



## CPAA Council Meeting Summary: July 13, 2017

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### Welcome and Introductions

The July 13, 2017 Council meeting of the Cascade Pacific Action Alliance was held at Summit Pacific Medical Center in Elma, WA with more than 45 people in attendance. CHOICE Executive Director Winfried Danke invited the Council and guests to introduce themselves, and then provided an overview of the desired meeting outcomes. The goals of the meeting were to approve work group charters, elect a director for the “Consumer” board seat, agree upon a time change for CPAA Council and Board meetings, receive updates about Value-Based Purchasing and Projects, learn about key takeaways from the June ACH Convening, become familiar with the Medicaid Demonstration Project Plan Template, discuss the Medicaid Demonstration Project Plan Timeline and project planning process, form new work groups, approve the Clinical Provider Engagement Plan, explore the Participating Provider Compensation Methodology (Funds Flow), determine next steps on financial integration of managed care, and identify ACH Certification Phase II deliverables.

### Approve Work Group Charters

Jennifer Brackeen, CHOICE Program Director, reviewed the charters for the Opioid Response, Care Coordination, and Adverse Childhood Experiences (ACEs) Work Groups. She provided a quick overview of the changes that were made to the charters, and proposed a vote to approve the updated versions. The Council voted unanimously to approve the charters as written.

### Fill “Consumer” Board Seat

Justin Wagaman, Program Specialist at CHOICE, invited the two applicants for the consumer board seat to introduce themselves to the Council. The first applicant, Mary May, spoke about her background and what qualities she would bring to the Board. Jeremy Stout was not present at the meeting but had addressed the Council in June. The Council elected Mary to serve on the Board, and Jeremy will be asked to join the Council.

### Discuss Time Change of CPAA Council and Board Meetings

Winfried presented three options for a time change of the CPAA Council and Board meetings:

1. Council and Board meetings moved up 1 hour, same date
2. Council meeting in AM, Board meeting in PM, same date
3. Council and Board meetings on separate days

The Council voted to recommend Option 1 to the Board.



## Learn About Value-Based Purchasing and Projects

Winfried introduced Tammy Moore, Chief Clinical Officer at Summit Pacific Medical Center, who reported on the Medicaid Value-Based Purchasing (MVP) Taskforce. The role of this taskforce is to support and provide a learning environment for the HCA, MCOs, ACHs, and Community-Based Organizations as they work towards achieving Value-Based Purchasing (VBP) goals through the Medicaid Demonstration. The taskforce is also working to help ACHs implement VBP projects across multiple sectors in their regions. Tammy explained that the next step for the taskforce will be to send out a provider survey on July 17 to determine the readiness of providers to enter into value-based contracts. A survey has already been sent out to MCOs.

The Council then received an update about the progress of each work group from the work group chairs.

- ACEs: This work group has not met since the Project Plan Template was released, but will begin meeting every two weeks at the end of this month to proceed with project planning.
- Community Care Coordination/Pathways: This work group is exploring how to implement the Pathways Hub Model as an anchor project to support all of the other Medicaid Demonstration Projects. Participants are also discussing how to determine this project's specific target population(s).
- Diversions/Paramedicine: This work group began conducting an environmental scan in June. There are pilot projects already in place in Olympia and Lacey, which could potentially be leveraged to carry out Medicaid Demonstration work. This work group's next step will be to work on project design and collect relevant data.
- Care Transitions: A meeting was held last month. During this meeting, participants reviewed various approaches listed in the Project Toolkit. No particular strategy stood out, and participants identified several challenges that will need to be addressed, including workforce issues and how to integrate this project with others.
- Opioid Response: This work group has decided to focus on Harm Reduction as a foundational approach to pursuing this project. Participants recently started an environmental scan and will begin meeting twice a month.

Winfried requested that each of the work groups begin working in tandem during the project design phase in order to fulfill timeline requirements and ensure alignment across projects.

## Report on June ACH Convening

Winfried called on Danette York, Lewis County Public Health Director, to share key takeaways from the June ACH Convening, which she and Winfried attended recently. She reported that CHOICE/CPAA staff has much work to accomplish in the next few months, and encouraged Council members and partners to be responsive to their requests for assistance. At the Convening, a guest from New York shared a useful method for deconstructing projects to determine what specific tasks need to be completed and



what the workforce needs will be to accomplish them. Participants also learned about how to apply a Health Equity Lens when selecting projects to pursue. It was emphasized that projects will need to be heavily data-driven, and that this data will need to be specific to each region rather than statewide.

## Review Medicaid Demonstration Project Plan Template from HCA

Jennifer provided an overview of the Project Plan Template. She pointed out key deliverables that will need to be achieved, and what work will need to be completed for each project. She emphasized the importance of determining project sustainability and specific approaches for each project soon. She noted that even if CPAA does not pursue all eight projects, CPAA will still be held accountable for the entire region's Medicaid population. Winfried explained that the template can be used as a tool to help develop a portfolio of aligned and coordinated projects that share infrastructure, workforce, and IT systems.

## Review Medicaid Demonstration Project Plan Timeline & Planning Process

Winfried reviewed the ACH Development Timeline with the group. Phase I of Certification was completed in June 2017, and the CPAA is currently developing the Phase II application, which is due in mid-August. The completed Project Plan Portfolio is due on November 16<sup>th</sup> of this year, which is a very ambitious timeframe. In order to meet this deadline, Winfried explained that the CPAA needs to focus on outcome objectives and pursue projects and strategies that are shovel-ready.

## Form New Work Groups

Winfried asked Council members and meeting participants to consider joining project workgroups. These workgroups will serve a crucial role in helping the ACH to design projects and develop the project plan portfolio. Each work group should engage at least one provider champion and one Tribal representative in order to meet the desired clinical provider and tribal engagement. CPAA staff will soon be issuing a Request for Proposals (RFQ) to bring additional providers within the region into the conversation about project design. Work groups will need to coordinate with each other to ensure that projects remain aligned and integrated. Staff passed around a work group sign-up sheet and will be in touch with new members in the near future.

## Discuss Clinical Provider Engagement

Winfried reviewed the proposed Clinical Provider Engagement Plan with the group, including the following main points:

1. There are many different clinical provider types, and they vary depending on:
  - Organization Size
  - Area of Clinical Practice



- Location/Service Area
  - Proximity to Patient Care
2. One size does *not* fit all when it comes to provider engagement strategies:
    - Specific Provider Type = Specific Engagement Strategy
  3. Clinical Engagement Strategies – Layers
    - “Cascading Governance”
    - Clinical Affairs Committee
    - Provider Champions
    - Frontline Providers
  4. Clinical Providers have representation at all levels of “Cascading Governance”
    - Board
    - Council
    - Support Team
    - Committees & Work Groups
    - Local Community Forums

Winfried then discussed the creation of a Clinical Affairs Committee (CAC). The function of the CAC will be to advise and provide clinical oversight to the CPAA and for specific projects. The CAC will also serve as a liaison and build partnerships between the CPAA and local and state clinical provider organizations as well as the statewide Practice Transformation Hub to leverage resources. Provider Champions and Frontline Providers will serve a crucial role in the project design process.

Winfried recommended that the Council recommend adoption of the clinical provider engagement plan to the Board. The Council voted unanimously to do so.

## Shared Learning: Participating Provider Compensation Methodology (Funds Flow)

Winfried introduced Eveline van Beek, Managing Director at KPMG Advisory, via teleconference to the Council. Eveline spoke to the group about methods of designing funds flow models to compensate providers. The CPAA will need to develop a compensation methodology for providers participating in Medicaid Demonstration work. Eveline emphasized how important it will be to strategically determine where to invest funds to achieve ACH goals. She then provided five considerations to keep in mind when designing a funds flow model:

1. Keep it simple
2. Ensure it is equitable
3. The model will probably evolve over time
4. Ensure it is measurable
5. Ensure it is impactful



Eveline then discussed six different approaches to designing a funds flow model:

1. Project Cost Based
2. Relative Size (Number of patients attributed/served)
3. Flat Participation Fee
4. Performance Based
5. Revenue Loss Compensation
6. Uncovered service compensation

The CPAA's funds flow model may be a hybrid of these types, and will depend on the following items:

1. The type of provider partner being engaged
2. The type of behavior that will be incentivized
3. The ability of a provider partner to take on risk
4. How far along the ACH is in the Medicaid Demonstration timeline

Eveline then shared some diagrams to illustrate each of the six approaches to designing a funds flow methodology that she had introduced earlier. Finally, she shared some lessons that other organizations have learned in New York:

1. Maintain transparency
2. Communicate clearly with all parties
3. Adopt contracting clauses to safeguard funds
4. Remember this is an evolving process subject to change

The CPAA Finance Committee will take this information into consideration and return to the Council with their recommendations.

## Update on Financial Integration of Managed Care Discussion

Winfried provided a quick recap of the financial integration shared learning that took place at the last Council meeting. After that meeting, the CPAA Governance Board discussed various options to explore moving forward, including attaching conditions to accepting mid-adoption (e.g., maintaining important local projects). However, the BHOs in the region have raised a number of concerns and there is no agreement on moving forward with the conditional acceptance of mid-adoption. The Board will continue to discuss this issue.

## ACH Certification Phase II

Jennifer provided a brief status update on the Phase II certification process. The CPAA is currently updating the Community Health Needs Inventory (CHNI), and working with Providence CORE to develop a logic model for CPAA. The application is due on August 14, and we are on track to complete the application on time.



## Miscellaneous and Next Steps

- The next CPAA Council Meeting will **Thursday, August 10, 2017, 12:00-3:00 PM** in **South Bend**.
- The next CPAA Board Meeting will be **Thursday, August 10, 2017, 3:15-4:15 PM** in **South Bend**.