



## CPAA Council Meeting Summary: March 8, 2018

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

The March 8, 2018 Council meeting of the Cascade Pacific Action Alliance was held at the Great Wolf Lodge in Grand Mound with more than 25 people in attendance. Executive Director Winfried Danke invited the Council and guests to introduce themselves, and then provided an overview of the meeting's proposed agenda items.

### **II. Letters for Payment Portal and Assessment Survey**

CPAA sent out a letter March 5, 2018 with information on how to register for the Financial Executor Portal. CPAA is continuing to expand providers in the Financial Executor portal, so all partnering providers will receive a detailed letter on the registration process. Although we are sending a letter to all partners, it does not guarantee funding. Winfried also informed the group that the contact information given needs to be the financial contact for your organization because they will have to answer specific financial questions. Winfried noted that organizations involved with multiple ACHs will only have to register once.

A second letter was sent out for the State Capacity Assessment through Survey Monkey. It contains skip logic based on the type of provider/organization, and instructions on how to complete it. There will be a PDF of the questions available for reference, and the survey will also be on the CPAA website. It will be open until March 26<sup>th</sup>. Winfried informed the group that the survey will be used to identify gaps and identify potential partners. There will be a provided stipend to those that complete the survey as well.

A member from Public Health also mentioned that the survey has a very clinical focus and not many questions pertaining to public health.

### **III. MCO Board Seat Nomination**

Randy Barker from Molina is resigning from the CPAA Board of Directors, effective March 30, 2018. Kat Latet from CHPW has submitted an application to fill the vacancy but all MCOs need to vote on the decision. They voted and unanimously approved Kat to fill the position.

### **IV. Tribal Partners Update**

Winfried updated the council on the outcomes of his meeting with four of the seven tribal directors from Chehalis, Cowlitz, Shoalwater Bay, and Quinault. CPAA will visit with each tribe to develop a customized plan for transformation participation, CPAA will adjust tribal engagement goals based on input from the tribal Health Directors, and CPAA will meet with the tribal Health Directors every other month to identify and assess tribal implications of CPAA actions. Also the tribes decided that any funding distributed to them will be distributed equally among the tribes.

### **V. Update on Work Groups and Advisory Committees**



For the Maternal and Child Health Work Group (ACEs), CPAA is currently interviewing for a Manager position but it is not yet filled. Jennifer is filling in until the new manager is selected. During the previous meeting, Jennifer had an overview of the logic model, and data surrounding high school graduation rates and kindergarten readiness. The group also discussed how ACEs integrates within the other project areas such as care integration. They came up with the idea that when new mothers take their baby to check ups, the provider can do a depression screening for the mother simultaneously.

For the previous Care Coordination meeting, the group discussed what it looks like in the day and life of a care coordinator. They also analyzed data thinking about target populations and reaching the highest number of those served in the first year. The Care Coordination work group will start out with six care coordination agencies and twelve care coordinators.

Christina announced that CPAA welcomed Alexandra Toney as the new Program Manager for Care Transitions and Chronic Disease. For the previous Bi-Directional, Care Transitions, Chronic Disease, and Opioid work groups, there was discussion about Domain 1 strategies, first year funding, and ideas on what the implementation process will look like.

For the upcoming Clinical Advisory meeting, the group will discuss the RFP process: what providers are willing to do and what they can do looking at a clinical level on rules of engagement. For the Consumer Advisory Committee, the group will review the CCHE survey and provide their feedback on areas where CPAA can improve.

## **VI. ACH Participant Survey**

The Center for Community Health and Evaluation (CCHE) hosted a survey that revealed CPAA's strengths, challenges, and guidance for continuous improvement in the new year. Carly Levitz and Lisa Schaffer presented the data results from the survey that was distributed in December and those results can be found [here](#).

One observation from the data shows that we see promise in 2016 of funding and talk of planning, but in 2017, there was a much slower process of planning and discussion of implementation so people became less enthusiastic about engagement. Although we only have a 30% response rate, our numbers of those involved has grown over time. Another observation was that the people involved do not necessarily know that community engagement is happening so they could rate it poorly. CPAA staff doesn't necessarily need to do more community engagement but maybe improve the communication process to the council about their outreach efforts.

## **VII. Shared Domain 1 Strategies**

Winfried informed the council that he had a meeting with IGT contributors. Members from the multiple ACHs, UW, and members from the Association of WA Public Hospital Districts (AWPHD) were all in attendance.

Main Outcomes:

- Value-based care alliance b/w UW Med/AWPHD (80/20)



- AWPHD: 45% of IGT incentive payments for *Move to Value Fund*
- UW: Facilitating access to expertise but ACHs have to pay for services (e.g., AIM Center)
- No “menu of services”
- Identify common gaps across the state and work together to address gaps?

### **VIII. Presentation: Oral Health**

Dr. David Meyers is the Dental Director at Cowlitz Family Health Center. He created a presentation on integrating Oral Health with Medical and Behavioral Health. His presentation can be found [here](#).

Dr. Meyers shared that there are over 200 types of bacteria that can gain access to the blood stream through the mouth. He also shared that dental diseases can cause severe health problems that are very costly with hospitalization. For behavioral health integration, swollen gums, abscess teeth, and exposed bone in the mouth can be extremely painful. Patients are in pain and discomfort, some will self-medicate and others can have behavioral issues such as frustration and even violence. He believes that it is extremely important to integrate oral health into primary care. One suggestion Dr. Meyers had was for the different medical schools to incorporate a rotation to all the different providers while training to provide more education on how they are all related.

### **IX. Board Action Items**

Winfried informed the council members that Randy Barker is stepping down as the CPAA Board Chair as of March 30, 2018. Kat Latet has submitted an application to fill the vacant seat and the board will vote to approve the decision. Other items on the board agenda are approval of the previous meeting minutes, new officer elections, approval of first round IGT partnering provider payments per provider achievement report for a total of 4,096, and approval of CEO performance and evaluation process, timeline, and evaluation.

Winfried also informed the council that there was a BNO tax hearing. The committee has approved an exemption on this source of funding for ACHs for the duration of the Medicaid Transformation Project (5 years).

### **X. Shared Learning: Bi-Directional Integration of Care**

Christina continued her presentation on Bi-Directional Care Integration from the previous Council meeting. Bi-Directional Care can be viewed as the cornerstone of all the project areas because it is a required project by HCA, it is in the primary care setting, and it includes medical and behavioral health resources. Christina wanted to also highlight the importance of not isolating the different projects, we want providers to think about how they can change several areas at one time. We are all looking at the same patients which creates a good opportunity to capture overlap and shared metrics.

Christina divided the council into small groups to discuss how the different projects are all connected, what opportunities do you see, how can you mitigate challenges, who will need to partner together for success, and what support do providers need from CPAA?

### **Council Feedback:**



- Better communications through different providers, which leads to better communication with patients, which leads to better referrals and care plans for patients
  - Include pathways as an anchor strategy
- Start to identify common elements of health system change through the process, process steps per site
  - Look at assessment
  - Trainings
  - Work flow redesign
  - Each site is unique with different elements
- How to make connections more visible for transitions in a clinical setting
- If not in a particular system, what does your work look like in community organizations
- Design processes with the patients as main focus, primary coordination piece that overlaps with all project areas
- Provider and Patient perspective is very important to incorporate both, how do we work to solutions with those identified barriers, and how can this group advocate to solve those barriers
  - red tape/policy issues
- Integrate screenings for chronic disease and behavioral health
- Perform chronic disease check during home visiting for new moms, telehealth, depression screenings, etc.

Christina also encouraged the council to reach out to the CPAA Program Mangers with questions and follow up for CPAA support during this time of transitions.

## **XI. Next Steps:**

- Next Council Meeting:
  - Date: Thursday, April 12, 2018, 12:00 pm - 3:00 pm
  - Location: Great Wolf Lodge Conference Center, Grand Mound, WA