# Bi-Directional Care Integration Work Group Meeting

## Meeting Summary, 11/28/2017

**Support and Backbone Staff**: Kyle Roesler – *CHOICE*, Malika Lamont – *CHOICE*, Jennifer Brackeen – *CHOICE*, Christina Mitchell – *CHOICE,* Megan Moore – *CHOICE*, Shannon Linkous – *CHOICE,* Michael O'Neill – *CHOICE*
**In Attendance**: Terri Gushee – *Mason General*, Mattie Osborn – *Amerigroup*, Laura Johnson – *United Healthcare*, Liz Cattin – *PeaceHealth*, David Stipe – *Qualis Health*, Caitlin Safford – *Amerigroup*, John Lanning – *Providence*, Stephanie Shushan – *Community Health Plan of WA*, Christina Garcia – *Molina*, Dian Cooper – *Cowlitz Family Health Center*, Katherine Bloom – *Great Rivers BHO*, Doug Spingelt – *SeaMar*, Marc Bollinger – *Great Rivers BHO*

### I. Welcome and Introductions

Christina Mitchell welcomed the work group participants and facilitated introductions. Kyle Roesler reviewed the agenda for the meeting, which included review and discussion of the application submittal and next steps, discussion of the work plan and milestones for 2018, and discussion of the assessment for the project implementation plan.

### II. Review the Project Application Submittal and Next Steps

Kyle thanked the CPAA partners for their input in the project plan submission. Then, he reviewed the RFQ process thus far. Organizations and providers are still encouraged to submit RFQs. Although they are non-binding, it will be helpful in the implementation process and planning. The finance committee will develop the funding allocation for RFQs in 2018. Approximately 20 RFQs were submitted in relation to Bi-Directional Care Integration. Kyle reviewed how funds will be distributed to providers and tribes throughout the five years of the demonstration, which can be accessed here.

Our complete and submitted project plan is posted on our website, as well as HCA's website alongside the remainder of ACHs who submitted. For access to our project plan submission, click here. Kyle reviewed the timeline for project plan assessment through the next write back process, which will happen in February. The timeline details can be accessed here. Finalized project scores, which will determine our funding, will be available by February 1st.

### III. Project Work Plan – 2018

By June 2018, we need to hit the following four milestones listed below.

1. Assess Current State Capacity
2. Identify Domain 1 Strategies
3. Select Target Populations & Evidence-Based Approaches
4. Identify & Engage Project Implementation Partners

Kyle referenced the Bi-Directional Care Integration Abridged Work Plan, which can be accessed here**.** The work plan focuses on the first six months, or first four milestones, of the planning

phase for 2018. The work group reviewed the work plan amongst themselves then engaged in a discussion about the details. CPAA will work with Qualis Health for provider data.

The group feels it's important for there to be a distinction among providers (i.e. behavioral health vs. SUD providers vs. mental health and/or combined providers). Furthermore, it would be helpful to have AIMS involvement in the Domain 1 piece and Collaborative Care Model implementation training. It would also be helpful to have two trainings for providers and administrative staff, one explaining what is going to be happening, then one that's more detailed and specific to implementation and the suggested model. Moreover, provide an overview for the first training and focus on organization for the second training. This will help avoid gaps in information and provide an outline for people.

A suggestion came up to shift focus to a spectrum-based approach, which would allow providers to chart out a path that's more long-term, rather than focus on one model that may not work best for every provider. To help this model, include assessment results because every provider will be different in how they provide care to patients. Identification of outside resources would help explain how practices plan to implement collaborative care if collaborative care isn't available in one location. This would give patients a place to start who are looking for integrated care and don't know where to start. One of the main challenges will be finding psychiatrists, so finding providers who would be willing to contribute to this would be most helpful. Additionally, meeting before assessments are administered to determine what guidelines need to be followed or looked at, setting up protocols for working with others, and using ITCP.

When asked what strategies were missed within the current work plan, the work group provided the following feedback, listed below.

- Track outcomes when using the Bree Collaborative recommendations within the collaborative care model.
- Biggest barrier: currently not being able to share information across providers. Find a way to address this.
- For the Bree Collaborative, make sure to pull out and follow CoC principles.
- In rural areas, it's important to figure out how to use tools for Behavioral Health and Chronic Disease standalone agencies working together and communicating rather than within their own walls.
- Cowlitz County has a lot of material from strategic culture alliance from over the years – Dian Cooper will share this information with Kyle.

When asked what the group expects from CPAA in a commitment letter that asks partners to formally commit to project involvement, the following was provided by the work group.

- CPAA provides a commitment letter for review to take to executives that makes sure to answer the question of how the work will be sustained.
- Qualis Health does environmental scans which are provided on the HUB portal – group would like access to this information and review together.
- Engage smaller providers.
- Provide definitions around questions.

- Allow at least six weeks for larger organizations to approve commitment letters. The more time, the better, especially when it comes to budget and funding.
- Use email lists to reach providers and educate them to initiate signings.
- Use UW portal.
- Provide a master list of services at each organization to help with connection.
- Suggested that CPAA get on the agenda at BHO provider meetings to deliver information and education, also MH and SUD specific. Katherine Bloom will talk to Marc Bollinger and Todd to see if CPAA can get on the agenda.
- Offer continuing education credits for an incentive and to recruit more willing providers.

## IV. Addressing Assessment Needs DY2, Q1

Kyle addressed the need to assess current state capacity for implementation planning. In order to do this, providers need to:

1. Describe the level of integrated care model adoption among targeting providers and organizations serving Medicaid beneficiaries.
2. Explain which integrated models and/or practices are currently in place.
3. Describe where each organization falls within the five levels of integrated care.

The goal is to have these assessments done by the end of Q1. David Stipe reviewed the PCMH-A and MeHAF assessments. The PCMH-A is 36 questions, with 12 having a Behavioral Health focus, and is conducted for physical health services. The MeHAF assessment focuses on a site's current level of integrated care and is conducted for behavioral health agencies. All questions are geared toward what they do in their every day care. Qualis takes the information provided from these assessments and details the data that is gathered. These assessments help determine where providers need to make improvements and also where they're doing really well.

Qualis provides coaching through a connector who can deliver resources needed to address current gaps provider clinics have. The assessments are repeated every six months so provider clinics can see if they're improving in their gap areas. Providers are not required to sign up even if they do an assessment. Qualis will do the assessments for free and help implement an action plan at no charge. Qualis Health develops aggregated data for PCMH-A and MeHAF participants, which is shared with CPAA to better identify training/technical assistance needs.

Kyle briefly reviewed three more assessments: two checklists from the AIMS Center, which address whether your practice is ready to launch measurement-based integrated behavioral health care or integrated primary care. The checklist addressing whole person care, including support for clients with severe and persistent mental illness and substance use disorders can be accessed here**.** The checklist addressing your practice's readiness to launch measurement-based, integrated behavioral health care can be accessed here. The last assessment is the Integrated Practice Assessment Tool (IPAT), which can be accessed here**.**

The group was asked to offer feedback on how they think the CPAA should complete the current state assessment milestone by the end of Q1, which is provided below:

- Providence wants to focus on how to assess behavioral health standing on its own.
- The group feels it's important to include behavioral health and chronic disease providers, as well as input from BHO meetings and smaller providers for assessments.
- Finance committee and board will provide info on how to incentivize non-traditional Medicaid providers and can take recommendations from work group members. The group feels this should be part of the assessments.
- Do you have a registry and do you use it? How do you use it? Questions could dig a little deeper.
- If you have behavioral health in your practice, how do you use it? How do you communicate, or do you?
- There should be a way to share assessments that have already been done, including to and similar to the Qualis assessments that were described. CPAA will incorporate any assessments that have already been done.
- Be more detailed in "warm handoff" questions to touch more project areas than just Bi-Directional Care Integration, Care Coordination, and Transitional Care.
- Extend assessments to all providers
- Add question asking about interest in participating in community feedback.
- Provide an incentive for assessments by developing a stipend that is available once it is completed.
- Understand/define who will get the assessment: administration vs. provider.
- Define the utility of the assessment.

## V. Next Steps & Closing

- Next meeting will be via teleconference and webinar
  - 12/12/17 from 9:00 to 10:00AM.
    - Teleconference: 1-872-240-3311
    - Access Code: 942-416-725
  - Discuss feedback from the write back process during this meeting. If no write back requested, meeting may be cancelled.
- CPAA will finalize assessment approach and will reach out to work group participants to figure out how to do that
- Determine Domain 1 investments by project area
- Finalize target populations