



CHRONIC DISEASE WORK GROUP MEETING

JANUARY 30TH, 2018

Welcome and Introductions

Introduce yourself: Name, organization, and county

WELCOME

Review Proposed Agenda Items

- ✓ Review and discuss the application acceptance and next steps
- ✓ Discuss project assessment
- ✓ Finalize target population
- ✓ Review outcomes of Clinical and Consumer Advisory Committee
- ✓ YMCA capacity review by Sally Sundar
- ✓ Discuss integration with other project areas
- ✓ Restructure of work group
- ✓ Next steps and closing

Project Application Submittal

- Plan submitted on Nov 16th
- First write-back request received December 8th
- Minimal questions which spanned several projects
- Notified Dec 24th no additional write-back was needed
- Assumption is CPAA will score high

Current State Capacity Assessment (1/2)

- Intent is to inform and guide planning and implementation
- HCA will not provided template
- CPAA will not report results, only what was done
- Completion will be documented in semi-annual report
 - Format released in March
 - Due July 31

Current State Capacity Assessment (2/2)

- Assessments have solely become what do we need to know vs. what HCA requirements
- Who receives the survey?
 - Chronic Care Model starts in Primary Care
 - Integrate into Bi-Directional Integration survey
 - Targeted questions (EBA, gaps, requested resources)
 - Community Paramedicine
 - CDSMP
- RFQs could be considered part of the assessment
 - One-on-one interviews based on RFQ submittal
- Additional ideas?

Finalize Target Population

- Review target population
- Target population vs. targeted sub-region
- Target population vs. clinic transformation
- Target population will be finalized in the semi-annual report due July 31st, 2018

Clinical Provider Advisory Committee (1/2)

- January 16th, 2016
- Discussion
 - HIT/HIE
 - Pre-manage
 - EDIE
 - Value based purchasing
 - ACHs role
 - Formal Commitments
 - Timeline
 - Definition

Consumer Advisory Committee: Selected Feedback and Ideas (2/2)

Chronic Disease Prevention and Control

- Committee members came up with an idea to have patient incentives for getting chronic disease screenings done. This could be things like gifts cards, gas cards, etc.
- Committee members discussed having events (like homeless connect) or designated days for screenings. These should be more than once a year though.
- Many supplies that people need to stay healthy are not covered, diabetic Flex pens (don't need refrigeration) for homeless people as an example.

To Consider:

- Could the CPAA help build an incentive program for people to get screenings done?
- Could the CPAA do anything around increasing coverage for necessary health supplies that are not currently covered or under-covered?

YMCA Overview

Sally Sundar
YMCA of Greater Seattle
Washington State Alliance of YMCAs
Director, Health Integration and Transformation

Chronic Disease Integration

- Discussion at Council Meeting on February 8th
- How does Chronic Disease Integrate?
 - 2A – Bi-Directional Integration of Care
 - 2B – Community-Based care coordination
 - 2C – Transitional Care
 - 3A – Addressing the Opioid Use Public Health Crisis
 - 3B – Maternal and Child Health

Restructure of Work Groups

- Requirements as we move from planning to implementation?
- Much of the discusses crosses several projects areas
- Recommendations
 - Meet quarterly
 - One consolidated work group with breakout sections
 - Organize virtual meetings or webinars when required
 - Provide monthly updates via email

Next Steps and Closing

- CPAA will continue to meet with potential partnering providers
- Assessment will be sent to providers and community based organizations
- Will review semi-annual report in March for required information

Thank You!