Data and Learning Team Meeting Notes
June 6, 2018

In attendance: Jan Wichert, Megan McAnich Jones, Alan Melnick, Kathleen Lovgren, Corey Cerise, Jesse Gelwicks, David Hudson, Roxanne Wolfe, Allen Esaacson, Laurel Lee, David DiGuisepppe, Daniel Smith, Kachina Inman, Sarah Bartelmann.

SWACH Updates
Daniel provided an update of changes at SWACH since the last DLT meeting in February: executive leadership stepped down and Daniel and Kachina were asked to co-lead the organization in the interim. Most staff remained with the ACH, and Andy Silver (formerly with Council for the Homeless) is providing additional support. SWACH is also working closely with other ACHs, particularly Pierce. SWACH continues to contract with CORE and Uncommon Solutions, and has also brought on Point B for additional project management and communication support.

Kachina provided an update on SWACH’s current efforts to develop and implement a more robust community engagement strategy, including hiring a community engagement coordinator, establishing a consumer voices council (CVC), and engaging more Medicaid beneficiaries in the work. SWACH also intends to participate more in community meetings, and will continue to support and develop the community health worker and peer network.

Daniel provided an update on SWACH’s plan to release a draft Clinical Transformation Plan template for public comment in mid-June. The Transformation Plan is the vehicle for clinical partners to provide insight into their change plans. The final version the Transformation Plan template will be released in early July, partners will be asked to submit completed plans 6-7 weeks later. SWACH intends to work with partners to shape their Transformation Plans into agreements before the end of the year, with work beginning January 2019.

Role of the Data and Learning Team
The group discussed the original intent and purpose that the DLT was chartered for, and considered whether those intentions and responsibilities were still appropriate today. Discussion included:

- Whether any of the work is duplicative of work happening elsewhere in the community
- How and where the DLT can be most helpful for the community
- Whether the Community Connections Initiative should be separated from the DLT
- What tasks the DLT is responsible for (if any) or if the group is primarily for feedback
- Whether the DLT has a role in evaluation (program evaluation vs broader monitoring functions)
- DLT role in supporting “learning” if not responsible for quality improvement – time to rebrand?
- What experience and perspectives should be at the table

Kachina also introduced David Hudson, with Clark County Public Health, who will be taking on more of a leadership role with the DLT in the future.

SWACH staff (and David) will revise the charter to reflect the discussion and bring an updated draft to the next DLT meeting. DLT members should send any additional feedback to David.
Clinical Partner Assessment
Sarah presented the first round of draft findings from the Clinical Partner Assessment for DLT reaction and discussion prior to presenting the findings to the Regional Health Improvement Plan (RHIP) Council later in June. The draft findings included information about the clinical partner organizations that responded and about the Domain 1 areas: health information technology, workforce capacity, and value-based payment.

DLT reactions and discussion included:

- Reflection that small, independent providers were not well represented in the assessment
- The number of organizations engaging with Qualis for practice transformation support was higher than expected
- The differences between behavioral health organization and physical health practice results in the findings really highlights the “two different worlds” and subsequent challenges for integration activities.
- Potential interest in participating in various project areas may reflect a capacity issue
- Interest in how value-based payment categories line up with how state and MCOs are tracking
- What would be the most helpful way to display respondent case mix
- Suggestions for how to present and discuss at the RHIP Council, as well as other recommended groups that should be aware of the findings e.g. Behavioral Health Alliance.

Next steps include revising these slides for the June RHIP Council meeting, and drafting the second round of findings from the project specific questions in the assessment. These findings will be presented to the DLT for discussion and reflection at the July meeting.