CPAA Council Meeting Summary: August 10, 2017

Welcome and Introductions

The August 10, 2017 Council meeting of the Cascade Pacific Action Alliance was held at Willapa Harbor Community Center with more than 35 people in attendance. CHOICE Executive Director Winfried Danke invited the Council and guests to introduce themselves, and then provided an overview of the desired meeting outcomes. The goals of the meeting were to review the July board meeting outcomes and August board meeting agenda items, review and recommend charters, review highlights of the ACH Certification Phase 2 application, announce the selected vendor for project plan development and review deliverables, receive project updates and workgroup updates, gain a better understanding of the pay for performance metrics, and learn more about funds flow.

Review July Board Meeting Outcomes and August Agenda Items

Winfried reviewed the outcomes of the July Board meeting. At this meeting, the Directors requested that staff pursue a discussion with Tribal partners regarding Tribal board seats. The board also decided to take no further action on Financial Integration of Managed Care for the time being. Directors authorized the Executive Committee to select a Technical Assistance (TA) vendor to help staff develop a strong Medicaid Demonstration project portfolio which is due in November. The Clinical Provider Engagement plan was approved as presented. The 5-year design fund budget was approved during a special board meeting which took place at the end of July. The board approved the opening of a money market savings account, and approved the time change for the council and board meetings as recommended during the July Council meeting.

Review and Recommend Charters

Jennifer provided an overview of the changes made to the Consumer Advisory Committee Charter per the recommendation of the CPAA Support Team. There was a request to indicate in the charter that members of the Consumer Advisory Committee will receive stipends, however, current state funding does not allow this expense. Staff is looking for different funding opportunities to cover this expense.

There were no changes made to the Clinical Provider Advisory Committee charter.

Jennifer then reviewed the changes made to the Council charter. A new section was added to address the role of the Governance Board. New Council seats were added for each Tribe in the region, and one seat per county was added for Medicaid beneficiaries/Consumers. The Finance Committee section was removed from the charter, since this is now a function of the Board. The Conflict of Interest policy section was also removed.

The Council approve all three charters unanimously.

Review Highlights of Phase 2 Certification Application

Winfried presented the ACH Phase II Certification Design Funds Budget Approach document, and then provided an overview of the budget and its development process.

The budget was developed with the support of the Finance Committee. Phase I of the Medicaid Demonstration provided the CPAA with $1 million in Medicaid design funds which are meant to provide operational support for Medicaid Demonstration projects. There is the potential to earn up to another $5 million with the Phase II application. CPAA is required to submit a budget to account for the $5 million maximum.

The budget was designed with sustainability in mind. Starting with year two of the Medicaid Demonstration, an increasing amount of funding will be earned through a pay-for-performance system rather than through pay-for-reporting. The CPAA will make investments into infrastructure in the early years to account for this.

The projected cost of supporting all eight of the Medicaid Demonstration projects is $7.15 million, while the maximum amount of design funds that can be earned is $5 million. To close this gap, the budget takes a total of $2.15 million as administrative fees from project funds out of years one and two of the Demonstration.

Winfried then provided an overview of Phase II Certification application highlights. CPAA needs to demonstrate through this application that it is capable to submit a completed project plan by mid-November.

In this application, CPAA needs to articulate a plan to leverage resources and infrastructure across all projects, and also address any deficiencies from the Phase I application. Tribal engagement, as well as community and stakeholder engagement, were categories that did not receive the maximum score in the Phase I application. CPAA is addressing this by engaging in Tribal outreach, running consumer focus groups, and establishing a Consumer Advisory Committee.

Another challenging component of the Phase II application is how to articulate a funds flow plan. Conversations are underway with external partners to complete this portion.

CPAA is addressing the area of clinical capacity by developing a Clinical Provider Engagement Plan, and establishing a Clinical Provider Advisory Committee.

The HCA now expects ACHs to engage in collaborative efforts around data and analytical capabilities. CPAA has reached out to other ACHs to begin this process. For instance, CPAA is collaborating with other ACHs to address workforce development and other required elements of the Demonstration.

Announce Selected Vendor for Project Plan Development

Jennifer announced that the Executive Committee has selected Health Management Associates (HMA) to serve as the the vendor to support project plan development and provide staff with technical assistance. A total of three bids were received; the other two bids were submitted by The Athena Group and KPMG. Staff met with HMA consultants yesterday, and they will present a plan for project plan development early next week.

Workgroup Report-out and Project Updates

Jennifer provided an update on the workgroups. Each workgroup is moving forward in the same direction and working to accomplishing similar goals. These goals include: recruiting Tribal liaisons, clinical providers and consumer representatives, reviewing project plan templates and performance metrics, and mapping regional assets. CPAA is developing a Request for Qualifications (RFQ), which will be sent out to workgroup members as well the broader provider community. So far, workgroups have been established for each of the projects in Domains 1 and 2 of the Medicaid Demonstration, except for Chronic Disease and Oral Health.

There is an upcoming meeting on August 29th for all of the Domain 2 workgroups to meet together, and the next Value-Based Purchasing Action Team meeting is scheduled for September 7th. CPAA is also working on a new website which will be launched next week.

Shared Learning: Pay for Performance Metrics

Sarah Bartelmann, Development Program Manager with Providence CORE, shared a review of CPAA performance against various Medicaid Demonstration outcome measure. After the HCA released the final toolkit measures for each project, CORE looked through available data to determine CPAA's current performance. CORE is now reviewing this information to identify potential areas of high and low performance. The metrics presented have been estimated based on available data, and the goal of providing this information is to inform the Council and workgroups as they discuss where and how they are most likely to achieve regional improvement.

Sarah reviewed the measures for each project with the group, and identified areas where the CPAA's performance is below the statewide average. With this information, the Council can see which outcome measures the region may have the best chance of improving.

The Council was then asked to discuss the following questions as a large group:

1. Where does improvement seem possible?
2. Are there potential priority populations?
3. How do measures align with toolkit strategies?
4. Where could CPAA 'move the dial?'

The following comments were provided:

- The CPAA will receive payment based on improvement of the target metrics, whether or not the results were caused or compounded by other factors. Therefore, we need to include a compounding factor in the project portfolio.
- There need to be multiple strategies in order to create short term results as well as long term sustainability.
- Workgroups will not be able to move all of the metrics only from a clinical perspective. Different sectors need to be involved, including housing, transportation, and other social sectors.

Shared Learning: Funds Flow Part 2

Randy Barker, CPAA Board Director and Chief Operating Officer at Molina, and Dan Vizzini, Policy Analyst at the Center for Evidence-Based Policy, provided a shared learning on funds flows to continue the discussion from last month's Council meeting.

Randy shared the following key points:

- The number of projects pursued through the Medicaid Demonstration has a small impact on total potential revenue
- Project plan points are subject to subjective judgments which adds risk to scores
- Pay for Reporting measures are determined by an objective yes or no per element, which is less risky
- Pay for Performance measures are determined by a negative step-down system (continuous raw distribution becomes step-wise earned)
- Pay for Performance 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

Randy then provided two key questions to consider in project planning, along with different possible outcomes:

1. Will earned revenue be greater with more projects or fewer projects?
   a. If there are 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 is 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 the worst case scenario for budgeting
    b. If targets are achievable, be more optimistic
    c. If targets are variable, pick projects with achievable targets

Overall, it is the performance within the projects, not necessarily the number of total projects, which has the greatest impact on total potential revenue.

Randy reviewed the projected best, expected, and worst case project performance earning potential for each of the project categories. He then presented the projected earnings based on the number of projects pursued (either 8, 6, or 4). There is no different in earning potential if the region pursues 8 projects or 6 projects, and there is a slight decrease if the region only pursues 4.

Randy also suggested that the Council have a conversation with the HCA about the negative step-down system used to award funds earned through pay-for-performance. A continuous model would make more sense, since a small difference in score could lead to a huge loss of funding.

The Council then broke into small groups, and discussed the following question:

1. Based on what we learned today, what considerations should we make moving forward with project planning?

The following comments were provided:

- It is vital to focus on metrics for each individual project while choosing different approaches. It may prove to be a better strategy to only pursue 6 strategies instead of 8.
- It is important to focus on performing well in Thurston County as well as more rural counties so the region can earn more dollars. However, the Council needs to find a balance between pursuing more money and remembering to focus on established regional priorities.
- The CPAA needs to remember to focus on whole person care and the social determinants of health, instead of focusing solely on clinical interventions.
- The Regional Wellness Fund could be vehicle for investing money back into the community and into whole-person care
- It is important to get as much info as possible on benchmarks, preferably before submitting project plans, to determine where biggest earning potentials are.

Miscellaneous and Next Steps
- The next Council Meeting will **Thursday, September 14, 2017, 12:00-3:00 PM** in **Elma**.
- The next Board Meeting will be **Thursday, September 14, 2017, 3:15-4:15 PM** in **Elma**.