Chronic Disease 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: Elise Reich – *Molina Healthcare*, Kelli Sweet – *DSHS*, Christina Garcia – *Molina Healthcare*, Jen Houk – *Providence*, Mattie Osborn – *Amerigroup*, David Stipe – *Qualis Health*, Dean Counts – *Wahkiakum County*, Liz Cattin – *PeaceHealth*, Tina Lohmeyer – *RN-BSN at Mason General Hospital*, Chris Hawkins – *Thurston County Public HHS*, Julie Nye – *Candac*, Leslie Price, Mikayla Springob, Virginia Ramos – *SeaMar*, Lynette Gregory – *Providence*, Federico Cruz – *SeaMar*, Steve Brooks – *Lacey Fire Chief*, Dian Cooper – *Cowlitz Family Health Center*

I. Welcome and Introductions

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

II. CPAA Review: Project Application Submittal & Next Steps

CHOICE posted an application for a Transitional Care/Chronic Disease Program Manager, who will be hired for the implementation process. To view the application, click here**.** Christina thanked CPAA Partners for their participation in the project plan. She reviewed RFQs and the process, and encouraged continued submittals. She let the group know that the finance committee will be setting up the process for funding and distribution of project plan dollars. This is dependent upon the number of formal commitment letters we get from providers.

The project plan was officially submitted on November 16th. Write backs will take place in December. Final scoring on our project plan will be distributed on February 1st, which will determine the amount of funding we qualify for. Funds allocation details can be viewed here. Implementation planning begins January 2018, with implementation application beginning in July 2018. The planning phase contains the following milestones.

1. Conduct environmental scans/needs-gap assessments
2. Finalize target populations
3. Determine partnering providers
4. Outline roles and responsibilities
5. Make implementation plans

The detailed project plan timeline can be viewed here.

III. 2018 Project Work Plan

Christina referenced the work plan, containing the first four milestones, or first six months, of implementation planning. The group reviewed the workbook documents, which can be accessed here.

Christina asked the work group for feedback on Domain 1 investment strategies, for which they provided the following feedback.

- Use EDIE system to improve interface between EMS and hospitals, and also crossover in the care organizations.
- Place an EMS worker at shelters and other locations to limit emergency room visits and increase community education around treatment options.
- Current working models: doctors/providers go into shelters and other agencies to address any needs. Continue these models.
- Lacey Fire emphasized importance of coordination in data sharing from community paramedicine members. This could address communication gaps and help coordinate better care.

Christina shared the background on CPAA's first meeting with the Consumer Advisory Committee and mentioned the upcoming meeting on Tuesday, December 5. She asked the work group if they had any questions they would like answered by the committee. They offered the following responses.

- What do you wish health care providers were giving you to help manage your chronic condition?
- Where do you get information to manage your chronic disease?
- Who in your community do you know that you can go to for chronic disease prevention and management?
- Has your provider offered you services to help manage your chronic disease? If so, did you say yes or no and what is your reasoning behind that decision?
- Make to use understandable terminology to get the responses needed from consumers.

Christina reminded work group members to be on the lookout for the annual ACH survey issued by HCA. She also primed the group to watch for an email requesting EIN/Tax ID numbers, which HCA has required CPAA to collect in order to allow funding distribution after project plan dollars have been allocated. Funding is not guaranteed to providers, but the requested information is crucial to provide funding to participating providers in the future.

IV. Assessment Completion DY2, Q1

Christina reviewed assessment requirements across the region. The requirements for the assessments per project area can be viewed here**.** The assessment must be completed by end of Q1, or March 2018. Work group participants provided feedback about what they would like to see in the assessment below.

- Should be one big survey addressing all six projects with a skipping mechanism built in to move over project areas participating parties are not involved with.

- Keep it simple.
- Certain project areas may have different audiences, so surveys may have to be designed differently amongst various providers (i.e. clinical providers vs. community resources vs. social services).
- Important to consider who is responding: clinician or administrative support?
- Create incentive for survey responses and participation. Money may not be the best incentive because it won't always generate a response. CPAA can combat this by waiting to give money until after the data is received. Additionally, make sure to include non-traditional providers to get better data and let people know their data will be returned to them to be used internally, which is another great incentive.
- For formal commitment, require participation in the survey assessment to inspire more participation.
- Send assessment to Cowlitz and Wahkiakum emergency medical services and the hospital to get smaller community paramedicine involvement. Engage paramedics in every area.
- Involve public health and any type of supporting agencies within the community, including cardiologists. Also, include agencies such as visiting nurse associations or those providing skilled visits within the community since many have their own programs around chronic illness. There is interest and capacity from health departments.
- Do not cast the net too big, which can limit participation and responses.
- Important to keep survey brief enough (5-7 minutes), and also direct and specific, to get the best and most useful information.
- The approach to the survey is just as important as the providers you're having answer the surveys. Elise Reich is willing to provide feedback and thoughts to CPAA on how to go about this, based on experience.
- Would probably be best if the survey was different for public health vs. providers because the focus will be different (i.e. chronic disease prevention vs. chronic disease management). Perhaps this can be addressed with a section pertaining to prevention and a section pertaining to management. Be sure to include a skipping mechanism for those involved in one or the other.
- Survey should come from a trusted organization.
- Provide an opportunity for non-clinical providers to participate and provide feedback.

CPAA will come together to determine what this assessment will look like. This will be sent to everybody in order to increase audience participation. After the survey results are determined, CPAA intends to loop back to survey respondents to gather any additional information or follow up on information provided. CPAA has hopes this assessment will generate more RFQs and interest in participation of the Chronic Disease question.

The work group was asked what local groups would be the best resources for providing additional information and potential RFQs regarding chronic disease. They provided the feedback below.

- Home health agencies, since they could provide feedback on current efforts and how to address gaps moving forward.

- YMCAs and other organizations that offer education.
- Medical staff groups in Thurston-Mason.
- Parks and recreational departments in rural counties.
- County extension.
- Local health coalitions.

V. Next Steps & Closing

- Next meeting will be via teleconference and webinar
  - 12/12/17 from 10:15 to 11:15am
  - Teleconference: 1-646-749-3131
  - Access Code: 982-276-437
    - This meeting will address the first round of write back needs, which are expected from the independent assessor by December 8th.
- Finalize assessment approach
- Determine Domain 1 investments by project area
- Finalize target populations