



Bi-Directional Care Integration Work Group Meeting

Meeting Summary, 12/12/2017

Support and Backbone Staff: Kyle Roesler – *CHOICE*, Jennifer Brackeen – *CHOICE*, Megan Moore – *CHOICE*, Shannon Linkous – *CHOICE*,

In Attendance: Carlos Rodriguez – *Molina*, Jamie Andersh – *Molina*, David Meyers – *Family Health Center*, John Lanning – *Providence*, Caitlin Safford – *Amerigroup*, Laura Johnson – *United Healthcare*, Stephanie Shushan – *Community Health Plan of WA*, Jen Houk – *Providence*, Dr. Phyllis Cavens – *Child and Adolescent Clinic*, Mattie Osborn – *Amerigroup*, David Stipe – *Qualis Health*, Adam Marquis – *Willapa Behavioral Health*

I. Executive Summary

The Bi-Directional Care Integration work group discussed the project plan write back report and timeline as well as the first milestone to be completed in 2018: completing a current state assessment of integrated care.

- The write back from the independent assessor scored really well, with *meets/exceeds criteria* in most sections
 - Needs for clarification in partnering providers tab and reporting to partners. For more details, see [section III](#).
 - No further input was needed to complete the write back for project 2A.
- The PCMH-A and MeHAF assessments were selected as the best assessment tools for assessing the current state capacity of integrated care.
 - Two strategies to complete the assessment milestone are as follows:
 - i. Schedule w/ Qualis Health to complete PCMH-A or MeHAF assessment and complete a short questionnaire by phone, in-person, or electronically
 - ii. Complete PCMH-A or MeHAF assessment with 3 team members at your organization and complete a short questionnaire by phone, in-person, or electronically.
 - CPAA will provide partners with guidelines and information on this milestone.
 - For more details, see [section IV](#).

II. Welcome and Introductions

Kyle Roesler welcomed participants and facilitated introductions, then reviewed the desired meeting outcomes:

1. Review and discuss write back requirements identified by HCA.
2. Discuss first milestone: assessing current integrated care capacity across the CPAA.

III. CPAA Review: First Write Back Requirements

Kyle reviewed the [project plan timeline](#) and shared write back information the CPAA received from the independent assessor. CPAA scored very well on the project plan, with a



meets/exceeds criteria in all sections for the 2A (Bi-Directional Care Integration) project. There were two sections that asked for clarification, listed below.

1. Partnering providers tab – confirm that all partnering providers listed have actually expressed interest as a partnering provider.
2. Ongoing reporting and continuous improvement practices – more clarity on “regular reports” and how we plan to monitor performance on outcomes we expect to reach.

Kyle thanked all work group participants for their input on the successful project plan. He reviewed the work plan timeline and [milestones for 2018](#). The primary focus is on the current state capacity milestone, but there are several things to complete over the next six months of 2018.

IV. 2018 Milestone: Assess Current Integrated Care Capacity

Assessing the current state capacity will happen in three parts:

1. Describe level of integrated care model adoption among target providers/organizations.
2. Explain which integrated care models or practices are in place.
3. Describe where organizations fall in [six levels of integrated care](#).

It was noted from the work group that CPAA might want to know how many organizations are implementing these models, not just the elements (i.e. how many organizations say they’re doing collaborative care by percentage).

In the last work group meeting, several integrated care assessments were reviewed. The best option of gathering the most relevant data for project 2A seemed to be the [PCMH-A](#) and [MeHAF](#) assessments. We have come up with these [two strategies](#) for implementation.

The work group participants had the following feedback about the two strategies.

- Strategy 1 is going to be challenging in the scope of time to schedule all the visits to individual clinics and care sights, so may not be practical or possible. This leaves Strategy 2 as the only option. One opportunity or challenge is identifying the agencies, and what is the saturation point? How many providers need to be engaged in this process to have success in the application? My concern is that out of the Medicaid providers within the seven county region, what would be the response rate necessary to make a projection to what the questions are asking on the application?
 - *Response: We have a [table](#) that shows the top Medicaid providers of those that have served 90% of Medicaid beneficiaries in the region, so that would be a good place to start and figure out who has been engaged and who we can get engaged. We’re able to see from the smallest to the largest providers, so we can use that tool to help this process along. We need to ensure we’re capturing all of our largest providers all the way down to the smallest providers we have. We need assessments from all of the counties, both from medical clinics and behavioral health providers.*
- Providence mentioned they are moving ahead with Strategy 1 for two clinics and completing assessments with Qualis Health in January 2018.



- Suggestion to use the results of the two [Providence] clinics as an assessment that would reflect as a proxy for the rest of our region's clinics. It would be reasonable to allow this to act as general information across all of our clinics.
- Has CPAA considered implementing dental health implications into the assessment? Teeth affect overall health.
 - *Response: Oral health is not part of the current assessments in the selected strategies, but definitely worth looking into for the additional questionnaire we need to complete. It's recognized that dental health is highly important in whole person care and overall health.*

For those who are not on board with either strategy, CPAA can find a way to assess those providers. We want to make these the recommended assessments, but we're still ready to work with anyone who wants to participate and make the assessment piece work for them.

V. Consumer Advisory Committee: Report Out

Kyle shared the information gathered from the Consumer Advisory Committee on December 5, where he shared the project plan for Bi-Directional Care with consumers. Below is the feedback from the committee:

- Consumers prefer to receive info from doctor or care team member. It's comforting for people to receive that from a trusted source.
- Positive feedback around patient portals and the efficiency around that.
- Healthcare apps are useful for communicating with doctors and their clinics.
- Challenges exist around providers referring to other providers who don't accept people's insurance. There were suggestions for providers to get more education on who accepts what insurance.

VI. Next Steps & Closing

- ❖ Next meeting will be January 30, 2017 from 9:00am to 10:30am at Cascade Mental Health
 - Call in info: 1-872-240-3311
 - Access code: 942-416-725
- ❖ Review/finalize the assessment strategy
 - What the report will look like
 - Guidance about how this will take place
- ❖ Determine Domain 1 investments by project area
- ❖ Finalize target populations and evidence-based approaches