



Transitional Care Work Group Meeting

Meeting Summary, 11/28/2017

Support and Backbone Staff: Jennifer Brackeen – *CHOICE*, Christina Mitchell – *CHOICE*, Megan Moore – *CHOICE*, Shannon Linkous – *CHOICE*, Michael O’Neill – *CHOICE*

In Attendance: Kate Cross – *WA DOH*, Caitlin Safford – *Amerigroup*, Janelle Sorelle – *United Healthcare*, Leanna , Christina Garcia – *Molina Healthcare*, Jennifer Mooney – *Summit Pacific Medical Center*, Tina Lohmeyer – *RN-BSN at Mason General Hospital*, Renee Smith – *Summit Pacific Medical Center*, Lynnette Gregory – *Providence*, Catherine Montero, Jen Houk – *Providence*

I. Welcome and Introductions

Christina Mitchell welcomed the work group participants and facilitated introductions. She reviewed the agenda for the meeting, which included review and discussion of the project plan application submittal and next steps, discussion of the work plan and milestones for 2018, and discussion of the assessment needs for each project.

II. CPAA Review: Project Plan Application Submittal and Next Steps

CHOICE posted an application for a Transitional Care/Chronic Disease Program Manager, who will be hired for the implementation process. To view the application, click [here](#). Christina thanked CPAA Partners for their participation in the project plan and for a great submission. She reviewed RFQs and encouraged continued submittals. Additional submissions will be included in the implementation phase. Formal commitments won’t be finalized until June 2018. The finance committee will be setting up the process for funding and distribution. This is dependent upon the number of formal commitment letters we get from providers and what project areas they pertain to.

The project plan was officially submitted on November 16th. The write back process will take place in December. Our plan will be scored finally on February 1st, which will determine the amount of funding we qualify for. The funding will be distributed among those who have signed a formal commitment to work toward a designated project area. To view the details of funding allocation, click [here](#). Implementation planning begins in January 2018, with actual implementation beginning in July 2018. The planning phase contains the following milestones.

1. Conduct environmental scans/needs-gap assessments
2. Finalize target populations
3. Determine partnering providers
4. Outline roles and responsibilities
5. Make implementation plans

The project plan timeline can be viewed [here](#). For transparency, we have until January 31st to drop a project if we decide to do so, but, as mentioned, final scores do not come out until



February 1st. The plan is to keep all projects, but we do want to score as high as we can on all of them. The write back process should allow for us to make necessary adjustments or make the informed decision to drop a project if we score extremely low in a certain area.

III. 2018 Project Work Plan

Christina referenced the work plan, containing the first four milestones, or first six months, of implementation planning. The group reviewed the supplemental work plan, which can be accessed [here](#).

Christina asked the work group for feedback on Domain 1 investment strategies, for which they provided the following feedback.

- Inventory is needed on healthcare records, as well as the development of a strategy to exchange data among organizations by getting everyone on the same system or finding a way for everyone to communicate amongst different systems.
- Evidence-based approaches for transitional care.
- Allow flexibility amongst organizations to use system which works best for them. Target populations need to be finalized. The selection of three models would allow for further flexibility in who can participate in the project plan implementation and how they choose to do it.
- Look at electronic healthcare records and expanding the use of EPIC and other registries to transition information among different organizations and allow for easier exchange of information. A common platform for EHRs would be most helpful.
- Concerns in transitions of care:
 - Homelessness
 - IV medication patients
 - Follow up on care due to no access to PCP
 - Issues with home hospice patients
 - Outreach and engagement in getting people to come back in for managed care – finding incentives to get them to come back.
 - Some issues around this include transportation, mental illnesses or substance abuse issues and finding ways to get people engaged in their health.
- In regards to care coordination, the HIT platform is the hardest part to address and the most needed piece.
- Processes take too long, but the people served need help right this second.

Christina informed the group that the easiest way to determine how to implement all of this information is to know who we will be working with. This is determined through formal commitments. Ultimately, we need to look at who we can we bring in and how we can do it to make this project most successful. Christina encouraged the group to continue to submit RFQs since our implementation planning isn't finished until June 2018.

Christina shared the background on CPAA's first meeting with the Consumer Advisory Committee and mentioned the upcoming meeting on Tuesday, December 5. She asked the work



group if they had any questions they would like answered by the committee. They offered the following responses.

- Have you had a hospitalization in the last year? Did you have what you needed when you left the hospital? Did you understand what your follow up procedure was supposed to be?
- If you didn't have what you needed, what may have helped you in that interim period?
- Did you know you were supposed to have a seven-day follow up? If not, how could we facilitate an understanding of what is expected of you and what you expect from us?

Christina reminded work group members to be on the lookout for the annual ACH survey issued by HCA. She also primed the group to watch for an email requesting EIN/Tax ID numbers, which HCA has required CPAA to collect in order to allow funding distribution after project plan dollars have been allocated. Funding is not guaranteed to providers, but the requested information is crucial to provide funding to participating providers in the future.

IV. Addressing Assessment Completion DY2, Q1

Christina reviewed assessment requirements across the region. The requirements for the assessments per project area can be viewed [here](#). The assessment must be completed by end of Q1, or March 2018. Work group participants provided feedback about what they would like to see in the assessment below.

- Examples of questions to be noted:
 - Do you have enough community resources to transition patients to? Can those resources take certain patients and what restrictions are in place? (i.e. some people can't accept smokers)
 - Are agencies getting everything they need to take patients? What are the key components to allow patients to be accepted?
- We need to remember who is going to be answering the questions: Administrative staff or Provider?
- When we build transitions of care, we need to understand what the state requires through payment, which is follow up within seven days with a PCP. This should be included in the survey since this needs to be built in to the transitional care model.
 - Barrier: no availability among providers to follow up with patients who need care.

Christina made the group aware that everyone will receive the survey in order to increase our audience and participation, but work group participants were asked who, in particular, should receive the survey. They provided the feedback below.

- Skilled nursing facilities.
- Adult Family homes.
- Respite facilities.
- MCO's/Hospitals – CPAA has list of these.
- Community Care Centers or other resources in the community that we know serve community members.
- Other community coalitions.



- Primary care.
- Area Agency on Aging.
- Jails.
- ED utilization.

CPAA will work on this assessment based on the feedback collected. We want it to be meaningful and not waste people's time. Please email/call Christina at mitchellc@crhn.org with ideas or input for the assessment and what it needs.

V. Next Steps & Closing

- ❖ Next meeting will be via teleconference and webinar.
 - 12/12/17 from 1-2pm
 - Teleconference: 1-646-749-3122
 - Access Code: 726-347-661
 - This meeting will address write back needs, and may be cancelled if no write back is required.
- ❖ Finalize assessment approach.
- ❖ Determine Domain 1 investments by project area.
- ❖ Finalize target populations.
- ❖ Get a better idea of which providers are most interested in formally partnering with us.