2C: Transitional Care Supplemental Workbook

Project Stage Milestones	Completion Deadline (Demonstration Year, Quarter)	ACH Approach for Accomplishing Milestones
Stage 1: Planning		
Assess current state capacity to effectively deliver care transition services	DY 2, Q2	Building on past regional capacity assessments, CPAA will conduct an online survey of key clinical and social service providers in the region to gauge the current state of capacity for effective care transitions services delivery. Particular emphasis will be placed on potential partnering providers, i.e., key partners, including major Medicaid providers, identified during the project design phase to date. We will augment this survey through a discussion of survey results with key clinical and social service providers as well as technical assistance partners (e.g., Qualis Health) in order to gain a shared understanding of the survey results, assess the implications of the survey, and backfill missing information. We also plan to use the results of surveys conducted by other partners, such as the DOH Practice Transformation Hub to round this current state capacity analysis. These efforts will result in an updated, comprehensive assessment of our region's current state capacity to effectively deliver care transition services.
Identify how strategies for Domain I focus areas – Systems for Population Health Management, Workforce, Value-based Payment – will support project	DY 2, Q2	By the end of DY2, Q2, CPAA will have finalized the specific Domain 1 strategies that will support the project. 1) Systems for Population Health Management: Population health data analysis will continue to be used to refine target populations, including identifying sub-groups and sub-regions. Additionally, we will develop an inventory of our partnering providers' electronic health record (EHR) systems to develop strategies for information sharing. This will include push and pull notifications based on the level of system interoperability. CPAA will also explore opportunities for expanding the use of EPIC among partnering providers, given that approximately 40% of our region is already using this technology platform. The action plan developed by our region over the last few years within the regional care transitions improvement project led by CHOICE Regional Health Network

		includes specific strategies to leverage EPIC, including for providers who do not have routine access to EPIC. Connection of health information technology systems is integral to the implementation of evidence-based approaches and emphasizing the importance of producing and sharing information on patient discharge plans will assist clinicians to better address the transitional coordination aspects of a patient's care. Additionally, CPAA will facilitate continued shared learning about risk screening tools used by our region's hospitals to identify patients with an elevated risk of re-hospitalization to ensure systematic risk screening occurs. Importantly, our investments in Systems of Population Health Management will be coordinated across all project areas so that they become mutually reinforcing.
		2) Workforce: CPAA has solicited feedback from the Domain 2 Work Group to identify training needs to support the development of provider workforce capacity. CPAA will continue this assessment of provider workforce needs during implementation planning through an online survey of providers. Survey results will be discussed by the work group to interpret the results and ensure completeness. This includes providing targeted training of our partnering providers' personnel on evidence-based transitional care strategies and models with the help of technical assistance partners, including, but not limited to, HCA, DOH, and Qualis Health. In addition, CPAA will continue to explore provider workforce recruitment and retention support strategies that benefit all project areas, such as offering loan forgiveness and conditional scholarships. Additional workforce mitigation strategies CPAA will explore include shared workforce strategies, such as expanding access to telehealth, changing overly burdensome licensing requirements for certain practitioners, developing internships for college students, and establishing a learning collaborative of partnering providers. As with investments in Systems of Population Health Management, our investments in Workforce training, recruitment, and retention will be coordinated across all project areas in order to develop synergies.
		3) Value-based Purchasing: Given the importance of MCOs in funding clinical care for Medicaid

		beneficiaries, CPAA has included MCO representatives in all stages of project selection and planning, including project workgroups. We will continue to do so. This ensures that our project design and implementation aligns well with current and emerging VBP approaches. Since HCA contracts with MCOs, working closely with HCA will be crucial. CPAA will work with the statewide VBP Task Force to assess how VBP contracts can support successful transitions of care and share insights gained on evolving VBP opportunities with partnering providers. This will allow partnering providers to assess VBP options and prepare their organizations for value-based care delivery. Again, CPAA's efforts to support provider movement to value-based care will not be specific to transitional care, but support all project areas, including transitional care.
Finalize target population and evidence-based approach informed by regional health needs	DY 2, Q2	1) Target Population(s): CPAA determined it would target efforts in areas where the region underperformed compared to the state average and focus on areas where there was the greatest need for improvement. As a result of the analysis, we identified target populations and project areas that would address gaps and have the deepest impact for populations that most needed an intervention. As a proxy to identify areas where there are significant health disparities, CPAA looked at Medicaid claims data and mortality rates in counties by census tracts to identify specific target populations and sub-regions for our projects. We believe by addressing health disparities, health equity will improve in our community. Going forward, we will review the target population(s) prioritized by other project areas to determine whether there are shared population(s) across project areas. CPAA will perform a similar cross-analysis of sub-populations and sub-regions. Aligning our target populations and sub-regions across project areas to the greatest extent possible will generate maximum synergies and impact. In support of this analysis, we will continue to work with CORE to refine our data tools. As we progressively narrow down our target population(s) through these efforts, our work group and partnering providers will be able to make a final determination about the project's target population(s).

		2) Evidence-based Approach: CPAA will employ all of the evidence-based approaches included in the Medicaid Transformation Toolkit to include INTERACT™4.0, The Care Transitions Intervention (CTI), Transitional Care Model (TCM), and Care Transitions Interventions in Mental Health; no one strategy will be sufficient to achieve the level of impact required. CPAA will work with the Transitional Care Work Group and Clinical Provider Advisory Committee to identify additional strategies that may need to be included in order to reach the desired outcomes. With the support of CORE, the work group will vet these strategies as to likely impact and feasibility (cost, provider readiness, etc.) before a final determination about chosen evidence-based approaches will be made.
Identify, recruit, and secure formal commitments for participation from implementation partners via a written agreement specific to the role each organization and/or provider will perform in the selected approach -For projects targeting people transitioning from incarceration: identify and secure formal partnerships with relevant criminal justice agencies (including but not limited to correctional health, local releasing and community supervision authorities), health care and behavioral health care service providers, and reentry-involved community-based organizations, including state and local reentry councils.	DY 2, Q2	CPAA has already identified key clinical partnering providers for this project using (1) the well-established network of partnerships with a broad range of clinical providers through CHOICE Regional Health Network's health improvement projects; (2) responses to a Request for Qualifications (RFQ) that was issued this summer; and (3) an analysis of the main Medicaid providers in the CPAA region by our strategic data analytics partner, CORE. In the coming weeks, we will be systematically reaching out to those main Medicaid providers that have not yet engaged in project planning to introduce the project and encourage participation in project design and implementation planning. Concurrently, we will reach out to social service providers in our region whose participation is vital for successful transitional care. We are using our extensive stakeholder list from work that CHOICE has led to improve post-acute transitions of care in the region over the last several years as a starting point. We will augment this list of potential partnering providers with information gleaned from our regional asset mapping (see above) to ensure a comprehensive approach. The recruitment of specific partnering providers - both clinical and community-based - will be guided by our final decision about the target population(s) and sub-regions for this project. If transitions from incarcerations are chosen as a project focus, we will prioritize outreach to relevant criminal justice agencies. In order to secure formal commitments

		for participation from implementation partners, CPAA will define the specific scope of work for each partnering provider (what and where will investments be made); reporting requirements of partnering providers (what measures and how frequently will reports be made); and payment of partnering providers (how much and when payment occurs). Partnering providers will only commit to participating in the Transformation if they are clear on expectations and can assess the risks and rewards of their participation. CPAA will work with its Finance Committee and TA partners (e.g., Health Management Associates, Manatt, etc.) to establish the necessary payment framework. CPAA will work with its project work group to clarify the scope of work of prospective partnering providers. CPAA will utilize its Support Team to assess partnering providers' scope of work across project areas. CPAA looks at the Transformation projects as an integrated project portfolio; hence, our partnering providers will be asked to engage in integrated project initiatives, rather than discreet, stand-alone projects. We anticipate that partnering providers will be able to make a firm commitment to participating in the Transformation once they have a full understanding of their implementation role across the entire project portfolio. These commitments will be memorialized in written agreements/contracts. These commitments will be memorialized in written agreements/contracts by the end of DY2, Q2.