



ACEs Work Group Meeting

Meeting Summary, 9/27/2017

Support and Backbone Staff: Jennifer Brackeen - *CHOICE*, Michael O'Neil – *CHOICE*, Megan Moore - *CHOICE*, Shannon Linkous - *CHOICE*, Liz Arjun - *HMA*, and David Hanig - *HMA*,

In Attendance: Caitlin Safford - *Amerigroup*, Christina Garcia - *Molina Healthcare*, Gary Buris – *Child Action Council*, Greg Endler - *Behavioral Health Resources*, Gretchen Thaller - *Thurston County*, Mike McIntosh – *Grays Harbor PHSS*, Liz Davis - *Thurston Thrives*, Jennifer Helseth – *Department of Early Learning*, Kirsten Johansen-*Planned Parent Hood*, Katie Strozyk - *United Way*, and Mary Goelz – *Pacific County Health and Human Services Dept.*

I. Welcome and Introductions

Jennifer Brackeen welcomed attendees and Caitlin Safford facilitated introductions. Jennifer then walked through the desired outcomes of the meeting agenda which were to review the RFQ and Major Providers summary, identify any gaps, recap on the desired target populations, and discuss Domain 1 investments for a successful project.

II. Review Overall Work Plan and Recap Target Populations

David led the discussion about reviewing the target populations from the previous meeting. He communicated to the group that their suggestions were incorporated along with input from Providence Core. Providence Core focused on analyzing the target populations trying to identify geographical sub regions, or sub groups that are also at a higher risk of experiencing ACEs. All of this information will be used for the November application.

Jennifer reviewed the RFQ summary that contained all the RFQs that have been received so far. The summary is based on data from 2016 so it is still a working document with updates being added. Jennifer then reviewed the Major Medical Providers list to see if the group could identify missing providers that the group could potentially reach out to. The group then cross-referenced the target populations and the list of Major Medical Providers to see if any key providers were missing.

Jennifer noted that no RFQ related to Reproductive Health has been submitted and many other ACHs have decided to discontinue efforts towards that project area along with Oral Health. The Work Group will have to make sure there are people interested in this project in order to continue supporting it. They discussed different providers to contact to reflect the needed support and potential obstacles.

Potential Outreach:

- OBGYN Clinics
- Providers that perform Chlamydia screenings



- County Health Clinics that offer family planning (Pacific County, Cowlitz Family Health Center, Grays Harbor, etc.)
- Mason General Hospital
- Pacific County could potentially submit an RFQ
- Grays Harbor County could potentially submit an RFQ

Obstacles:

- Many pregnant women use their OBGYN as their primary doctor so focusing on just Primary Care could create a gap in reaching patients
- Some OBGYN clinics do not have the tools or capacity to offer better care to their patients
- Some providers are unaware of their potential role
 - Example: Summit Pacific Medical Center performs Chlamydia screenings but they are unaware that they are a part of the ACEs work and can help in moving certain metrics

The group discussed possible incentives to get OBGYN clinics involved such as providing more training to their staff, and aid in transitioning to more pay for performance options.

III. RFQ Review and Discussion

The group conversed on their individual RFQs that they submitted. They discussed what worked well on their RFQs, potential partners, areas of improvement, and potential gaps.

Thurston, Mason, and Lewis County Health and Social Services partnered together to submit an RFQ in Maternal and Child Health focusing on a Nurse Family Partnership. Thurston County would be the fiscal agent and would contract out to other interested counties. The goal is to implement 4 more nurses, one being bilingual for Mason county. One suggestion from the group was to look at the possibility to associate their RFQ with Care Coordination as a partnership.

Another RFQ submitted by South Sound Pediatrics partnered with TCPI is looking at Bi-directional Integration of Physical and Behavioral Health through Care Transformation and Community-Based Care Coordination. The idea is to have a rotating integration of clinicians in the pediatric clinics in the region to do quick interventions with behavioral and mental health concerns with linking to follow up visits and appropriate level of care and connections to school support as well. The group questioned the efficiency of this in rural communities because of the lack of volume but one suggestion was implementing telehealth as an option.

Another RFQ that the group reviewed was from the Child Care Action Alliance. The project area is Maternal and Child Health with an intervention of Parents as Teachers. The goal is to expand home visiting with a focus on incorporating Spanish speaking staff in Mason, Grays Harbor, and Thurston County. One suggestion was to instead find a dialect speaker that speaks Guatemalan instead of Spanish in Mason county because of its diverse population. After group discussion, Child Care Action Alliance



could potentially partner with South Sound Pediatrics because they have similar RFQ submittals. Arcora is also a possible partner because they are interested in incorporating Oral Health into home visiting.

IV. Provider Capacity for Successful Projects

Liz summarized the Domain 1 Overview with three core components: Value based payment, Workforce, and Health Information Technology. The goal is to achieve 90% of state payments tied to value by 2021, promote a health workforce that supports comprehensive coordinated and timely access to care, and expand/create infrastructure and tools to capture, analyze, and share relevant data including combining clinical and claims data to advance VBP models.

The group conversed on the assets and challenges of each category:

Value Based Payment (VBP):

Assets:

- P- TCPI Grant

Challenges:

- Identifying the patients
- Metrics for well child visits to be included in contracts
- Attribution related to ACEs project – Medicaid assigns PCP to every client, and they are not paid based on who they see
- Restructuring of payments on a live format in Behavioral Health - building a bridge from current payment systems to future payment systems
- Having enough mechanisms to address a risk structure

Workforce:

Assets: None identified

Challenges:

- HEDIS- monthly paneled to providers an auto assignment
 - Ex: 250 people out of 1000, but required to see the other 750, providers are dinged on their measure because they were assigned these patients but not being compensated for their work
- Home Visitors are not currently included in the structure of ACEs but are needed to move metrics
 - Deliver evidence-bases outcomes with payment based on fidelity
- Hiring RNs, PCPs, etc. – shortage, retention, payment difference of public health vs. hospital setting
- Rural enhancements/incentives – Subcontracting as a solution?
- Trauma informed practices training



- Language training/Translating
- Barrier of providing resources like certifications
- Build a stronger public health breakout
- LARK training/Family planning training
- Tuition Reimbursement for those who choose public health

HIT:

Assets:

- BRFSS
- Health Youth Survey
- Home visiting Family Survey via DEL
- Universal Depression Screens
- WAIS
- Universal Disease Registry/Immunization

Challenges:

- Confidentiality Barriers
- One EHR plan for everyone
- Build communication bridges between providers
- Linkage from people in home visiting to other providers
- Pathways HUB software
- BAAs and DSAs
- “Big Brother” access to data among networks – cultural/legal issues
- Data sharing across separate organizations

V. Next Steps & Closing

- ❖ The next meeting is October 25th, from 3:15 pm to 5:15 pm
 - New location: Chehalis – VVHC Admin Board Conference room
 - 2690 Northeast Kresky Avenue, Chehalis, WA 98532.
- ❖ CPAA will develop a strawman proposal
- ❖ Will go through the application draft with enhancements for submittal in November