



## HUB Advisory Committee (Care Coordination) Work Group

### Meeting Summary, September 25<sup>th</sup>, 2018

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**Support and Backbone Staff:** Michael O'Neill- *CHOICE*, Madi Tanbara – *CHOICE*, Abby Schroff - *CHOICE*

**In Attendance:** Kyle Roesler – *CHOICE*, David Stipe – *Qualis Health*, Craig Dublanko – *Coastal Community Action Program*, Jennifer Luna – *SeaMar*, Karla Cain – *ANSWERS Counseling*, Siobhan Brown – *CHP*, Melissa Taylor – *Lower Columbia CAP*, Kirsten York – *CAC of Lewis, Mason & Thurston Counties*, Renee Smith – *Summit Pacific Medical Center*, Laura Johnson – *United HealthCare*, Robyn Hansen – *Physicians of Southwest Washington*

#### I. Welcome and Introductions

Michael facilitated introductions and reviewed the objectives for the meeting, which were:

- Get updates on project implementation
- Review HUB Policies & Procedures
- Discuss HUB Brand Development
- Plan content for future shared learning

#### II. Updates on Implementation

Michael shared background and implementation updates regarding the selected Care Coordinating Agency (CCA) Partners. Michael also went over the short-term & long-term timelines for CCA implementation and an overview of what's to come.

##### CCA Partners

- Independent assessor selected 6 initial CCA Partners (Cohort I).
- Training will start soon, software is up and running, working through kinks in the system.
- Cohort I: All 3 community action programs in the region, also includes federally qualified healthcare providers, Youth & Family Link to for maternal/child health aspects of care.
- Cohort II will be brought on later; additional community and clinical-based partners to extend reach across the region and cover different parts of the target population.
- Potential to scale up with more partnerships and CCAs in the future.

##### Short-term Timeline

- **Now through November:** Change plan just sent to partners, in the development stage, figure out commitment and funding, set goals.
- Opportunity for partner organizations to expand resources to counties outside of their usual service area, some have satellite locations.
- **October 22<sup>nd</sup>:** CCA systems training begins
- **November:** Soft launch of services, this is a practicum period in which CCAs will follow the Pathways HUB Model, utilize software tools with real clients and become comfortable with the interface. Determine coverage and caseload capacity.



- **December 10-14:** Final week of training. This will be a period of final review and to ensure proper supports are in place moving forward.
- **December 14-16:** Care coordinators, supervisors from each CCA, Michael, and future referral coordinator at CHOICE, and guests from other ACHs will participate in training

### **CCA Implementation Stages**

- **2018-19 Launch:** Hiring, training, start services & client engagement.
- **2019 Alignment:** Referral Network, other agency programs, other MTP activities.
  - How does pathways support and align with the other work if CCAs?
  - Smooth out the referral process.
- **2020-21 Expansion:** Set CCA goals, adjust/expand HUB target population(s), hire & train new staff members, create long term sustainability and growth of the model.

### **HUB Development**

- Reduce duplication of care coordination services.
- In conversation with potential payers, ask what contracting with them would look like, Michael shared that there was general interest in data from the HUB.
- Create focused and sustainable outcome-based payments.
- Continue the conversation around Pathways data and the applicability to what's going on in communities.
- Identify broader state-wide issues – how does Pathways fit into the picture?

### **Sustainability**

- Evaluation as a tool to demonstrate value, unit value based on operational costs, expected outcomes, etc.
- More outcomes per care coordinator → more revenue
- Ensure HUB growth & alignment w/ other community services and MTP programs.
- Integration of workforce supports & ongoing QI processes are critical.

## **III. Review HUB Policies & Procedures**

Michael provided the group with a brief overview of the HUB policies & procedures, which are an adapted template from the Pathways TA providers, using input from a 2-day deep dive meeting. The various HUB policies & procedures can be viewed online [here](#).

- Partnered w/ planning team for additional help in the HUB development process.
- Also worked with technical assistance partners who have created HUBs across the country w/ well-developed policies & procedures – look at their work and see how it can fit in our region and what adjustments would need to be made.
- “HUB Overview” section delves specifically into the HUB and its components, as well as the role of the HUB staff, explain CCAs, specify geographics & target population.



- “Care Coordination” explains the referrals process, safety & security for care coordinators, how to develop a care plan for clients using the model.
- “Documentation” section explains what information is required for care coordinators to input into the system, ensure HIPAA compliance.
- “Monitoring & QI” is the integration of ongoing QI measures while working w/ the CCAs.
- “HUB Operations” includes billing procedures, how invoicing works.
- When checking in with the group for questions/feedback regarding the overview, attendees shared that they perceived the document as very thorough and well-written, and more will be added as the staff comes together.
- The implementation is being designed to fit all certification requirements w/ support from tech partners.

#### IV. Discuss HUB Brand Development

The committee discussed concepts for marketing the HUB as it is rolled out throughout the region, and specifically a name that will capture the essence of the model in a concrete identity.

- Find a unified way to discuss the HUB shared infrastructure throughout the region.
- The branding should include a name that is short, simple, and easy to recognize.
- “Pathways” is potentially misleading, other organizations have a similar name, used without referring to the actual model – name should avoid confusion or overlap.
- The name should resonate with different users (clients, CCAs, partners, payers).
- Concept: coordination through one common structure, service delivery organization.
- Include region-specific branding.
- Voting to be held at the next work group meeting.
- Ideas that were shared with the committee included:
  - **Transitions 2020:** Indicates change, shifting care to the new model.
  - **Bridge2Health:** Captures the idea of creating connections, also there are bridges all around the NW region.
  - **Channels2WellBeing, Channels2Health, HealthChannels**
  - **CarePort**

#### V. Shared Learning Planning

Considerations in planning shared learning include:

- General demographics – Who is accessing it and where are the gaps?
- What are we going to measure – Caseload numbers (monitor volume) or outcome milestones for each cohort/agency?
- What do we hope to learn from the launch?
- What do we need to know before launching Cohort II?
  - **Group feedback:** Starting to understand why Pathways can’t be closed.
  - Any financial barriers to the time staff spends on Pathways vs. the reimbursement costs. How organizations internally refer between programs.
  - Pull referrals from CCS platform.
  - Figure out price point for value-based payment.



- What is the interest level from MCOs, and what is their willingness to pay? Important in starting conversations around contracting.
- Measurements – What is the ROI? Smaller pilot or full on implementation?
- Figure out how much we’re able to buy with allocations and a limited budget.
- Expectation of volume, performance payments, and how many more staff performances are necessary.
- Consider whether or not the numerical projections are accurate and how much a dollar buys of service.
- Come together to review lessons learned from working with Cohort I to be better prepared for Cohort II.
  - Structure in place to do that, plan to meet monthly with 6 CCAs for shared learning. Identify improvement opportunities, collaboration & lessons from each CCA.
- The benefit of other ACHs implementing before our region is that we can take proactive measures based on their work.

## **VI. Next Steps**

- Look through the “Policies & Procedures” guide that was reviewed as an outline for the committee’s work as implementation begins; creating a solid foundation for the launch.
- The next meeting will be held the first week in December – check-in about soft launch, look at numbers in the system and get a sense of what data can be studied, continue collaborative learning & shared infrastructure for the CPAA region.