



Community CarePort

A Pathways Community HUB

HUB ADVISORY COMMITTEE MEETING

JANUARY 29TH, 2018

Welcome and Introductions

Introduce yourself: Name, organization, and county



WELCOME



Agenda

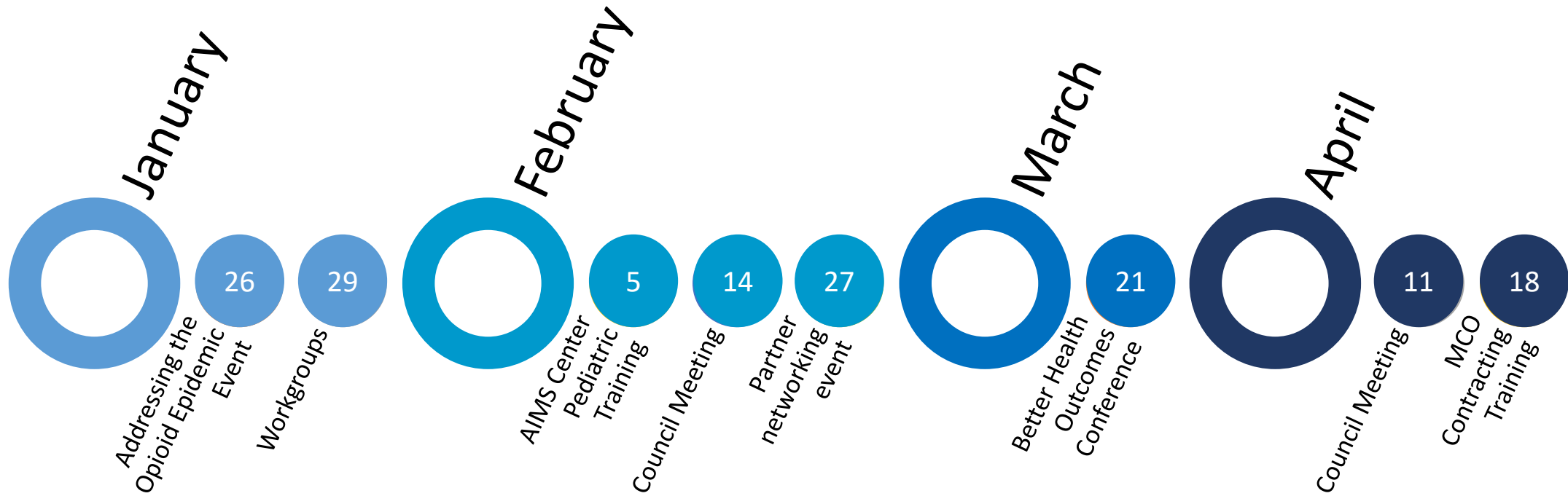
- CPAA & Community CarePort Updates
- Review Community CarePort HUB Data
- Provide input on 2019 HUB Development Roadmap
- Community CarePort Listening Session (Care Coordinator)

CPAA Updates

CPAA Updates & Announcements

- Changes to 2019 schedule of meetings
 - Council Meetings: every other month starting in February
 - Workgroups transitioning to a joint Learning Collaborative
- Local Forums selected, congratulations to:
 - Cowlitz County, Pathways 2020
 - Grays Harbor County, Summit Pacific Medical Center
 - Lewis County, Community Health Partnership
 - Mason County, Mason County Health Coalition/Mason General Hospital
 - Pacific County, Health and Human Services Department
 - Thurston County, Thurston Thrives
 - Wahkiakum County, Health and Human Services Department

Upcoming Events





Centralia Square Grand Ballroom

11:30am to 3:00pm

Join regional partners in conversations about transformation work, ways to collaborate, and learn more about projects in your community. **Lunch provided.**

More information coming soon.

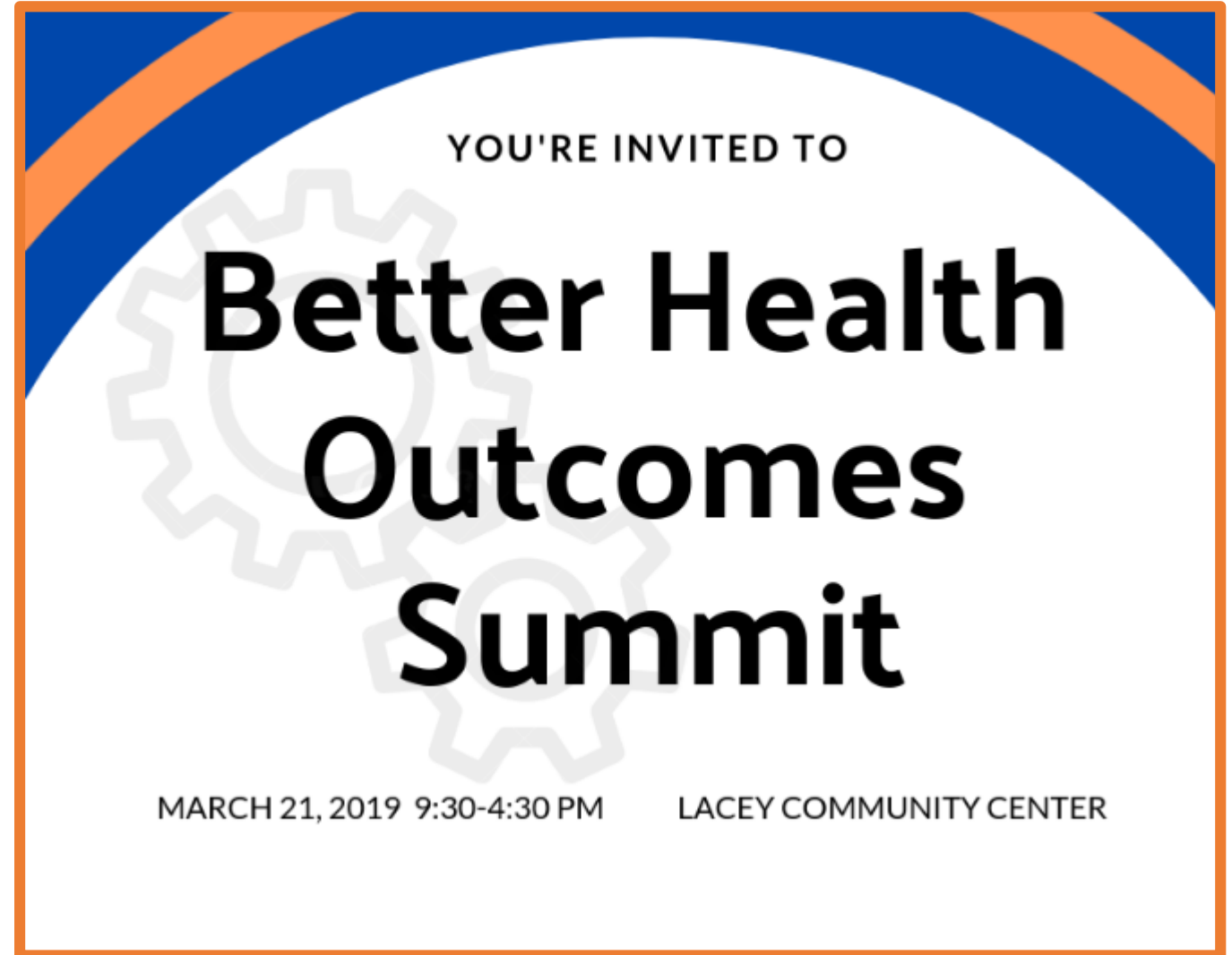
Lacey Community Center

9:30am – 4:30pm

CPAA is hosting a conference to share best practices, quality improvement methods, and strategies to improve health outcomes in our region.

Lunch provided.

More information coming soon.



New Regional Learning Collaborative Format for workgroups in 2019

Purpose

- Make better use of our partner's time as many attend multiple workgroups
- More collaborative and efficient use of CPAA staff time
- Increase participation
- Deliver meaningful content

Benefits

- Targeted content
- Build community capacity
- Networking for cross-project stakeholders
- Reduce silos
- One shared learning community

Structure

- Every other month
- Half-day, 3-4 hours with a networking lunch
 - Centered on regional data
 - Shared learning or training, guest speakers
 - Small group breakouts by region or project area
 - Content targeted to regional partners, events open to all
- Focus on peer learning
- Include resource/sharing table and events calendar
- Last hour, Hub Advisory Committee

- Pathways Referral Coordinator Hired!
 - Olivia Reed – background in community health
 - Starts 2/4/19
- New round of training underway
 - 6 CCAs sent staff (2 new CCAs)
 - 12 CHWs and Supervisors attending

HUB Data Report

- Purpose of Data Report:
 - Accountability & Transparency
 - HUB Quality Assurance
 - Population Health Hot-spotting
 - Shared Learning
- HUB Data Notes:
 - Standard reporting still in development
 - Soft launch, practical notes
 - Majority of clients from Coastal Community Action



HUB Overview

6 Fully trained coordinators @ 5 CCAs
Average CHW Caseloads ~ 18%

28 Clients
147 Pathways
13 Completed

HUB Data Report

Risk & Chronic Disease

Client Pathways (Risk)

Pathway	#	%
Social Service Referral	42	28.6
Housing	19	12.9
Tobacco Cessation	17	11.6
Medical Referral	15	10.2
Education	15	10.2
Medical Home	13	8.8
Health Insurance	6	4.1
Behavioral Health	5	3.4
Pregnancy	4	2.7
Medication Assessment	4	2.7
Employment	3	2.0
Adult Learning	2	1.4
Family Planning	1	0.7
Medication Management	1	0.7
Total:	147	

Top 10 Chronic Conditions

Chronic Condition	% of Clients
Addictions/Substance abuse	54%
PTSD	50%
Anxiety disorder	46%
Depression	42%
Tobacco abuse	31%
Mood disorder	23%
Hepatitis C	15%
Arthritis	15%
Asthma	15%
Diabetes Type II	12%

Social Service Pathway Breakdown

Service	#
Legal Assistance	17
Housing Assistance	9
Job/Employment Assistance	6
Transportation Assistance	6
Baby Items	2
Housing	2
Food Assistance	1
Education Assistance	1

**25%, or more of
Community CarePort
Clients are experiencing
homelessness**

HUB Data Report

Care Utilization & Access

Client Care Utilization History

	% Yes
Missed Appt. in last 12 mo.	55%
ED Visit in last 12 mo.	68%
Hospital Visit in last 12 mo.	36%

Client Access To Care

	% Yes
Do you need a Family Doctor?	59%
Do you need a Dentist?	64%
Do you have problems providing Transportation for you or your family?	82%

2019 Implementation Roadmap

Care Coordination Capacity

- Increase regional coverage & caseload
- Cohort II CCAs
- Integrating workflows w/other programs
- HUB QA/QI Meetings

Referral Network

- Referral line open!
- Site visits to set-up work flows
- Online referral portal development

Financing & Sustainability

- Introductory OBP start this Quarter!
- Engagement started with payers
- Need for local Champions

Data & Evaluation

- Refine HUB Advisory data reports
- Develop Population Health analytics
- Evaluator selected
- 6 mo. Developmental Evaluation

Care Coordination Capacity

- **CCA Start-up**
 - Agency staffing model
 - Integration/alignment of other agency programs
 - Filling case loads
 - Agency QA/QI
- **Aligning w/local systems**
 - e.g. Behavioral Health, Housing, Maternal Child Health, EMS, etc.
 - Partnering on common pathways
 - Reducing time between referral and intake of clients
- **HUB QA/QI**

Current CCAs

- Coastal Community Action
- Community Action Council
 - Love Overwhelming
 - Lower Columbia CAP
- Peninsula Community Health
 - Sea Mar
- Youth & Family LINK!

Cohort II

- Gather Church
- Lifeline Connections
 - Mason General
- Physicians of Southwest WA
 - Summit Pacific

Referral Network

- How to make referrals
 - Review pre-referral screening with client
 - Call Community CarePort to make referral
 - CarePort will verify pre-referral screening and make assignment of client to Care Coordinating Agency
 - CCA will contact client and schedule intake
- Partnering with Community CarePort
 - Site visits for referral workflow design
 - Pilot development of online referral portal for any agency services

Financing & Sustainability

- Outcome Based Payments to CCAs will begin this Quarter
 - Proposed introductory rate of \$11/unit
 - CPAA Partner Payments provide base funding to CCAs
 - CCAs will continue to provide feedback to Community CarePort on target rate value needed to achieve sustainability
- CarePort HUB Sustainability
 - Preliminary conversations with payers
 - Growing statewide alignment around value of HUB infrastructure
 - Looking for local/regional champions to partner on outreach & engagement

Data & Evaluation

- Population Health Analytics
 - What does the HUB Advisory need to know?
 - Integrating multiple data sets for analytics & referrals
 - Alignment with RHIP/CHIP planning work
- Community CarePort Evaluation
 - Providence CORE selected as evaluator
 - 6 mo. Developmental Evaluation period
 - Key tool for "making the case" to potential payers



Listening Session

*Welcom, Cache McCallum,
CHW for Coastal Community Action!*

~Working with clients and systems in Grays Harbor~

Summary and Next Steps

- Next Steps:
 - Refer clients to Community CarePort
 - Connect with CarePort r.e.
 - Online Referral Portal
 - Other Technical Assistance needs
- Next Meeting:

March?