Greater Columbia Accountable Community of Health

Collaboration · Innovation · Engagement

Leadership Council Meeting Minutes

May 17, 2018 | 9:00 am – 11:30 am

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

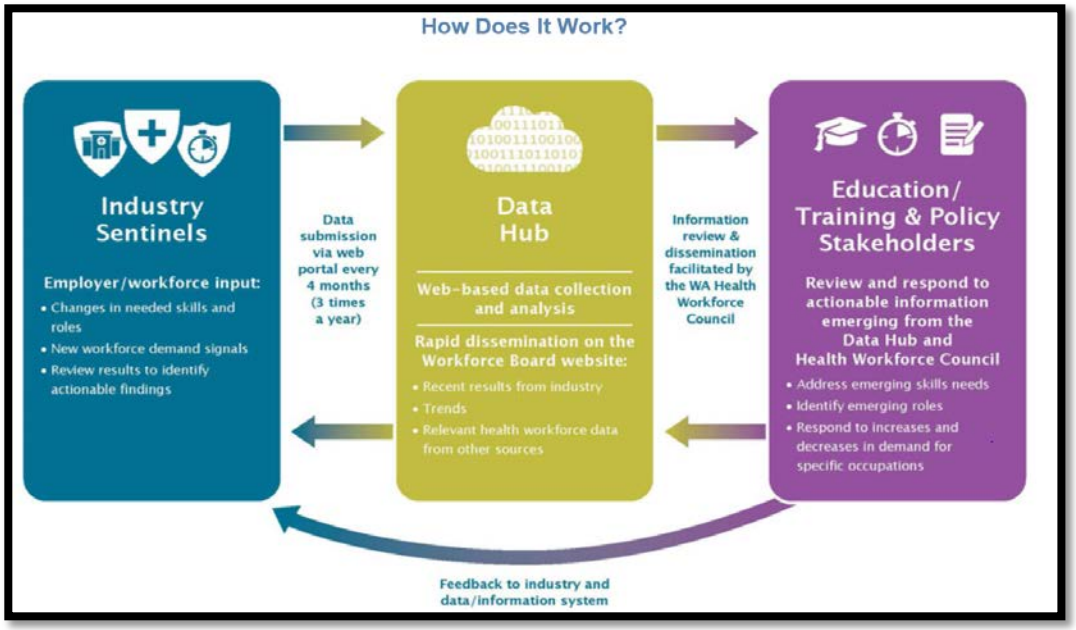
ATTENDANCE	
Participants (* denotes they called in, † denotes a Board member):	Speakers: Participants: Kirk Williamson, Marcy Durbin, Nicole Austin, Dr. Larry Jecha, Amy Norton, Hayley Middleton, Sarah Bollig Dorn, Carla Prock, Bill Dunwoody, Kyle Sullivan, Jennifer Weebley, Marshall Picket, Becky Grohs, Nicole Clay, Susan Campbell, Corrie Blythe, Martha Lanman, Matt Davy, Miguel Mesina, Rick George, Carol Long, Kat Latet, Brisa Guajardo, Barbara Meade, Michelle Mann, Sierra Foster, Lisa Hefner, Dr. Jocelyn Pedrosa, Michelle Sullivan, Caitlin Safford, Matthew Kumpel, Ronni Batchelor†, Jorge Rivera, Jon Lobdel, Dr. Farion Williams, Tom Adams, Chuck Eaton, Susanne Swadener, Jean Murrow, Mark Wakai, Mark Lowes, Sandy Quiroga, Angelina Thomas, Sam Werdel, Andy Nyberg, Dr. Don Ashley, Sandra Suarez, Dr. Amy Person, Dr. Mike Maples*, Liz Whitaker*, Laura Sim*, Sue Skillman*, Andrea Davis*, Cherese Robinson*, Joyce Newsom*, Brian Sandoval*, Shawnie Haas*, Fenice Fregoso*, Dan Ferguson*†, Dr. Gina Manny*
Staff/Contractors:	Carol Moser, Kylee Spence, Wes Luckey, Aisling Fernandez, Patrick Jones, Sam Werdel, Ruben Peralta, Lauren Johnson, Diane Halo
Special Thanks:	Thank you, Columbia Basin College, for use of the facility.
MINUTES & REPORTS	
Welcome & Introductions, & Minutes (Patrick and Staff)	• 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 April 19, 2018 Leadership Council minutes were distributed electronically but not discussed. • The GCACH Report included a summary of: 1. Current State Assessment (CSA) 5-7-18 2. Providers who previously submitted an LOI and are interested in contracting with GCACH for the Medicaid Transformation Demonstration will need to submit a CSA to be considered. The survey is long, but essential! WAFE Portal Registration and Payments: Go to: https://wafinancialexecutor.com/

	3. GCACH Staff met with Congressman Dan Newhouse and his Chief of Staff, Carrie Meadows on May 2nd. The group toured TCCH's dental clinics, behavioral health clinics and their school-based clinic at Ochoa Middle School. GCACH Staff also met with one of the Central Washington Directors for Senator Patty Murray's Office, Raquel Crowley. 4. Lourdes Success Story: Lourdes is on track to implement the bi-directional integration of primary care and behavioral health using the collaborative care principles by June 2018. 5. Advancing Precision Medicine On May 6th, the All of Us Research Program was launched across the nation, and locally here in Pasco, Washington. 6. The Practice Transformation Workgroup ranked leadership and collaboration as the most important qualities essential to practice transformation. 7. The Data Management and Health Information Exchange (DMHIE) Committee met on April 24th. The committee is working on a Data Flow Model (DFM) that is intended to organize the flow of information from participating Medicaid providers to GCACH. 8. Rubén Peralta, GCACH's community and tribal engagement specialist, attended a workshop in Yakima focusing on ACEs and trauma-informed care. 9. Welcome to a new GCACH staff member, Jenna Shelton, who will join the GCACH team as a Practice Transformation Navigator.
Toward a Healthcare Workforce Focused on Whole Person Care (Wes Luckey)	• Wes Luckey, GCACH Deputy Director, gave a presentation called "**Toward a Healthcare Workforce Focused on Patients, Populations and Communities.**" • Source material for much of the information that Wes' presented on: *Toward a System Where Workforce Planning, Education and Practice are Designed around Patients, Populations and Communities, Not Professions*, presented by the Improving Health Outcomes through Inter-professional Education and Practice Collaboration, RI IPE, presented on March 28, 2018 • Wes discussed the Pay-for-Performance (P4P) Metrics and noted that greater than 80% of our P4P metrics for the Medicaid Waiver are related to *access* to care. • Rather than assess workforce in terms of number of people in each profession, ask **"What are the patient's needs for care, and how might health professional roles, regulation, education and practice be redesigned to meet those needs?"** Focus on high-risk and high-cost patients (the top 5% of the patients will drive 50% of spending). • Suggested Changes to Workforce Planning: • Rather than focusing on worker shortages, instead address the demand-capacity mismatch (**more effectively deploy the workforce**)? • Rather than focusing on provider type, instead recognize the **plasticity** of provider roles (professions and specialties have overlapping and dynamic scopes of practice). Focus on **transitions** between home, community, ambulatory and acute health care settings and new roles that support transitions to improve outcomes and lower costs. • Rather than doing workforce planning for professions, instead **do workforce planning that focuses on patients/people, families and communities** (expand workforce planning to include social workers, patient navigators, community health workers, home health workers, community paramedics, dieticians and other community-based workers). • "The workforce innovations needed to implement (Population Health Management) require an adaptable regulatory system capable of evolving with the health care environment. The health profession regulation system in place today does not have the flexibility to support change "

	• There was a short Q&A for Wes' presentation:
	  • The presentation did not have as much emphasis on the flexibility needed to quickly needed to quickly incorporate technology. An example is a program for parents of babies released from NICU setting- inputting data of neonates/newborns once they go home- using the algorithm provided- subtle changes that run outside those parameters to alert a health professional- making sure we're nimble enough.
	  • Health coaches are payed for out of pocket for those of means right now, but they need to be on the forefront. Requires a lot of delegation within roles and conversations about liability have to be a part of the conversations. Note: New Zealand is a single payer health system (New Zealand's system was used as an example in the presentation).
	  • People wants to have all of their needs addressed in one visit.
	  • Suzanne (one of today's presenters): Want to encourage you to think about value-based-payment. How do we code that? Think about your team and who you need to deploy. How do you allocate that out from a value-based perspective?
	  • Look at reimbursement and value-based medicine. Looking at their population-and managing patients.
	  • Thinking from a client's perspective. Our clients also have teams- if we don't change the traditional system so the daughter who is informal support who is also working full-time- As we know, 80% health is of what happens in the home- I might be impossible for a patient's support/daughter to attend an appointment when the last apt of the day is 3pm. There's a perception that that's only triage. Include the client's family for higher engagement. Especially for memory and dementia issues, you need the clients' team.
	  • Community Health of Central WA recently created a population health department.
	  • Model of health care is from the country of Jersey
	  • We value stress in our culture. When you consider value-based payment from the consumer perspective, such as diagnostics, thick about "cost to whom"? As we we're re-shifting, we should be thinking about the cost to consumer. Is there plasticity built into the training?
	  • We have a specialty-driven medical profession we've been driven to.
	  • At CBHA, most of the patients are farmworkers. They have expanded pharmacy hours. They now also deliver medication with smart cars and pods.

Revisit 2017 Healthcare Innovation Survey and Review of Employment Security Department Forecast (Benton/Franklin Counties) (Patrick Jones)	• **Patrick Jones, Ph.D., gave a presentation called: "A Look at ACH Healthcare Workforce Needs from 2 Different Perspectives"**
	• Presenter: Patrick Jones serves as the Executive Director of Eastern Washington University's Institute for Public Policy & Economic Analysis but is no stranger to Greater Columbia ACH. Known as our Fearless Facilitator, Patrick has been facilitating the GCACH meetings since June of 2014, and working on special projects typically involving data collection and analysis including the Regional Survey. In addition, Patrick has led numerous community indicators projects in our region including the Benton-Franklin Trends, Walla Walla Trends, and Yakima.
	• Like Wes' presentation, Patrick's presentation was on workforce, but from the following two perspectives:
	1. From WA State Employment Security Department (ESD) for Benton-Franklin Counties for these professions:
	  • Physicians/dentists (very low demand for PCPs)
	  • Clinical mid-levels (very high demand for nurses, but low for other mid-levels)
	  • Behavioral and community based specialists (relatively low demand for behavioral specialists)
	  • Support staff (relatively high demand for aids and assistants)

	• Technicians (relatively low demand) 1. From the February, 2017 survey of organizations in the entire ACH, clinical and community. • According to GCACH survey, the top three occupations that will be in greatest demand due to the Demonstration Project will be: 1. Mental Health Counselors 2. Other behavioral health workers 3. Psychiatrists and Psychologists • There was a Q&A for Patrick's Presentation and he facilitated questions: • Do these numbers include retirement? YES • What is your organizations greatest need? From the ach 2017 survey- **Mental Health Counselors** • Patrick asked the audience: Is there a difference of workforce needs between those organizations primarily serving the Medicaid population and those serving the entire population? • Audience Member: Not really. We've taken more Medicaid than in the past. • Audience Member: I would disagree, in the lower SES groups, there are more co-morbid conditions, so Yes. • Audience Member: We need healthier environments for professionals to continue this work sustainably. • Because of the economy of Medicaid reimbursement and the complexity of issues, we give the least experienced and least skilled therapists the most complicated patients. The population of service providers changes really fast. Patients never know who they're going to see. Patients need a trusting relationship. Providers are generally overwhelmed by the issues they're seeing and can't see themselves being there forever. Managing the economy of serving the Medicaid population. • Professionals follow the money. We're talking about workforce development and the same people are moving around and following the money. The access is the same when professionals move around. • Comment: The methodology is looking at Benton franklin. In Kittitas, they have about 7 FTE for 45,000 people. About 5 FTE shy to begin with. Workforce is more of a problem for rural areas. • There is a fear of dealing with certain people
Workforce Data Review and Update (Suzanne Swadener)	• Presentation: Greater Columbia ACH Workforce Planning • Presenter: Suzanne Swadener, RN, BSN, MHA, is a Senior Health Policy Analyst responsible for workforce issues at the Washington State Health Care Authority. She received her BSN from Arizona State University and MHA from the University of Washington with a focus in health policy. Suzanne completed pre-doctoral nursing studies at the University of Washington. Suzanne is a proud RN with 15 years of clinical service delivery and management experience in NICU and OB care. Over the 25+ years after completing her MHA, she combined her nursing background with business, health care policy and health plan/purchaser expertise to build and manage innovative clinical programs as a contract and clinical program manager in health plan, integrated delivery system and public purchaser settings. She led and contributed to the successful implementation and integration of innovative consumer-focused services or programs, including licensed midwifery services, complementary and alternative medicine services, wellness programs, transgender services, and Applied Behavioral Analysis services for people with autism. She also collaborated with health plan and state agency partners to implement shared decision-making tools and processes. • Key Points: • The Sentinel Network:



    - An information network linking the healthcare industry with partners in education and training, policymakers and workforce planners
    - Collectively identify and respond to new and changing demand for healthcare workers, skills and roles.
  - What kinds of state focused levers can we pull? How finances influences workforce and models. What kinds of tools do we need for licensing standards? Working with education providers across the state.
  - Most of it is supply-based data. But "Who do we need where???"
    - We need to ID and address needs
    - We looked at the wtb.wa.gov website about workforce board- looking at exceptionally long vacancies by geographic region.
- There was a Q&A session with the Leadership Council attendees:
  - How do we use the skills to best effect?
  - How do we have communities track and manage?
  - MAVEN: a partnership with retired individuals.
  - Moving to Transformation: What does the current system need to support moving to transformation? Inside your system? Inside your team? How do we work best with the existing workforce?
  - Comments:
    - It's very hard to move people from one system to another, so what change managements structures do you need? How do you build that in? Change management is important. Practices go through change management all the time.

	• What new roles do you need in your clinics? What clinical skills and competencies do you need, for example, for 2A BH and Primary Care integration? What skills do clinicians need? • For licensing and credentials, use value-based contracting to allow for things that weren't allowed before. And make changes at the State level to allow that work to happen. • We need to work with MCOs to address all needs across the spectrum • BFCHA is drafting a letter regarding the mental health access improvement act. About 2/3 of mid-level providers are not able to bill Medicare- will result in cost savings.
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 on the following dates:

- Thursday, June 21, 2018 (Location: United Way, 401 North Young Street, Kennewick, WA 99336)
- **No Leadership Council or Board meetings in July**
- Thursday, August 16, 2018
- Thursday, September 20, 2018
- Thursday, October 18, 2018
- Thursday, November 15, 2018
- Thursday, December 20, 2018