The GCACH Report

March 15, 2018

1 GCACH IMPLEMENTATION PLAN = WHOLE-PERSON CARE

At February's Leadership Council meeting, Sam Werdel presented on Practice Transformation, and how it relates to the Patient-Centered Medical Home (PCMH) model of primary care delivery. In PCMH practices, patients receive well-coordinated services and enhanced access to a care team. Practice Transformation is outlined in the framework of the Change Concepts developed by The Safety Net Medical Home Initiatives (SNMHI's).

- Engaged leadership
- Quality Improvement Strategy
- Empanelment
- Continuous and Team-Based
- Healing Relationships
- Organized
- Evidence-Based Care
- Patient Centered Interactions
- Enhanced Access and
- Care Coordination

Practice Transformation is designed to: Improve quality, access and continuity, improve patients' experience of care, reduce health disparities, improve staff satisfaction and reduce provider, burnout, reduce avoidable hospital

admissions and reduce total costs of care. Beginning this journey of transformation supports practices in creating actionable steps to meet the required changes that tomorrow's reimbursement models will demand. Health care reform is moving persistently from transactional fee-for-service models toward value-driven payment structures based on performance and outcomes. GCACH supports the effort to redesign clinical practices to address these evolving models in the hope it will bring people together with new purpose, new energies, new ideas and new enthusiasm to create the future of healthcare.

2   PRACTICE TRANSFORMATION WORKGROUP CREATED

In February, the Board of Directors approved the creation and composition of a *Practice Transformation Workgroup* (formerly known as the Strategic Planning Workgroup). These engaged leaders will be the guiding force for transformation efforts and will act as a sounding board on *how to facilitate and model change concepts* within their organizations, and in our region. Additionally, they will help:

- Inspire providers and care teams to re-imagine care delivery
- Reconsider how the organization interacts with patients
- Ensure that practice transformation is available and happening across our region
- Guide investments in measurement systems that further improvement, but help educate and inform leaders, the Board, staff, patients and families, and the public at large
- Ensure that our partnering providers understand their role in the Transformation project
- Ensure that various perspectives of the health system and region are represented

Practice Transformation is a framework that will we use to achieve whole person care and will help our providers be successful in achieving performance metrics, improving patient outcomes, and preparing for value-based contracting. GCACH is preparing for this next phase of our work by hiring Sam Werdel who will be leading our transformation planning efforts, and training two Practice Transformation Navigators to work with provider organizations.

3 YAKAMA TRIBAL COUNCIL LEARNS ABOUT DENTAL HEALTH AIDE THERAPY

Maxine Janis, Associate Professor/President's Liaison of Native American Affairs at Heritage University, Christina Peters, Native Dental Therapy Initiative Project Director for the NW Portland Area Indian Health Board, and I were honored to speak at the Yakama Tribal Council meeting on March 6th. Christina Peters presented information on the Dental Health Aide Therapy program, and I spoke about GCACH and our support of the DHAT program. Christina talked about the many benefits of the program: expanding dental service to underserved and rural areas, creating family wage jobs, being role models to impressionable young Tribal members, providing dental practices with billable services, decreasing oral disease and unnecessary visits to the emergency room, and alleviating pain.

The information was well-received, and our next step will be drawing up a collaborative agreement that is acceptable to everyone.

Many thanks to the team who helped make this happen: Maxine Janis, Christina Peters, Heidi Desmarais (Co-Facilitator, Oral Health Project Team), Tonya Kreis and Kathy Saluskin (Yakama Nation), Councilwomen Lottie Sam (Chair of the Health, Employment, and Welfare ((HEW)) Committee, Yakama Nation), and Charlene Tillequots (HEW), and Wes Luckey.

4 WEBSITE TRANSFORMATION

Megan Kummer has done a fabulous job revamping the GCACH website and has created a site that is more easily navigated, visually appealing, and is equally usable on mobile phones, tablet devices, and computer desktops. The primary purpose of the website is education, and is supported by links to other organizations, documentation, diagrams, infographics, and resources including minutes from our past GCACH Leadership Council and Board, Directors reports, power point presentations, and a calendar. We hope that you find the site an intuitive and easy experience to navigate. Thank you, Megan!

5   GCACH INFORMATION TECHNOLOGY REQUIREMENTS

Many areas critical to the success of the GCACH Medicaid Transformation Project (MTP) will be dependent upon information technology.   One of these areas will be the tracking and monitoring of Participating Provider progress in achieving Pay-For-Reporting (P4R) and Pay-For-Performance (P4P) measures. The achievement of DSRIP Incentive funds in Demonstration Year 3 (2019) through Demonstration Year 5 (2021) will be based exclusively on how well our Participating Providers perform across the required P4R and P4P metrics; better performance will mean increased funding. So, it is essential that the GCACH create a mechanism for capturing, aggregating and reporting these metrics. This will allow the GCACH, as well as its partners and stakeholders, to track provider progress in transformation efforts, highlight and share best-practices, and inform where there are opportunities for improvement.

The GCACH is currently reviewing different software products for this important reporting function. Two such products are Life QI and CSI. We had an initial demonstration of the Life QI product on March 13 and were impressed by its features relating to project management, data reporting, PDCA cycles, and more.
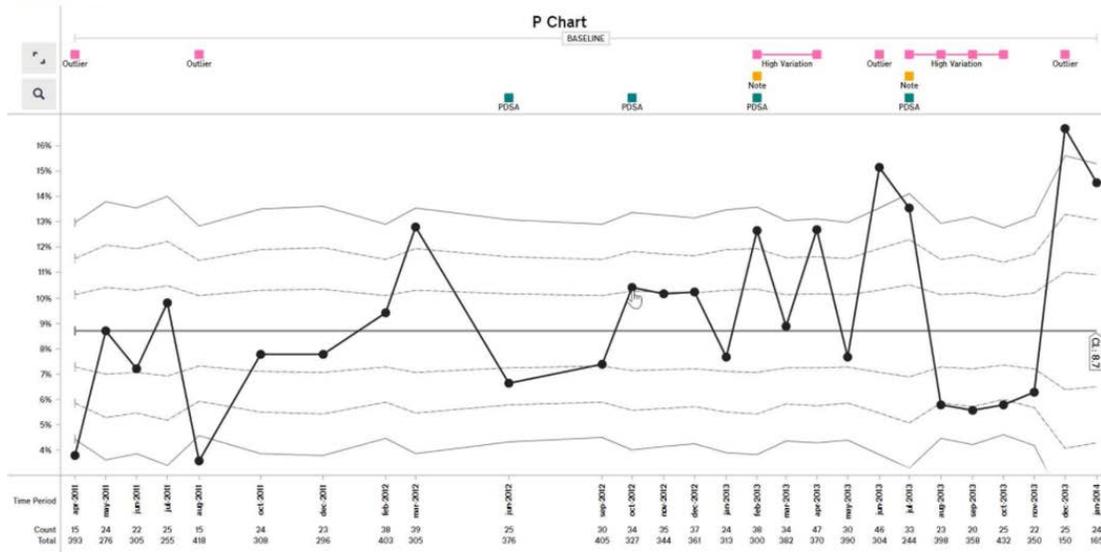
Its clean interface, relatively easy-to-use features and low cost appealed to us. However, it may not be reasonable to expect that one software product will fulfill all the needs of the GCACH and its Participating Providers. We may choose more than one product to meet the needs of different types of provider organizations; e.g., small versus large, healthcare versus community-based organizations, etc. The review process continues, and we will keep you up to date on our progress.