

# Cascade Pacific Action Alliance

Domain 2 + Chronic Disease Workgroup

September 26, 2017

# Welcome & Introductions

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- Introduce yourself: Name, county, organization

# WELCOME!

# Agenda for Today

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- Review Work from Last Meeting
- Provider Capacity for Successful Projects
- Domain 1 Investments
  - Overview
  - Small Group Exercise
- Next Steps

# Workplan Review

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- Last Meeting: Target Populations
- Today: Providers & Domain 1 Investments
- Next Meeting: Review Drafts & Outstanding Questions

# Target Populations - Handout

# Provider Capacity

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- Responses to the RFQ
- Environmental Scan of Medicaid Providers Using Claims Data



# RFQ Themes by Project (1)

## Bi-directional Integration

Integrated care settings

Providence Medical Group, Nisqually Tribal Health, Valley View Health Center & Clinics, Child and Adolescent Clinic

Populations:

Medicaid, Children 0-20, Primary Care Patients

Uncovered Counties:  
Grays Harbor, Mason

## Opioid Response

Enhance/Expand Syringe Exchange

Family Health Center, Thurston County Health & Human Services

Enhance/Expand Clinical & Referral Capacity

Crisis Clinic, Mason General, Providence

Populations:

Medicaid, ED Patients, SEP Clients

Uncovered Counties:  
Pacific

# RFQ Themes by Project (2)

## Transitional Care

Respite Housing for Homeless

Coastal CAP, Lower Columbia CAP

Improve Discharge Planning & Coordination

Great Rivers BHO

Populations:  
Homeless, ED and other inpatient

Uncovered Counties:  
Mason, Thurston, Wahkiakum

## Oral Health

Integrate OH into multiple projects

Arcora

Dental Clinic & Residency Program

Providence

Populations:  
Medicaid

Uncovered Counties:  
Cowlitz & Wahkiakum (for clinic)



# RFQ Themes by Project (3)

## Diversion/Chronic Disease

### Mobile Integrated Health Services

Area Agency on Aging & Disability of  
Southwest Washington, Lacey Fire District  
#3, Providence

Chronic Disease Self-Management  
Program and Million Hearts Initiative

Thurston Health & Social Services

#### Populations:

General population, EMS High Utilizers

#### Uncovered Counties:

Grays Harbor, Mason, Pacific

## Maternal Child Health

### Expand Home Visiting Capacity

Child Care Action Council, Thurston Health  
& Social Services (with Lewis & Mason co.)

#### Populations:

First time mothers, non-NFP eligible

#### Uncovered Counties:

Cowlitz, Grays Harbor, Pacific, Wahkiakum

# RFQ Themes by Project (4)

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## Care Coordination

### For Patient Population

Cascade Mental Health, Housing Opportunities of SW WA, Northwest Pediatrics, Ocean Beach Hospital & Clinics, Providence, Sea Mar, Valley View

### By Referral

Area Agency on Aging & Disability of Southwest Washington, Physicians of Southwest Washington, Providence, Youth & Family LINK

### Populations:

Medicaid, Dual Eligible, Mothers w/SUD, Chronic Disease

### Uncovered Counties:

Pacific

# Domain 1 Overview

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- Domain 1 is focused on Health and Community Systems Capacity Building
- Addresses core health system capacities to be developed or enhanced to transition the delivery system according to Washington's Medicaid Transformation demonstration.
- ACHs are not expected to be implementer of these activities, but rather as an organization that can:
  - Help assess needs/ gaps
  - Convene partners to structure recommendations for how to address them
  - Bring resources

# 3 Components

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- Financial Sustainability through Value-Based Payment
- Workforce
- Systems for Population Health (Information Systems)

# Sustainability through Value-Based Payment

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- **Overarching Goal:** Achieve the Healthier Washington goal of having 90% of state payments tied to value by 2021.
- HCA is establishing a Medicaid Value-based Payment (MVP) Action Team.
  - Learning collaborative to support ACHs and MCOs in attainment of Medicaid VBP targets.
  - Forum to help prepare providers for value-based contract arrangements and to provide guidance on HCA's VBP definition (based on the CMS Health Care Payment and Learning Action Network framework).
  - Representatives include state, regional and local leaders and stakeholders.

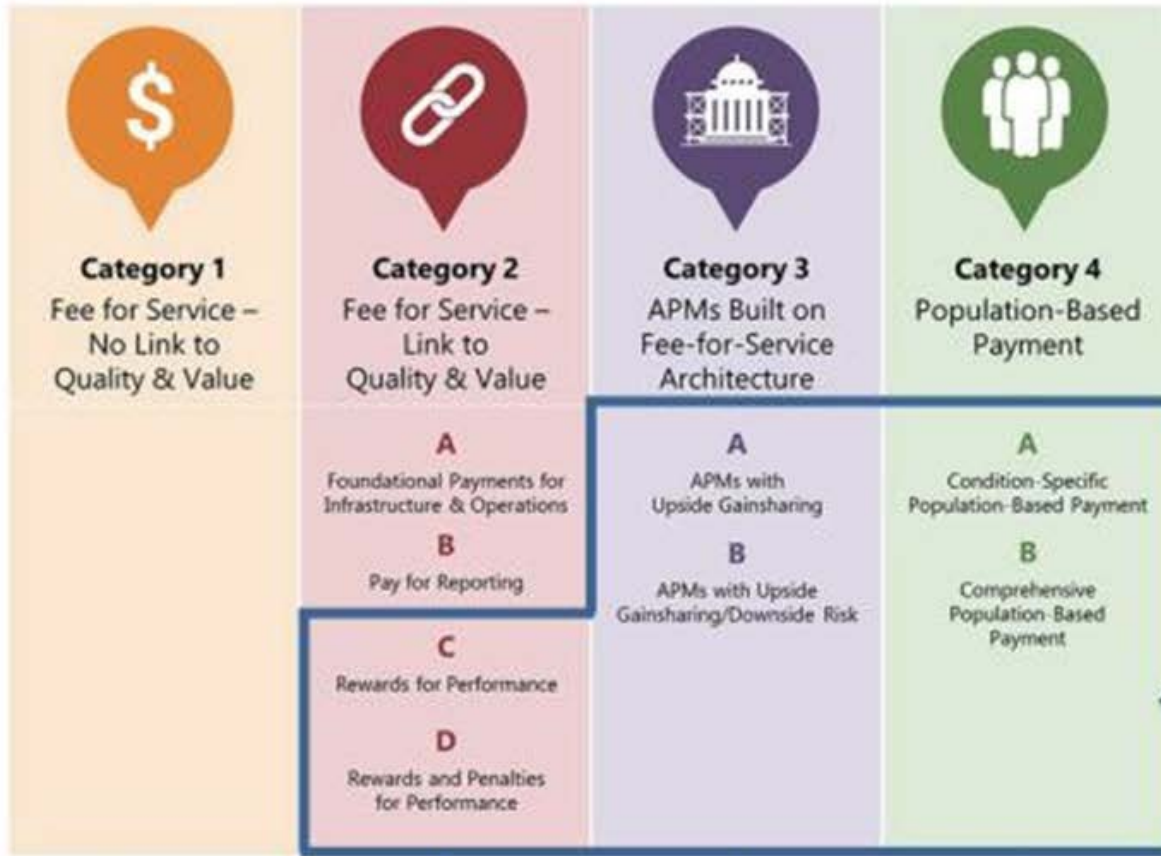
# Defining Value-Based Payment

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- Paying for **Outcomes rather than Volume**
- Not an overnight transition
  - By the End of Calendar Year 2017, achieve 30% VBP target at a regional level
  - By the End of Calendar Year 2018, achieve 50% VBP target at a regional level
  - By the End of Calendar Year 2019, achieve 75% VBP target at a regional level
  - By the End of Calendar Year 2020, achieve 85% VBP target at a regional level
  - By the End of Calendar Year 2021, achieve 90% VBP target at a regional level

# Defining Value-Based Payment

## Defining VBP



**HCA's  
Definition of  
VBP:  
Categories 2C  
through 4B**

**EXAMPLES:**

*FFS with bonus payments for quality performance*

*Bundled payments with upside only, or upside & downside risk*

*Capitation (full or % of premium population-based payment)*



# Value-Based Payment: Role of the ACH

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- Inform providers of various VBP readiness tools and resources.
- Connect providers to training and technical assistance developed and made available by the HCA and the statewide MVP Action Team.
- Support initial survey/attestation assessments of VBP levels to help the MVP Action Team substantiate reporting accuracy.
- Disseminate learnings from the MVP Action Team and other state and regional VBP implementation efforts to providers.
- Using the recommendations of the MVP Action Team, the ACHs will develop a Regional VBP Transition Plan that:
  - **Identifies strategies** to be implemented in the region to support attainment of statewide VBP targets.
  - Defines a path toward VBP adoption that is reflective of **current state of readiness and the implementation strategies within the Transformation Project Toolkit (Domain 2 and Domain 3)**.
  - Defines a plan for encouraging participation in annual statewide VBP surveys.



# Workforce

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- **Overarching Goal:** Promote a health workforce that supports comprehensive, coordinated, and timely access to care.
- **Role of ACH:**
  - Consider workforce implications as part of project implementation plans and identify strategies to prepare and support the state's health workforce for emerging models of care under Medicaid Transformation.
  - Develop workforce strategies to address gaps and training needs, and to make overall progress toward the future state for Medicaid transformation:
    - Identify regulatory barriers to effective team-based care
    - Incorporate strategies and approaches to cultural competency and health literacy trainings
    - Incorporate strategies to mitigate impact of health care redesign on workforce delivering services for which there is a decrease in demand

# Population Health Management

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- **Overarching Goal:** Leverage and expand interoperable health information technology (HIT) and health information exchange (HIE) infrastructure and tools to capture, analyze, and share relevant data, including combining clinical and claims data to advance VBP models.
- “Population health management” defined as:
  - Data aggregation
  - Data analysis
  - Data-informed care delivery
  - Data-enabled financial models

*Examples: registries, tools such as EDIE*

# Population Health Management: Role of the ACH

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- Convene key providers and health system alliances to share information with the state on:
  - Provider requirements to effectively access and use population health data necessary to advance VBP and new care models.
  - Local health system stakeholder needs for population health, social service, and social determinants of health data. ACHs must address Systems for Population Health Management within their project implementation plans. This must include:
    - A path toward information exchange for community-based, integrated care.
    - Transformation plans should be tailored based on regional providers' current state of readiness and Domain 2 and Domain 3 implementation strategies. Include plan to develop / enhance patient registries, which will allow for the ability to track and follow up on patients with target conditions.
    - Respond to needs and gaps identified in the current infrastructure

# Domain 1: CPAA Role

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- Participating in State-level groups and conversations
- Discussing each Domain 1 area within the context of the projects to inform application development
- More rigorous planning in 2018

# Today's Task

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- Discuss each project and identify Domain 1 needs
- Example

# Next Steps

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- HMA and CPAA Staff working on Project Drafts
- Workgroups:
  - Review drafts and address outstanding questions
- Finance Committee:
  - Meeting to discuss principles, will use information from project workgroups to identify potential areas for investment
- Project Drafts and Finance Committee recommendations to council & board for approval
- Next Meeting: October 17, 2017