Domain 2 Combined Work Group Meeting

Meeting Summary, 10/17/2017

Support and Backbone Staff: Winfried Danke – *CHOICE*, Kyle Roesler – *CHOICE*, Malika Lamont – *CHOICE*, Jennifer Brackeen – *CHOICE*, Liz Arjun – *HMA*, Christina Mitchell – *CHOICE*, Betsy Jones – *HMA*
In Attendance: Leianne Everett – *Morton General*, Doug Spingelt – *SeaMar*, Jen Olsen, Jon Tunheim – *Thurston County*, Crystal Billings – *Providence*, David Stipe – *Qualis Health*, Vicky Brown – *Mason General*, Mary Zozaya-Monohon – *Providence*, JP Anderson – *Lewis County*, Mikayla Springob, Dean Counts – *Wahkiakum County*, Liz Cattin – *Peace Health*, Julie Nye – *CANDAC*, Kelli Sweet – *DSHS*, Angie Ferrier – *Cascade Mental Health*, Christina Garcia – *Molina Healthcare*, Kathie Olson – *Molina Healthcare*, Jennifer Simmons – *PSWIPA*, Stephanie Shushan – *Community Health Plan of WA*, Steve Brooks – *Lacey Fire District 3*, Larry Horne – *BHR*, Dian Cooper – *Cowlitz Family Health Center*, Melissa Taylor – *Lower Columbia CAP*, Vena Ford – *Kaiser Permanente*, Jen Houk – *Providence*, Chris Hawkins – *Thurston County*, Terri Gushee – *Mason General*, John Lanning – *Providence*, Lynnette Gregory – *Providence*, Carolina Lucera – *SeaMar*, Adam Marquis – *Willapa BH*

I. Welcome and Introductions

Winfried welcomed the group and facilitated introductions. He went over the agenda, which included review of the project work plans, Domain 1 investments, logic models, project alignment and the CPAA tie-in. He also gave a run down from the last meeting and the overall plan for the project application moving forward.

II. CPAA Review: Council/Board Project Plan Decisions

Winfried shared the council and board decisions made on October 12 with the group, which resulted in narrowing the project scope to six projects total. He explained that this decision will allow more room for CPAA to earn more funds. The two projects that were removed from the portfolio were Oral Health and Diversions, but Diversions, specifically community paramedicine, will be included in the Chronic Disease project section. Oral Health will be integrated into other projects as seen fit. The other big decision that needs addressed in funding is how funds will be distributed by category, but as projects get more in depth, the decision of fund allocation will be easier. The Wellness Fund is still in the budget. This will be a pool for Medicaid dollars, still in development, that can be used for innovative projects and addressing the social determinants of health.

Liz reviewed the discussions from the previous months, which consisted of:

- Identification of target populations
- Discussions of engaged providers via RFQ and high-volume Medicaid providers
- Identification of Domain 1 assets and challenges pertaining to Section 1 of the project application (planning stage)
- Development of proposals by HMA and CPAA.

She explained that during the current meeting, we would talk about work plans, the role for Domain 1 and how all this work aligns. The RFQs showed that everyone is working on different projects and CPAA

wants to be able to highlight that. CPAA and HMA will be refining the project proposals within the coming weeks, which will be brought to the different Domain 2 work group members for review.

III. Role of Domain 2 Work Group and Review of Project Plan

Jennifer reviewed the project work plan, which consists of three phases: planning, implementation, and scale & sustain, respectively. She reviewed the project stage milestones supplemental workbook for this discussion, a document that was included in the meeting packets for referral. One caveat to this document was that it centered on the Pathways Hub model, but it still applied to the group overall. The group was open for discussion about how they believe we can address the different stages in the work plan.

Stage 1: Planning

Jen Houk said a survey could be a good start, but then follow up questions would be necessary to get more information about what was submitted on the survey. Vicky Brown said she agrees, but surveys can often get several different answers to the same question. When all survey participants are represented in a group or in-person interviews take place, everyone is more easily represented. Jen agreed that a group setting could be beneficial because of the value of trust.

Dian Cooper said it would be helpful to get a one-page elevator speech with terminology about what Pathways is, how it will help the practice and what the outcomes look like. Carolina Lucera said more in-person communication would be helpful because conversations could get deeper and allow us to truly assess the need in the region. She also mentioned that there needs to be some type of representation for the people who cannot attend in person or are not at the table by utilizing contacts already made throughout the community.

David Stipe shared the work he and a group of stakeholders at Qualis Health have been doing that will aggregate data and hide provider-specific information. The outstanding question this group has is the following: how do we address each of these project areas since we've been meeting as a Domain 2 combined group? Liz added that when we move into DY2 in 2018, we need to get granular on the specific projects within Domain 2 due to the implementation need.

Stage 2: Implementation

Dian said one of the barriers to meeting attendance is the reluctance to travel and the need for meetings to become more specific rather than high level. Jennifer Simmons said her group would like the discussions to be more data-specific to dive in on the needs in the region. Jennifer Brackeen mentioned that one of the issues with breaking this Domain 2 group up into project-specific work groups is that there will be several different meetings and many people who attend this big meeting are interested in several different projects. She asked the group how this issue could be addressed. Dian suggested that the council be the overall vision group, which could cut down on the need for individual work groups. Jen Houk said this big work group has led to confusion within her own organization. Another person piggy-backed from that saying that although there may be more meetings due to specific groups, the value of the meetings would rise. There is also a general need for clarification in next steps, which are not clear coming from the Domain 2 combined meeting. Stephanie Shushan said spreading of resources is important and will allow for the correct providers to participate and lead to the right conversations.

Overall, the majority agreed that the Domain 2 combined work groups should separate into project-specific work groups moving forward and some type of integration should happen at the council level to address some silos amongst the different project groups. However, others still argued that there is a need for subject matter experts on the specific subjects to make sound decisions and develop guidelines because these people truly understand the work. There was a suggestion for regional trainings to better understand the models and the lack of clarity within the different models; furthermore, CPAA staff would need to bring drafts of the policies to the work groups first, allowing for input from the experts, and then bring it to the council.

Julie Nye said alignment of specific projects needs to be addressed to allow for better understanding. John Lanning said an assessment should take place to see if these projects are meeting the metrics and ongoing assessments should occur to follow up. Jen Houk mentioned that any time assessments are done, it costs money, and so funding will need to be allocated for this. Melissa Taylor suggested providing training for continuity and issuing RFPs to partners and other entities in order to align outcomes.

Stage 3: Scale and Sustain
Jennifer and Liz put emphasis on the need to implement evidence-based models. Liz went further to say we need to look at what's working and what's not. Mary Monohon suggested transitioning patients that have co-morbidities on Medicare to another facility, and to open opportunities for a Medicaid billing mechanism. Jen Houk suggested MAT once a week and getting creative with it. John Lanning is concerned with payers and said we need to get payers on board who will consistently support the services that should be provided. Right now, payers change too often. Vicky Brown says there is concern amongst clinical providers that the health plans will ratchet back payments, so it's hard to sustain what you've established as best practice when payments are getting cut back or not paid at all.

IV. Addressing Project Application Needs & Domain 1 Review

After a small break, the group came back together. Winfried assured the group that we have staffed up, so the need for more meetings will not be a problem because CHOICE/CPAA can handle that. The staff is also working on additional software to address the need for virtual meetings in lieu of travel complications. He went on to say we need to score really well on this project application in order to maximize the amount of dollars we receive so they can then be divvied out amongst providers and placed in different buckets. He said we need the group's help and asked them to edit the drafts for the project proposal, as to integrate their expert knowledge into our submission. Winfried assigned different sections (available to edit Nov. 1) to people who were available and willing to review.

CC = Care Coordination
CT = Care Transitions
BHI = Behavioral Health Integration
CD = Chronic Disease

- Jennifer Simmons– CC, CT
- Stephanie Shushan – BHI, CC, CT, CD
- Carolina Lucero – CC, CT

- Kelli Sweet – CT, CD
- Julie Nye – BHI, CC, CT, CD
- Liz Catton – BHI, CC, CT, CD
- Lynette Gregory – CC, CT, CD
- Dean Counts – CD
- Mikayla Springob – CT, CD
- Angie Ferrier– CC
- Mary Monohon– CC, CT, BHI, CD
- JP Anderson – BHI, CC, CT, CD
- Melissa Taylor – CC
- Adam Marquis – BHI, CC, CT
- John Lanning – BHI, CD, Opioid
- David Stipe – BHI, CC, CD
- Vicky Brown – BHI
- Crystal Billings – CT, CD
- Terry Gechi – CC, CT, CD
- Diane Cooper – BHI, CT, CC, CD
- Jen Houk – BHI, CT, CC, CD
- Larry Horne – CT, BHI
- Doug Spingelt – CC
- Steve Brooks – CC, CD (community paramedicine)
- Kathie Olson – BHI, CC

Liz reviewed Domain 1 VBP challenges and asked for feedback from the group on how CPAA can address these challenges, listed below, along with additions to potential CPAA mitigation strategies:

- VBP approaches will require **clean, accurate data** that the ACH, payers and providers can timely access.
- **Patient Attribution**: how to correctly attribute patients to providers?
- Small providers and rural areas have too few patients to bear risk.
- May need bridge funding to help providers transition to VBP
- Assure VBP doesn't penalize providers serving challenging clients

Potential CPAA Mitigation strategies:

- Convene and educate key stakeholders (health plans, providers, etc.)
- Bring payers together to "harmonize" systems; identify where efforts cross and attempt to standardize processes across payers. Outcome: health plans work in concert with each other

Some additions brought up by the group were policy support and info- sharing within the region.

Domain 1 workforce challenges were:

- **Provider shortages** (especially rural areas): create conditional scholarships or loan forgiveness for more professions. Recruiting rural providers requires recruiting the spouse
- **Patient engagement**: effectively engaging complex patients is a major priority. Training, home visits and consistent engagement are key.
- **CHWs**: training CHWs and Medical Asst's to work with complex patients also a priority. Can we create local training programs (e.g. community colleges)?

- **Silos**: Train BH and medical staff to work across silos
- **Time**: costly for providers to go to training.

Potential mitigation strategies for CPAA were:

- **Telehealth** to expand short resources
- **Tuition support** (loan forgiveness & conditional scholarship)
- Partner with colleges for internships
- Expand use of family members as care givers
- **Engaging clients** for MTD success
- Survey what workforce trainings are needed; conduct onsite group instead of individual trainings
- Use Qualis Health as training resource
- Establish a learning collaborative of partnering providers

Additional needs brought up by the group were sentinel network and support provider participation, analysis/sharing of data and health port through HIT/HIE, and utilization of a skill-up report programs.

Domain 1 Health Info Technology challenges were:

- **Timely access to data**: Need comprehensive, timely integrated picture of claims for patient registries, risk stratification and monitoring/reporting
- **EHRs**: there are multiple platforms and versions making it impossible to aggregate data. EHRs don't handle non-medical data (e.g., BH, dental, LTC)
- **Bi-directional**: Sharing information between primary care and behavioral health
- **Cross-system data-sharing:** Need ability for first responders, EDs, law enforcement, corrections, BH and PC to access data for shared clients

Review of CPAA roles to address the challenges were:

- Develop inventory of EHRs partnering providers are using
- Support multi-directional communication between parties: HCA, providers, MCOs

Additional needs brought up by the group were advocacy and information on one health port and to remove barriers to data sharing – especially pertaining to substance use disorder patients and privacy issues. There is a need to remove stigma from SUD patients and train providers around this need. Furthermore, a need for wider conversation within the information exchange.

Liz went on to review visual displays of the work we've done so far. This is a combination of each of these specific work groups. The visuals display, first, how the Medicaid demonstration is only part of the CPAA work. Secondly, they display several different logic models that show how the Medicaid demonstration project uses multiple strategies to achieve multiple outcomes and different resources that are being used in the region. Access to the logic models that were shared are here.

Liz asked the group to contribute what they liked and didn't like about the logic models shown, what was missing, and how to convey the alignment between multiple projects targeted to multiple target populations and multiple outcomes. Stephanie suggested a modification to the first diagram – instead of color coding projects and target pops, color code the outcomes and place dots inside the corresponding projects and target populations to eliminate confusion. Also, as payment models are identified, add them into the logic model so that point is clear. Christina Garcia suggested clarity in this same model to enforce simplicity and eliminate anything too busy. In the "other examples" slide, Mary

Monohon suggested to keep it simple. Winfried told the group to expect an email with multiple logic model ideas. The group will have a chance to provide feedback on these before a final draft is developed. From these logic models, driver diagrams will be implemented to further address certain outcomes that need to be achieved within the implementation phase.

V. Next Steps & Closing

- Work on project drafts
  - Review from staff
  - Open edits from subject matter experts within the work groups, which will be available on the website and via email
- We will be dividing this Domain 2 group into project specific work groups
  - CPAA staff will figure out how to divide these with emails to follow
- Take Final Project Application to Council and Board for approval