



Transforming Healthcare in Whatcom County

Whatcom Health Home Collaborative An Initiative of Washington Healthcare Improvement Network

Come together with colleagues to explore new possibilities.

The Washington Healthcare Improvement Network (WHIN) offers a package of services to support health/medical home providers and community teams to develop and strengthen patient-centered health/medical homes, care management for patients with multiple chronic conditions, and improved care transitions.

Healthcare reform is not based in the “other Washington”. Healthcare reform lives in your community, with your patients, in your clinic. Come together with colleagues to explore new possibilities.

We are prepared to meet you right where you are today and help you reach your goals, your way.

Healthy Communities Washington

Healthy people in healthy places

Washington Healthcare Improvement Network



DOH 345-318 March 2013



Who are we?

The Washington Healthcare Improvement Network (WHIN) provides training and technical assistance to primary care health homes and medical homes, working in collaboration with the Washington Association of Community & Migrant Health Centers (WACMHC) and the Whatcom Alliance for Health Advancement (WAHA). WHIN is an initiative of the Washington State Department of Health, and is supported by federal grants, other state agencies, and managed care organizations. WHIN serves *all* interested primary care practice teams in the region. Washington Association of Community & Migrant Health Centers (WACMHC) directly supports community health center participation in the WHIN initiatives.

This new cycle of work takes the best of our previous Institute for Healthcare Improvement (IHI) collaborative methods and streamlines them to reduce the time burden on participants, reach more participants in a shorter period of time, and tailor offerings to a wider variety of participants.

What is our focus?

WHIN will rotate through selected communities and regions to support movement toward patient-centered health/medical homes, improved care for populations with multiple chronic conditions (with integrated behavioral health), and improved care transitions.

Patient-Centered Health/Medical Homes

Patient-centered health/medical homes focus on continuous relationships that support patient self-management. Health/medical homes offer care coordination and comprehensiveness that includes preventive services, acute, chronic and end-of-life care with a planned approach delivered by team working in unison with the provider. While medical homes are primary care-based, health homes may be based in other settings by networks that respond to patient needs.

Care Management, Including Integrated Behavioral Health

Patients often have multiple chronic conditions, posing significant challenges. WHIN will offer focused support for teams who want to improve care for this population, while addressing the common mental health and chemical dependency disorders that may co-exist with physical conditions.

Health home teams and care coordinators certified to provide health home services under Section 2703 of the Affordable Care Act are welcome to participate in WHIN.

Transitions in Care

In partnership with Qualis Health, the Washington State Hospital Association, and local organizations, WHIN will support community efforts to improve care transitions. Learning opportunities include:

- Improved warm hand-overs
- Standardized processes between settings with improved quality and timeliness of information transfer
- Increased patient and family engagement and activation
- Improved access to care immediately after a hospital stay or discharge from a skilled nursing facility

What are the benefits?

Improve Care for Your Patients

- Provide improved clinical patient care and increase preventive service delivery.
- Improve the patient and family experience of care.
- Identify strategies to improve care for patients with multiple chronic conditions.
- Adopt proven strategies to improve transitions between care settings.

Position for Payment Reform

- Work towards the health/medical home accreditation of your choice:
 - National Committee for Quality Assurance (NCQA)-PCMH
 - Joint Commission
 - Accreditation Association for Ambulatory Care (AAAHC)
 - Utilization Review Accreditation Commission (URAC)
- Work to satisfy the eligibility requirements for expanded Meaningful Use payment.
- Position for formation of Accountable Care Organizations.

Support the Goals of Your Practice

- Learn from the successes and challenges of others.
- Improve the health of populations by using data, and learn how your clinical outcomes compare to others.
- Improve efficiency and reduce waste in processes.
- Reduce the expense of staff turnover as you improve team morale and strengthen teamwork.
- Find new ways to use the skills and roles of your team.
- Learn to manage the human side of change.
- Receive Continuing Medical Education credit for key activities, and all participants will earn certificates of attendance to document education for their professional organizations. In some cases physicians can arrange for Maintenance of Board Certification credit.
- Make public commitments to improve results.
- Engage senior leaders by offering specific tools and support for leadership and sponsorship roles.
- Collaborate with practice coaches who offer an outside perspective and advice without the cost of an external consultant.

Why choose WHIN?

Training

- We provide practical examples of innovation.
- We distill literature and evidence into a coherent framework, saving busy clinicians from time-consuming research.
- Training can take a variety of forms; instructor-led or self-paced, virtual or classroom, media or print materials.
- We bring topic experts, data summaries, and rich narratives.

Technical Assistance

- Practical application of new concepts, new information, and new service configurations.
- Teams are connected to others who have relevant experience.

Targets and Timelines

- We help teams develop goals based on accurate self-assessment, and then develop timelines for meeting those goals.
- Visible commitment and structure helps teams maintain energy and momentum despite competing distractions.

Tools

- We gather or create specific tools to put the improvements in care into practice.
- We hunt for patient education tools that remove barriers to understanding through excellence in health literacy.

Talent

- New work requires new skills, roles, and ways of managing work within teams. We help with workforce development by providing information on new jobs and innovative team roles.
- We help organizations hardwire new expectations for performance into their human resource systems.
- We also participate in training students in primary care, nursing, and other allied health professionals in the emerging models of care delivery.

Who can participate?

- Primary care providers in Washington State with an MD, DO, PA, or ARNP, and other members of the primary care team in family medicine, internal medicine, pediatrics, or geriatrics practices.
- Behavioral health teams that plan to/are providing integrated or collaborative care with primary care practices.
- A care or case manager or coordinator may participate as a member of a team that provides a health/medical home.
- We will consider inclusion of naturopathic doctors and consultant specialty providers on a case-by-case basis. For more information, request a copy of our Naturopath and Consultative Provider Inclusion Policy.
- Participating practices must serve Medicaid and Medicare patients in the practice (a military or veteran's administration clinic may waive this requirement).

What are the expectations for participants?

- You decide how many clinical measures to track, and define which measures align with your improvement goals.
- Complete an initial assessment of degree of medical/health home implementation and re-assess at selected intervals.
- Designate a quality improvement team with the following roles: (see team role definitions on page 5)

- Clinical champion
- Day-to-day leader
- Team member
- Attend a one-time, day-long, kickoff event.
- Team participation in community events, which may include webinars, community workshops, and coaching contacts.

Quality Improvement Team Role Definitions

Senior Leader: Sometimes called sponsors, senior leaders allocate time and resources, remove roadblocks, support spreading the changes to other practices, and champion the team’s work to others in the organization. The senior leader is also the contracting authority for your practice.

Clinical Champion: Usually practicing physicians, physician assistants, or nurse practitioners, these individuals are respected opinion leaders who understand the environment and processes of care. Clinical champions display the energy and desire to drive improvements and motivate their colleagues.

Day-to-Day Leader(s): This team administrative leader keeps up momentum, convenes and coordinates the project, and oversees testing and implementation of change ideas. The day-to-day leader will be the point of communication and contact with WHIN. To keep your improvements rolling forward, the day-to-day leader must have dedicated time to devote to coordination of the work, and be able to communicate throughout the organization. Your practice may choose to have two people in this role, but we do suggest a maximum of two.

Team Members: Any staff with process knowledge may be involved in developing ideas to test, as well as testing and implementing changes. Some team members may be “core” and others may join temporarily for specific projects based on their knowledge of the processes that are targeted for improvement.

How does it work?

- Participating teams complete a self-assessment.
- A one-day “Kickoff” event is held in the community to build a common understanding of the quality improvement supports available, offer exciting examples of improvements others have accomplished, and build team commitments to action.
- WHIN provides a schedule of monthly events that alternate between live sessions in the community and virtual/webinar services. These 90-minute workshops will be held in the local community at 7:00AM to minimize conflicts with office hours. Highly interactive, the sessions focus on the pragmatic. Teams select their own goals and work on specific action plans to test and spread improvements.
- Teams also participate in reporting quality improvement measures. Teams select measures that make sense to the team and fit with improvement goals and the practices’ patient population.

- Local quality improvement staff and other internal or community-based coaches will be offered support for their roles to bolster continued quality improvement work when the initiative concludes in approximately 12 months.
- Sessions are taught or facilitated by a combination of teams who have produced innovative and measurable improvements worthy of spread, expert faculty, and quality improvement practice coaches.

How do we enroll?

The enrollment process consists of four steps: completing the Enrollment Form, completing the Participation Agreement, completing the PCMH-A assessment, and forming a team.

Completing the Enrollment Form

The online enrollment form is available via the following link:

<https://fortress.wa.gov/doh/opinio/s?s=6961>.

Completing the Participation Agreement

A Participation Agreement will be provided to you via e-mail. Please ask your senior leader to sign the agreement and send via e-mail to WHIN@doh.wa.gov

Completing the PCMH-A Assessment

The enrollment email included the PCMH-A assessment in an attached a PDF file with instructions. You may equest the PCMH-A with an email to: WHIN@doh.wa.gov
Please write "Request PCMH-A" in the email subject line.

Forming a Team

The final step is to identify who will be a part of your quality improvement team. A strong team is crucial to the success of your improvement effort. Below are a few tips for forming your team:

- Choose your team members based on their knowledge of and passion for the systems and processes that you will improve.
- A good size for a team is three to six members.
 - A team should, at minimum, consist of two members—a clinical champion and a day-to-day leader (defined on page 5).
- You can make changes to your team at any point, although we do find teams do best with at least one or two core members that hold steady.
- In smaller organizations, an individual may fill more than one role.

WHIN Kickoff Details

Hold the Date: May 3, 2013 8:00-5:00

St. Luke's Health Education Center

3333 Squalicum Parkway, Bellingham