



GCACH Practice Transformation Workgroup Meeting Minutes

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

Participants Richard Leigh, Bill Dunwoody, Mike Maples, Becky Grohs, Everett Maroon, Dan Ferguson, Wes Luckey, Kylee Spence, Sam Werdel, Lauren Johnson, Rubén Peralta, Diane Halo, Carol Moser

**** (by phone)** **Kevin Martin, Jorge Rivera, Mark Wakai, Brian Sandoval, Mary Beth Brown, Martin Sanchez, Ed Thornbrugh, Ryan Lantz

Welcome & Introductions Carol welcomed everyone and thanked them for attending the kick-off meeting for the Practice Transformation Workgroup. She briefly reviewed the agenda stating that this meeting was intended to get everyone on the same page with regard to expectations, data, and timeline. Mark Wakai and Brian Sandoval also expressed their thanks to the participants, noting that they both supported the direction of Practice Transformation in their own organizations.

Meeting Objectives & Level Setting **Level setting:** Carol briefly described the expansiveness of the Greater Columbia region and explained how the Local Health Improvement Networks would be a conduit for their local providers. She explained why and how a process improvement approach to aligning the four project areas would better meet the Medicaid Transformation objectives, especially the transition to value-based payments. The old framework, encounter based, fee for service model, doesn't meet the needs of today's populations. Today, the majority of people die from chronic disease, so they need a care model that is continuous, well-coordinated, and considers the social determinants impacting health. The Patient Center-Medical Home model of care supports all GCACH project approaches, and provides the framework for whole-person care, the desired outcome for the GCACH population. The Patient Centered Primary Care Home program has resulted in significant savings in Oregon. Oregon experienced \$240 million in savings in the first three years of the program, and every \$1 increase in spending in primary care resulted in \$13 saving in overall spending. The NY DSRIP program experience suggests that those practices reporting excellent change management effectiveness exceeded project objectives at 6X the rate of those PPS's reporting poor change management effectiveness. Success in practice transformation is largely linked to the adoption and performance of Patient Centered Medical Homes, therefore GCACH's initial implementation approach will concentrate on forming the Practice Transformation Workgroup to help the GCACH staff engage leaders in facilitating PCMH transformation. The PTW will be a learning collaborative to accelerate learning and broader implementation of best practices and allow the participants to share their own experiences and success and barriers to PCMH. Carol finished by hitting the highlights of the PTW Charter.

Data Review **Level setting:** Wes reviewed the pay-for-performance measure set using data and graphs originating from the Healthier WA Dashboard's Measure Explorer. The metrics related only to GCACH project areas. A robust discussion regarding the definitions, numerators, denominators, and outcome measures ensued, giving the PTW a good working knowledge of each metric, and the opportunity to share their concerns about how each metric could be met within their own practices. Concern was expressed on how the provider practices would be able to sustain these metrics after the Transformation Project ended. Each member was given handouts containing the measures.

PTW Charter

Carol reviewed the revised PTW Charter, noting several major changes: the PTW would assist GCACH staff as opposed to being advisory to the Board, and it would be very focused in its role with four major areas of responsibility:

- Review regional data and help identify the appropriate selection criteria for providers to receive PCMH technical assistance.
- Select providers to engage in the PCMH transformation process.
- Review GCACH provider assessments and identify regional strengths and weaknesses to better inform the selection of providers and application of change strategies.
- Monitor PCMH provider performance and make any necessary adjustments in strategy of tactics.

Principles of the Committee include:

- Bringing voice to various sectors and domains.
- Ensuring that providers involved with PCMH activities address target populations, health disparities, and health equity.
- Providing timely review and feedback on documents when solicited.
- Supporting and lead PCMH change efforts in their respective organizations.
- Supporting the vision and mission of GCACH.

Brian asked that the group avoid getting too swept up by the metrics, but to step back to look at the drivers and what was causing them. He also felt it was important to measure processes, and to support and foster innovation accounting. (Innovation accounting refers to the rigorous process of defining, empirically measuring and communicating the true progress of innovation – such as customer retention and usage patterns - whether for start-up companies, for new products or business units within established companies.)

Participating Provider Workflow

Carol reviewed the proposed 2018 Participating Provider Workflow, noting that developing the Provider Selection Criteria questions for the current state assessment was of utmost priority. The Current State Assessment (CSA) provides the framework for determining which providers would like to engage in Practice Transformation, and the number of clinics that GCACH can reasonably assess through the end of the year. The CSA survey is currently 80% complete, and staff is hoping to get it out ASAP.

Adjournment

Brian and Mark thanked everyone for their participation. The next meeting is scheduled for April 26th and will review the Pay for Reporting requirements and go into more detail about Practice Transformation.

Minutes respectfully submitted by Carol Moser