



GCACH Practice Transformation Workgroup Meeting Minutes

July 25, 2019 | 10:00 AM – 12:00 PM | Community Action Connections, E-2 Board Room

Participants (* denotes they called in) Amelia Davis (Coordinated Care)*, Marissa Ingalls (Coordinated Care)*, Siobhan Brown (Community Health Plan of Washington)*, Carol Moser, Wes Luckey, Becky Kolln, Sam Werdel*, Jenna Shelton, Sierra Foster, Rubén Peralta, Becky Kolln, Martin Sanchez, Diane Halo, Lauren Johnson,

PTW Member Participants (* denotes they called in) Mark Wakai (Providence), Brian Sandoval (Yakima Valley Farm Workers Clinic)*, Becky Grohs (Consistent Care), Rhonda Hauff (Yakima Neighborhood Health Services)*, Barbara Mead (Lourdes), Bill Dunwoody (Kadlec) Everett Maroon (Blue Mountain Heart to Heart)*, Liz Rice (Tri-Cities Community Health), Ed Thornbrugh (Comprehensive Healthcare)*, Dan Ferguson (YVCC), Jorge Rivera (Molina Healthcare)*

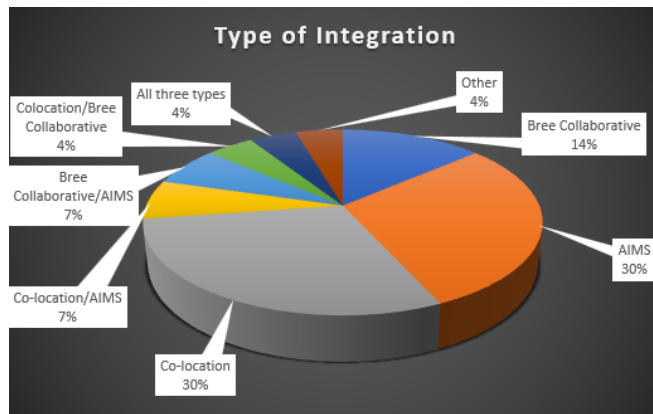
Welcome & Introductions Carol, Brian and Mark thanked all for attending the Practice Transformation Workgroup. Carol briefly reviewed the 5-2 Practice Transformation Workgroup (PTW) Meeting Minutes. Bill Dunwoody motioned to approve the 5-2 PTW minutes, seconded by Dan Ferguson. Motion passed. Carol also briefly reviewed the Practice Transformation Workgroup (PTW) Charter. The PTW is meant to assist GCACH staff in monitoring Patient Centered Medical Home (PCMH) provider performance and making any necessary adjustments in strategy or tactics, support and lead PCMH change efforts in the respective organizations, and identify appropriate staff to engage in Practice Transformation planning efforts. Carol mentioned that the PTW is an essential part of GCACH’s Quality Improvement Plan.

Evaluation of Cohort One 2nd Quarter Milestones This spreadsheet outlines the implementation progress for Practice Transformation organizations working towards addressing/achieving GCACH’s four project areas: Bi-Directional Integration, Transitional Care, Opioid Crisis and Chronic Disease Prevention and Control. The implementation status for each PCMH organization is as follow:

Organization	Implementation Status
Astria Sunnyside	Has implemented processes for all four project areas
Astria Toppenish Hospital	Has implemented processes for all four project areas
Astria Yakima	Has implemented processes for three out of four project areas
Catholic Charities Serving Central Washington	Has implemented processes for three out of four project areas
CHAS Health	Has implemented processes for all four project areas
Columbia Basin Health Association	Has implemented processes for three out of four project areas
Columbia County Health System	Has implemented processes for all four project areas
Community Health of Central Washington	Has implemented processes for three out of four project areas
Comprehensive Healthcare	Has implemented processes for three out of four project areas (Ellensburg) and has implemented processes for two out of four project areas (Walla Walla)
Garfield County Hospital District	Has implemented processes for three out of four project areas
Kadlec Regional Medical Center	Has implemented processes all four project areas (Regional Medical Center and Pasco Primary Care) and has implemented processes for three out of four project areas (Kennewick Primary Care)



Kittitas Valley Healthcare	Has implemented processes for three out of four project areas (KVH) and two out of four project areas (Ellensburg and Cle Elum)
Lourdes Health	Has implemented processes for three out of four project areas
Palouse Medical	Has implemented processes for three out of four project areas
Prosser Memorial Health	Has implemented processes for three out of four project areas (Hospital) and has implemented process for two out of four project areas (Benton City and Pasco)
Providence St. Mary Medical Center	Has implemented processes for all four project areas
Pullman Regional Hospital	Has implemented processes for all four project areas
Quality Behavioral Health	Has implemented processes for all four project areas
The Health Center	Has implemented processes for three out of four project areas
Tri-Cities Community Health	Has implemented processes for three out of four project areas
Virginia Mason Memorial	Has implemented processes for two out of four project areas (Hospital) and has implemented processes for all four project areas (Memorial Cornerstone Medicine)
Yakima Neighborhood Health Services	Has implemented processes for all four project areas
Yakima Valley Farm Workers Clinic	Has implemented processes for all four project areas



The Practice Transformation Navigators then reviewed the barriers from quarter one with the group, which included:

- Electronic Health Record (EHR) transitions
- Culture change
- Staff working at the top of their licensure
- Low engagement among new staff members
- Staff turnover
- Pulling data from EHR
- 42 CFR compliance
- Opportunity to enhance billing workflows that will offer sustainability
- MCO sponsorship to Collective Medical
- Hiring new staff/leadership approval of additional positions

Report out from GCACH Directors: Mid-

Carol updated the group on the GCACH Director's mid-point convening with Practice Transformation organizations. Carol, Wes, Sam and Becky have been visiting the hospital sites currently going through Practice Transformation and began visiting the Federally Qualified Health Centers as well. The purpose of the convenings are to learn how PCMH can be implemented at the hospital level. The GCACH Directors



Point Convenings

also had the opportunity to discuss with the Practice Transformation process with the Quality Improvement teams at each organization. The Directors have visited with the following organizations:

- Astria Sunnyside
- Astria Toppenish
- Columbia County Health System
- Garfield County Hospital District
- Kadlec/Providence St. Mary
- Kittitas Valley Healthcare
- Lourdes Health
- Prosser Memorial Health
- Pullman Hospital
- Tri Cities Community Health
- Virginia Mason Memorial

The Directors have received the feedback regarding the following:

- Technical Assistance: most providers are thankful to utilize GCACH's Practice Transformation Navigators to assist in the process towards PCMH
- CSI Reporting Portal: utilizing this system is much more effective than reporting through the Practice Transformation Reporting Workbook.
- Reporting: whose job is it to report?

The Directors have also been able to tell the providers what the second year of funding looks like for Practice Transformation organizations.

SAR for Cohort Three/Potential Partnering Provider List

GCACH staff believe that the original process to select organizations for the purpose of the PCMH Practice Transformation program is solid, and would like to implement a similar process to choose the third Cohort. The major difference between the process involves slight modifications to the Letter of Interest (LOI), and Current State Assessment (CSA), and the mix of providers to be considered. GCACH staff believe that an independent evaluation of the potential partnering providers is still essential to maintain objectivity and transparency.

Working with Dan Vizzini, GCACH's consultant from OHSU, the Funds Flow modeling below suggests that GCACH could easily add another 24 organizations as Cohort #3, while also supporting Project Incentives to sustain Cohort #1 and Cohort #2 through 2022.

Schedule 1 - Calculator for projecting the number of sites participating in Cohort 3				2018	2019	2020	2021	2022	2023	Total
Project Incentive Payments to Partners	# Partners	Unit Value**								
Cohort 1 Partners - (JAN-DEC)										
PCMH Transformation Incentives (base)	45	\$283,597	\$0	\$12,761,879	\$0	\$0	\$0	\$0	\$0	\$12,761,879
Scale and Sustain Allowances (1)	45	\$149,454	\$0	\$0	\$6,725,430.00	\$0	\$0	\$0	\$0	\$6,725,430
Scale and Sustain Allowances (2)	45	\$74,727	\$0	\$0	\$0	\$3,362,715.00	\$0	\$0	\$0	\$3,362,715
Subtotal - Cohort 1 Partners			\$0	\$12,761,879	\$6,725,430	\$3,362,715	\$0	\$0	\$0	\$22,850,024
Cohort 2 Partners - BHO Partners (JUL-JUN)										
PCMH Transformation Incentives (base)	17	\$247,745	\$0	\$1,899,025	\$2,312,640.97	\$0	\$0	\$0	\$0	\$4,211,666
Scale and Sustain Allowances (1)	17	\$149,454	\$0	\$0	\$1,080,554	\$1,046,554	\$0	\$0	\$0	\$2,127,108
Scale and Sustain Allowances (2)	17	\$74,727	\$0	\$0	\$0	\$540,277	\$730,082	\$0	\$0	\$1,270,359
Subtotal - Cohort 2 Partners			\$0	\$1,899,025	\$3,393,195	\$1,586,831	\$730,082	\$0	\$0	\$7,609,133
Cohort 3 Partners - TBD (OCT-SEP)										
PCMH Transformation Incentives (base)	24	\$283,598	\$0	\$1,650,495	\$5,155,859	\$0	\$0	\$0	\$0	\$6,806,354
Scale and Sustain Allowances (1)	24	\$149,454	\$0	\$0	\$699,168	\$2,887,728	\$0	\$0	\$0	\$3,586,896
Scale and Sustain Allowances (2)	24	\$74,727	\$0	\$0	\$0	\$349,584	\$1,443,864	\$0	\$0	\$1,793,448
Subtotal - Cohort 3 Partners			\$0	\$1,650,495	\$5,855,027	\$3,237,312	\$1,443,864	\$0	\$0	\$12,186,698
Total Incentive Awards - All Cohorts			\$0	\$16,311,398	\$15,973,652	\$8,186,858	\$2,173,946	\$0	\$0	\$42,645,854
FINANCIAL PLAN ALLOWANCE FOR PROJECT INCENTIVE PAYMENTS TO PARTNERS				\$4,495,435	\$16,744,012	\$10,537,006	\$9,327,007	\$4,428,503	\$0	\$45,531,963
**Unit Values are fixed and derived from the schedules in Sam's Worksheet.										Balance - Unallocated Project Incentives for Partners based on Financial Plan \$2,886,108

The Board of Directors approved LOI/CSA/Independent evaluation process to select the next Cohort that starts in October 2019, approved the revenue model to incent Cohort #3 for the PCMH Practice Transformation program, and approved the Funds Flow Modeling for Year 2 and 3 for all Cohorts.



The Practice Transformation Workgroup reviewed the list of Potential Partnering Providers for Cohort 3.

The group recommended to add the following organizations to the list of Potential Partnering Providers for Cohort 3:

- Lifecare of Richland
- Lifecare of Kennewick
- Avalon
- Prestige

PTW Member Availability

GCACH has had the following resignations from the Practice Transformation Workgroup:

- Bertha (Lily) Gonzalez from Yakima Valley Memorial Hospital
- Dr. Mike Maples, Community Health of Central Washington

GCACH is working on replacing these members in order to keep the clinical presence at the Practice Transformation Workgroup convenings.

Updated LOI/CSA

In an effort to reduce redundancy between the LOI and the CSA, GCACH staff have combined the two documents. Within the updated document, staff added questions that will be relevant to skilled nursing facilities (SNFs) and removed questions regarding emergency medical services and syringe exchange programs (SEPs).

Learning Collaborative Curriculum

Sam reviewed the draft schedule of the Learning Collaborative Curriculum. Each Learning Collaborative offered in 2019 will directly relate to the Milestones as outlined in the Milestone Reporting Schedule and Practice Transformation Reporting Toolkit. These Learning Collaboratives are meant to give each attendee an opportunity to learn from one another.

Date	Time	Suggested Attendees	Meeting Topic
August 1-2, 2019	7:00 am – 6:00 pm; 8:00 am – 3:30 pm	Quality Improvement staff, Administrators, Care Managers, Clinicians, Clinical staff, Behavioral Health Providers	Great speakers for this learning collaborative, transitional care across many sectors and the impact of the patient. Case Mangers or Care Coordinators will be able to implement the Complex Care Management Model into their organization.
September 5, 2019	10:00 am – 12:00 pm	Quality Improvement staff, Administrators, Managers, Clinicians, Clinical staff, Behavioral Health Providers	Relating provider payments to value-based payments (VBP). Explaining importance of accurate coding for clinical and risk adjustment factors.
October 30, 2019	5:30 pm – 8:30 pm	Quality Improvement staff, Administrators, Managers, Care Managers, Clinicians,	Kick-off and rewards dinner: panel of exemplar clinics/newly



		Clinical staff, Behavioral Health Providers	identified exemplar clinics lessons learned and success stories.
November 4-5, 2019	8:00 am – 4:00 pm; 8:00 am – 12:00 pm	Behavioral Health Providers & staff	Trauma-Informed Care (TIC) and Motivational Interviewing (MI) best practices.
November 15, 2019	10:00 am – 12:00 pm	Quality Improvement staff, Administrators, Managers, Clinicians, Clinical staff	Explaining how to implement residents within the clinic.
December 11, 2019	8:00 am – 4:00 pm	Administrator, CFO, CEO, Managers, QI Team, Behavioral Health Providers	Learn about managed care contracting, evaluating contracts, negotiation, and key terms and legal protections.

Adjournment

Carol concluded the meeting by thanking all for attending. Meeting was adjourned at 11:58 am.