Bi-Directional Care Integration Work Group Meeting

Meeting Summary, March 27, 2018

Support and Backbone Staff: Kyle Roesler – *CHOICE*, Megan Moore – *CHOICE*, Shannon Linkous – *CHOICE*, Alexis Sullivan – *CHOICE*
In Attendance: Mattie Osborn – *Amerigroup*, David Stipe – *Qualis Health*, Vicky Brown – *Morton General*, Julie Nye – *Child and Adolescent Clinic*, Marc Bollinger – *Great Rivers BHO*, Amy Kleine – *PeaceHealth*, Laurie Tebo – *BHR*, Carlos Mejia Rodriguez – *Molina Healthcare*, Laura Johnson – *UHC*, David Meyers – *Cowlitz Family Health Center*, Amber Delagrange – *Cowlitz Family Health Center*, Adam Marquis – *Willapa Behavioral Health*, Terri Gushee – *Mason General*, Stephanie Shushan – *CHPW*, Annie McGuire – *Providence Medical Group*, Nancy Holman – *PSWIPA*, Ashley Taylor – *Summit Pacific Medical Center,* Cameron Carson – *CORE Health*, Frank Morrison – *CORE Health*

I. Executive Summary

The Bi-Directional Care Integration Work Group met to discuss the details of the Bi-Directional training offered by the AIMS Center and the current 2A logic model. For this meeting, Kyle developed a process change for providing updates in order to focus on the issues at hand rather than what has happened in past meetings.

- The group feels that the implementation of pre-meeting notes and the previous month's summary are beneficial to time constraints. They would like to see this implemented in all of the work groups to increase discussion time during the meetings and cut back on review time.
- The group decided that the AIMS Center Bi-Directional training sounded like a great idea. The pre-engagement session that will occur in May will be offered as an in-person meeting during morning hours (8-10am or 9-11am), then as a lunch webinar in either one or two parts to accommodate those who cannot meet in person. Providers will be given six-weeks-notice to plan accordingly for the training session discussion.
- Work group members discussed areas laid out in the logic model concerning the requirement of AIMS training, the RFP process in further detail, priorities within their respective practices, a social determinants of health screening implementation, and SBIRT implementation.

II. Welcome and Introductions

Kyle Roesler welcomed the group and facilitated introductions. Group members agreed that they like the pre-meeting notes in order to increase discussion time and decrease review time. However, they also felt that major decisions would be worth reviewing during meeting time.

The work group was informed that our online state capacity survey is still open until the end of the week (i.e. Friday, March 30). CPAA has received about 60 responses so far, so partners who haven't had the chance to do the survey are highly encouraged to submit. CPAA extends many thanks to those who have taken the time to fill it out, as it's rather time consuming.

III. AIMS Center Bi-Directional Training Design Session

The Bi-Directional Training through the AIMS Center is one of the training investments CPAA is looking to make. It's a one-year program and AIMS has agreed to work with partners in our region to help plan the integrated care model within their respective practices. These plans and the time frame are based on each organization's readiness to enter integrated care. The program has three phases:

1. Planning for whole person care, which entails the following.
    a. Happens through in person meetings, virtual meetings and webinars
    b. Create a sustainability plan and make it last over several years
    c. Extensive skill building and identification of team roles
    d. Develop a patient registry tool
    e. Access to online training materials
    f. Implement Bree Collaborative methods and collaborative care initiatives
2. In person training for integration, which entails
    a. Clinicians and leadership training
    b. Integrate skills and knowledge from phase 1
    c. Role-specific tasks and skills practice
3. Virtual coaching & Additional training
    a. 6-12 months in duration
    b. Virtual coaching & additional training
        i. 60-minute facilitated coaching calls
        ii. Monthly conference call to review registry, outcomes, challenges, solutions
    c. Post-launch clinical skills training
        i. Monthly webinars
        ii. Problem-solving treatment training & certification
        iii. Patient activation training & certification

CPAA expects the first practices to start the training program in the fall, and as mentioned before, can be up to one year long. CPAA will schedule a pre-engagement session with the AIMS Center so they can hear expectations from participating providers. This will take place over lunch time via a one- or two- part webinar, or an in-person evening meeting (two hours in length) where dinner will be provided. The group shared their input, located below.

- An evening meeting would be hard on people's schedules, but an in-person meeting would be better to convey ideas and obtain information
- The group suggested CPAA offers the option of both – a webinar and an in-person meeting
- Driving can be one of the barriers to meet in person, but technological issues is also a barrier
- Webinars are painful because the connectivity is off. The idea of having a mixed option can solve some issues. It will give people options.
- The session should occur during the day if it's in person, because evening is too late.
- David Stipe mentioned that he has had webinars with AIMS Center before and they run smoothly with no hiccups. There are people indicated to contact for questions or to

address difficulties. One thing to consider is that this pre-engagement session could be a large group since it contains all staff (administrative, providers, billing, operations, etc.), so an in-person option may be hard to accommodate because of the size.

- This pre-engagement session will occur mid-May, and providers will need at least a six week notice to clear their schedules.
- Best time of day for the meeting is first thing in the morning (i.e. 8-10am or 9-11am).

The in-person meeting will occur first, then there will be a lunch webinar (one or two parts) to accommodate whoever could not meet in person.

IV. Project 2A Logic Model

The 2A logic model lays out potential investments/inputs from CPAA and expectations from partners. At the top left, there is an RFP process, which is our formal process for partners to submit their projects. Secondly, the implementation plan, due 10/31/18. Third, implement plans by 12/31/19. Noted in green are the CPAA Investments and inputs. Primary care and established principles laid out by AIMS Center and the Bree Collaborative are in blue. Different screening tools for mental illness, etc. are colored orange, and cross project elements are in light blue. The bottom middle highlights target populations, and the bottom right describes pay for performance metrics.

The following are questions and comments among the group regarding the current model.

- Should we require AIMS training?
    - Group says yes, because it would be hard to measure performance otherwise. If it brings in more money, it should definitely be required.
- The group asked about the RFP process. Kyle's answer is below.
    - The formal RFP process will likely take place in June, and can be the same projects that were submitted during the RFQ process. This is just the formal method for deciding which partners will be participating and be eligible to earn funding. The RFP timeline is TBD, and all materials and templates will be sent out to all providers as they become available.
- When asked to prioritize investments in a way that will help their practices the most, the following suggestions were made:
    - In the realm of workforce, implement internships and apprenticeships.
        - Centralize a placement coordinator; this way, on-site agencies are just the recipients and can focus on the actual training and internship practice. Then, the assigned coordinator handles details with the school providing the intern or apprentice, and makes sure they meet those requirements while also ensuring that the agency they're assigned to has the capacity to meet needs for supervisory purposes.
    - Telehealth takes longer and is harder to credential and adds a layer of complexity. Any assistance that could help move telehealth along would be helpful.
    - Remote behavioral health team?
        - Including a care manager, psychiatrist, and consultant in order to implement integrated care.

- BHA site has to become licensed in order for this to work. While this is a great service, the licensing timeframe can vary widely.

- Social determinants of health are always brought up after the fact, so what is the feasibility for doing a social determinants of health screening and what are the general thoughts about that?
    - Morton General has a community needs assessment that addresses this already. Smaller clinics could do something similar.
    - Implementing a screening wouldn't be an issue, it's more an issue of who is going to put it together and a lack of resources.
    - From a patient perspective, providers need to be aware of what patients will experience every time they come in for an appointment. It's hard for patients to be engaged after they are overwhelmed with tons of questions.
- Is SBIRT being implemented within any regional practices?
    - Several practices are implementing this, but billing needs some adjustment. The training piece is also huge to making it work.

V. Next Steps & Closing

- The group liked the focus of the meeting being on plans going forward, and not something that was discussed months ago. They agreed that all committees should adopt the process of writing up pre-meeting notes to focus on current and future plans.
- Kyle will discuss the suggested plans about the AIMS training pre-engagement design session with the AIMS Center and send dates/times out to the work group.
- Kyle will develop a finalized draft of the logic model for the group to reference.
- Next meeting
    - April 24, 2018 at Fairfield Inn and Suites
        - 6223 197th Way Southwest, Rochester, WA 98579
    - Call-in and webinar information
        - https://global.gotomeeting.com/join/942416725
          You can also dial in using your phone.
          United States: +1 (872) 240-3311
          Access Code: 942-416-725