GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

Practice Transformation Workgroup (PTW) Meeting

Thursday, December 12, 2019 | 10:30 AM to 12:00 PM

Teleconference

ATTENDANCE			
PTW Members Quorum: N/A Italicized: Board Member Name*: Called-in	Barbara Mead* (Lourdes)	Rick George* (Comp HC)	Mark Wakai* (Providence HC)
	Becky Grohs* (Consistent Care)	Everette Maroon (BMH2H)	Marybeth Brown (WSDH)
	Bertha Gonzalez (YVMH)	Jay Henry (Tenfold Health)	Angela Gonzalez (CHCW)
	Bill Dunwoody* (Kadlec)	Melody Roy* (Molina)	Patrick Jones (EWU)
	Sierra Foster (Sunnyside Hospital)	*Kat Latet* (CHPW)	*Rhonda Hauff* (YNHS)
	Brian Sandoval* (YVFWC)	Kevin Martin* (KVH)	Ryan Lantz (Signal Health WA)
	Christopher Kelleher (OHSU)	Leslie Robison (Pullman Regional)	Veronica Gutierrez* (TCCH)
	*Dan Ferguson** (YVCC)	Liz Rice* (TCCH)	
GCACH Staff	Carol Moser	Jenna Shelton	
	Wes Luckey	Martin Sanchez	
	Sam Werdel	Lauren Noble	
Guests	None		

WELCOME AND INRODUCTIONS	
Welcome & Introductions (Mark Wakai/ Brian Sandoval/ Carol Moser)	Carol welcomed the workgroup and went through introductions. The meeting was attended by a total of 11 members. Brian Sandoval announced that he will be leaving Yakima Valley Farm Workers Clinic (YVWFC) and will be headed to Connection of Health. Thus, he will have to step down from the PTW. YVFWC will be working internally to identify a replacement. Carol thanked his service to GCACH and appreciated his contribution. You will be missed, Brian! As time goes on, we will be pivoting to rely a lot more on performance. We know that what gets measured gets managed. If you don't know where you're at it is very difficult to hit the mark. This next year will be all about performance, looking at where we are, and relying on PTW to play a critical part in evaluating the performance of our providers.

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	There has been a great progression and PTW to really keep an eye on that ball. HCA goal is by 2021 achieve 90% of payments for providers, will be under of some sort of VBP arrangement. Interestingly, HCA wants to bring half of all commercial under of some sort of VBP arrangement as well. Half of commercial represents employer sponsored business where they don't have self-insured risk. This is a really ambitious goal and it looks like we're going down that road. Yesterday had an amazing learning collaborative with Adam Falcone, and expert on MCO contracting. He reiterated the attention to the kind of performance metrics laid out under the PCMH is the exact kind of leverage providers need to negotiate with MCOs. Setting up a performance-based contract is the right trajectory to be successful in the VBP model. He was very complimentary and praised GCACH for setting up this program.	
MINUTES		
2019-11-03 PTW Meeting Minutes (Carol Moser)	The 2019-11-03 Meeting Minutes were accepted by the committee with no additional discussion.	Dan Ferguson motioned to approve the 2019-11-03 PTW meeting minutes. Seconded by Kevin Martin. Motion passed.
ACTION ITEMS		
Dashboard and Sharing Performance Metrics (Wes Luckey)	Wes walked through the Dashboard Layout for the CSI Portal. When providers upload into their reporting portal in CSI, the data is uploaded into broad tables in a relational database. In the raw form, it is hard to interpret at the organizational level and longitudinal level. To help, we have been collaborating with CSI to arrange an effective tool that would provide support monitoring of provider progress and give staff more effective strategic, tactic, and operational insights into how PT providers are performing. Measures from the toolkit have been identified as important and linked to the overall success of the program itself. The Dashboard offers capability to drill down to both the site and organizational level. There will be tracking of quarterly performance.	

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	These measures were narrowed down in an iterative process to ensure relevancy and meaning to the providers. The twelve performance measures identified for inclusion in the Dashboard include: • Empanelment Rate • Risk Stratification Methods • Care Management for High-Risk Patients • Behavioral Health Integration Models • Behavioral Health Integration Assessment Tools • Identification of Patients Needing Integrated Behavioral Health Services • Medication Management Services • Top Ten Clinical Quality Metrics • Care Coordination Options • Follow-up Within One Week of ED Discharge • Follow-up Within 72 Hours of Hospital Discharge • High-referral Community Partners It also contains three high-level roll-up measures, which include two relating to financial performance: • Number of sites participating in Practice Transformation • Number of active patients linked to Practice Transformation activities • Number of PCPs or active panels linked to Practice Transformation activities	

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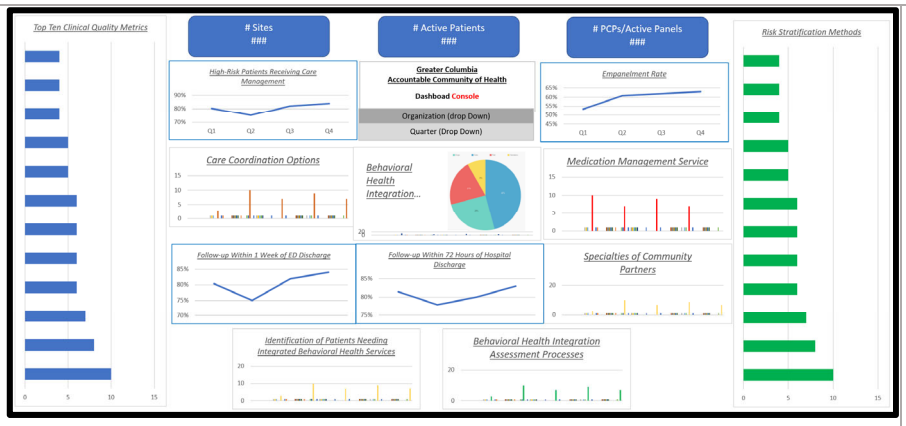

Questions or comments included:

- Clarification that active panels are Behavioral Health providers without a PCP but with an active panel of clinicians. In other words, number of empaneling providers.
- Rhonda asked about Social Determinants of Health (SDOH) measures. The measure "specialties of community partners" could include SDOH providers as well. It will show where individuals are being referred. Rhonda asked if we could narrow it down to only be SDOH or community-based organizations if that's possible. That might involve additional measure we put into the reporting portal. That is one that will be reported on Q1 or Q2 as it is a required question for Cohort 2 sites.
- Becky asked for clarification on how we are defining high risk patients, and is that going to be broken out in categories that can be seen on the graph (i.e. which high-risk patients are being referred to care management more than others)? Jenna clarified that high-risk is determined by the site itself. If they know their patient population and they have diabetes with depression whereas another clinic could be focused on something else completely. Not sure if there is a possibility to add that label, but the intent behind the box is to show percentage of patients receiving care management and hoping to see an increase. Becky was wondering if it could be broken out in segments, if it's the

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	same across the board regardless of organization that might be difficult. • Wes said if anyone has questions to please ping Jenna, himself or Martin for more info. Wes spoke to the level of access providers have when in the portal. The first option is that GCACH has full access with the intent of curating information into a single visual to be published in monthly newsletters, etc. However, no other providers would be able to see another provider's data. The second option would be for all providers within the CSI portal (all PT orgs) to have full drill down capabilities (e.g. quarter, org, and site level). Everyone will get to see everyone's performance level. This is on the provider to choose three measures, which will show us what they are focusing on. Wes went through the responses indicating that option 1 is preferred. Bill stated that Option 1 is less useful. Can connect with navigator to provide a visual of performance. Is there a potential third option, having global access to the roll-up, but full access to your own? Rhonda, can we see other sites without their name? Is that a possibility? Can I see my organization against another? How would you select an organization if you couldn't see what it was? Everyone will be able to see the high level roll up together. Rhonda expanded wanting to know how she's doing against other primary care sites, versus BH sites for example, or a hospital site. Kevin likes the idea. Learning from each other is the spirit of collaborative. Wes expressed that financials were taken out and would have to be added in. This group reviews everyone else's performance during the normal round of quarterly reviews, which goes to the board. Kevin bias is open access with no financials in here. Rhonda agreed.	

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	Barb is wondering if we can do this in steps. What if we have an open access that would wind in the first half of the year e.g. GCACH would send out to provider a respective number. We would know our own, but we wouldn't know their name. Is there a way to do that, then once we get used to this data, take off the blindfold the second half of the year? People get used to looking at data. Now we're looking through a portal and now that feels more expansive, like there is more opportunity to share information within the organization or with others. Wes mentioned that goes toward Rhonda's original suggestion. Rhonda stated it depends people are going to feel comfortable and not comfortable. Some orgs feel small so it might be harder for them. Leading up to it might be more comfortable for them. Rhonda does like the 4th suggestion, and if we need to work up to that to get people comfortable, he's good with that. Transparency is the name of the game and if someone is doing well then share learnings. Carol asked Bill and Mark how it would impact them. Bill thinks there might be some need for, not wanting to put cards on the table, no problem with transparency. Personably doesn't have a problem laying cards out on the table. Sierra interjected that with having four entities in PT, at her level they would much preferred the blinded aspect of it without a good reasoning as to why. It's just the trend to keep the cards closer, but doesn't have a good sense on it either. Rick George commented that as an organization, we want to stay with option 1. Still not in favor of having a blinded dashboard. Clarified that a blinded dashboard for a period of time, then opening up. Blinded vs transparent. For right now, Carol asked about transparency- revealing all cards and data, vs having access to other	

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	orgs but it would be blinded, but each org would have access to their data against the others. Rick George, as an organization he would be in support of that. Brian did not know what would be the best option for YVWC. Staff to implement the measures into the design. Each organization would have an access / control number. If you want to share your number that's outside of our control. Motion to move forward and get to CSI? Carol proposed a motion to proceed either now or via televote. Group prefers time before making decision. We'll come back by the end of the year to do an electronic vote. Getting harder to create dashboards and we are eager to make this info available. Group requested to send out options in writing to respond to. Gives us a chance to work with CSI to see what is possible. Well send an SBAR with 2-3 options to move forward and develop portal by reporting time in January. Only those who have log in privileges are the ones who can see the portal. Wes confirmed that GCACH has a meeting with CSI the following day and will be in touch with options to choose from.	
2020 Toolkit Revisions (Sam Werdel/ Jenna Shelton/ Martin Sanchez)	Jenna walk through the toolkit revisions Milestone and question number, 2019 column was how the milestone was written in year one, proposed change PTW was from the 11/3 meeting, and final change post PTW meeting is what we're going to be addressing today, along with an explanation. Jenna walked through the following changes: • Milestone 2A.1B: MCO Patient Rosters: Organizations to compare internal empanelment to MCO roster to see a difference. Be able to communicate different to MCO's. Currently big discrepancy in that data, so this will help reconcile those figures.	Kevin Martin motioned to approve the 2020 toolkit revisions as presented by Jenna. Seconded by Barbara Mead. Motion passed.

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	• Milestone 2A.3: Opportunities for those at highest risk: What is a huddle? Final ask is to conduct a daily huddle based on the Safety Net Medical Home definition.
	  ○ Rhonda clarified that this includes electronic huddles. Staff to add word electronic.
	• Milestone 2B1.Q11: Data component for percentage of patients that were lost and those that received follow-up. It was brought to our attention that no shows are frequent, so final change: Sites will follow up with patients after 1 no show. Follow up can be completed via phone or mailed letter. There should be 3 attempts to contact the patient if follow up is being completed via telephone. This allows providers discretion.
	  ○ Barb clarified that this is outreach to all patients that are in empaneled, or those that have been identified as high risk? This is for those that are in high-risk.
	  ○ Sierra foster asked how the organization will demonstrate 3 attempts via phone for reporting wise. Might be different for each organization, some people use a call list and document to patients' chart, send schedule list for the day. More for reporting, how will organizations complete this? It would just be an attestation.
	  ○ Rhonda asked around Reporting methods for these milestones? Are most of these attestations? Are we to be tracking letters for no shows?
	• Milestone 2B1.Q14: The requirement will be to have a mandatory MAT training or MAT REFFERAL SOURCE or ORN referral.
	  ○ Diane has been doing a lot of outreach to ORN networks, up and running and have processes in place. Clarification that it doesn't have to be GCACH ORN.
	• Milestone 2B2.Q5: Selection for "initiated process for referral to Health Homes". Just because a patient is referred to a health home does not guarantee that they will get into the health home.	

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	• Milestone 3A1.Q3: Clinic sites will report on third next available appointment for the following appointment types: acute visits, adult well-visits, well-child checks, and new patient visits
	  ○ Carol clarified what third next available, its gauge access for 3 appointments out.
	• Milestone 3A.1.Q5: What workforce or training does your organization need in order to provide patient-centered care? (i.e. community health worker, behavioral health, peer specialist, ARNP. Etc.)
	  ○ No feedback
	• Milestone 4A.1: Each quarter, the sites will be expected to show an increase in the percentage of patients that received surveys (not returned surveys)
	  ○ No feedback
	• Milestone 4A.2: Each quarter, the sites will be expected to show an increase in the percentage of patients that receive shared decision making. Carol reminded the group that this is on the radar for the HCA.
	  ○ Rhonda inquired how that 25% measures up against the NCQA standards? It's not NCQA standards its CMS standards. Sam to look into how it stacks up the NCQA standards. 25% is the CMS standard. Sam to look it up and send to Rhonda.
	• Milestone 6A.1.Q4: all options are required for reporting for 2020— INSERT. Question on hospitals ability to achieve some of these. Selections have been broken by clinic and by hospital.
	
	These milestones are designed to make our providers successful in VBP
	
	Barb clarified that milestones that have certain percentage, how is milestones measured? Does it mean that we must hit percentages for full compensation, or if it's below, will be there be a percentage provided. As long as you are working toward that percent and increasing the rate, then you will achieve the milestone.	

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	Carol clarified that this information will go to the board, when will it be out for providers. The next board meeting is the 19th.	
ADJOURNMENT		
Adjournment (Carol Moser)	• Meeting adjourned at 12:00PM. • Minutes taken by Chelsea Chapman.	

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