Supplemental Workbook – 2A Bidirectional Integration Implementation Approach

Project Stage Milestones	Deadline (DY, Qtr)	ACH Approach for Accomplishing Milestones
Stage 1: Planning		
Assess current state capacity of Integrated Care Model Adoption: **Describe the level of integrated care model adoption among the target providers/organizations serving Medicaid beneficiaries. Explain which integrated models or practices are currently in place and describe where each target provider/organization currently falls in the five levels of collaboration as outlined in the Standard Framework for Integrated Care**	DY 2, Q2	1. CPAA will conduct an online survey of key clinical providers in the region to gauge the current state of capacity for effective bi-directional care integration. 2. We will augment this survey through a discussion of survey results with key clinical partners as well as technical assistance partners (e.g., Qualis Health). 3. CPAA will identify specific care models that are already being implemented. 4. Review assessment tools a. **MeHAF Site Self-Assessment (SSA)** b. **PCMH-A Assessment** c. **AIMS Center Milestones Checklist to Evaluate Your Practice Team's Readiness for Integrated Behavioral Health Care** d. **WA Council for Behavioral Health/National Council for Behavioral Health/AIMS Center Milestones Checklist to Evaluate Your Team's Readiness for Integrating Primary Care in Behavioral Health Agencies** e. **Integrated Practice Assessment Tool (IPAT)**
Identify how strategies for Domain I focus areas – Systems for Population Health Management, Workforce, Value-based Payment – will support project	DY 2, Q2	**Systems for Population Health Management:** 1. Population health data analysis will continue to be used to refine target populations, including identifying sub-groups and sub-regions. 2. Develop an inventory of our partnering providers' electronic health record (EHR) systems to develop strategies for information sharing 3. CPAA will also explore opportunities for expanding the use of EPIC among partnering providers, given that approximately 40% of our region is already using this technology platform. 4. Work with the AIMS Center on evaluating options for patient registries and determining the best fit for our providers. **Workforce:** 1. Continue assessing provider workforce needs during implementation planning through an online survey of providers. 2. Contract with the AIMS Center to provide targeted training to clinicians, both in physical and behavioral health settings, on implementing the CoCM and using patient registries. 3. Use technical assistance and expertise of the HCA, DOH, and Qualis Health, among others, to provide additional support and training. 4. Explore provider workforce recruitment and retention support strategies that benefit all project areas 5. Explore shared workforce strategies, expanding access to telehealth, developing internships for college students, and establishing a learning collaborative of partnering providers. **Value-based Purchasing** 1. Work closely with HCA on disseminating new information. 2. Work with the statewide VBP Task Force to assess how VBP contracts can support successful bi-directional care integration. 3. Share insights gained on evolving VBP opportunities with partnering providers. 4. Support providers and organizations in developing VBP contracts that are in line with MCO guidance.
Finalize target population(s) and evidence-based approach (es) informed by regional health needs	DY 2, Q2	1. CPAA will refine the selection of target populations prioritized by other project areas to determine the full scale of overlapping populations. 2. CPAA will target efforts in areas where the region underperformed compared to the state average and focus on areas where there was the greatest need for improvement.

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		3. Work with CORE to refine our data tools. As we progressively narrow down our target population(s) through these efforts, our work group and partnering providers will be able to make a final determination about the project's target population(s). 1. Finalize the CoCM as the evidence-based approach to integrate behavioral health into primary care. Along with core principles of the CoCM, primary care integration into behavioral health will require one of three approaches: off-site, enhanced collaboration; co-located, enhanced collaboration; or co-located, integrated care. 2. CPAA will place an emphasis on implementing standardized Collaborative Care principles due to differences in the level of care integration amongst our clinical partners, suggesting that the Bree Collaborative Recommendations be used for this purpose. 3. With the support of CORE, the work group will vet these strategies as to likely impact and feasibility (cost, provider readiness, etc.) before a final determination about chosen evidence-based approaches will be made.
Identify and engage project implementation partnering provider organizations, including: behavioral and physical health providers, organizations, and relevant committees or councils -Identify, recruit, and secure formal commitments for participation from all target providers/ organizations via a written agreement specific to the role each will perform in the project.	DY 2, Q2	1. CPAA has already identified key clinical partnering providers for this project using (1) the well-established network of partnerships with a broad range of clinical providers through CHOICE Regional Health Network's health improvement projects; (2) responses to a Request for Qualifications (RFQ) that was issued this summer; and (3) an analysis of the main Medicaid providers in the CPAA region by our strategic data analytics partner, CORE. 2. Recruit additional Medicaid providers that have not yet engaged in project planning to introduce the project and encourage participation in project design and implementation planning. 3. Partnering organizations and providers will receive detailed technical support to ensure participants are well-versed on the Collaborative Care Model and its core principles and other evidence-based model standards. 4. In order to secure formal commitments for participation from implementation partners, CPAA will define the specific scope of work for each partnering provider (what and where will investments be made); reporting requirements of partnering providers (what measures and how frequently will reports be made); and payment of partnering providers (how much and when payment occurs). 5. Work with the Finance Committee and TA partners (e.g., Health Management Associates, Manatt, etc.) to establish the necessary payment framework. 6. Work with its Clinical Provider Advisory Committee to clarify the scope of work of prospective partnering providers. 7. Utilize the Support Team to assess partnering providers' scope of work across project areas. 8. Ask partnering providers to engage in integrated project initiatives, rather than discreet, stand-alone projects.