Care Coordination Work Group

Meeting Summary, March 27, 2018

Support and Backbone Staff: Michael O'Neill- *CHOICE*, Alexis Sullivan - *CHOICE*, Megan Moore- *CHOICE*, Shannon Linkous - *CHOICE*

In Attendance; Apple Martine – *Thurston County Public Health and Social Services*, Shannon Saeger- *DSHS*, Mary Zozaya-Monohon - *Providence*, Nancy Holman – *PSWIPA,* Carlos Martinez - *Seamar*, Kathy Olson - *Molina*, Chuck Hendrickson – *Love Overwhelming*, Catherine Monterio, Jennifer Luna – *Seamar,* Christina Garcia – *Molina,* JP Anderson – *Lewis County PHD*, Marc Bollinger – *Great Rivers BHO,* Adam Marquis – *Willapa BHO*, Mike Hickman – ESD 113, Linda Johnson – *Morton General Hospital,* Samantha Waldbauer – *DSHS*,

I.   Welcome and Introductions

Michael facilitated introductions and reviewed the objectives for today's meeting:

- Discuss priorities for Domain 1 Investments
- Continue formation of Pathways Planning Team
- Review and discuss preliminary survey findings
- Review target population draft proposal

II. Priorities for Domain 1 Investments

Program Needs:

- Training – for Community Health Workers
    - Supervision structure
    - Time management
    - Work boundaries
    - Understanding of trauma informed care/ACEs
    - De-escalation skills training
    - Self-care training
- Software – Pathways model
    - Care Coordination Systems
    - Information sharing
    - 6 ACHs pursuing Pathways, will try and leverage contract for shared services after reaching out individually to data supplier
    - Mobile device in the field, more rural is harder to connect
    - IOS and Android compatible
- Outcome (value) based payment

Partner's Software needs:

- Reporting on Transformation activities and outcomes
  - Each agency can have access to systems integration support
  - Report writing being able to be shared
  - Innovaccer is a new data base that eases data sharing amongst different systems
    - Cross project communication between providers/CBOs
- Change management
  - Help highlight the need of change to providers
- Interoperability of agency's software with other platforms

III. Formation of Pathways Planning Team

Michael reviewed the expectations, roles, and the need for a core planning team, found here. The team will work from now through December. Each member should expect to spend about two hours a week on this work and attend monthly work group meetings. The group will have 6-8 members with a mix of clinical and CBOs.

There is an in depth two-day meeting for the planning team with the technical assistance providers to create the structure of the smaller group. Michael will be sending out a doodle poll with dates for this training, he is planning for the end of April/beginning of May.

Feedback:

- Suggestion to have a CHW on the team
- Capture the needs of youth, 48% of Medicaid population in our region are youth
- Group could work on communication plan and communication tools for Pathways

IV. Preliminary Survey Findings

Michael reviewed the preliminary survey findings in his PowerPoint presentation, found here. Michael noted that the Pathways model is flexible, it can work with nurses and social workers, but it was originally designed to work with CHWs for care coordination.

After looking at the data, the group discussed the question about the people that have the lower caseloads. Are they providing more services than just care coordination? This needs more information, and Michael will look deeper into this.

Feedback:

- Need to have a clear understanding of what care coordination entails, the intention and scope of pathways
  - Need people that are engaged in their communities
- How motivated are people going to be to populate a system for Pathways when they are already using another system
- Must include care coordination for families that have children
- Pathways has an end for each client, it is not an ongoing case management case load

V. Review Target Population Draft Proposal

Michael reviewed the Target Population Selection for the Pathways program. He highlighted the importance of having a target population, the feedback from previous work group meetings, and the data that helped reach the final proposal of a target population, found here.

From these factors, Michael proposed a final target population to the group.
- People with a behavioral health diagnosis, mental health and/or substance use disorder
- … and one or more chronic condition or a high risk pregnancy
- … and one or more additional risk factor to be determined by the HUB (e.g Homelessness, frequent EMS use, etc.)

Group Discussion of Recommendations:
- Needs to keep a narrow focus
- Not a system to replace others, but to coincide with those systems in place
- Need to make sure the target populations have access
  - Incentives for providers to expand capacity
- It is possible to change the target population in the future
- Looking at high risk populations, what services are they already engaged in? Keep this in mind to reduce duplicative efforts

Workgroup consensus was to adopt the recommended target population, with the acknowledgement that the project planning team will continue to analyze information and make modifications if necessary.

VI. Next Steps & Closing
- The next meeting is April 24th, 2018
- Michael will send more clarity around data collection
- Michael will develop a schedule and recruiting process for the core planning team