



CPAA Council Meeting Summary: September 14, 2017

Welcome and Introductions

The September 14, 2017 Council meeting of the Cascade Pacific Action Alliance was held at Summit Pacific Medical Center with more than 35 people in attendance. CHOICE Program Director Jennifer Brackeen 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 August board meeting outcomes, learn about Consumer Focus Group outcomes, understand the project planning process and work group progress, understand how to incorporate a Health Equity lens into project planning, and be reminded about the CPAA goals and mission.

Review August Board Meeting Outcomes

Jennifer reviewed the outcomes of August's CPAA Board Meeting:

- The CPAA Board approved three charters: The Consumer Advisory Committee Charter, the Clinical Provider Advisory Committee Charter, and the revised CPAA Council Charter.
- The CPAA Board discussed the Funds Flow Shared Learning presentation.

CPAA Meta Goals

Although there is a heavy clinical focus on the Medicaid Demonstration Project, the Social Determinants of Health are still a primary focus of the CPAA.

The CPAA also aims to improve the lives of everyone in the region, not only Medicaid lives.

The CPAA's Regional Health Improvement Plan Meta Goals are:

- Improving Health
- Whole Person Care
- Smarter Spending.

The CPAA's Shared Regional Health Priorities were developed with input from partners across the region:

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



The Wellness Fund is a potential mechanism to invest funds into these goals, and is still under development.

CPAA Website

The Cascade Pacific Action Alliance has a new website: cpaawa.org.

The website's calendar includes all upcoming meetings and documents associated with them.

Consumer Focus Group Outcomes

Justin Wagaman, Community and Tribal Liaison at CHOICE, shared the outcomes of several focus groups that he led during the month of August.

The following main issues were raised by consumers:

- Care Coordination – need for community health workers to help navigate the health care system
- Bi-Directional Integration of Care – difficulty accessing mental health care
- Oral Health for adults – the most frequently mentioned theme
- Access to Care
- Transportation
- Chronic Care
- High Medical Costs
- Inequality of Care

Justin is currently recruiting consumers and consumer advocacy organizations to join a Consumer Advisory Board. He will provide a report of outcomes, and is hoping to host more consumer groups in the fall.

Project Planning Overview

The completed project application is due by November 16th. HMA staff is developing a logic model which will demonstrate how each strategy will support the metrics for each project.

There are two parts to this application: ACH-Level and Project-Level. There are two new sections in the ACH-level part of the application: Funds Allocation and Required Health System Capacity.

In the Funds Allocation section, the HCA has identified potential buckets for how the CPAA can allocate funds. The CPAA Finance Committee will begin meeting at the end of September to begin discussing how to approach this. These allocations can be adjusted in the future if needed.

The Required Health System Capacity section outlines three key areas identified in the Project Toolkit: (Population Health Management (HIT), Workforce, and Value-Based Payment. In this section, the CPAA will need to demonstrate how it will create Infrastructure to implement projects and create sustainable change.



HMA staff provided an update on workgroup progress. The workgroups have discussed what they need to accomplish by November when the project plan application is due, and are now focusing on selecting target populations for each project.

RFQ Debrief

Over twenty applications were received in response to the Request for Qualifications (RFQ), which was sent last month.

Several Council members asked for clarification about how the applicants determined the possible number of Medicaid lives affected on the applications. Staff will follow up and ask applicants how these numbers were determined.

The workgroups are referencing a list of major Medicaid Providers to determine which providers are missing from each project. The data on this document is based on two separate criteria from the HCA: the number of Medicaid claims, and number of Medicaid Beneficiaries served. Since this is not a comprehensive list, the Council discussed possible ways to account for organizations that may not be tracked through Medicaid billing and how to track NPI numbers across counties.

Project Plan Design Strategic Discussion

Jennifer reviewed Randy Barker's presentation about Funds Flow from the August Council meeting.

Several of the projects under the Medicaid Demonstration share the same metrics, and the CPAA can earn the same amount of funds by pursuing six projects instead of eight.

The CPAA could potentially select only six projects, while continuing to pursue the work of the other two. This way, the CPAA would not be held accountable for the metrics for all of the projects that may be more difficult to achieve.

All except for two Council members indicated that they would feel comfortable pursuing only six projects at this time.

Shared Learning: Health Equity

Michael O'Neill, Pathways Manager at CHOICE, provided a presentation about Health Equity to the Council.

He emphasized the need for the CPAA to take health equity into account when selecting projects and strategies. Partners will need to figure out how to control variables for more equal outcomes, address historical institutional barriers, and redistribute resources to account for disparities. It will be crucial to develop a new habit of thinking and constantly consider what is causing differences in health outcomes, and which historical factors have contributed to this.



Focusing on Health Equity is also another strategy for the CPAA to maintain its focus on the social determinants of health, as opposed to purely clinical strategies.

Michael shared several potential strategies that the Council could pursue to increase the focus on Health Equity.

The majority of the Council indicated an interest in community engagement. Another strategy that garnered interest was to develop an Equity Lens tool. This would be a series of questions that a decision-making group asks itself. There are several examples that staff can bring to the Council to consider and potentially modify to suit this group's needs.

Miscellaneous and Next Steps

- The next Council Meeting will **Thursday, October 12, 2017, 12:00-3:00 PM** in Elma.
- The next Board Meeting will be **Thursday, October 12, 2017, 3:15-4:15 PM** in Elma.