward recovery? That’s a longer cultural shift.”
 - Dr. Kevin Martin: “Do we have data looking at how many opioids death include concomitant benzos?”
 - Everett: “Looking at Walla Walla data, nearly everyone had something else in their system too.”
 - Comment: “Make sure that people are cared for and have help managing their prescriptions especially early on when they come out of a procedure or have new prescriptions. Make sure there’s just one prescriber and one pharmacy and a plan in place to end use of the opioid. Oftentimes people can manage after that.”
 - Meghan DeBolt: There’s an opioid symposium in June in Walla Walla. This is a system-level change. Requires so many partners.”
 - “New grant from the State to get a van to go to West Richland, Yakima, Dayton, Clarkston, Garfield, Asotin.”
- Patrick: “Let’s talk more about the role between case managers and providers.”
 - Debra Rogers: “As providers in the Tri-Cities, I am sometimes reluctant to send patients to pain specialists because it will increase their prescriptions. I have not felt support from case managers or ERs. Some patients are on very low doses. They’ve been treated like drug addicts even when they’re on low doses. The ER might write drug abuse/addict on their records.”
 - “Case managers are the ones breaking down the silos- the thread that will put this together. The value of case management and care coordination will be elevated.”
 - Everett Maroon: “One barrier we haven’t addressed yet is when we talk about pregnant women. We have to do something about statues and criminality of women using substances. We don’t know how to crack that problem.”
 - Becky Grohs: “We’ve traditionally used case management [from different organizations]. We need the patient’s case management- advocates for patients who have the facts. Until we move to that model, we’ll still have silos. The model we use is clinical folks who can be the patient navigators.”
- Patrick: “What are the views from the MCOs?”
 - Jorge Rivera: “The main topic is joining all this work. Changing some of the MCO practices regarding MAT. Always with the goal to improve the situation. A recent article talked about how Molina is changing its practices. Do analysis, a lot of data mining, who is prescribing in which areas.”
 - Caitlin Safford: “Agree with Jorge. Need to make some changes on the treatment side- really only incentives for residential treatment- not a recovery-oriented model and not client=centered. At Amerigroup, we partner closely with Consistent Care.”
 - Andrea: “With Coordinated Care. Agree with Jorge and Caitlin. During WSHA’s presentation they want to provide data so they can see what the prescription practices and provide that data to the contracted providers- being a partner with providers and providing that data. Also case management- we all have case managements inside and outside of health homes. How we coordinate with other efforts to make sure duplication isn’t happening?”

- Sarah Bollig Dorn: “United wants to be involved and we have our own case managers. Some work we need to do around workforce, includes ‘How do we funnel case managers into the system?’ As Caitlin mentioned, it will come down to how IMC is working. As we see more project designs.”
- Patrick: “Becky and Everett, how can you work with MCOs?”
 - Everett: “This can save MCOs money. Case management means intensive client support and bridging to providers for effective relationships. What they offer MCOs is being able to look at risks for certain health events before they occur and facilitating a trust relationship and working on stabilizing that person so that they can avoid some of those things.”
 - Becky: “We’re already seeing great interest from MCOs to shift care coordination and case management to the local level- go to patients and not wait for them to come to you.”

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, May 17, 2018
- Thursday, June 21, 2018
- **JULY LC MEETING CANCELED**
- Thursday, August 16, 2018
- Thursday, September 20, 2018
- Thursday, October 18, 2018
- Thursday, November 15, 2018
- Thursday, December 20, 2018