



Pathways Community HUB Work Plan - DRAFT

Taking the Pathways Community HUB model, thinking about it for the needs of the people in the CPAA region, resourcing it in the context of the Medicaid Transformation Demonstration (MTD), and motivating existing stakeholders to do the work of implementation is a complex and unique design challenge. This document tries to make this challenge manageable by defining features of the challenge and structuring the work moving forward. There are four main categories that need to be managed: 1) the *development stages* implied by the structure of the MTD opportunity, 2) the groups of *people* involved in design and implementation of the HUB Program, 3) the *infrastructure* existing and that needs to be built to make the model functional and effective, and 4) the *processes* that the model puts into effect, customized to our unique implementation.

This document will outline the HUB Program elements that fall into these four categories. Next, key questions in the design process will be identified with proposed answers based on current information. Finally, a proposed set of milestones moving towards program implementation will be described.

Program Management

CHOICE Regional Health Network will provide backbone support and staffing for this project.

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HUB Program Design Elements

Development Stages

- *Project Plan* – by November 16th, 2017, the CPAA must submit a MTD Project Plan that defines a high level outline of the work expected during the Demonstration time period, who is likely to be involved, and the anticipated impacts of the work. The Project Plan must address the following items for the Pathways Community HUB Program:
 - Justification for selection and expected outcomes
 - Implementation approach and timing
 - Partnering providers
 - Regional assets, anticipated challenges and proposed solutions
 - Monitoring and continuous improvement
 - Project sustainability

- *Implementation Plan* – during year two of the MTD, CPAA must further specify how the HUB Program will be implemented. This includes:
 - Assess capacity for model implementation
 - Strategies for Population Health Management, Workforce, and Value-based payment to support the HUB Program
 - Definition of target population
 - Establish HUB planning group and lead entity
 - Identify and engage partnering organizations
 - Training on HUB model
 - Secure commitment from implementation partners
 - Determine how to fill resource gaps
 - Program plan
 - Description of pathways, focus areas, and service delivery models
 - Implementation timeline
 - Roles and responsibilities of partners
 - Sustainability strategy
- *Start-up* – year three of the MTD, or earlier if possible, must see implementation begin. This stage includes:
 - Guidelines, policies, procedures, and protocols
 - Quality Improvement Plan
 - Hire and train staff at HUB and CCAs
 - Implement Pathways in Care Coordinating Agencies
 - System to track and evaluate performance
 - Community awareness campaign
- *Scale & Sustainability* – after initial start-up, the implementation must be refined, scaled, and sustained. This includes:
 - Increase scope and scale
 - Employ continuous quality improvement
 - Provide ongoing support to partners
 - Improve and document provider transition to VBP through Pathways model

People

- *Client Populations* – people served by the Pathways Community HUB. To provide better care to people, to improve health equity across populations, and to focus payment on value, the HUB Program design must keep a strong focus on the client populations it intends to serve. Target populations will be identified for start-up and additional populations will be added as the implementation scales. It is important to keep the experiences of people being served at the center of program design.
- *Pathways Community HUB* – the decision making body that sets targets, agrees on a referral process, and monitors performance. To create accountability and buy-in from all parties involved, the HUB must establish a strong identity and shared purpose. The body must have clear roles for everyone involved and the decision making must ensure that no groups or individuals are marginalized. The governing body will be a critical force for prioritizing continuous improvement that galvanizes widespread systems change.

- *Care Coordinating Agencies* – multiple agencies will employ care coordinators that will implement that Pathways model in their workflow. A manageable number of CCAs will be involved in start-up. Initial CCAs can continue to scale their staff and caseload, and additional CCAs can be brought into the HUB structure after start-up has been completed and the initial systems issues have been refined.
- *Community Care Providers* – CCAs who are also care providers will likely have an easier time integrating care coordinators into their organization’s care teams. Efforts will be needed to link with a wide variety of community care providers to improve information sharing and integration of Pathways care coordinators into their workflows.
- *Pathways Outcome Purchasers* – sustainable funding for the Pathways program will require a variety of payers that are willing to invest in clients working through and completing standardized Pathways. The better able the program is to demonstrate client outcomes and quantify savings, it will be more able to engage and retain payers.
- *HUB Lead Entity* – the management and daily operation of the HUB is expected to reside within CHOICE Regional Health Network.

Infrastructure

- *HUB Capacity* – the operational capacity of the HUB to oversee and coordinate with CCAs, equitably distribute referrals, gather and report on data, and issue or authorize payments.
- *Information Technology Platform* – the software that facilitates CCA workflows, reporting to the HUB, and payments. Additional software features may be integrated or provided on parallel systems.
- *Data Analysis Capacity* – the ability to compile and draw conclusions from a wide variety of data, including: Pathways HUB data, claims and encounter data, population health surveillance and monitoring data sets.
- *Funding Mechanisms* – contracts and other revenue streams braided together that trigger when clients complete milestones or finish pathways.
- *Workforce Capacity* – maximum case load, knowledge and skills specific to the Pathways model, and additional knowledge and skills that improve the effectiveness of care coordination.
- *Training Capacity* – the ability of the HUB to bring online new CCAs, to improve linkage between CCAs and providers, and to supplement additional training needs for partners.
- *Communications Capacity* – the ability to share information with a wide variety of audiences. E.g. describe gaps, share success, identify and seek action on policy implications, etc.

Processes

- *Data Informed Decision Making* – the HUB Lead Entity and the Community HUB Governance will need workflows that regularly examine data as inputs that lead to critical decisions. Effectively scaling the program and achieving long-term sustainability will rely on robust workflows for analyzing and integrating data into decision making.
- *HUB Workflows* – intake and assigning to CCAs, data management, quality assurance, payment, facilitation of governance
- *CCA Workflows* – client orientation, care coordination, reporting, billing

- *Value Based Contracting Cycles* – since the reach and effectiveness of the Pathways program will grow and improve over the demonstration period, regular cycles of evaluation and renegotiation need to be built into agreements with providers and payers. CCAs will increase caseloads and improve workflows over time. Payers will likely make modest initial investments and scale commitments where they can see value in the outcomes produced.
- *Continuous Quality Improvement* – client experience, pathway completion, individual and population outcomes must all be analyzed and reviewed by the HUB to generate regular cycles of goal setting and accountability.

Key Questions and Proposed Answers by Design Stage

Project Plan

- What outcomes are expected?
 - Serve up to 2% of the Medicaid population by 2021
 - Achieve sustainable financing prior to MTD end
- What timeline of implementation is expected?
 - Contracting & training in early-mid 2018
 - Begin service by end of 2018
 - Scale caseload of initial CCAs 6-12mo after launch
 - Add additional CCAs by end of 2019 and possibly again in 2020 and/or 2021
- Who will be involved in project implementation design?
 - Workgroup
 - CHOICE staff
 - Technical assistance vendors (Foundation for Healthy Generations, Pathways Community HUB Institute, Care Coordination Systems)
 - Other ACHs working on Pathways
 - Up to six local orgs. becoming CCAs
 - Payers
- What challenges unique to the CPAA region exist and how will they be addressed?
 - Limited workforce of care coordinators
 - Equitable start-up and spread across all seven counties
- What strategies will be used to assure continuous improvement and sustainability?

Implementation Plan

- What specific Domain I capacity needs to be built or leveraged into the Pathways program?
 - Training for CHWs and supervisors
 - Data platform that meets all program needs
 - Outcome Based Payment contracting
- What population will be targeted during start-up?
 - Co-occurring physical and behavioral health, rising risk
 - High Risk OB
 - Homeless

- Frequent EMS users
- Opioid users
- What organizations will be the initial CCAs to serve the targeted population?
 - Up to six
- How will the HUB be managed and governed?
- What agreements are needed with initial CCAs and payers?
- What information technology needs to be in place before start-up?

Start-up

- What policies and procedures need to be in place for CCAs to join the HUB?
- What training do CCAs need before they begin implementing the model?
- How will referrals be made and assigned to CCAs?
- When can client referrals begin?
- What reporting and monitoring functions will be in-place at start-up?
- How will community awareness be increased?

Scale & Sustainability

- What timeframes make sense for iterative improvement of the program?
 - Workforce capacity
 - HUB capacity
 - Training capacity
 - Tech./Analytic capacity
- How will the HUB achieve a good balance between improving the effectiveness and reach of existing CCAs and adding additional CCAs?

Milestones & Timeline

Milestone	Phase	Target Date
Submit Project Plan	PP	11/16/17
Full assessment of start-up conditions	IP	2/23/18
Convene HUB planning group	IP	2/23/18
Target population selection for start-up	IP	3/9/18
Develop consensus on payment methodology with potential payers	IP	5/11/18
Secure commitments from start-up CCAs	IP	6/15/18
Complete Implementation Plan	IP	6/15/18
Complete contracting with CCAs and payers	SU	8/10/18

Finalize initial policies, procedures, and quality improvement plan	SU	8/10/18
Complete initial training and start-up support for CCAs	SU	11/9/18
Implement HIT Platform	SU	11/9/18
Begin accepting referrals and implementing Pathways	SU	11/9/18
Review 3 mo. of data and assess needed changes to reporting	SS	3/1/19
Provide HUB governance with interim report	SS	6/14/19
Set expansion targets	SS	7/12/19
Complete contracting for new and existing CCAs and payers	SS	9/13/19
Complete training and start-up support for new CCAs	SS	11/15/19
Provide HUB governance with first annual report	SS	12/13/19

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