



Council Meeting Agenda

Date: Thursday, September 14, 2017 12PM – 3PM

Location: Summit Pacific Medical Center,
600 E Main St., Elma, WA 98541

GoToWebinar Info:

Please register at:

<https://attendee.gotowebinar.com/register/265333429566502145>

After registering, you will receive an email with information about joining the webinar.

Time	Agenda Item	Materials
12:00 PM	Welcome, Introductions, Review of Meeting Objectives <ol style="list-style-type: none"> 1. Welcome & Introductions 2. Review desired meeting outcomes: <ul style="list-style-type: none"> <input type="checkbox"/> Review August board meeting outcomes <input type="checkbox"/> Learn about Consumer Focus Group Outcomes <input type="checkbox"/> Learn about Tribal Engagement methods <input type="checkbox"/> Understand the project planning process and work group progress <input type="checkbox"/> Understand how to incorporate a Health Equity Lens into project planning <input type="checkbox"/> Be reminded of CPAA values 	
12:05 PM	Review August board meeting outcomes <ol style="list-style-type: none"> 1. Review outcomes from August board meeting 2. September Board Meeting has been cancelled 	❖ August Board Meeting Minutes (draft)
12:10 PM	CPAA Meta Goals <ol style="list-style-type: none"> 1. Review three Meta Goals: <ol style="list-style-type: none"> a. Improve Health b. Whole Person Care c. Smarter Spending 2. Social Determinants of Health and the Medicaid Demonstration 	❖ RHIP Compass
12:25 PM	Review of new CPAA Website <ol style="list-style-type: none"> 1. Website walk-through 2. Meeting materials and calendar 	
12:35 PM	Report out on Consumer Focus Group Outcomes <ol style="list-style-type: none"> 1. Overview 2. Conclusions 3. Next Steps 	
12:50 PM	Overview of Project Planning <ol style="list-style-type: none"> 1. Liz Arjun, HMA 	❖ Work Plan
1:25 PM	RFQ Debrief <ol style="list-style-type: none"> 1. Overview 2. Next Steps 	❖ RFQ Summary

1:40 PM	Project Plan Design Strategic Discussion <ol style="list-style-type: none"> 1. Summary of discussion at last Council Meeting 2. Number of projects to pursue – proposal 	❖ Medicaid Provider Handout
1:50 PM	Short Break	
2:00 PM	Shared Learning: Health Equity <ol style="list-style-type: none"> 1. Topic: Applying Health Equity to the MTD Project Plan <ol style="list-style-type: none"> a. Speaker: Michael O’Neill 2. Table discussions 3. Large group report-out 	
2:55 PM	Miscellaneous and Next Steps <ol style="list-style-type: none"> 1. Was there something from today that would be helpful to bring to the local forums? 2. LLC Board Meeting: October 12, 2017; 3:15 – 4:15 p.m. 3. Next Council meeting: October 12, 2017; 12:00 – 3:00 p.m. Summit Pacific Medical Center 600 E Main St., Elma, WA 98541 	
3:00 PM	Adjourn	



Board of Directors Meeting – Meeting Minutes

Thursday August 10, 2017

In Attendance: *(checkmarks indicate presence)*

Bud Blake	Jon Tunheim	✓ Mike Hickman
✓ Carole Halsan	Karolyn Holden	✓ Paul Wilkinson
✓ Danette York	✓ Laurie Tebo	✓ Randy Barker
✓ Dave Windom	✓ Liz Davis	Steve Clark
Dian Cooper	✓ Mary Goelz	Sue Cameron
✓ Doug Spingelt	✓ Mary May	Tom Jensen

Staff In Attendance:

✓ Jennifer Brackeen	✓ Kyle Roesler	✓ Winfried Danke
✓ Justin Wagaman	✓ Laura Spoor	

Meeting called to order by Carole Halsan, Secretary, at 3:22p.m.

Facilitation: Winfried Danke, CEO

Notes: Laura Spoor, Executive Assistant

Topics of Discussion:

1. Review of Meeting Objectives:

Carole welcomed attendees, facilitated introductions, and asked if anyone would like to add an agenda item. No additions were made. Carole then asked the Board to approve the July Meeting Minutes as presented.

Motion to approve July Meeting Minutes as Presented: Mike Hickman

Second: Dave Windom

Action: Approved July Meeting Minutes as Presented — Unanimous

2. TA Vendor Selection

Winfried Danke, CPAA CEO, reviewed the process that led to the selection of a TA vendor. At the last CPAA Board meeting, the Board Directors authorized the Executive Committee to select and approve a contract with a consulting firm to assist with project plan development, and to request proposals from multiple consultants. Proposals were received from The Athena Group, KPMG, and Health Management Associates (HMA). The Executive Committee selected and approved the contract from HMA, based on the recommendation of staff.

Board Discussion: The Directors voiced support for the Executive Committee’s decision to select the contract with HMA. HMA’s proposal was thorough, and effectively communicated the roles that HMA staff will be able to fill as well as their extensive experience in this arena.

Winfried clarified that HMA staff will be able to help facilitate work groups as needed, but their first task is to help staff develop a specific work plan with the aim to submit a detailed project proposal by mid-November.

The Executive Committee has also expressed interested in asking HMA to expand their scope of assistance. Staff will discuss this with HMA, obtain a cost estimate, and bring this back to the Board for review at a later date.

Action: None

3. Approve Charters

Winfried reviewed the Council discussion on this topic. The Council recommended that the Board approve the Consumer Advisory Committee Charter, the Clinical Provider Advisory Committee Charter, and the revised Council Charter as presented. These Charters need to be submitted for the ACH Phase II Certification Application.

Board Discussion: The Board reviewed the charters and agreed to approve each of them as presented.

Motion to Approve Charters as Presented: Randy Barker

Second: Mary Goelz

Action: Charters Approved as Presented – Unanimous

4. Follow-up on Tribal Engagement

Winfried reviewed the efforts that staff have made to engage with each Tribe in the region. After the Phase II Certification Application is submitted, staff will reach out to each Tribe to request a meeting between CPAA Board members and the Tribal Councils. As agreed by the Board at the last meeting, staff will begin this process with the Cowlitz Indian Tribe. The Nisqually Tribe recently reached out to CPAA staff, and a meeting will be scheduled with their Tribal health director shortly. The Skokomish Tribe and the Chehalis Tribe have also expressed interest in engaging with the CPAA. Staff will also contact the Shoalwater Bay Tribe to inquire how best to engage with them in this work.

Winfried shared a message that he sent to each of the Tribal health directors requesting that they share each Tribe’s top health priorities. So far, the Skokomish Tribe has responded that their greatest need is to convert from their current electronic medical records system to the Epic system.

Board Discussion: The Board agreed that CPAA staff should reach out to other ACHs to inquire how they have handled requests to offer Board seats to multiple Tribes. Winfried clarified that the HCA only requires that one seat be offered.

Action: Staff will continue their efforts to engage with Tribal partners. Staff will also reach out to other ACHs to discuss Tribal Board seats.

5. Reflection on Shared Learnings

Winfried reviewed the information that was presented during the 'Pay for Performance Metrics' and 'Funds Flow Part 2' Shared Learnings.

Board discussion: Board Directors agreed that the Shared Learnings were useful and informative. They continued the Council discussion regarding how funds are distributed to ACHs based on project performance. Currently, funds are distributed in a stepdown manner rather than continuously, meaning that if a target is missed by only a fraction of a percent, the amount of funding received is reduced by twenty five percent. The Board agreed that the Council should pursue a conversation with the HCA to ask the organization to convert this to a continuous distribution system.

Board Directors also voiced concern that the HCA has not yet released performance targets for each metric. Sarah Bartelmann, the speaker from Providence CORE, stated during the Council meeting that the HCA plans to release this information in September. The Board asked staff to confirm what exact information will be released, as well as the release date.

The Directors then discussed some concerns with the metrics provided for each project. Some of the metrics do not seem to align well with the available strategies, and they agreed that it is crucial to involve experts in each workgroup to ensure that each project achieves the required targets. Board Directors also agreed to consider pursuing only six projects instead of eight, as Randy demonstrated during his presentation that this might be a more feasible way to achieve targets while still earning about the same amount of funds.

Public Comment: Carole asked for public comment. None was given.

Motion for the CPAA Council to ask the HCA to convert the negative stepdown payment formula into a continuous distribution model: Randy Barker

Second: Dave Windom

Action: Approved – Unanimous

Carole Halsan adjourned the meeting at 3:54 p.m.



Regional Health Improvement Plan – Compass

The purpose of the Cascade Pacific Action Alliance is to improve community health and safety while advancing the Triple Aim: improving the patient experience of care, including quality and satisfaction, improving the health of populations, and reducing per capita health care costs.

Regional Health Improvement Plan “Meta” Goals		
Improve Health	Whole Person Care	Smarter Spending
Improve health equity and health outcomes for all residents in our communities, with a focus on addressing the social determinants of health.	Keep residents healthy as long as possible and address all health needs with a focus on prevention and early interventions.	Reduce per-capita health care costs while improving the quality of care provided to residents in our communities.

Shared Regional Health Priorities				
Priority areas to achieve goals including specific activities, programs, policies, and system change strategies to bring about change.				
				
Improve Healthcare Access	Improve Care Coordination & Integration	Prevent & Manage Chronic Disease	Prevent and Mitigate Adverse Childhood Experiences (ACES)	Enhance Economic & Educational Opportunities

Health Care Needs, Health Disparities, and Social Risk Factors

- Adult and adolescent smoking and obesity rates for the overall population are higher than the state average; residents have less access to exercise opportunities and healthy foods.
- Heart disease is the second largest leading cause of death in our region across all counties. The management of chronic diseases, including obesity and heart conditions, places a huge burden on our health care system.
- Mental health is also a concern, with adults and adolescents reporting higher rates of poor mental health than statewide. Adolescent depression is of particular concern, with 35-41% of adolescents within CPAA’s counties reporting depression symptoms within the past year.
- Adequate health care access is a problem throughout our region, but is particularly severe in our rural communities where the number of health care providers is well below the Washington State average.
- Dental utilization is lower for the overall and Medicaid population of all ages.
- Emergency department utilization is also higher than statewide, potentially reflecting challenges for or with members who have no other access to care, (approximately 16% of ED visits are potentially avoidable, higher than the statewide rate).
- Our health care system is highly fragmented, resulting in poor transitions of care and reduced health outcomes as patients struggle to navigate a confusing health system. Care for individuals with complex health needs, who require assistance from multiple service systems (medical, behavioral health, and social services), is a significant challenge in this fragmented system. Service providers often do not know of each other, share relevant information, or work together to improve health outcomes. This is of particular concern for individuals suffering from mental health and chemical dependency issues who require cross-sector assistance.
- Our region has a high burden of ACEs, which are likely contributing to the prevalence of chronic disease and other poor health outcomes.
- Teen pregnancy and unintended pregnancy rates are higher than statewide, and the percent of CPAA’s population using LARC is lower than statewide.
- Lack of education and high rates of unemployment are contributing to poor health. Five of the seven counties rank in the top ten worst counties for unemployment rates in Washington State (RWJF, County Health Rankings).
- The median household income for our rural communities is nearly a third lower than the Washington State average.

Criteria used for Project Selection

Alignment •Does it align with CPAA mission, value, and need?	Actionable •Is it an “actionable” strategy (what is being changed and where will that happen)?	True Need •Does it connect to a magnitude of need (without duplication of existing efforts)?	Impact Potential •Is there a demonstrated impact on regional health systems transformation that advances health equity?	Role Clarity •Does CPAA have a clearly identified role?
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Improve Healthcare Access	Improve Care Coordination & Integration	Prevent & Manage Chronic Disease	Prevent and Mitigate Adverse Childhood Experiences (ACES)	Enhance Economic & Educational Opportunities
Top Identified Strategies "Prior to the Demonstration"				
<ul style="list-style-type: none"> Activity: Joint regional recruitment plan Program: Develop ARNP residency program Systems: Develop Tele-medicine network 	<ul style="list-style-type: none"> System: Care Traffic Control System: Behavioral Health Integration Program: Community Care Center Program: Wellness Center System: Community Based Paramedicine System: Community Health Workers 	<ul style="list-style-type: none"> Systems: Improve access to chronic disease self-management programs 	<ul style="list-style-type: none"> Activity: Coordinate NEAR Speakers bureau Systems: Increase access to home visiting programs Systems: Expand Kinship Care Program Systems: Develop Trauma Informed Communities 	<ul style="list-style-type: none"> Systems: Support individuals in obtaining & maintaining employment and livable income
Current Implemented Strategies Align with RHIP				
	<ul style="list-style-type: none"> Youth Behavioral Health Coordination Pilot 	<ul style="list-style-type: none"> Youth Marijuana Prevention and Education Program 		
Medicaid Transformation Demonstration Project Areas Align with RHIP				
<ul style="list-style-type: none"> Access to Oral Health Services 	<ul style="list-style-type: none"> Bi-Directional Integration of Care and Primary Care Community Based Care Coordination Transitional Care Diversion Interventions 	<ul style="list-style-type: none"> Chronic Disease Prevention & Control Addressing the Opioid Health Crisis 	<ul style="list-style-type: none"> Reproductive and Maternal/Child Health 	

Medicaid Transformation Demonstration Project Areas and Activities Identified 8/1/2017

Bi-Directional of Care & Primary Care	Community Based Care Coordination	Transitional Care	Diversion Interventions
<ul style="list-style-type: none"> Use collaborative care model to integrate behavioral health into primary care and primary care into behavioral health 	<ul style="list-style-type: none"> Develop Regional Pathways Hub 	<ul style="list-style-type: none"> INTERACT 4.0 Transitional Care Model The Care Transitions Intervention 	<ul style="list-style-type: none"> Community Paramedicine
Opioid Response	Reproductive and Maternal/Child Health	Access to Oral Health	Chronic Disease Prevention & Control
<ul style="list-style-type: none"> Prevention: Prevent Opioid Use and Misuse Treatment: Link Individuals with OUD with Treatment Services Overdose Prevention: Intervene in Opioid Overdoses to Prevent Death Recovery: Promote Long-Term Stabilization & Whole Person Care 	<ul style="list-style-type: none"> 10 Recommendations to improve womens health before conception Home Visiting Programs for pregnant high risk first time mothers. Bright Futures or EMHI 	<ul style="list-style-type: none"> Oral Health in Primary Care Mobile/Portable Dental Care 	<ul style="list-style-type: none"> Chronic Care Model

Medicaid Transformation Demonstration Supports & Investments

Health & Community Systems Capacity Building

Financial Sustainability through Value Based Payment	Invest in provider readiness so that providers are able to enter into value-based contracts. Work with Qualis and the Practice Transformation Hub to prepare providers and leverage the work of the Clinical Provider Advisory Committee to meet state goals.
Workforce	Connect with state workforce resources, providers, MCOs, the Practice Transformation Hub, CPAA Consumer Advisory Committee, and the Enhancing Education and Economic Opportunities Work Group to address workforce implications for the Demonstration. Potential investments include implementing telehealth, training and expanding the number of community health workers, and training providers in trauma informed practices, cultural competency, tribal affairs, and health equity.
Systems for Population Health Management	Invest in the interoperability of existing systems to enhance data sharing. Potential alignment areas include One Health Port, Clinical Data Repository, and connecting partners to EDIE/PreManage systems, EPIC, and HIT/HIE systems to support streamlined data sharing and improved efficiencies for providers.

Alignment of strategies, projects, policies, system changes and dedicated investments to sustain the needed infrastructure will lead to improved health outcomes.



Project Area	Intervention	Organization	Areas to Implement	Estimated # of Medicaid Lives Impacted
Bi-Direction Integration of Care	Not Identified	Morton General Hospital	Lewis	3,000
Bi-Direction Integration of Care	Collaborative Care Model	Physicians of SW WA	Thurston	5,000
Bi-Directional Care	Collaborative Care	Crisis Clinic	Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, Wahkiakum	700+
Bi-Directional Care	Collaborative Care	Cowlitz Family Health Center	Cowlitz	800 approx.
Bi-Directional Care	Collaborative Care	Child & Adolescent Clinic	Cowlitz, Wahkiakum	# of children birth to 20 years across a 7 county region and their families
Bi-Directional Integration of Care	Collaborative Care Model	Mason General Hospital	Grays Harbor, Lewis, Mason	3,000 a month
Bi-Directional Integration of Care	Collaborative Care Model	Providence Health and Services (College St)	Lewis, Thurston	TBD
Bi-Directional Integration of Care	Collaborative Care Model	Providence Medical Group	Lewis, Thurston	2,035
Bi-Directional Integration of Care	Collaborative Care Model	Sea Mar CHC	Cowlitz, Thurston, & Grays Harbor	16,463
Bi-Directional Integration of Care	Collaborative Care	Cascade Mental Health, Valley View Health Center, Providence Health System, Northwest Pediatrics	Lewis	1,000
Bi-Directional Integration of Care	Collaborative Care	Nisqually Tribal Health Department	Nisqually Tribe	800, approx. 41% of Nisqually Health Clinic Service Population
Care Coordination	Pathways Hub Model	Area Agency on Aging & Disabilities of Southwest Washington	Cowlitz, Wahkiakum	Not Identified



Care Coordination	Pathways Hub Model	Providence Medical Group	Lewis, Thurston	TBD
Care Coordination	Pathways Hub Model	Providence Centralia Hospital/St. Peter	Lewis, Thurston	TBD
Care Coordination	Pathways Hub Model	Providence Health and Services (Lily Rd)	Lewis, Mason, Thurston	TBD
Care Coordination	Pathways Hub Model	Providence Health and Services (College St)	Lewis, Thurston	TBD
Care Coordination	Pathways Hub Model	Physicians of SW WA	Thurston	5,000
Care Coordination	Pathways Hub Model	Sea Mar CHC	Cowlitz, Thurston, & Grays Harbor	16,463
Care Coordination	Pathways Hub Model	Housing Opportunities of SW WA	Cowlitz	65
Care Coordination	Pathways Hub Model	Lacey Fire District #3	Thurston	35,000
Care Coordination	Pathways Hub Model	Child & Adolescent Clinic	Cowlitz, Wahkiakum	# of children birth to 20 years across a 7 county region and their families
Chronic Disease Prevention	Not identified	Morton General Hospital	Lewis	3,000
Chronic Disease Prevention	Medicated Assisted Therapy (Buprenorphine)	Providence Health and Services	Lewis, Thurston	364 for one provider one clinic day per week
Chronic Disease Prevention	Chronic Disease Self-Management Model	Thurston County Health and Social Services	Thurston, and possibly others	Not Identified
Chronic Disease Prevention	The Community Guide	Physicians of SW WA	Thurston	Not Identified
Chronic Disease Prevention	Community Para-medicine	Area Agency on Aging & Disabilities of Southwest Washington	Cowlitz, Wahkiakum	Not Identified
Community-based Care Coordination	Pathways Hub Model/Care Coordination	Ocean Beach Hospital and Medical Clinics	Pacific	1,000



Diversions	Not Identified	Sea Mar CHC	Cowlitz, Thurston, & Grays Harbor	16,463
Diversions Interventions	Revision of Paramedic Program	Providence Centralia Hospital/St. Peter	Lewis, Thurston	TBD
Maternal & Child Health	Collaborative Care Model	Providence St. Joseph Health	Lewis	TBD
Maternal & Child Health	Nurse Family Partnership	Thurston County Health and Social Services, Lewis County Health and Social Services, and Mason County Health and Social Services	Thurston, Lewis, Grays Harbor and Mason	900 patients on Medicaid, 200+ Mothers & Babies, 500 (Chronic Disease Prevention)
Maternal and Child Care	Family Spirit	Nisqually Tribal Health Department	Nisqually Tribe	800, approx. 41% of Nisqually Health Clinic Service Population
Maternal and Child Care	Collaborative Care	Youth and Family LINK	Cowlitz, Wahkiakum	Pregnant mothers, Children 0-20 yrs., All Mothers and Children on Medicaid
Maternal and Child Health	Not identified	Sea Mar CHC	Cowlitz, Thurston, & Grays Harbor	16,463
Maternal and Child Health	Parents as Teachers	Child Care Action Council	Mason	120
Opioid Response	Not identified	Morton General Hospital	Lewis	3,000
Opioid Response	Syringe Exchange	Thurston County Health and Social Services	Thurston	Not Identified
Opioid Response	MAT and Overdose Prevention Training	Sea Mar CHC	Cowlitz, Thurston, & Grays Harbor	16,463
Opioid Response	MAT services	Crisis Clinic	Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, Wahkiakum	700+



Oral Health	Not Identified	Sea Mar CHC	Cowlitz, Thurston, & Grays Harbor	16,463
Transitional Care	Transitional Respite Care Program	Coastal Community Action Program & Grays Harbor Community Hospital	Grays Harbor	Not Identified
Transitional Care	Not identified	Morton General Hospital	Lewis	3,000
Transitional Care	Collaborative Care Model	Providence Medical Group	Lewis, Thurston	TBD
Transitional Care	Collaborative Care Model	Providence Health and Services (Lily Rd)	Lewis, Mason, Thurston	TBD
Transitional Care	Collaborative Care Model	Providence Health and Services (College St)	Lewis, Thurston	TBD
Transitional Care	Interact 4.0	Physicians of SW WA	Thurston	5,000
Transitional Care	The Care Transitions Intervention	Physicians of SW WA	Thurston	5,000
Transitional Care	Not Identified	Sea Mar CHC	Cowlitz, Thurston, & Grays Harbor	16,463
Transitional Care	Interact 4.0	Lacey Fire District #3	Thurston	35,000
Transitional Care	Coleman Model	Lacey Fire District #3	Thurston	35,000
Transitional Care	Care Transitions in Mental Health	Lacey Fire District #3	Thurston	35,000
Transitional Care	Healing House & Barton Creek	Nisqually Tribal Health Department	Nisqually Tribe	800, approx. 41% of Nisqually Health Clinic Service Population
Transitional Care	Not Identified	Child & Adolescent Clinic	Cowlitz, Wahkiakum	# of children birth to 20 years across a 7 county region and their families
Transitional Care	Not Identified	Lower Columbia CAP	Cowlitz	200-400 per county, estimated 2,200 homeless persons across all 7 counties
Transitional Care	Syringe Exchange	Cowlitz Family Health Center	Cowlitz	800 approx.

CPAA November 16 Submission - Work Plan and Timeline

Date	Workgroups	Support Team/Advisory Committees	Council/Board	Finance
Aug 23	<u>ACES/MCH</u> <ul style="list-style-type: none"> Overview of application process Review and select target populations. 			
Aug 23	<u>Opioid</u> <ul style="list-style-type: none"> Overview of application process Review and select target populations. 			
Aug 24		<u>Support Team</u> 12:00PM-3:00PM <ul style="list-style-type: none"> Discuss overview of the project roadmap (tasks and timelines) 		
Aug 29	<u>Domain 2 + Chronic Disease Project Teams</u> (Bidirectional, Care Coordination, Transitions, Diversions, Chronic Care) <ul style="list-style-type: none"> Overview of application process Review and select target populations. 			
Sep 13	<u>Oral Health</u> <ul style="list-style-type: none"> Overview of CPAA/Demonstration Overview of application process Review and select target populations. 			
Sep 14			<u>CPAA Council Meeting</u> <ul style="list-style-type: none"> Overview of application process including review of work plan. Brief highlights of project teams work activity to date Strategic Discussion of 6 vs. 8 	

CPAA November 16 Submission - Work Plan and Timeline

Date	Workgroups	Support Team/Advisory Committees	Council/Board	Finance
			<ul style="list-style-type: none"> • Introduction of Domain 1 Topics. • Review next steps to application submittal 	
Sep 26	CPAA Domain 2 Combined Work Group Meeting <ul style="list-style-type: none"> • Partnering Providers <ul style="list-style-type: none"> ○ Review RFQ survey results, including gap analysis (which key Medicaid providers are missing?) ○ Review known shortage areas in region • Alignment to other projects <ul style="list-style-type: none"> ○ HMA to develop graphic depicting how existing and future projects align for review and discussion • Domain I <ul style="list-style-type: none"> ○ HMA/CPAA staff bring information from Council/Board to Project Teams for additional customization 			
Sep 27	Opioid Response Work Group Meeting ACEs Work Group Meeting <ul style="list-style-type: none"> • Partnering Providers <ul style="list-style-type: none"> ○ Review RFQ survey results, including gap analysis (which key Medicaid providers are missing?) ○ Review known shortage areas in region • Alignment to other projects 			Finance Committee Meeting <ul style="list-style-type: none"> • Budget review • Funding principles • Wellness Fund (We are scheduling 2 more meetings to discuss funds flow)

CPAA November 16 Submission - Work Plan and Timeline

Date	Workgroups	Support Team/Advisory Committees	Council/Board	Finance
	<ul style="list-style-type: none"> ○ HMA to develop graphic depicting how existing and future projects align for review and discussion ● Domain I <ul style="list-style-type: none"> ○ HMA/CPAA staff bring information from Council/Board to Project Teams for additional customization 			
Sep 28		<u>Support Team</u> <ul style="list-style-type: none"> ● Review workgroup activity to date ● Review and discuss detailed list of potential responses in Financial, Workforce and IT domains ● Review next steps to application submittal 		
Oct 12			<u>CPAA Council Meeting</u> <u>CPAA Board Meeting</u> <ul style="list-style-type: none"> ● Funds flow ● Review draft of Section I application. ● Decide on 6 vs. 8 projects ● Discuss Domain I needs from Project workgroups <ul style="list-style-type: none"> ○ Refine and decide on proposed Domain 1 investments / funds ● Focus on and review on gap areas 	<p><i>(We are scheduling a finance committee meeting this week)</i></p> <p>Topics to Address:</p> <ul style="list-style-type: none"> ● Clarify the mechanics of the project funding, ● Identify and discuss challenges that may arise ● Understand & Agree what is in each funding “bucket” ● Review information about Domain 1 investments (from Workgroups and Council/Board)

CPAA November 16 Submission - Work Plan and Timeline

Date	Workgroups	Support Team/Advisory Committees	Council/Board	Finance
			<ul style="list-style-type: none"> ○ Discuss remaining policy issues and finalize decisions 	
Oct 17		<u>Clinical Provider Advisory Committee</u> <ul style="list-style-type: none"> ● Review charter and project areas ● Provide input and recommendation on project areas 		
Oct 20		<u>Consumer Advisory Committee</u> <ul style="list-style-type: none"> ● Review charter and project areas ● Provide input and recommendations on project areas 		
Oct 24	<u>Domain 2 + Chronic Disease Project workgroup</u> <ul style="list-style-type: none"> ● Logic driver models <ul style="list-style-type: none"> ○ CPAA & HMA to present draft list of logic driver models for the relevant projects for review and discussion ● Challenges and solutions <ul style="list-style-type: none"> ○ Review and discuss draft list of challenges and solutions for each project ● Sustainability CPAA & HMA to present draft list of sustainability ideas for review and discussion 			

CPAA November 16 Submission - Work Plan and Timeline

Date	Workgroups	Support Team/Advisory Committees	Council/Board	Finance
Oct 25	Opioid Response Work Group Meeting ACEs Work Group Meeting & Oral Health <ul style="list-style-type: none"> • Logic driver models <ul style="list-style-type: none"> ○ CPAA & HMA to present draft list of logic driver models for the relevant projects for review and discussion • Challenges and solutions <ul style="list-style-type: none"> ○ Review and discuss draft list of challenges and solutions for each project • Sustainability CPAA & HMA to present draft list of sustainability ideas for review and discussion 			
Oct 26		CPAA Support Team Meeting <ul style="list-style-type: none"> • Review draft of application. <ul style="list-style-type: none"> ○ Focus on and review on gap areas ○ Discuss remaining policy issues and finalize decisions ○ Refine and make final decisions on proposed Domain 1 investments / Funds 		<i>Another Finance Committee meeting will be scheduled during this week.</i> Topics to Be Addressed: <ul style="list-style-type: none"> • Review proposed fund allocations • Decide on Fund Allocations • Recommend to Council/Board
Nov 9			CPAA Council Meeting CPAA Board Meeting <ul style="list-style-type: none"> • BOARD ACTION: Approve Project Application 	
Nov 16	APPLICATION SUBMITTED			



Major Medicaid Providers, Payers and Public Health in the CPAA region – DRAFT

09/08/2017

Counties	Medicaid Enrollees	County Health Depts.	Dental	Primary Care or FQHCs	BH or CD	Hospitals & Major Health Systems	Payers, % of County Total
Cowlitz	38,569	Cowlitz County Health & Human Services	<ul style="list-style-type: none"> Happy Kids Dentistry Family Health Center Longview Family Dental Hilander Dental Rhonda Renee Sheeler 	<ul style="list-style-type: none"> Family Health Center Child and Adolescent Clinic Cowlitz Indian Tribal Health 	<ul style="list-style-type: none"> Columbia Wellness A First Place Awakenings Community Health on Broadway 	<ul style="list-style-type: none"> St. John Medical Center 	<ul style="list-style-type: none"> Molina, 41.0% CHPW, 38.8% Other FFS & HH, 14.5% United Healthcare, 2.9% Amerigroup, 1.4% Coordinated Care, 1.3% Great Rivers BHO
Grays Harbor	27,988	Grays Harbor Public Health & Social Services	<ul style="list-style-type: none"> Sea Mar CHC Harbor Kids Dental Marc R. Tomlinson S. Frank Rupert DDS LE Orthodontics Roger Saux Health Center Dental Ocean Shores Dental Clinic Chehalis Tribal Wellness Center Elma Dental Center 	<ul style="list-style-type: none"> Sea Mar CHC Roger Saux Health Center Family Practice Center of Grays Harbor Chehalis Tribal Wellness Center Summit Pacific Health Care Clinic Elma Family Medicine Mark Reed Health Care Clinic Aberdeen Medical Lighthouse Family Clinic Phillip Gibbs Timothy Troeh William Steven Hutton, MD 	<ul style="list-style-type: none"> Behavioral Health Resources Sea Mar CHC 	<ul style="list-style-type: none"> Grays Harbor Community Hospital Summit Pacific Medical Center 	<ul style="list-style-type: none"> Molina, 46.6% Other FFS & HH, 21.6% Amerigroup, 17.6% United Healthcare, 12.3% Coordinated Care, 1.7% CHPW, 0.1% Great Rivers BHO
Lewis	28,201	Lewis County Public Health & Social Services	<ul style="list-style-type: none"> Valley View Health Center – Dental Kid’s Dental Pope’s Kids Place Peter C. Wagner Olympic Dental and Denture LLC 	<ul style="list-style-type: none"> Valley View Health Centers Chehalis Children's Clinic NW Pediatric Center Steck Medical Group Stephen Hennessey Lewis County Community Health David Little Sound Inpatient Physicians 	<ul style="list-style-type: none"> Lewis County Mental Health Associates Cascade Mental Health Care Eugenia Center 	<ul style="list-style-type: none"> Providence Centralia Hospital Morton General Hospital 	<ul style="list-style-type: none"> Molina, 44.7% CHPW, 19.9% Other FFS & HH, 15.3% United Healthcare, 9.0% Amerigroup, 5.8% Coordinated Care, 5.3% Great Rivers BHO



Counties	Medicaid Enrollees	County Health Depts.	Dental	Primary Care or FQHCs	BH or CD	Hospitals & Major Health Systems	Payers, % of County Total
Mason	19,706	Mason County Public Health	<ul style="list-style-type: none"> Patrick C Kwong Kamilche Dental Center Duane Stephen Moore Skokomish Health Clinic Squaxin Dental Clinic 	<ul style="list-style-type: none"> MGH - Shelton Family Medicine Mountain View Women's Health Clinic Squaxin Medical Clinic Skokomish Health Clinic MGH - Oakland Bay Pediatrics 	<ul style="list-style-type: none"> Squaxin Chemical Dependency Educational Service District 113 Skokomish Tribe Social Services 	<ul style="list-style-type: none"> Mason General Hospital 	<ul style="list-style-type: none"> Molina, 37.2% Other FFS & HH, 19.9% Amerigroup, 16.4% Coordinated Care, 15.1% United Healthcare, 7.9% CHPW, 3.5% Thurston/Mason BHO
Pacific	7,133	Pacific County Health & Human Services	<ul style="list-style-type: none"> Shoalwater Bay Tribal Clinic Deep River Dental 	<ul style="list-style-type: none"> Shoalwater Bay Tribal Clinic Valley View Health Center Ocean Beach Medical Clinic Willapa Family Medicine 	<ul style="list-style-type: none"> Willapa Counseling Center Shoalwater Bay Tribal Clinic 	<ul style="list-style-type: none"> Ocean Beach Hospital Willapa Harbor Hospital 	<ul style="list-style-type: none"> Molina, 35.5% United Healthcare, 19.8% Other FFS & HH, 18.8% CHPW, 11.6% Amerigroup, 7.6% Coordinated Care, 6.7% Great Rivers BHO
Thurston	68,280	Thurston County Public Health & Social Services	<ul style="list-style-type: none"> Smiles 4 Kids Sea Mar CHC Harbor Kids Dental Access Dental Oral Surgery Associates Olympic Dental and Denture Center Kenneth Hancock Kids Dental and Family Orthodontics Small to Tall Pediatric Dentistry South Sound Oral Surgery Matthew D Wall Morgan Family Dental Capital Anesthesia, LLC Robert L. Perlot Thurston Dental 	<ul style="list-style-type: none"> Sea Mar CHC Valley View Health Centers Olympia Family Medicine Nisqually Tribal Clinic Olympia Pediatrics ABC Pediatrics Providence Rochester Family Medicine Providence Medical Group SW 	<ul style="list-style-type: none"> Behavioral Health Resources NW Resources Capital Recovery Center Community Youth Services St. Peter Chemical Dependency Center 	<ul style="list-style-type: none"> St Peter Hospital Capital Medical Center 	<ul style="list-style-type: none"> Molina, 31.3% CHPW, 19.5% Other FFS & HH, 16.4% United Healthcare, 15.5% Amerigroup, 8.9% Coordinated Care, 8.4% Thurston/Mason BHO



Counties	Medicaid Enrollees	County Health Depts.	Dental	Primary Care or FQHCs	BH or CD	Hospitals & Major Health Systems	Payers, % of County Total
Wahkiakum	1,126	Wahkiakum County Health & Human Services			<ul style="list-style-type: none"> Wahkiakum County Health & Human Services 		<ul style="list-style-type: none"> CHPW, 37.2% Molina, 25.9% United Healthcare, 19.2% Other FFS & HH, 14.7% Coordinated Care, 2.6% Amerigroup, 0.4% Great Rivers BHO

Enrollment data retrieved from Apple Health Enrollment Reports: <https://www.hca.wa.gov/about-hca/apple-health-medicaid-reports> April 2017

For all providers listed in the table, both the number of Medicaid beneficiaries and number of claims were assessed when including or excluding providers by county. A 90% running total for Medicaid beneficiaries and claims was used, meaning that providers had to be over the threshold of 90% in both categories to be included in the table. We looked at physicians practicing in family medicine, internal medicine, general practice, and pediatrics in FQHCs, critical access hospitals, rural health clinics, major health systems, and health care facilities in 2016.