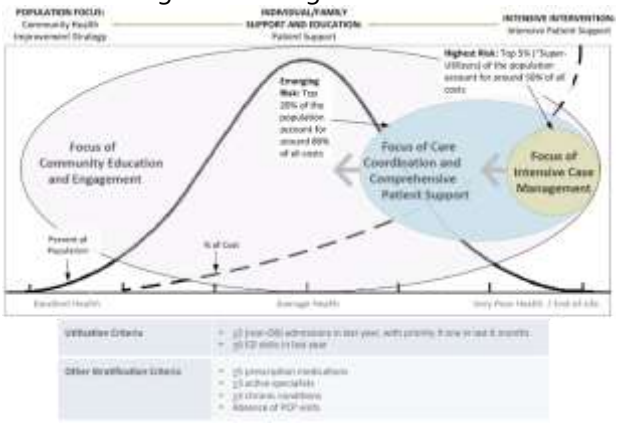
GCACH Practice Transformation Workgroup
Meeting Minutes

August 9, 2018 | 10:00 AM – 12:00 PM | Community Action Connections, Board Room

Participants (* denotes they called in)	Veronica Gutierrez, Brian Sandoval, Everett Maroon, Barbara Mead, Bill Dunwoody, Lily Gonzalez, Mike Maples, Kevin Martin*, Patrick Jones*, Jorge Arturo Rivera*, Ryan Lantz*, Brian Gibbons*, Carol Moser, Wes Luckey, Becky Kolln, Rubén Peralta, Jenna Shelton, Martin Sanchez, Lauren Johnson
Welcome & Introductions	Carol and Brian welcomed everyone and thanked them for attending the meeting for the Practice Transformation Workgroup. Carol highlighted the importance of the Semi-Annual Report submitted on July 31, 2018, as it is one of three pay-for-reporting (P4R) deliverables required by the Health Care Authority. This funding will go towards our selected project areas. GCACH hopes to receive total funds— $22 million dollars, which is ½ of our potential P4R payment in 2018. Brian briefly reviewed the agenda and the 6-28 PTW Meeting Minutes. Everett Maroon moved to approve the 6-28 minutes, seconded by Kevin Martin. Motion passed.
Review CSA Results	GCACH sent out a Current State Assessment as part of the requirements outlined in the Semi-Annual Report. The CSA was a 110-question survey. The main purpose was to identify gaps, barriers and assets of the existing services within the Greater Columbia Region. The CSA was analyzed, and the findings were put into a summary report, then simplified and included within *CSA Findings- PTW Presentation*.
Demographics	The CSA identified broad organizational coverage across the nine GCACH counties and Yakama Nation. The results from the CSA also highlighted regional shortages in primary care, behavioral health and oral health. The 23 selected priority organizations are positioned across the region, and have a widespread interest in GCACH's transformation projects areas.
Bi-Directional Integration of Care	The CSA also identified that Bi-Directional Integration (BDI) is popular and has been successfully implemented in parts of the ACH. Collaboration is essential between SUD, Mental Health, Primary Care and BH to successfully implement bi-directional integration of care. The importance of a MOU between partnering agencies was mentioned by Brian Sandoval. Carol asked if example could be sent to GCACH staff to use as a reference.
Transitional Care	Results in the CSA revealed that more than 80% of organizations would like to implement or expand evidence-based transitional care approaches. Some barriers found in coordinating transitional care include social supports, community-based resources, transportation and follow-up primary care visits. It was noted that INTERACT is a set of tools for communication and management of change of condition in skilled nursing facilities and assisted living/adult family homes, whereas the Transitional Care model is a specific staffing model for supporting individuals across transitions.
Opioid Use Crisis	The CSA identified that the most frequently adopted opioid prescribing guidelines were those develop by the CDC. The Six Building Blocks Guidelines link more closely with the PCMH model posing an opportunity for the Practice Navigators to educate our providers. It was also noted that less than 1/3 of practices with EHRs offered decision-supporting capabilities for opioid prescribing guidelines, and not all hospital EDs offer take-home naloxone kits.

Chronic Disease	Results from the CSA revealed Adverse Childhood Experiences ranked lowest in terms of risk factors that organizations screened for, many practices were identified as not addressing high risk sexual behaviors, and many providers were referring patients to local providers offering the chronic disease self-management program rather than offering themselves.
Care Coordination	There remains a very large opportunity for care coordination by focusing on high needs behavioral health patients using clinical case management. The three concentric circles outline GCACH's focus on community education and engagement, care coordination and comprehensive patient support, and focus of intensive case management. The question is, how do we bring all these areas together through care coordination? 
Healthcare Workforce	Recruitment ranked the highest need among workforce challenges due to the rurality of the GCACH region. Results also identified several provider training needs and opportunities for growth in this category.
Health Information Technology	Results show that many provider organizations are not fully developed in the Health IT capabilities required to become PCMH competent and very few organizations have adequately integrated the Prescription Monitoring Program into their EHRS.
Numbers Needed to Treat	The Numbers-Needed-to-Treat analysis shows the change in the numerator—from where we are at to where we need to be in terms of the Pay-for-Performance (P4P) measures. The Numbers-Needed-to-Treat analysis shows that the smaller, more rural counties do not need to move as many people to achieve their metrics, while the larger counties must move more individuals to achieve P4P measures.
Adjournment	Carol ended the meeting by thanking all for attending. Carol noted that the next Practice Transformation Workgroup Meeting is set for August 23rd. Meeting was adjourned at 11:53 am.