



COUNCIL MEETING

SEPTEMBER 14, 2017

Welcome and Introductions

Introduce yourself: Name, organization, and county

WELCOME



Review Desired Meeting Outcomes

- ✓ Review board meeting outcomes
- ✓ Learn about Consumer Focus Group outcomes
- ✓ Learn about Tribal Engagement Methods
- ✓ Understand project planning process and workgroup progress
- ✓ Understand how to incorporate a Health Equity Lens into project planning
- ✓ Be reminded of CPAA values




Review Major Decisions from August CPAA Board Meeting

✓ Approved Charters:

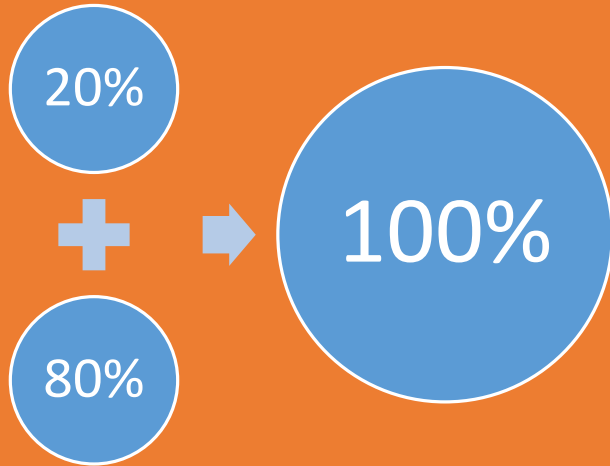
- Consumer Advisory Committee
- Clinical Provider Advisory Committee
- CPAA Council



CPAA Goals

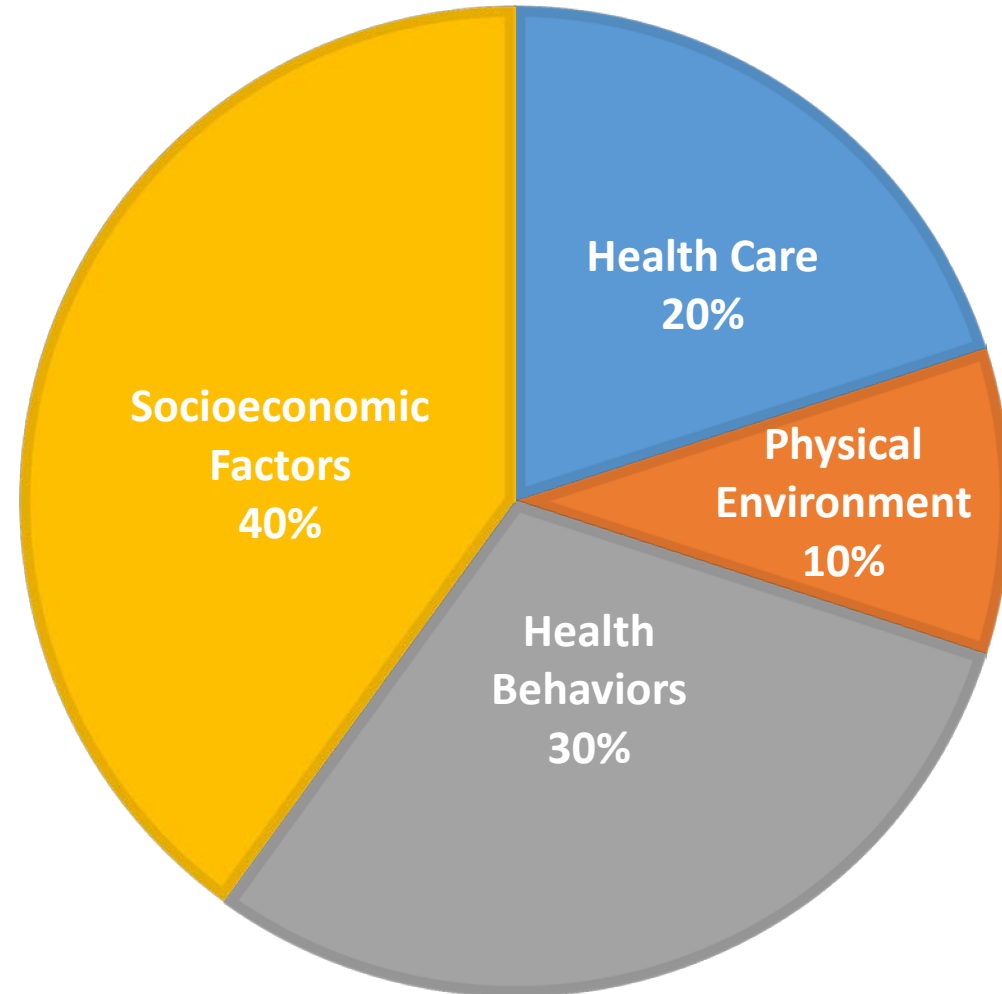
Regional Health Improvement Plan “Meta” Goals		
 Improve Health	 Whole Person Care	 Smarter Spending
Improve health equity and health outcomes for all residents in our communities, with a focus on addressing the social determinants of health.	Keep residents healthy as long as possible and address all 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.

What Determines a Person's Health?



SOCIAL DETERMINANTS OF HEALTH

■ Health Care ■ Physical Environment ■ Health Behaviors ■ Socioeconomic factors



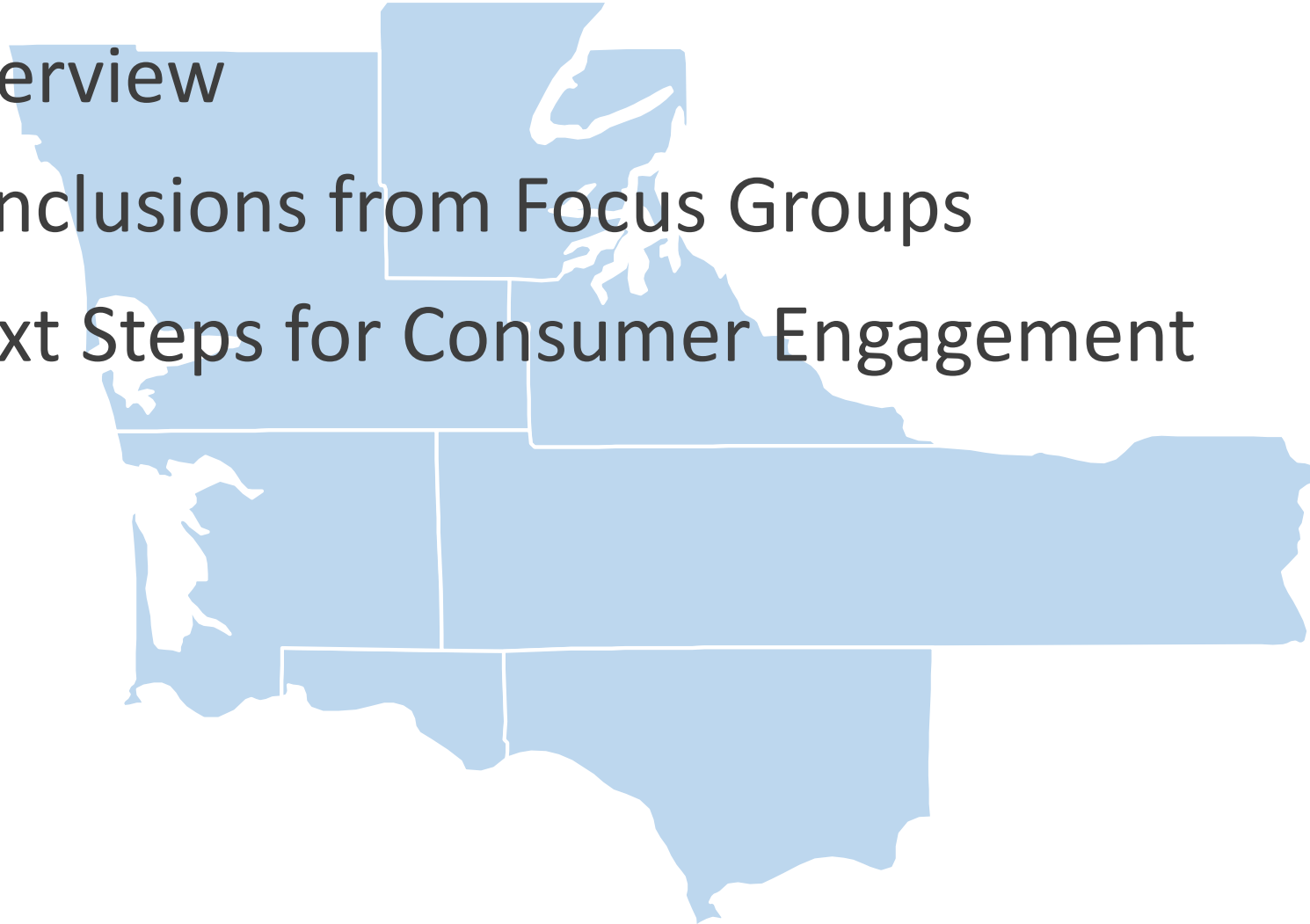
New CPAA Website

<http://www.cpaawa.org/>



Consumer Focus Group Outcomes

- Overview
- Conclusions from Focus Groups
- Next Steps for Consumer Engagement



Consumer Focus Group Overview

Focus Group info:

- Scheduled in each of our 7 counties
- 5 focus groups attended (Grays Harbor and Pacific had no turnout)
- 24 people participated in total

Participants were...

- Over the age of 18
- People who are currently on Medicaid or who had been on Medicaid within the last year
- Residents of one of the CPAA's seven counties (Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, Wahkiakum)

Focus Group Outcomes: Themes

Care Coordination

- “There aren’t enough resources... no good information”
- “(I need) help navigating the (healthcare) system, finding resources.”
- “We need more community resource coordinators.”
- “They need people who give resources...a resource specialist...”
- “It would be helpful to have a patient advocate”

Focus Group Outcomes: Themes

Bi-Directional Integration of Care

- “I can’t find a therapist who takes my insurance.”
- “I have to pay for it myself.”
- “The wait to get in is really long... Sometimes 3 months.”
- “They have a therapist at my doctors clinic... I just go over there after seeing the doctor.”

Focus Group Outcomes: Themes

Oral Health

- “My insurance won’t pay for anything (dental related).”
- “Dentists won’t take my insurance”
- “Have to wait 2 months to see a Dentist”
- “...they just want to pull teeth. I feel like a dog – like I’m at the vet... Pretty soon I won’t have any teeth left.”
- “My fillings fell out after 3 months...”

Focus Group Outcomes: Misc. Themes

Access Issues

“I go to the ER because they have to see me and the doctors are good there.”

Transportation

“Getting to doctor is difficult.”

“Busses stop running at 6 PM.”

Chronic Care

“Not enough Diabetes education.”

“...classes on how to manage Diabetes”

High Medical Costs

“I can't afford my medications.”

“I have a \$3,400 spenddown every 4 months.”

Inequality of Care

“I had to switch doctors, my old doctor doesn't take my insurance.”

Next Steps for Consumer Engagement

- CPAA Looking for Consumers for a Consumer Advisory Board
- Offering monetary stipend and mileage reimbursement for participants

Requirements:

- ✓ Over the age of 18
- ✓ Resident in one of our 7 counties
- ✓ Currently receiving Medicaid services (or had received within one year)



For More Information please contact:
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Project Planning

Liz Arjun, Health Management Associates



Cascade Pacific Action Alliance

Developing the November 2017 Medicaid Transformation Waiver Submission



HEALTH MANAGEMENT ASSOCIATES

Regional Health Priorities

- Improve Healthcare Access
- Improve Care Coordination & Integration
- Prevent & Manage Chronic Disease
- Prevent and Mitigate Adverse Childhood Experiences (ACEs)
- Enhance Economic & Educational Opportunities

How Does the Medicaid Demonstration Project Align with the CPAA Vision?



HEALTH MANAGEMENT ASSOCIATES

How Medicaid Transformation Demonstration Supports Region's Priorities

Medicaid Transformation can support the region's efforts:

- New funds to incentivize service delivery improvements
- Continued funding depends on meeting clinical performance metrics in years 3 – 5
- If successful in meeting metrics, region will be able to make innovative, strategic community investments beyond clinical needs
- Support for improving how the parts of the system work together
- A pathway to investing and sustain changes that can drive towards CPAA vision

Note that these changes will benefit the entire system, not just Medicaid

How the Medicaid Demonstration Supports our Vision for Change



Draft template to be used for developing logic models



HEALTH MANAGEMENT ASSOCIATES

* Includes Medicaid Waiver Toolkit Projects

How does CPAA earn these dollars?



HEALTH MANAGEMENT ASSOCIATES

HCA Toolkit offers Strategies within each Project to Earn Dollars by Achieving Outcomes

Note that . . .

- Every project has a required list of metrics
- Projects need to show progress in meeting performance metrics to receive funding
- Regions that successfully achieve metrics will be able to use earned funds flexibly to make innovative and strategic community investments

What is the Council's Role in the Application Process?

Background: Overview of Application Process

- Application is due November 16
- Application is a continuation of the planning process and builds off of the previous two submissions
- Application should provide more detail about how CPAA will develop a responsive implementation plan during the next year
- Based on the response, HCA will issue funds to allow CPAA to conduct more comprehensive planning

November Project Application

Section I : ACH Level

- Regional Health Needs Inventory
- ACH Theory of Action and Alignment
- Governance
- Community & Stakeholder Engagement
- Tribal Engagement
- Funds Allocation
- Required Health System Capacity

Council Addressing

Section II: Project Level

- Project Selection and Outcomes
- Implementation Approach and Timing
- Partnering Providers
- Regional Assets, Challenges, Proposed Solutions
- Monitoring and Continuous Improvement
- Project Sustainability

Workgroups Addressing

Section I: ACH Level

Section I : ACH Level

- Regional Health Needs Inventory
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- Funds Allocation
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Council Addressing

- Highlighted pieces very similar to what was submitted in prior Certifications 1 & 2
- Staff and HMA pulling forward what we can; then address remaining gaps
- Council will review

Section I: ACH Level (cont.)

Section I : ACH Level

- Regional Health Needs Inventory
- ACH Theory of Action and Alignment
- Governance
- Community & Stakeholder Engagement
- Tribal Engagement
- **Funds Allocation**
- Required Health System Capacity

Council Addressing

Funds Allocation (Percentage Allocations)

- Potential Buckets
 - Project Management and Administration
 - Provider Engagement, Participation and Implementation
 - Provider Performance and Quality Incentive Payments
 - Sustainability Support (e.g., temporary revenue loss encountered during transition to VBP)
 - Workforce Development
 - Population Health Management
- Finance Committee Addresses with input from Project Workgroups
- Make recommendation to Council

Section I: ACH Level (cont.)

Section I : ACH Level

- Regional Health Needs Inventory
- ACH Theory of Action and Alignment
- Governance
- Community & Stakeholder Engagement
- Tribal Engagement
- Funds Allocation
- **Required Health System Capacity**

Council Addressing

➤ Domain 1 - Required Health System Capacity

- Population Health Management (HIT)
 - Workforce
 - Value-Based Payment
- Project Workgroups make recommendations to Council which makes region-wide recommendations

Section II: Timeline for Project Level

Section II: Project Level

- Project Selection and Outcomes
- Implementation Approach and Timing
- Partnering Providers
- Regional Assets, Challenges, Proposed Solutions
- Monitoring and Continuous Improvement
- Project Sustainability

Project Workgroups Addressing

August:

- Review Strategies, Metrics and Data to Identify Target Populations

September:

- Discuss Providers & Domain 1 Investments to support successful project (share with Council, Support team, etc.)
- Develop Strawmen Proposal

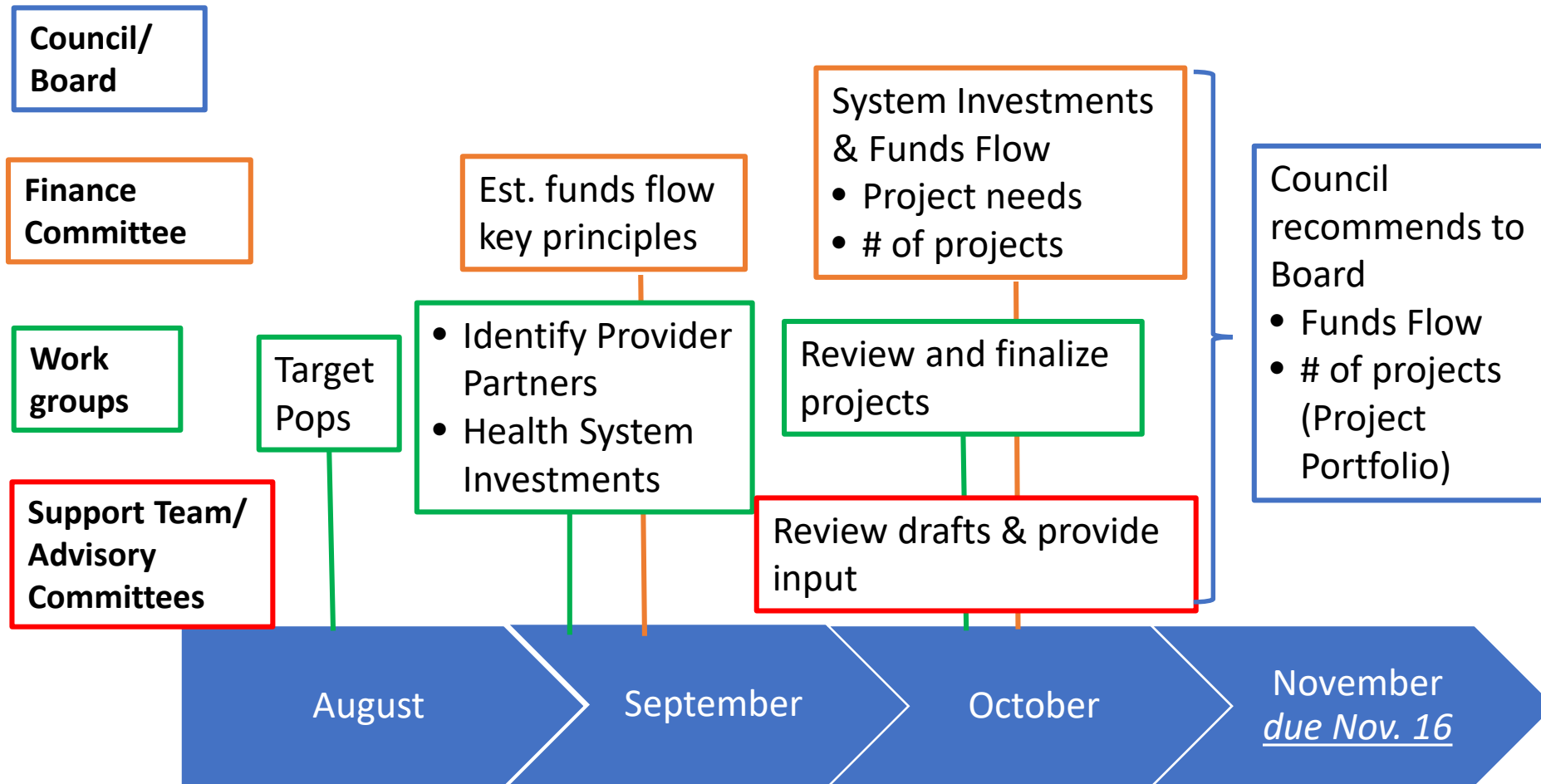
October:

- Refine/Revise Strawmen proposals
- Review Workplan

October 23:

- Final Project Applications to Council

Overall Work Flow



RFQ Debrief

Jennifer Brackeen, Program Director at CHOICE



Project Plan Scoring and Awards Incentive Model Features

1. Number of projects has small impact on total potential revenue.
2. Project Plan Points subject to subjective judgments; adds risk to scores
3. P4R Determined by objective “yes/no” per element, so less risky
4. P4P Negative step-down discontinuities (Continuous raw distribution becomes Step-wise Earned)
 1. 99% Raw = 75% Earned
 2. 74% Raw = 50% Earned
 3. 49% Raw = 25% Earned
 4. 24% Raw = 0% Earned
5. P4P metrics use fixed, pre-defined populations so percentage of denominator addressed by interventions is just as critical as potential of strategy to change numerator
6. Some metrics appear poorly connected to project interventions

Project Plan Scoring and Awards

Questions to Consider

- 1. Will earned revenue be greater with more projects or fewer projects?**
 - a. If synergies, then choose more projects
 - b. If resources are limited, choose fewer projects to allow focus
 - c. If success is predictable, and varies by project, choose only highest ranked projects.
 - d. If success not predictable, do more projects to create more chances for “average” success.

- 2. How will the targets be set and what will be the gap between current and target?**
 - a. If targets are “challenging” assume “worst” case for budgeting
 - b. If targets are “achievable”, be more optimistic
 - c. If targets are “variable”, pick projects with “achievable” targets

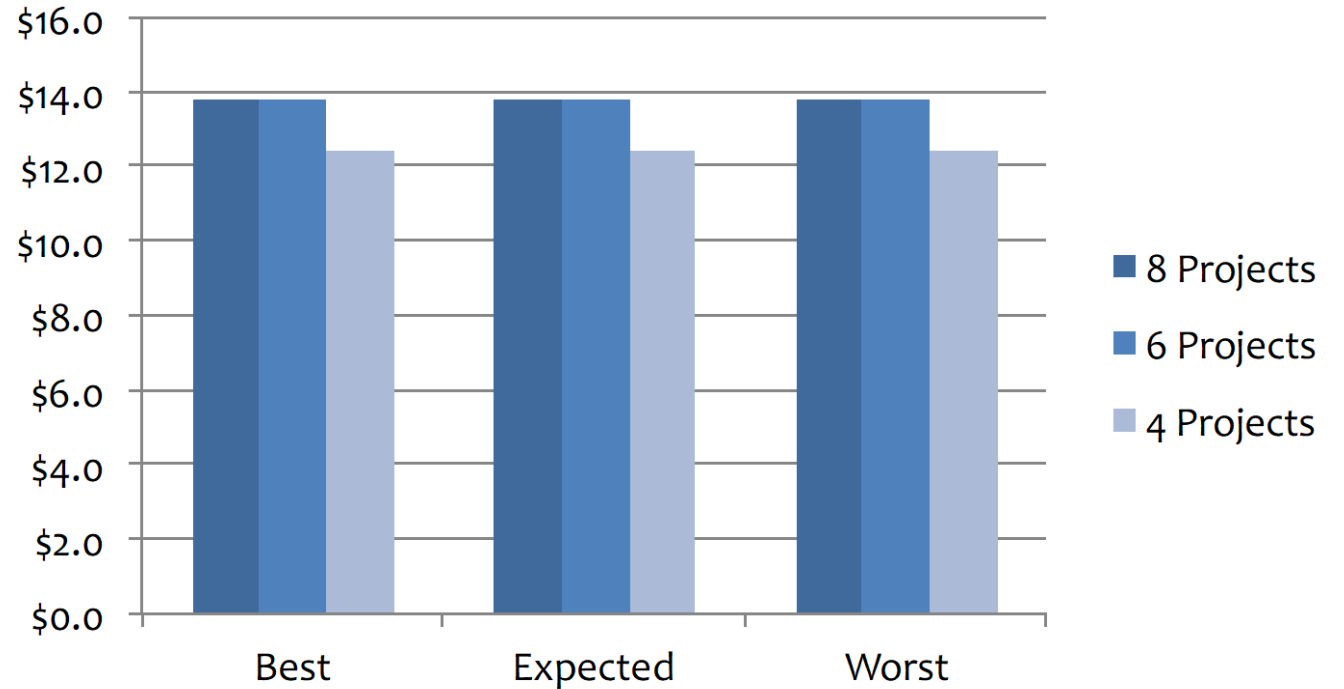
Project Plan Scoring and Awards

Potential Work to Inform Project Decisions

1. Know the actual targets or at least the procedure for setting the targets to predict potential P4P achievement scores
2. Analyze last 3 years actual performance for each metric to assess intrinsic up/down trends, which may help/hurt ability to achieve targets
3. Assess random variation vs trend as percentage of performance targets (random variation alone may cause achievement/non-achievement of targets)
4. Balloons vs Stones: How to categorize the metrics used for multiple projects?

Project Plan Scoring and Awards

Projected Earnings range from \$12.4 million to \$13.8 million



	Best	Expected	Worst
Projects	99%	95%	90%
8	\$13.8	\$13.8	\$13.8
6	\$13.8	\$13.8	\$13.8
4	\$12.4	\$12.4	\$12.4

Shared Learning: Health Equity

Michael O'Neill

SHARED LEARNINGS FUNDED BY THE ANTHEM FOUNDATION



Working on Health Equity

CPAA Shared Learning Session

9/14/17

Definitions

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.



Equality

doesn't mean

Equity

What undermines equity

- [Implicit bias](#)
- -isms
- Structural inequity

Your zip code is a bigger determinant of health than your genetic code

How do you work on equity?

- Understand disparities and their causes
- Analyze gaps and resources in context
- Develop a habit of thinking and decision making
- Focus your impact
- Measure results

Measuring equity

Variables of disparity

- Demographic
- Geographic
- Disease burden
- Socio-economic
- Environment
- Mortality

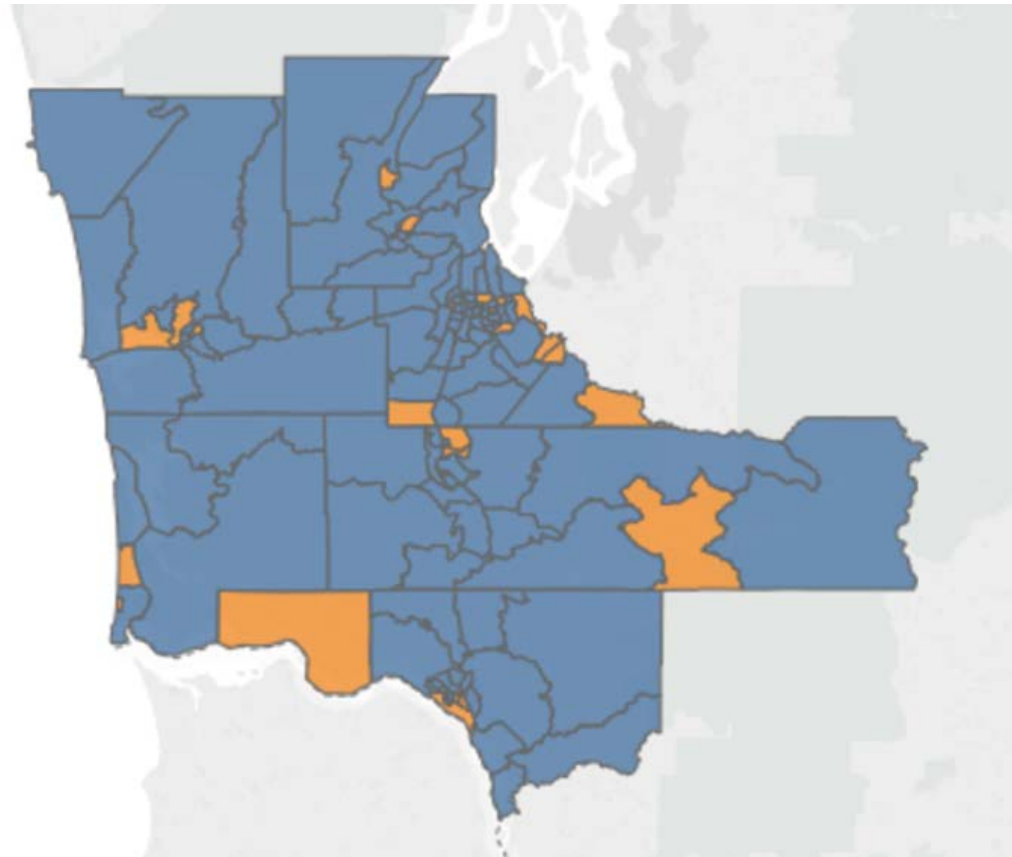
Measurement examples

- [“Fairness Across Places?” – Tacoma-Pierce County Health Department](#)
- [“Healthy Communities by Design” – Cowlitz Wahkiakum Council of Governments & CCHHS](#)
- [Washington Tracking Network – Department of Health](#)

Measuring equity

Variables of disparity

- Demographic
- ***Geographic***
- Disease burden
- Socio-economic
- Environment
- ***Mortality***



Going deeper with equity analysis

What to analyze

- Resource allocation
- Policy
- Other decision points

Tools

- Training to raise awareness
- Equity lens
- Priority population approach
 - What's currently being done?
 - What more could be done?
- Community Engagement

Habits of thought

- Seek to understand
- Use tools to overcome blind spots
- Seek to include diverse perspectives before moving forward, especially:
 - Those who will be directly impacted
 - Marginalized groups

Getting to impact

What gets measured gets done!

Process Measures

- # of people trained
- Frequency of Equity Lens use in decision making
- Amount of resources directed to priority populations
- Level and frequency of community engagement

Outcome Measures

- Reduction of disparities
 - Health outcomes
 - Risk factors
 - Social and economic factors
 - Environmental factors

Table Discussion

- Get into pairs or groups of three (10 minutes)
 - Share your personal or organization experience related to health equity
 - Discuss what you think CPAA should focus on r.e. equity (data analysis, training members, community engagement, developing decision aids, etc.)
- Discuss as a table (10 minutes)
 - How do we apply health equity tools and idea to Medicaid Transformation Demonstration planning?

Report Out

- Prioritizing equity work for CPAA (*pick one, show of hands*)
 - Training for members and partners
 - More data analysis
 - Increase community engagement
 - Developing decision aids
 - Something else
- Health equity and the Medicaid Transformation Demonstration

Summary and Next Steps

- What worked? What can we do better next time?
- What do we need to bring to our local forums?
- Next Council Meeting:

Thursday, October 12, 2017, 12:00-3:00 PM

Summit Pacific Medical Center

600 E Main St, Elma, WA

