



Care Coordination Work Group Meeting

Meeting Summary, 11/28/2017

Support and Backbone Staff: Jennifer Brackeen – *CHOICE*, Christina Mitchell – *CHOICE*, Michael O’Neil – *CHOICE*, Megan Moore – *CHOICE*, and Shannon Linkous – *CHOICE*

In Attendance: Kyle Roesler – *CHOICE*, Catherine Monterio - *Seamar*, Jennifer Mooney – *Summit Pacific*, Caitlin Safford - *Amerigroup*, Christina Garcia - *Molina*, Apple Martine – *Thurston County Public Health & Nurse-Family Partnership*, Katie Strozyk – *Lewis County Public Health Department*, Gretchen Thaller - *Thurston County Public Health*, Adam Marquis – *Willapa Behavioral Health*, Mike Hickman – *ESD 113*, Shannon Saeger – *Department of Social and Human Services*, Samantha Waldbauer - *Department of Social and Human Services*, Jennifer Luna - *Seamar*, Carlos Martinez - *Seamar*, Tina Lomeyer – *Mason General Hospital*, Dian Cooper – *Cowlitz Family Health Center*

I. Welcome and Introductions

Michael O’Neil welcomed the work group participants and facilitated introductions. He reviewed the objectives for today’s meeting which were to review and discuss the application submittal and next steps, discuss the work plan and milestones for 2018, and discuss a required assessment for the project.

II. Review of Project Application Submittal

Michael started by thanking all CPAA Partners for their participation in the Project Plan. With the use of all feedback, CPAA was able to create a very strong proposal. He emphasized that this was a group effort and CPAA could not have been successful without their partners.

Michael then reviewed the Project Application submittal process. CPAA successfully submitted the Project Plan November 16, 2017 to the Health Care Authority (HCA). The HCA has hired an independent assessor to score each project area and provide write backs that the CPAA can use to improve the scores. There will be two write back periods from December through January, and the CPAA will reach out to all of their partners to gain their input as well. The write back process will help determine if there are any gaps in the project area that have room for improvement. The final application is due January 31st.

The final scores of the application will determine how much funding CPAA earned. For example, if the overall score is a 75, then CPAA will be awarded 75% of the available funds. From there, the finance committee will develop a funding methodology for providing funding and allocations. Over the five-year period, the first two years will be based fully on Pay for Reporting. Then, over the next three years, the funding will start transitioning to Pay for Performance instead.

Although the Project Plan has been submitted, Michael highlighted that it is not too late to still submit an RFQ. Those are used to share ideas and express interests amongst partners.



III. 2018 Project Work Plan

Michael then led the group in a small discussion to answer the questions below:

What questions and ideas does the work ahead prompt for you?

- Are there case studies to evaluate the system?
- When picking which target population, how does that work in various counties?
- Do you have the staff/resources to meet needs of desired target population?

How do you prioritize the work ahead and where do you see yourself/your organization in it?

- Non-linear process
- Alignment across organizations
- What are our guiding principles for engagement?
- Who will the Care Coordinating Agencies (CCAs) be? Strategic decision that impacts all implementation
- Possible CCAs need more information on model to make informed decisions
- What does the technology/system look like?
- Prioritize the mechanisms, assessing the financial risk, designate staff to it, make financial operationalization clear to partners
- How do we incorporate this program into existing systems and organizations?

What is required for the Care Coordination assessment/environmental scan?

- Target population size
 - People in rising risk category, high rising OB score, People with a dual diagnosis, (written in project plan)
 - Making sure it is a viable business model (enough patients to serve, and not too limited focus on target population)
 - We have not finalized target populations, so we can definitely make adjustments- the more specific we can be during the startup, the more data we collect to get model up and running to move milestones
- What is the size of our start up? One county or multiple counties?
- Provide data on # of co-occurring conditions, asking providers at specific clinics
 - Pediatric co-occurring
- May be hard to do assessment across projects with just one generic survey
- Different approach based on type of partner
- Services in small communities – access?
 - Schools as delivery sites
- Not everyone has a clear definition of what care coordination is- different definition-ask about current practice



After the discussion, Michael explained that the CPAA has a Consumer Advisory Group. He asked the work group if there was any information that they would like to know from consumers:

Anything you would like to know from consumers?

- What resources are you aware of in your community? What are your expectations/questions?
- How can we as providers support the consumers with their healthcare?
- The Medicaid population in itself is very broad (something to keep in mind)
 - Healthcare literacy
 - Cultural differences
 - Trust, fluency, literacy
- What are the barriers that consumers face when given access to resources?
- How navigable is the system as you have been involved?

IV. Next Steps & Closing

- Next meeting will be via teleconference
 - 12/12/17 from 2:15pm-3:15pm
 - Teleconference: 1 (646) 749- 3112, Access Code: 220-926-117
- Finalize assessment approach
- Share write back feedback
- Determine Domain 1 investments by project area
- Finalize target populations