CPAA Council Meeting Summary: July 9, 2015

Welcome and Introductions

Council members and guests gathered for the July 9th Council meeting of the Cascade Pacific Action Alliance. The focus of the meeting was to discuss the Washington Health Care Authority's 1115 Medicaid Global Waiver concept paper and pending application with a representative from the Health Care Authority (HCA); update the team on the Youth Behavioral Health Coordination Pilot Project; and continue prioritization work on the Regional Health Improvement Plan.

Medicaid Global Waiver Discussion

Senior Health Policy Analyst, Katherine Latet, of the Office of Health Innovation and Reform led a discussion regarding the HCA's Global Medicaid Transformation Waiver concept paper. Points that were clarified for the Council:

- The Global Waiver is a partnership between local organizations and under the umbrella of Healthier Washington; this partnership is a statewide effort and not solely an ACH project.
- The accelerated timeline of the HCA's work on Global Waiver application is due to the pressure being felt from the Centers for Medicare and Medicaid Services (CMS). HCA hopes to have results from CMS regarding the Global Waiver application before a potential stale period in federal agency activity begins with the 2016 election year.
- This slide from the HCA presentation is the most informative about the HCA's goals and potential strategies and activities under the Global Waiver.

Prior to the meeting, council members had compiled questions regarding the Global Waiver and resulting impact on their representative organizations and ACHs, with the intent to have an open discussion and receive guided feedback from the HCA. Here are some summarized discussion points around a few of the council's questions.

Sustainability and Funding Opportunities

- Though the CPAA is concerned about how much funding the ACHs will have to sustain, it sounds like ACH contributions will be an ever-evolving amount dependent on the type and scope of programs adopted moving forward. CPAA Council member suggested to remove or rework last paragraph on page 10 of the concept paper because this paragraph assumes work in local communities is appropriately funded. This paragraph should be changed to foster support from local leaders. Working with the State and CMS through the application negotiation process will be beneficial.
- The concept paper outlines a 3 billion dollar magnitude of potential funding; the council questioned what this scope looks like for the agencies involved. It seems that the majority of funding will be towards major activity areas such as delivery system transformation, health

systems (capacity building), population health improvement and targeted long-term services and supports. This plan is a proposal of funding and regional needs will be addressed as the waiver is further developed. Initial start-up funding will be allotted with milestone marks set by the state and CMS to determine further funding when project success measures are met.

Risk bearing

- The council is concerned about risk in the form of a repayment structure and performance measures. The HCA wants to emphasize that their application will reflect that ACHs will not be risk-bearing entities. Additionally, the waiver does not predict a repayment requirement for potential measures being unmet, however, the base funding initially could be at risk of decreasing future payments depending on set measurements by the State and CMS.

Coordinating Entity

- Wanting clarity on the definition of a "coordinating entity," the council received the explanation that CMS has not defined this term and that each state is given the opportunity to define what a coordinating entity should look like for their respective systems. These two slides from the HCA presentation explain more about coordinating entities:
    - Coordinating Activities at the Regional Level with Coordinating Entities

The group was notified that HCA would be posting information about upcoming engagement opportunities. HCA will be holding local forums to increase community involvement in the Global Waiver application. The draft application deadline is set for the end of July, followed by a 30-day public comment period for state constituents. Draft revisions will be due at the end of August, followed by a 30-day federal comment period. Finally, a rough timeline of work for future development was provided as being an ongoing process through the Fall/Winter of 2015/2016.

Follow up questions were collected at the end of the discussion, for the HCA to address in the future:

- What will the State contribute to current gaps that the waiver does not fix/address?
- How will collective impact be ensured in the standing top down approach the waiver implies?
- What are the possible implications if the ACH is not ready to accept the Global Waiver?
- How are the social determinants of health being recognized?
- What other agencies with public health funding are available for support and will the waiver alter this current environment?

Youth Behavioral Health Coordination Work Group

Dr. Phyllis Cavens provided an update on the work being done in the current developmental stage. Four schools in the region have been identified as pilot schools for the Youth Behavioral Health project and the superintendents of the associated school districts are being contacted for meetings in order to develop an integration plan moving forward. The work group had already developed a screening standard for identifying children with behavioral health needs, and the standard is now being tailored to existing school screening processes in order to meet different needs while maintaining an encompassing

screening. The group will share updates on progress toward implementation at the September council meeting.

RHIP Development

The council split up into breakout groups to discuss and further prioritize each of the four priority areas into actionable strategies. The following is a summary of the focus of discussion for each priority area. The full outcome of these discussions is delineated in an updated Regional Health Improvement Plan (RHIP) document.

ACEs and Chronic Conditions

This group wanted to think of ACEs and Chronic Conditions separately. They identified the need for regional and cross-sector awareness of the importance of trauma informed communities as a major objective. The following strategies were explored as ways to develop this objective:

Adverse Childhood Experiences:

- Develop a trauma curriculum for the region to be utilized within specific communities.
    - Summarize the best practices for situations.
    - Develop a work plan to implement within the community.

- Expand the Kinship Program regionally.

- Develop the navigator program – potential for provided support for caregivers, professional or other.

Chronic Conditions:

- Expand the chronic disease self-management program to be financially sustainable regionally.
    - The team explored potential ideas and will continue discussion at future council meetings.

Economic and Educational Opportunities

The team wanted to make sure that the strategic focus of this priority area remained outside of traditional healthcare systems. Potential project areas include:

- Consider a public messaging campaign to emphasize college and secondary education for all students.
    - Engage with trade and alternative school programs to learn about opportunities.
        - Invite a representative from an alternative education program to boost involvement in this RHIP work group area and guide future project development.

  - Develop a pathway to deliver health and health insurance literacy to high school students.
- Develop a summary of applicable trade skills needed in the community to enhance education curriculum.
  - Engage with business owners to collect skill gaps in the community.
  - Learn from council members about what they discover from economic and educational opportunities in their respective counties.

Provider Access & Capacity

This group came up with some possible project areas including:

- Develop and implement a joint, regional recruitment plan of providers with the goal of increasing provider capacity through individually developed plans put together by county.
- Develop an ARNP residency program in the region.
- Create a 7-county plan to increase compensation, and capacity of primary care providers, nurse practitioners, and behavioral health providers.
  - Possibly as a Global Waiver recommendation.
  - Tie to loan forgiveness.
- Development of 7-county tele-medicine network for greater specialty access.
  - Develop tele/video-conferencing tools in order to reach rural communities with shared learning opportunities and outreach.
  - Assess the current system and fill gaps (linking systems)
  - Assess technology, staff, and funding of equipment (Possible to use existing resources)

Coordinating Care

The team decided to clean up the current draft objectives into a sequential list of priorities that should be followed chronologically in the case of coordinating care for an individual client.

Objective: Identify and design innovated and promising practices to implement and evaluate efforts.
Outcome: Ensure an individual with complex needs receives effective and efficient care across all areas.

- Develop a quality improvement agreement cross multiple agencies following individual care – ultimately ending w/CQI being incorporated in coordinated care.
- Develop integrated care assessments across multiple life domains (housing, domestic violence, and social determinants of health
- Develop an electronic record that follows client by having multiple agencies buying off on multiple agencies creating an single assessment

  Here is the sequence of steps:
  1. Assess/Evaluate the client's situation across all domains of their life and social determinants of health.
  2. Maintain an electronic record that goes with the client across all sectors and services.
  3. Have cross-agency discussion/care conferences/open communication concerning the client.

4. Practice continuous community-wide quality improvement.
5. Open up the coordinating process for feedback, shared learning, and transparent reporting to the community.

The group wanted to highlight the need for coordination to be funded from all sides so that all involved parties are incentivized to coordinate care.

Emergent Opportunities

The council agreed to participating in information sessions about two collaborative opportunities presented by Uncommon Solutions:

1. Technical assistance from Providence CORE – a data dashboard tool.
2. Supporting Community Engagement with Community Health Workers

Both of these opportunities are from a contract between the Foundation for Healthy Generations and the WA State Department of Health. The information sessions will be scheduled for the fall.

Next Steps

The next CPAA Council Meeting will be **a call-in meeting** 1-218-844-1930, Access Code: 6225239 **August 20, 2015 from 1:30PM – 3:30PM**. The next in-person meeting will be **September 10, 2015 from 1:00PM – 4:00PM** at Summit Pacific Medical Center. CHOICE will work with Uncommon Solutions to plan fall workshop dates for the collaborative opportunities.