



## Care Coordination Meeting

### Meeting Summary, January 30, 2018

---

**Support and Backbone Staff:** Christina Mitchell - *CHOICE*, Michael O'Neill- *CHOICE*, Laura Spoor- *CHOICE*, Megan Moore - *CHOICE*

**In Attendance:** Samantha Waldbauer - *DSHS*, Shannon Saegar - *DSHS*, Carlos Martinez - *Seamar*, Mary Zozaya-Monohon – *Providence*, Kathy Burgoyre – *Healthy Aging*, Julie Nye – *Child and Adolescent Clinic*, Marc Bollinger – *Great Rivers Behavioral Health*, Nancy Holman – *PSWIPA*, Kay Savage – *PSWIPA*, Jennifer Luna – *Seamar*, Kathie Olson – *Molina*, Jami Andersh – *Molina*, Janelle Sorrell – *United Health Care*, Terri Camp – *Morton General Hospital*, Apple Martine – *Thurston County PHD*, Craig Dublanke – *Coastal CAP*, Renee Smith – *Summit Pacific*, Melissa Taylor – *Lower Columbia CAP*, Diane Hurley – *Morton General Hospital*, Adam Borut - *CCS*, Sarah Redding – *Community Health Access Project*

#### **I. Welcome and Introductions**

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

- Meet Technical Assistance providers for project
- Review assessment plan
- Discuss process for meeting upcoming milestones

#### **II. Getting to Know Care Coordination TA Providers**

Michael introduced the group to the Care Coordination Technical Assistance Providers for the Pathways HUB. Kathy Burgoyne from the Foundation for Healthy Generations, Dr. Sarah Redding from Pathways Community HUB Institute, and Adam Borut from Care Coordination Systems.

The three leaders will work together to develop a structure that works specifically for our region. They will also create a website for shared tools online that all ACHs will have access too, which creates partnership with other ACHs.

#### **III. 2018 milestones**

Michael reviewed his PowerPoint and the 2018 milestones for the Pathways HUB and an estimated timeline for each milestone, found [here](#).

The first approaching milestones are the environmental assessment and formalizing a HUB Planning Group. The work group acknowledged that they are already meeting the Planning Group milestone and plan to continue development of the Pathways HUB.

Michael also informed the group that he is still waiting for feedback from the HCA on what formal commitments will look like but will send updates accordingly.



#### **IV. Assessment**

After receiving an update from HCA, CHOICE has learned that there is no strict format for the assessment and that it can be used to inform and guide planning and implementation of the different project areas. CHOICE wants to use the assessment piece to learn what is happening already in our community, and how to get implementation of the Pathways HUB up and running. We are sending out the survey this week for the Pathways Project. It's due by February 23<sup>rd</sup>, 2018.

Some questions Michael posed to the group were:

How do we define high risk pregnancy, how do we get quantitative data?

- Age
- Previous high risk pregnancy
- Morbid medical conditions – obesity, diabetes, etc.
- Homelessness – other social factors
- Collect data from Public Health Departments, WIC, or Maternity Support Services
- Raw birth numbers
- Look for data surrounding low birth rates
- After delivery, post-partum depression diagnosis

The group did not want to limit the target population to just low birth rates.

How do we gather data for homeless and EMS utilizer populations?

- Reach out to local fire service providers
- Pull data from the Homeless Management Information System

Are these the right financial questions to ask on the assessment?

- What do agencies need to support care coordination?
- Also ask care coordinators if they are at full capacity, or what would they need to reach full capacity?

#### **V. Finalizing the Target Population and Selecting CCAs**

Michael shared the implementation goals for the Pathways HUB:

- Select up to six CCAs by mid-2018
- Complete CCA training and begin HUB services by the end of 2018
- Produce population health outcomes that can be measured and packaged for purchase by HUB payers
- Increase caseloads and number of CCAs to reach over 4,000 people by 2021

Considerations and Group Feedback:

- Have a mini RFP process after deciding target population
- CPAA should start small with the number of CCAs and build over time
  - Are 6 too many to start with?
  - Challenging to get enough potential referrals to keep interests and keep caseloads full
  - Look at community capacity and potential partnerships to decide number of CCAs
- Have clear expectations of care coordinator role and service delivery



- Send out an educational video on Pathways as a resource
- Narrow down target population & identify other services that people might already be connected with
  - Trying not to duplicate efforts

## **VI. Next Steps & Closing**

- Next meeting is February 27<sup>th</sup>, 2018 from 3:15pm – 4:45 pm
  - Valley View Administration Board Room
  - 2614 Kresky Ave; Chehalis, WA 98532
  - Call-in Information: 1-646-749-3112; Access Code: 220-926-117