



COUNCIL MEETING
OCTOBER 12, 2017

Welcome and Introductions

Introduce yourself: Name, organization, and county
In-person and over the phone



WELCOME

Review Desired Meeting Outcomes

- ✓ Review Feedback from Phase II Application
- ✓ Review Section 1 of Application
- ✓ Review Work Group activities and Domain 1 Summary
- ✓ Review Recommended Finance Principles, Proposed Budget, and Funds Flow Distribution
- ✓ Recommend the number of projects of the CPAA Board
- ✓ Recommend which project areas to the CPAA Board

Review Phase 2 Certification Submission & Feedback

- Review Phase 2 certification submission
- Discuss Phase 2 certification feedback



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

HEALTH MANAGEMENT ASSOCIATES

Section II: Workgroup Activities and Project Plan

August/September

- Identified target populations
- Discussed engaged providers via RFQ and high-volume Medicaid providers
- Identified Domain 1 assets and challenges (for Section I)
- Develop proposals- HMA and CPAA

October:

- Outstanding areas for feedback:
 - Strategic Alignment
 - Sustainability
 - Review workplan
- Review project proposals: November 1st

Section I: ACH Level

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- Regional Health Needs Inventory
- ACH Theory of Action and Alignment
- Governance
- Community & Stakeholder Engagement
- Tribal Engagement
- Funds Allocation
- Required Health System Capacity (Domain 1)

Council Addressing

- Highlighted pieces very similar to what was submitted in prior Certifications 1 & 2
- First draft reviewed by CPAA, refining, revising

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)

- Finance Committee addressing
- Recommendations to Council (later on the agenda)

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

Domain 1: Key Themes



HEALTH MANAGEMENT ASSOCIATES

Review of Work Group Activities

- Review of target populations and strategies
- Review RFQ submissions
- Review Major Medicaid Providers
- Review Domain 1 Investments



RFQ Themes by Project (1)

Bi-directional Integration

Integrated care settings

PeaceHealth St. John Medical Center, Providence Medical Group, Nisqually Tribal Health, Valley View Health Center & Clinics, Child and Adolescent Clinic, South Sound Pediatrics

Populations:

Medicaid, Children 0-20, Primary Care and other clinical patients

Uncovered Counties:

Grays Harbor, Mason

Opioid Response

Enhance/Expand Syringe Exchange

Family Health Center, Thurston County Health & Human Services

Enhance/Expand Clinical & Referral Capacity

Crisis Clinic, Mason General, Providence

Populations:

Medicaid, ED Patients, SEP Clients

Uncovered Counties:

Pacific

RFQ Themes by Project (2)

Transitional Care

Respite Housing for Homeless

Coastal CAP, Lower Columbia CAP

Improve Discharge Planning & Coordination

Great Rivers BHO

Populations:
Homeless, ED and other inpatient

Uncovered Counties:
Mason, Thurston, Wahkiakum

Oral Health

Integrate OH into multiple projects

Acora

Dental Clinic & Residency Program

Providence

Populations:
Medicaid

Uncovered Counties:
Cowlitz & Wahkiakum (for clinic)

RFQ Themes by Project (3)

Diversion/Chronic Disease

Mobile Integrated Health Services

Area Agency on Aging & Disability of Southwest Washington, Lacey Fire District #3, Providence

Chronic Disease Self-Management Program and Million Hearts Initiative

Thurston Health & Social Services

Populations:

General population, EMS High Utilizers

Uncovered Counties:

Grays Harbor, Mason, Pacific

Maternal Child Health

Expand Home Visiting Capacity

Child Care Action Council, Thurston Health & Social Services (with Lewis & Mason co.)

Populations:

First time mothers, non-NFP eligible

Uncovered Counties:

Cowlitz, Grays Harbor, Pacific, Wahkiakum

RFQ Themes by Project (4)

Care Coordination

For Patient Population

Cascade Mental Health, Housing Opportunities of SW WA,
Northwest Pediatrics, Ocean Beach Hospital & Clinics, Providence,
Sea Mar, Valley View

By Referral

Area Agency on Aging & Disability of Southwest Washington, ESD
113, Lewis County Health Partnerships, Physicians of Southwest
Washington, Providence, Summit Pacific Medical Center, Youth &
Family LINK

Populations:

Medicaid, Dual Eligible, Mothers w/SUD, Chronic Disease,
School Aged Children, Complex needs

Uncovered Counties:

Pacific

Review Draft of Section 1 Application

- Request feedback from Council members



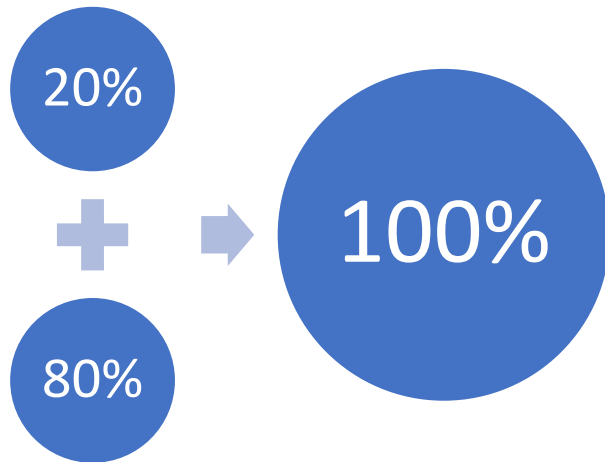
Cascade Pacific Action Alliance

Project Portfolio

Project Portfolio Design Strategic Discussion Overview

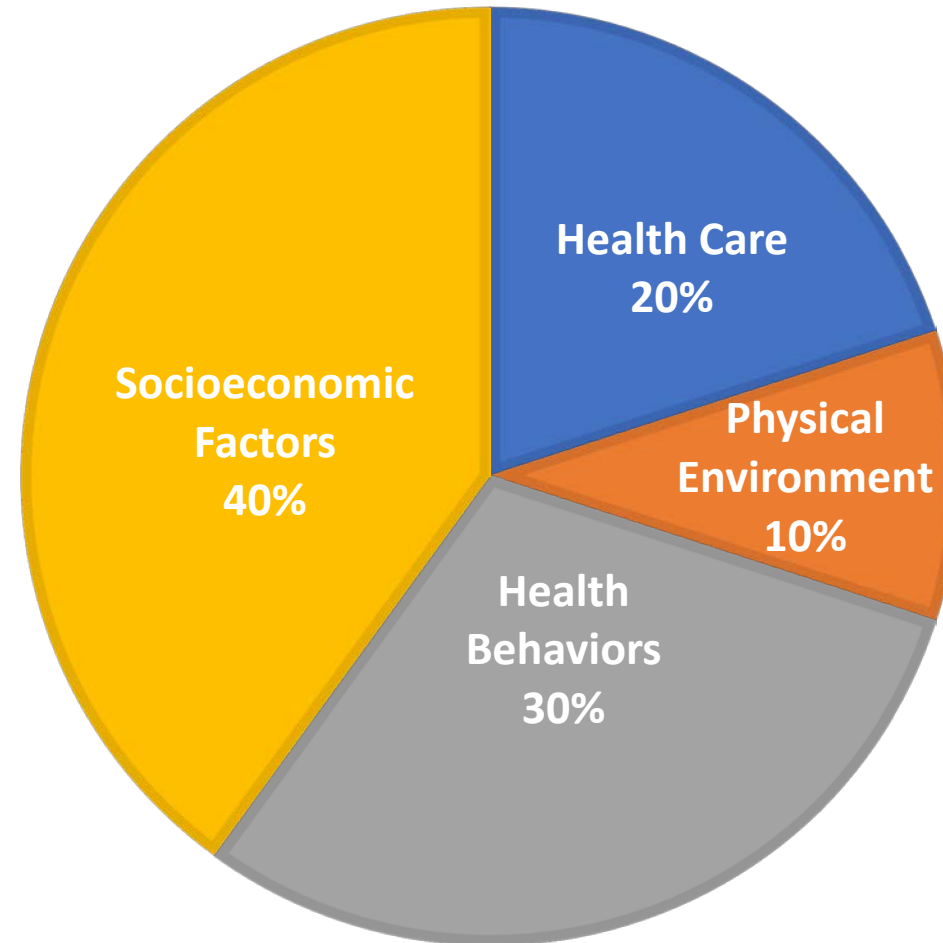
- Review information to date
 - SDH, Meta Goals & Shared Regional Health Priorities
 - Context of recent funding reductions
 - Original selection criteria
 - Refined criteria
- Prioritize and rank order projects
- Recommend which projects to select to Board
- Review next steps to application submittal

What Determines a Person's Health?






SOCIAL DETERMINANTS OF HEALTH

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



Meta Goals & Shared Regional Health Priorities

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



Improve
Healthcare
Access



Improve Care
Coordination
& Integration



Prevent &
Manage
Chronic
Diseases



Mitigate
Adverse
Childhood
Experiences



Enhance
Economic &
Education
Opportunities

Context of Proposed Budget Cuts

- Notification from HCA on September 29
- **Up to 36%** reduction in **project** funding (since revised to 27%)
- Time periods affected
- Potential for reductions in subsequent years
- ACHs met with HCA to discuss impact of cuts and needed program changes
- Recommend ranking the projects in priority order so we can be nimble in reducing scope, if funding is reduced.

Medicaid Transformation Demonstration Project Toolkit

Domain 1: Health & Community Systems Capacity Building

All Required

- Financial Sustainability through Value-based Payment
- Workforce
- Systems for Population Health Management

Domain 2: Care Delivery Redesign

Required Project

- Bi-Directional Integration of Care & Primary Care Transformation

Optional Projects

- Community Based Care Coordination
- Transitional Care
- Diversion Interventions

Domain 3: Prevention & Health Promotion

Required Project

- Addressing the Opioid Use Public Health Crisis

Optional Projects

- Reproductive and Maternal/Child Health
- Access to Oral Health Services
- Chronic Disease Prevention and Control

Original Selection Criteria (Compass)

Alignment

- Does it align with CPAA mission, value, and need?

Actionable

- Is it an “actionable” strategy (what is being changed and where that will happen)?

True Need

- Does it connect to a magnitude of need "without duplication of existing efforts"

Impact Potential

- Can it demonstrate an impact to regional health systems transformation that advances health equity?

Role Clarity

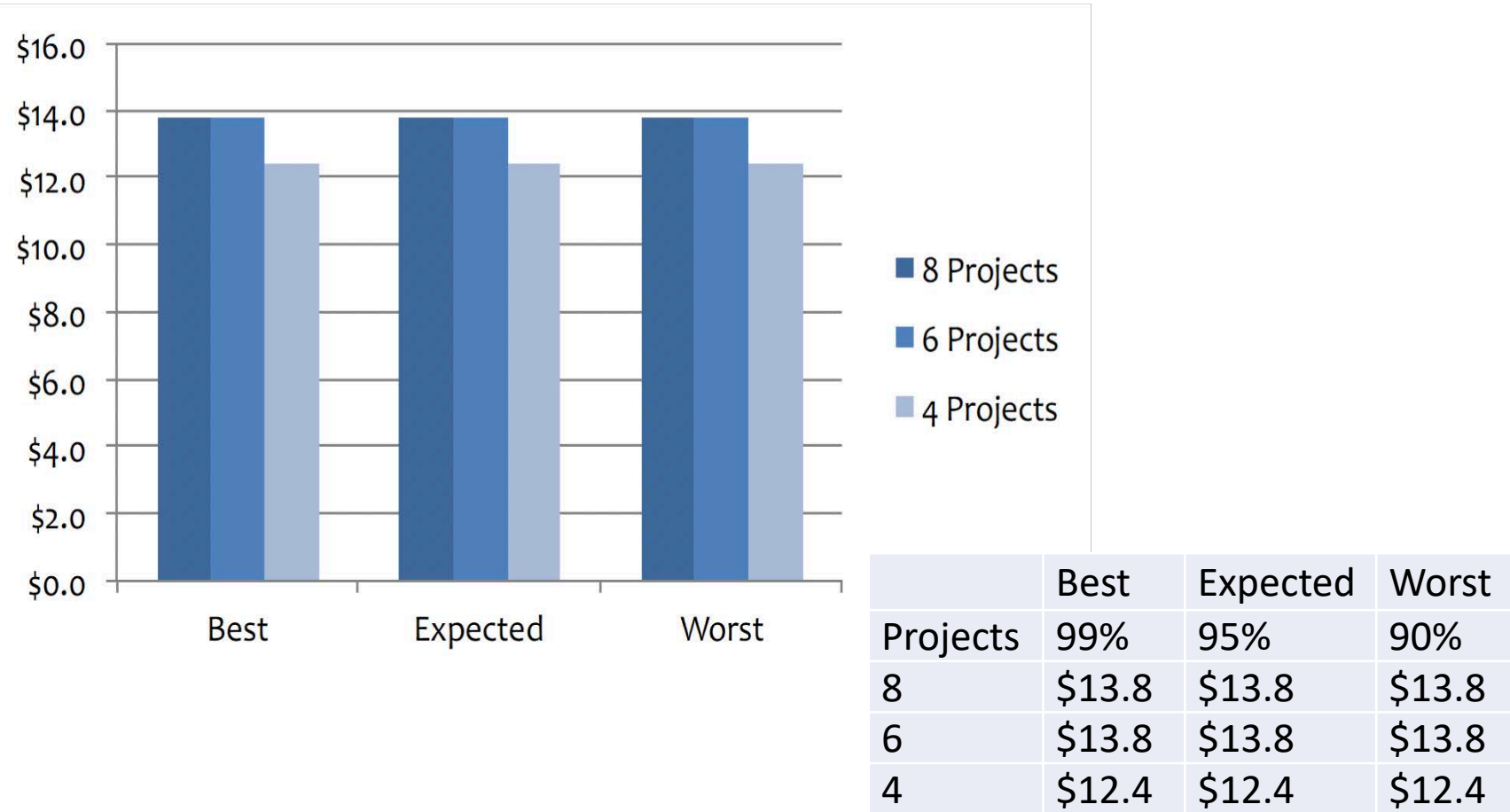
- Does CPAA have a clearly identified role?

Based on these criteria, CPAA initially considered selecting all 8 projects

Project Plan Scoring and Awards Incentive Model

- Randy Barker explored impact of incentives on project selection:
 - Number of projects has small impact on total potential revenue.
 - Project Plan Points subject to subjective judgments; adds risk to scores
 - P4R Determined by objective “yes/no” per element, so less risky
 - P4P Negative step-down discontinuities (Continuous raw distribution becomes Step-wise Earned)
 - 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
 - Some metrics appear poorly connected to project interventions
- Recommended 6 projects
- Assume 77% performance and 90% on pay for reporting.

Randy's Project Plan Scoring and Awards



Building the Portfolio: Refined Criteria

➤ Criteria

- Sustainability – will the impact be lasting?
- Earning potential (metrics) – what resources can we obtain to do the work?
- Provider readiness and capacity – how feasible is the project?
- Transformation Power – what will be the impact of the project?
(health equity lens)

➤ Required to do two projects: Bi-Directional Care and Opioids Project – we won't prioritize those

➤ Required to select at least one more from Domain 1 & Domain 2

Prioritization Exercise

- Break into small groups
- First, each person will fill out their own worksheet. Rate each project according to the criterion (1 – 5 scale, with 5 as the highest). Add the numbers for each project, and then rank accordingly (rank each Domain separately).
- Small groups will discuss these rankings, and then fill out a table as a group.

Matrix for Ranking Projects

Rate each project on each criterion using a 1 – 5 scale:
 1=lowest value, 3=medium, 5=highest value

		Sustain ability	Earning Potential	Provider Readiness & Capacity	Transfor- mation Power	SUM	RANK
Domain 2	Community-Based Care Coordination						
	Transitional Care						
	Diversion Interventions						
Domain 3	Maternal and Child Health						
	Access to Oral Health						
	Chronic Disease Prevention and Control						

Finances and Funds Flow

- Review recommended finance principles
- Review approved Fiscal Budget
- Wellness fund overview
- Proposed funds flow distribution



Summary and Next Steps

- What worked? What can we do better next time?
- What do we need to bring to our local forums?
- LLC Board Meeting: [October 12, 2017; 3:15 – 4:15pm](#)
- Next Council Meeting:
[Thursday, November 9, 2017, 12:00-3:00 PM](#)
Chehalis Tribal Center

