



GCACH Practice Transformation Workgroup Meeting Minutes

June 14, 2018 | 10:00 AM – 12:00 PM | Community Action Connections, Board Room

Participants (* denotes they called in)	Brian Sandoval, Everett Maroon, Barbara Mead, Dan Ferguson, Bill Dunwoody, Richard Leigh, Rhonda Hauff, Brian Gibbons, Sierra Foster, Becky Grohs, Ed Thornbrugh, Mark Wakai*, Ryan Lantz*, Mike Maples*, Lily Gonzalez*, Kevin Martin*, Sarah Bollig Dorn*, Jorge Arturo Rivera*, Kat Latet*, Chris Kelleher*, Carol Moser, Wes Luckey, Kylee Spence, Sam Werdel, Ruben Peralta, Jenna Shelton, Lauren Johnson
Welcome & Introductions	Carol and Brian welcomed everyone and thanked them for attending the meeting for the Practice Transformation Workgroup. Brian briefly reviewed the agenda and the 5-31 PTW Meeting Minutes. Brian Gibbons moved to approve the 5-31 minutes, seconded by Rhonda Hauff. Motion passed.
Highlights and Overview of CSAs	Carol began by reviewing the document containing each organization that sent in a CSA and the project areas they are interested in. Wes then introduced a preliminary CSA summary analysis, showing attendees the breakdown by sector, project area and county.
Logic Model	Carol introduced the Logic Model, showing an overview of each of our project areas, including GCACH’s project plan application approaches, project team core components, CSA partners and more.
Review and Discussion of OHSU CSA Scoring	<p>Chris with OHSU introduced his reviewing team which included Jay Henry, Mike Bonetto, and Robyn Liu. He explained that the reviewees put each organization into tiers: high, medium and low. When placing organizations into tiers, OHSU was looking for the following in each CSA:</p> <ul style="list-style-type: none"> • Answers in relation to Bi-Directional integration • Strength of capability to use data to guide actions • Understanding of the practice transformation process • Engaged leadership • A practice structure that fits in the transformation model <p>Chris noted that OHSU could only rely on information in the CSA, and some CSAs were lacking in qualitative detail. OHSU knew that some organizations were probably stronger, but they didn’t provide a lot of information that they could use for scoring. He emphasized that their tiered approach was only a piece of the input, but could be used as reasonable input for the next steps.</p> <p>OHSU placed 6 organizations in the “high” tier, 14 organizations in the “medium” tier, and 36 in the “low” tier.</p> <p>Chris then reviewed his document titled, “Practice Transformation Tracks (With Cross-Connections)” with the group. This document highlights a two-track approach. On one side, the document shows practices, while the other shows partners. To successfully transform, practices and partners must work together throughout our Greater Columbia region.</p>
Review and Discussion of Staff Recommendation	Sam explained her review process. The GCACH review process was based on coordination of care, the primary care model, leadership, clinic readiness, resources required or available, Medicaid volume, project team implementation, ED utilization, chronic disease management, model clinics, willingness to provide training and their needs for trainings and partnering

resource capabilities. GCACH had a total of 24 organizations in the "high" tier, 10 organizations in the "medium" tier, and 22 organizations in the "low" tier.

Discussion

The group had several questions regarding the tiering analysis and the evaluation process for OHSU and GCACH. Many of the group members were wondering why GCACH and OHSU had a different tiering list. Chris explained that OHSU could only go off what was present in the CSA, most of which were not filled out in its entirety. Their goal was to find which organizations GCACH were going to start with first, that will move the metrics the most.

There was general acknowledgement that GCACH will have to prioritize the investment since there are not enough dollars in the system to do everything, determine WHO can capitalize on the investment, who can use data effectively, and who will make the biggest impact for the dollars that are available. According to the PTW Charter, their role is to select providers. [...to engage in the PCMH transformation process, and review GCACH provider assessments and identify regional strengths and weaknesses to inform the selection].

The attendees concluded that they would like more information outlining the analysis process, and would like a visualization of the partners based on Chris' diagram (below). If possible, they would like to see the individual comments for each organization.

Adjournment

Brian and Carol ended the meeting by thanking all for attending. Carol noted that the next Practice Transformation Workgroup Meeting is set for June 28th.

