



Care Coordination

Meeting Summary, February 27, 2018

Support and Backbone Staff: Michael O'Neill- *CHOICE*, Alexis Sullivan - *CHOICE*, Megan Moore- *CHOICE*

In Attendance: Tiffany Beucannon – *Behavioral Health Resources*, Apple Martine – *Thurston County Public Health and Social Services*, Virginia Ramos - *Seamar*, Julie Nye – *Child and Adolescent Clinic*, Shannon Baker, Matti Osborn - *Amerigroup*, Shannon Saeger- *DSHS*, Tina Lomeyer – *Mason General Hospital*, Mary Zozaya-Monohon - *Providence*, Nancy Holman - *PSWIPA*, Dr. Sarah Redding, Carlos Martinez - *Seamar*, Kathy Olson - *Molina*, Gretchan Thaller– *Thurston County Public Health and Social Services*, Chuck Hendrickson – *Love Overwhelmed*, Catherine Monterio, Jennifer Luna - *Seamar*

I. Welcome and Introductions

Michael facilitated introductions and reviewed the objectives for today's meeting:

- Review and discuss county level data
- Learn about daily work for Pathways Care Coordinators
- Discuss work group needs for detailed implementation planning

II. Meeting Updates

All ACHs received a score of 100% from HCA for their Project Plans. CPAA also received a 10% bonus for pursuing six projects instead of four. CPAA will receive a total of 15,855,032 for year one funding with two types of funding, DSRIP and IGT. The first installment of funding will be between March and May, and the Finance Committee is continuing to develop a method to distribute those funds.

Michael shared that the Care Coordination Assessment has gone out, so thank you to those who have responded.

CPAA is also 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. Michael 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.

A second letter was sent out February 28th, 2018, for the State Capacity Assessment. The State Capacity Assessment will be sent out March 5th through Survey Monkey. It will have 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 26th. Jennifer informed the group that the survey will be used to identify gaps and identify potential partners. There will be a provided stipend to those who complete the survey as well.

III. Review and Discuss County Level Data



Michael reviewed data around the target populations so far, including co-occurring populations, at risk pregnancies, homelessness, and frequent EMS utilizers. The presentation can be found [here](#).

Co-Occurring Population Feedback:

- One notice was that it is a very large group of people, so perhaps we need to narrow down our focus to increase our impact for the first year of Pathways
 - One way of narrowing would be to look at the rising risk population (health homes)

At risk pregnancy:

- Preventing low birth rates
- Age is a factor to narrow down population such as teen births

Homeless:

- People entered into any housing from HMIS 2016 could be an emergency shelter or some sort of housing arrangement
- Using 2017 Point in Time (PIT) data

Frequent EMS Utilizers:

- Not a good data source for this information
- Not all EMS providers participate in state wide WEMIS platform
- Transport data to hospitals does not capture all the use by frequent utilizers
 - Individual EMS providers use varying data systems, can ID most frequent call locations and types

After reviewing the different data, Michael posed the group with the questions below:

How is the information reviewed impacting your thinking on target populations?

- For low birth rates, there are efforts in certain counties with this focus such as home visiting in Thurston county
 - For ACEs, places that do not have a home visiting service is Grays Harbor and Pacific?
 - How much of the population is able to get services to help with birth rates?
 - Look at pregnancy by county; Dr. Redding identified hot spots within counties in Idaho
 - Numbers could get diluted by just looking at whole county data

Does it work for us to have a broader target population with some regional variation in sub populations?

- Example: co-occurring as broad population, while allowing for CCA to serve pregnant mothers with a co-occurring condition
- One challenge is that CPAA is a big region; can we find a target population across all counties?
- Additional information coming from care coordination assessment around what already existing care coordination agencies are working on
 - Michael will report out findings next week
- Send data slides out to work group to further analyze and respond in writing
- Looking at the target populations, the co-occurring group is the broadest, easiest to start with
 - Look at pregnancy and co-occurring condition
 - Michael will put together a diagram of the population for the group to look over
- Each county EMS has a cohort of a population that needs more resources than the current capacity can treat



- How diverse is the community in each county?
 - Diversity of organization that are offering the services

IV. Care Coordination Capacity Assessment

Michael shared that currently he has received 15 out of 32 responses on the Care Coordination Capacity Assessment.

- Looking to supply a stipend for those who complete
- Keep survey opened through March

Highlights:

- Mix of folks getting referrals from their own organization but most are getting referrals from other organizations
- 100% report providing case management as part of services
- All counties have some sort of care services already
- Many existing caseloads are higher than recommended for Pathways
- Most providers already have extensive reporting requirements
- Strong interest in becoming a care coordination agency under Pathways

V. Learn about Daily Work for Pathways Care Coordination

Dr. Sarah Redding offered insight of what a day as a Pathways Care Coordinator looks like. Her description can be found [here](#).

Group Questions for Dr. Redding:

- Isn't Pathways similar to Health Homes? Health Homes downside is the engagement process, there's no compensation of the service so the engagement rate is very low, lots of no shows, no payment until the first face to face interaction
 - Pathways can find and identify clients a lot faster and it is more efficient than outside referrals so it has had a higher engagement rate
 - Organizations that show proof of trying to contact receive compensation but only in one type of contract
- How does this work with the new billing codes approved by CMS
 - The codes for Pathways are different than what CMS is using so that is something that we will have to further look into
- HUB is the community side of care coordination which creates a strong partnership with the clinical side
- Sarah Redding is offering technical assistance so Michael can forward additional questions in the future

VI. Discuss Work Group Needs for Detailed Implementation Planning

- Michael will be forming a core planning team with potential of a stipend
- Who are the right folks/brainstorm criteria to ID and select core team members
 - Representation across all counties?



- Conflict of interest while recruiting people with such a high interest in becoming a care coordinating agency
- Reviewing the RFPs, could bring in a different group to review to avoid conflict of interest
- Identify particular county that has higher need based on the target population selected
- Committed core group 6-7 people max to further develop implementation strategies and make those core decisions
 - Seamar, Area Agency on Aging, PSW, Great Rivers BHO, and Coastal Cap would want to be involved in the core group
 - Open to MCO representation such as Molina, not just the care coordinators
 - Contact would be through email or in person, will have a two day in depth meeting so will need availability
 - Will develop a schedule for the core group and clear recruiting process

VII. Next Steps & Closing

- Send more clarity around data collection
- Michael will develop a schedule and recruiting process for the core planning team