



# Greater Columbia Accountable Community of Health

*Collaboration • Innovation • Engagement*

## Leadership Council

### Meeting Minutes

November 17, 2019 | 9:00 a.m. – 11:30 a.m.

ATTENDANCE				
<b>Participants</b>	*Nicole Austin	† Rhonda Hauff	Ben Shearer	* <i>Called in</i>
	*Matthew Kuempel	Penny Bell	Norma Soto	† <i>GCACH Board Member</i>
	*LeAnne Turnbull	Jocelyn Pedrosa	<b>Michelle Sullivan</b>	<i>Bold for Presenters &amp; Panelists</i>
	*Kim I. Emery	Lisa Hefner	<b>Diane Campos</b>	
	*Joyce	<b>Kendra Palomarez</b>	† Dana Oatis	
	*Donna Albaitero	† Ronni Batchelor	Chuck Eaton	
	*Bill Dunwoody	Barbara Mead	Angela Gonzalez	
	*Bertha Lopez	Amelia Davis	Andy Nybery	
	*Joleen Carper	Cary Cole	<b>Wayne Kohan</b>	
	*Sam Werdel	Sierra Foster	<b>Kevin Taylor</b>	
	*Diane Halo	Sara Clark	† Sandra Suarez	
	*Mandy Olsen	Hayley Middleton	<b>*Whitney Garrison</b>	
<b>Staff</b> (*: called in)	Carol Moser, Wes Luckey, Becky Kolln, *Sam Werdel, Rubén Peralta, Rachael Guess, Diane Halo, Jenna Shelton, Martin Sanchez, Lauren Johnson, Chelsea Chapman			
MEETING PRESENTATIONS & REPORTS				
<b>Welcome &amp; Introductions</b> (Dr. Patrick Jones)	Dr. Patrick Jones opened the meeting with Welcome and Introductions of the group. A reminder was given that there will be no December meeting, and to please reach out to Wes Luckey ( <a href="mailto:wluckey@gcach.org">wluckey@gcach.org</a> ) or Chelsea Chapman ( <a href="mailto:cchapman@gcach.org">cchapman@gcach.org</a> ) with any topics of interest for 2020.			
<b>Decision Making and Self-Management Tools</b> (Dr. Kevin Taylor)	<p>Dr. Kevin Taylor of Lourdes Medical Center walked the group through Decision-Making and Self-Management Tools. The main focus is to keep it simple. Topics included:</p> <ul style="list-style-type: none"> <li>• Decision-aid Form</li> <li>• Having an "Ultra-Brief Personal Action Plan" with five core elements               <ul style="list-style-type: none"> <li>○ Patient-centered</li> <li>○ Behaviorally specific</li> <li>○ Commitment statement</li> <li>○ Level of confidence</li> <li>○ Accountability</li> </ul> </li> <li>• Having core questions</li> </ul>			

	<ul style="list-style-type: none"> <li>• Comments/ questions from the group included: <ul style="list-style-type: none"> <li>○ How to motivate: To do so, explore different things that allow the patient to come up with the answer. “What could you do with [insert goal or activity] to be more successful?”</li> </ul> </li> </ul>
<p><b>Trauma Informed Approach Scan Tool</b> (Kendra Palomarez)</p>	<p>Kendra Palomarez of Catholic Charities spoke to the Trauma Informed Approach Scan Tool. This work aligns with SAMHSA’s concept, helps highlight accomplishment, drives internal ratings, etc. Topics included:</p> <ul style="list-style-type: none"> <li>• Organization commitment and endorsement (clinic leadership support)</li> <li>• Environment and Safety (emotional and physical safety)</li> <li>• Workforce Development (human resources policies and practices)</li> <li>• Services and Service Delivery</li> <li>• Systems Change and Progress Monitoring</li> <li>• The process</li> <li>• Work to be done and current focus</li> <li>• Comments/ questions from the group included: <ul style="list-style-type: none"> <li>○ How to overtake cultural resistance to change: Involve staff, clear and transparent with the purpose and benefit</li> <li>○ Change take years, how long has the change taken thus far? Six months.</li> <li>○ How to achieve buy-in—build relationships, listen to feedback, and recognize the work</li> </ul> </li> </ul>
<p><b>Physicians Order for Life Sustaining Treatment (POLST) Form</b> (Dr. Wayne Kohan)</p>	<p>Dr. Wayne Kohan of Chaplaincy Health Care described the Physicians Order for Life Sustaining Treatment (POLST) form / directive order. Topics included:</p> <ul style="list-style-type: none"> <li>• First part of the form is for CPR and do not resuscitate.</li> <li>• History of CPR and the purpose (for those with sudden cardiac arrest).</li> <li>• Stats with how often CPR works across different regions (in and out of hospital)</li> <li>• Medical interventions (e.g. full treatment, selective treatment, comfort-focused treatment)</li> <li>• Antibiotics</li> <li>• Medically assisted nutrition</li> <li>• Questions: <ul style="list-style-type: none"> <li>○ How to adopt POLST to a wider community: Most important to people who are more nearing the end of life. Durable Power of Attorney is critical to decision making, but any individual over the age of 65 and with a life limiting illness should have a POLST form. From the standpoint of adoption, bringing it up more and remembering that it is out there.</li> <li>○ Disparity around race and health equity: Dr. Kohan it is tied to access to healthcare</li> <li>○ Paramedics will perform treatment unless otherwise notified. The system is not perfect.</li> </ul> </li> </ul>
<p><b>Patient Activation Measure (PAM) Tool</b></p>	<p>Diane Campos and Michelle Sullivan of Yakima Neighborhood Health Services spoke to the Patient Activation Measure (PAM) tool. Topics included:</p> <ul style="list-style-type: none"> <li>• Purpose and background. It measures a person on three different areas: knowledge, skills, and confidence. Activation is developmental across four levels.</li> </ul>

(Diane Campos and Michelle Sullivan)	<ul style="list-style-type: none"> <li>• PAM can improve self-care, decrease hospitalizations, etc.</li> <li>• The Health Home Program and PAM.</li> <li>• Health Action Plan (HAP)</li> <li>• Reasons for measuring activation (improvement in health outcomes and establishing a starting point)</li> <li>• How PAM is useful—captures how engaged a client is in their own healthcare, design interventions, understand patients, evaluate care management interventions, and cost savings</li> </ul>
<b>Patient Health Questionnaire (PHQ9)</b> (Whitney Garrison)	<p>Whitney Garrison of Quality Behavioral Health spoke to the Patient Health Questionnaire (PHQ9). PhQ9 is used to understand depression severity and diagnoses. It is considered gold standard.</p> <ul style="list-style-type: none"> <li>• The questionnaire asks individuals how often in the last two weeks have they experienced problems (e.g. experiencing pleasure, overeating, etc.). This is a tool to use as an indicator to get more information. Determining if it's something situational (e.g. loss, grief) will inform proper responses.</li> <li>• The last question is an umbrella question that asks the individual if any of the problems were selected, how difficult has it made to do for work, take care of things at home, or get along with other people. This question is important as it suggests the impact those symptoms are having and gauging those symptoms experienced on a day to day basis.</li> <li>• The answers are tallied up and summed up to get a score. The score is plotted and interpreted by the chart across depression severity levels ranging from minimal to severe.</li> <li>• Things to consider: Cognition levels of the patient</li> <li>• Questions:             <ul style="list-style-type: none"> <li>○ Phq9 vs. phq2—the latter is normally used first and in a medical platform, it is questions 1 and 2 from the former. Depending on the answers, that might elicit need to administer to PHQ9 for further information to diagnose.</li> <li>○ What age is this form used for? At QBH it is for anyone over 13.</li> <li>○ Routine is to have patient fill out questionnaire monthly, how was that frequency decided? It was established by WA health homes program.</li> </ul> </li> </ul>
<b>ADJOURNMENT &amp; MEETING SCHEDULE</b>	
<b>Adjournment</b>	<ul style="list-style-type: none"> <li>• Meeting adjourned by 11:20am.</li> <li>• Minutes taken by Chelsea Chapman</li> </ul>
<p>Thank you for your time and engagement with Greater Columbia Accountable Community of Health!</p> <p><b>The following 2019 Leadership Council Meetings will be held from 9 a.m. to 11:30 a.m. at United Way of Benton &amp; Franklin Counties (401 N Young St, Kennewick, WA 99336) on the following dates:</b></p> <p><b>No December Meeting</b></p> <p>Thursday, January 16</p>	