Domain 2 Combined Work Group Meeting

Meeting Summary, 9/26/2017

Support and Backbone Staff: Megan Moore – *CHOICE*, Evan Clayton – *CHOICE*, Jennifer Brackeen – *CHOICE*, Shannon Linkous – *CHOICE*, Winfried Danke – *CHOICE*, Kyle Roesler – *CHOICE*, Liz Argun – *HMA*, David Hanig – *HMA*, Michel O'Neill – *CHOICE,* Malika Lamont – *CHOICE*
In Attendance: Federico Cruz-Uribe, Adam Marquis, Mike McIntosh, Sara Ellsworth – *ESD 113*, Julie Nye, Angie Ferrier – *Cascade Mental Health*, Angie Bennett – *VVHC*, Dr. Phyllis Cavens, Jim Jackson – *DSHS*, Ed Mund – *Lewis County*, Vicky Brown – *Mason General*, Phil Jurmu, Crystal Billing, Leianne Everett, Michele Wilsie – *Cascade Mental Health*, Caitlin Safford – *Amerigroup*, Jennifer Simmons – *PSWIPA*, Ashley Taylor – *SP-MC*, Liz Catton – *Peace Health*, Marc Bollinger – *Great Rivers BHO*, Vena Ford, Kate Cross, Janelle Sorrell, Scott Carlson, Jen Houk, Kayla Down, Stephanie Shushan – *CHPW*, Shannon Saeger – *DSHS*, Julie Heerlyn – *Providence*, Penny Cooke – *VVHC*, David Stipe – *Quales Health*, Dean Counts – *Wahkiakum County*, Mike Reardon – *DSHS*, Kelli Sweet – *DSHS*, Mikayla Springob – *DSHS*, Lynnette Gregory – Providence, Doug Spingelt – *SeaMar*

I. Welcome and Introductions

Jennifer Brackeen started the meeting and facilitated introductions. She reviewed the agenda and work plan for the meeting, which included a review of target populations from the previous meeting and a discussion of providers and domain 1 investments.

II. Review of Domain 2 Target Populations and RFQ Results

David Hanig reviewed the target populations that were established during the last meeting. Michael O'Neill reviewed the different themes that were developed from the submitted RFQ responses. Some themes that were highlighted for each subject are listed below:

- *Bi-Directional Integration of Care*: Integrated care settings within the populations of Medicaid lives, children 0-20 and Primary Care Patients
- *Opioid Response*: Enhance/expand syringe exchange and enhance/expand clinical and referral capacity within the populations of Medicaid lives, ED patients and SEP clients
- *Transitional Care*: Respite housing for homeless and improve discharge planning and coordination within the populations of homelessness, ED and other inpatients
- *Oral Health*: Integrate oral health into multiple projects and enhance dental clinic and residency program within the population of Medicaid lives
- *Diversion/Chronic Disease*: Mobile integrated health services and chronic disease self-management program/million hearts initiative within the populations of the general population and EMS high utilizers
- *Maternal Child Health*: Expand home visiting capacity within the populations of first time mothers and the non-NFP eligibles
- *Care Coordination:* For patient population and by referral in the populations of Medicaid lives, dual eligible, mothers with SUD and chronic disease

Kyle Roesler then reviewed the Major Medicaid Providers, Payers and Public Health in the CPAA region. He asked the group to keep in mind that this data is from 2016 and is an ongoing document so potential gaps will be filled as more data and information are gathered. Some

existing caveats within the data documentation included: companies doing business as a different name, company billing name being different than the actual business name and NPI number and billing number not matching up to the company name. Kyle opened the floor for work group participants to share any gaps they saw in the data. Some of these gaps included:

- Lifeline connections
- Missing data from Grays Harbor (Marc Bollinger plans to share this when he gets it from HCA)
- Sound Inpatient Physicians were no longer valid in Lewis County
- ESD 113 was only listed as serving in 2 counties while actually serving in five
- Valley View Dental was missing from Pacific and Thurston County
- Tumwater Family Practice and Pioneer Family Medicine were also missing from Thurston County
- Cathlamet Community Health Center was missing from Wahkiakum
- SeaMar needed added to behavioral health in Lewis County
- Providence Medical Group and Lewis County Primary Care also needed added to Lewis County

Kyle and Jennifer both encouraged people to send emails to either of them if they thought of something after the meeting so they could be added to the Medicaid Provider document. Kyle has since updated the document, and it is available here. Please reach out to Kyle at roeslerk@crhn.org with any updates/changes.

III. Role of Domain 2 Work Group in Domain 1 Investments

Liz Arjun reviewed Domain 1 expectations for the project application. The focus for this section of the project is on Health and Community Systems Capacity Building. The three components of Domain 1 include financial sustainability through value-based payment (VBP), workforce, and systems for population health (i.e. information systems or HIT). The goal of sustainability through VBP is to have 90% of payments tied to value-based payment by 2021. CMS is trying to figure out how to shift away from rate development. All we can do as a group is develop the infrastructure and push the HCA for it to move forward. HCA developed a Medicaid Value-Based Payment (MVP), which is a state wide forum built to establish VBP methods. The pathway the HCA has laid out for paying outcomes rather than volume is:

- 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

Liz ensured the group that it's important to think you may be doing some of this in your practices already, especially with the tiered case rate VBP already in place. The overarching goal within workforce is to promote a health workforce that supports comprehensive, coordinated and timely access to care. The role of the ACH is to 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, as well as to develop strategies to address gaps and training needs. We need to be able to articulate the needs we have in our region to be able to address them. The overarching goal for population health management is to 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. Some things to consider for population health management implementation are what type of IT support is needed for VBP, what capabilities we have and don't have, what data sharing needs to be in place and how are we going to go about it? CPAA's role is to participate in state wide groups and conversations, discuss Domain 1 needs amongst small groups, and to plan more vigorously for 2018 implementation.

IV. Addressing Domain 1 Investments

Five small groups were formed and discussions about assets and challenges were facilitated by support and backbone staff regarding VBP, Workforce and Health Info Technology. The report out from the small groups included the following information:

#	Project	Domain 1		
		Value-Based Purchasing	**Workforce**	**Health Info Tech**
2 & 3	**Domain 2 Combined Work Group**	• **Assets:** • ACO • MCO's are starting to innovate towards VBP: • **Sub caps** • **1% withhold monthly** • **Hospital contracts** • MCO's paying for performance • Shared savings/shared risk • Case Rates • BHO Great Rivers: case rate level/tied to need, • Incentives • Network preparation for 2020 and partial responsibility • **Challenges:** How are local efforts supported by the state wide efforts?	• **Assets:** • Paid outcomes • Training for workforce and recruiting • **Challenges:** • Recruiting, training and retention • Care coordination – CHW's • Interventions- sustainable • RNs in demand due to high turnover – need training in cultural competency, social determinates of health – implementation in college training rather than residency training? • Primary care – improve student loan system to lessen debt • Pharmacists • Telehealth	• **Assets:** • 911, diversion project, hospitals, and psych hospitals • Empanelment – patients assigned to PCP from MCO's • **Challenges:** • Less payers from provider perspective • C2FR – data sharing • Denied treatment if substance user • Need more people inputting data • CDR, EDIE • Single universal EHR • Identify those patients, how do you stratify those patients(look across systems)

		• Stable transition fee for service-value passed payment • Scaled VBP • Existing efforts: bundled payment • Small providers/rural areas – small populations hard to share risk • Geographic regions – urban centers, how do we recognize that? • Difficulty of engaging value based clients • Contracts in place already- fee to service, increase frequency of contracts • Clarification to providers on VBP • CPAA possibilities and education • Could CPAA bring payers together to harmonize systems? • Registries are lagging, not updated, lack of access	• Community Health workers • Train Paramedicine staff • Train rural staff, free up staff for training • Extending ER hours for social workers and care coordination nurse • Care integration: training on care coordination for providers and staff • Psychiatry in rural areas • Challenge with hiring Behavioral Health Manager • Enhancing partnering agencies • Peer counselors and community health workers • Prehospital providers – EMT's and EMS • Training and retraining is expensive- focus on retention	• Using IT to identify patients and to see how performance metrics are being met • Training for registries and resources that are already in place • How to link EDIE to other EHRs • Clarify who can see what information • IT security • Law enforcement, Paramedicine, etc. • Care communication across different providers • Image trend: DOH talks to both EDIE and EPIC • Key function of CPAA to do a survey for providers on what they are using • Which metrics are Providers currently tracking? • Telehealth • Survey of what trainings are needed and focus on group trainings vs. individual training to save money and time • Population Health System - -state agencies, providers all on same page • Key Performance Indicators – common definitions • Need real time data

V. Next Steps & Closing

- ❖ HMA and CPAA will develop proposals based on RFQ's that were submitted
- ❖ Next Meeting: October 17, 2017 from 9am to 12pm
  - Cascade Mental Health Training Room
  - 2428 W Reynolds Ave, Centralia, WA 98531