Chronic Disease Work Group Meeting

Meeting Summary, 05/29/2018

Support and Backbone Staff: Megan Moore – *CHOICE*, Shannon Linkous – *CHOICE,* Alexandra Toney – *CHOICE*
In Attendance: Lesley Price – *Thurston County*, Michelle Gosse – *Providence*, Rene' Hilderbrand – *CHOICE*, Christina Garcia – *Molina Healthcare*, David Stipe – *Qualis*, Julie Nye – *Child and Adolescent Clinic*, Stephanie Shushan – *CHPW*, Laura Johnson – *United Healthcare*, Kelli Sweet – *DSHS*, Sue Anderson for Sally Sundar – *YMCA*, Mattie Osborn – *Amerigroup*, Dean Counts – *Wahkiakum County*, Carlos Meija-Rodriguez – *Molina Healthcare*, Mary Goelz – *Pacific County Public Health and Human Services*

I. Welcome and Introductions

Alex welcomed and thanked the group for being part of the meeting. She facilitated introductions and reviewed agenda items, which included program updates, assessment data, summary of toolkit and project area, and discussion.

II. Program Updates, State Capacity Assessment, and Discussion

Alex reviewed program updates, listed below.

1. Provider participatory payments were released; one per EIN in the amount of $3,753 on May 18th
2. RFP was released May 30th, and will close on July 16th with instructions
    a. Send questions to rfp@cpaawa.org. Answers will be posted on our website weekly.
    b. Virtual Town Hall meeting through Zoom on June 8 from 1-2pm to answer questions, as well.
3. Letter Of Intent due on 6/14 that states which project you'll be applying to and which strategies you plan to implement.
4. Will select partners by 8/15
    a. Process: CPAA will work with a third party for scoring RFPs and rating partners. There will be a ratio range of Behavioral Health providers, Community Based Organizations, and Primary Care providers selected. There will also be a specific pool of partners that CPAA will select that may score low in the RFP, but will be integral to the process.
5. CPAA Implementation Plan will be completed in October.

Alex reviewed the feedback from the state assessment results. The assessment was open for one month and received 53 unique responses. A breakdown of the data can be accessed here. Please let Alex know if there is any specific data from the assessment you want broken down and she will present it at work group in June, or send it to you individually.

After learning about assessment results, a discussion about barriers to chronic disease registries, self-management programs, and routine preventative care generated the following feedback, listed below.

- Unless you can do an interface, it's dual entry. It would be more convenient to pull data from your own EHR system.
- Communication and barriers to it are a big element.
- A resource that is up-to-date on where training programs are would be helpful.
- Getting cost down would help a lot.
- Follow-up for mammograms should be higher.
- Increased access to resources would be helpful.
- Stipends for well exams, including Pediatrics. This could include healthy food boxes, gym memberships, Rite Aid healthy options like crock pots and healthy food cook books.
- Educate providers on beneficial programs and incentive programs and how to access them so they can retain patients and provide adequate follow-up. A care coordinator could fill this role.
- Use a team-based approach.

III. Evidence-based practices and MTP Toolkit

Alex pulled information from the toolkit to discuss evidence-based approaches, including the Chronic Care Model. Some approaches under this model include the following:

- The Community Guide
- Million Hearts Campaign
- Stanford Chronic Disease Self-Management Program
- CDC-recognized National Diabetes Prevention Program (NDPP)
- Community Paramedicine Models

However, keep in mind, there will be an "other" option where providers can explain what they're going to do to address chronic care. This is for organizations, like community-based organizations, who might not use one of the listed chronic care model evidence-based approaches. Keep in mind, the "other" approaches have to be approved by HCA and should still be evidence-based. Alex will provide a timeline back to the group on how long HCA will take to accept "other" interventions.

IV. Next Steps & Closing

- Next meeting will be June 26, 2018 from 10:45am – 12:15pm at Fairfield Marriott in Rochester
  - **Call In:** +1 408 740 3766
  - **Meeting ID:** 623 945 277
- Town hall meeting info: https://zoom.us/j/847516252
- Email for FAQs: rfp@cpaawa.org.
- General consensus among the group to combine Chronic Disease and Transitional Care Work Groups for future meetings so there is one meeting. They will still meet monthly for discussion.