

WPCC Learning Community Charter

Background

During the summer of 2017, primary care and behavioral health providers involved in the Whole Person Care Collaborative (WPCC) completed an evaluation process conducted by a coach/consultant from Qualis Health to determine their current state of operations relative to an idealized model for population health as defined by the Patient-Centered Medical Home Assessment (PCMH-A) guideline for primary care or the Maine Health Access Foundation (MeHAF) rating scale. These baseline assessments established current operational state and identified improvement opportunities to be addressed in the transition to whole person care and value-based payment.

Building on these evaluations, the WPCC Learning Community is being organized to drive systemic change in clinical practice by focusing on basic operational processes needed to move from an acute, episodic model of care to a proactive, population-based model. Participation in the WPCC Learning Community is the primary means of engaging qualifying clinical providers as implementation partners of NCACH's Bi-Directional Integration and Chronic Disease projects for the Demonstration.

Eligibility

To be eligible to participate in the WPCC Learning Community, partners must:

- Be a primary care and/or behavioral health provider
- Serve a significant volume of Medicaid Beneficiaries (based on parameters set by the WPCC Workgroup prior to contracted work)
- Complete a MeHAF/PCMH-A baseline assessment to establish current operational state relative to the PCMH model (organizations may use Qualis or another consultant of their choice)
- Sign a Memorandum of Understanding indicating willingness and ability to be involved in the learning activities and agreeing to meet the expectations outlined below

Expectations

Commitment to writing a change plan is a pre-requisite for engagement in the WPCC Learning Community. The Learning Community will offer Learning Activities (*see next section*) specific to change plan development in order to promote partner success. Primary care and behavioral health organizations also may choose to work with a consultant of their choice (or internal experts if available) to develop a Change Plan using a pre-established template. Each organization participating in the WPCC Learning Community will:

- engage in learning activities,
- develop and implement change plans to undertake improvement processes,
- measure and evaluate progress,
- share results with each other, and
- pursue further improvements.

Learning Activities

The WPCCL Learning Community will offer implementation partners opportunities to share and learn from each other and take action to achieve common goals. **Learning activities will be designed with partnering organizations** and may include:

- Sprints
- Learning & Action Networks
- Affinity Groups
- Skill building opportunities
- Breakthrough Series Collaborative
- Idealized Design Projects
- Coaching Support
- Quarterly Meetings

Drawing on these structured peer-based learning activities, the WPCCL Learning Community will take each organization at its own starting point and move it further along the continuum of bi-directional integration and whole person care.

Team Members

While team size is variable depending on size of clinical site, an ideal team might include the following members:

- *Clinical champion:* for primary care, this is a primary care provider. For BH this is a therapist, psychologist or substance use counsellor
- *Day-to-day leader:* someone who is familiar with the QI structure and methods of the organization. Will have ongoing responsibility to organize the team and make sure reporting happens, tracking tasks and activities.
- *Front line staff:* (1-3) people who are involved in the processes and have on-the-ground knowledge of the way the organization functions. Depending on the topic and goal of the team, this could be a medical assistant, a care manager, a community health worker, primary care psychologist, a peer support worker.
- *Senior leader:* The person who can clear the way for the team to do their work. They can influence the resources and processes of the broader organization.

Note that in smaller organizations, some people may hold more than one role.

Funding

Funding will be provided to participating organizations that have signed a Memorandum of Understanding. It is the intent that members of the Learning Community will receive funding throughout the demonstration project, provided they meet the ongoing requirements as outlined below:

Funding Stage	Time Period	Basis for funding
Stage 1	2018 Q1	<ul style="list-style-type: none"> • Signed MOU with funding based on historical encounters
Stage 2	2018 Q3	<ul style="list-style-type: none"> • Submitted Change Plan based on quality and comprehensiveness of the plan

Stage 3	2019-2020	<ul style="list-style-type: none"> • Successful implementation of a change plan based on reporting of milestones identified in the plan
Stage 4	2021-2022	<ul style="list-style-type: none"> • Reported improvement in quality metrics over baseline

Recognizing the time commitment involved, and the fact that provider organizations already feel stretched thin, funding is primarily intended to support practice team involvement in meetings and activities in their setting, which may require backfill, per diems, locums, or temporary staff to continue to meet patient needs.

In addition to supporting practice team engagement in the WPCCL Learning Community to share best practices, engage in peer learning, and leverage available statewide practice transformation resources, Demonstration funding may be used to secure needed training and coaching to advance organizational change and clinical practice improvement, beyond what is being provided through the Learning Community.

While there are no specific prohibitions in the use of funds other than proscribed by State guidelines, the NCACH does not encourage their use to add resources that cannot be sustained beyond the Demonstration period.

Reporting

Continued funding will be contingent on demonstrated effort and progress as outlined in required progress reports to the NCACH. An NCACH portal will provide a centralized and efficient method of reporting (user licensing will be covered by the NCACH). The portal will also facilitate sharing of resources – including trainings, calendars, listservs, change plan templates, reporting templates – related to the WPCCL Learning Community activities.