



CPAA Council Meeting Summary: December 10, 2015

Welcome and Introductions

The December 10th Council meeting of the Cascade Pacific Action Alliance was held at Summit Pacific Medical Center. The goals of the meeting were to further develop the Communications and Engagement Plan, discuss Regional Health Improvement Plan work, including the completion of workgroup briefs for each strategy within the priority areas established and further operationalize the workgroups looking ahead to 2016. Additional goals of the meeting included a discussion regarding Medicaid transformation project submissions and the criteria requirements the Council has for project endorsement. The meeting concluded with acknowledgments of the 2015 CPAA work and an outlook for 2016.

Communication and Engagement Plan

Those that assisted CHOICE staff with edits to the Communication and Engagement Plan were acknowledged for their support. The edits of the Communication and Engagement Plan were reviewed followed by responses and further feedback. Additionally, CHOICE staff asked for further feedback on expanding community engagement specific to each community. CHOICE staff will be submitting the draft plan to the Health Care Authority as part of the current contract deliverable. It was noted that this will be a working document with the tentative goal of completion in the first quarter of 2016. The Council agreed that further development of the Communication and Engagement Plan will next go to the Support Team and the Communication Workgroup.

Regional Health Improvement Plan (RHIP)

Winfried Danke began the conversation by thanking the Council and CPAA partners for their support and work on the RHIP to this point. The next phase of the RHIP process was discussed with focus on the importance of strong workgroup development for each of the priority area strategies. It was recognized that the number of strategies currently in the mix was appropriate and will remain with the acknowledgment of an organic narrowing process moving forward.

Each RHIP workgroup lead provided the Council with a progress update for the work completed on strategy briefs up to this point. Below is a summary of each progress report.

- Caitlin Safford (ACEs)
 - o The workgroup established that the strategy focused on implementing NEAR speakers within the region was attainable in the short term. Liz Davis and Michael O’Neill are both trained presenters of the NEAR program and could provide the CPAA with this presentation/training to bring awareness of this strategy. Additionally, a web-based request system for presentations could be developed to expand the reach of presentations. The team identified the need to evaluate the availability of all home visiting programs within the region. It was also recognized



that this may require a FTE along with the funding needed to expand existing progress and fill the identified gaps.

- Kat Latet and Michael O'Neil (Care Coordination and Chronic Disease Prevention)
 - o The workgroup began their efforts with content experts in each area filling out the briefs with their independent resources. The group then came together to summarize and collectively develop a brief. It was noted that the Youth Pilot Project already has a workgroup within the CPAA established and could possibly take over as the representing body for the RHIP strategy. The workgroup proposed that a mapping process of care coordination within the CPAA area was needed to further this work in order to leverage assets that would be identified in this mapping/survey. The workgroup also identified a program in existence related to the jail coordination strategy occurring in Mason County that potentially could be leveraged.
- Carole Halsan (Provider Access - #5)
 - o The workgroup identified that this strategy would be for behavioral health provider access specifically. The goal of this strategy focuses on the accessibility of providers focusing on the target population of youth and rural communities. The need identified by this workgroup was facilitation and expanded member engagement.
- Liz Davis (Economic and Education Opportunities)
 - o This workgroup identified three goals: 1) Adequate job skills; 2) increasing economic development; and 3) reducing ACEs through education attainment and economic stability. The workgroup identified youth and adults from many specific populations as the target for this strategy. Operational opportunities for this workgroup include aligning regional efforts with Pacific Mountain Workforce and coordinating other progress already existing in communities and expand programs to the regional level.

The ways in which the strategy workgroups can operationalize was discussed. Recognized needs and next steps for workgroups included:

- Facilitation support
- Teleconference options
- Ability to survey
- In-person stakeholder meeting
- Clear understanding of expectations
- Working in phases
- Platform for data sharing, large attachments, etc.
- Having a standardized work plan (template)
 - o Define strategy terms, identify resources, complete a gaps analysis, identify value propositions, clear process of mobilization
- Having a common definition of terms and understanding between stakeholders to avoid confusion



Further workgroup building was discussed. It was determined that each workgroup would identify the gaps within their own group and share the needs to the larger Council for assistance recruiting. CHOICE staff will include workgroup progress and a call for interest to the larger CHOICE database. Additionally, the Council requested that the Support Team begin to develop the expectations and work plan design for the strategy workgroups in order for the Council to discuss further in January. It was recognized that the progress of the workgroups be reported back to the larger Council in order to maintain engagement, build capacity, and establish proper communication.

Medicaid Global Waiver Transformation Project List

The Medicaid Global Waiver transformation project list document developed by the Health Care Authority was reviewed. The goal of this agenda item was to discuss with the CPAA Council what projects will be submitted from the CPAA for this transformation list. The three domains outlined in the transformation project document include: *health systems capacity building, clinical practice transformation/care delivery redesign, and population health improvements*. It was discussed that the current RHIP work touches the domain areas of health systems capacity building and population health improvements but is limited in the other domain area. To balance this, care delivery representatives have provided additional strategies to fill this gap in the clinical/care delivery redesign domain. These strategies were reviewed and the Council discussed endorsing some of the proposed strategies to elevate those to be submitted to the HCA for transformation project ideas. The Council agreed to have a final review during the January '16 full Council meeting for these additional strategies:

- **Care Coordination and Care Transitions**
 - o Advance care transition improvements and avoid re-hospitalizations, e.g., transitions between hospitals and Skilled Nursing Facilities, primary care and jails
- **Chronic Disease Management**
 - o Mitigate frequent unnecessary emergency department visits
- **Readiness for Value-Based Contracting**
 - o Create an infrastructure across rural facilities to establish clinically integrated networks to support a move from volume-based to value-base payment models
 - o Use value-based purchasing as a conceptual framework/lens

The Council discussed the current RHIP strategies, those that currently fit the Global Waiver project requirements, and which will be submitted to HCA using the transformation project template.

It was agreed that these strategies **will** be advanced with support from workgroups and additional volunteers:

- (#34) Increasing access across the CPAA region to Nurse Family Partnership (Caitlin Safford)
- (#3) Tele-medicine (Jennifer Houk, Federicko Cruz – SeaMar, Randy Barker)
- (#5) Develop and implement a recruitment plan for physicians (Michael O'Neill)



- (#30) Support individuals in obtaining and maintaining employment and livable income (Liz Davis)
 - o With the narrowing of the strategy to be more concise
- (#18) Develop and extend jail and fine alternatives (Liz Davis and Vicki Kirkpatrick will)
 - o Using an existing project in one of the counties
- (#23) Pilot Project (CHOICE staff will reach out to Lynn Nelson or a pilot team member)
- (#7,11,13) Survey region to determine coordination (Dennis Mahar, Michael O'Neill)
- (#9) Improve access to chronic disease self-management (Chris Holmes)

The Council discussed the importance of setting a criteria threshold for the endorsement/advancement of new strategies for not only the transformation project list but for CPAA-related work in the future. An initial set of criteria were aired that included:

- Time-sensitive
- Aligned with CPAA mission, values and current RHIP
- Does not duplicate existing efforts
- Multi-sector in nature
- Engagement of new partners
- Potential for shared learning and spread across entire region

The Support Team will discuss this initial list and develop a proposed process to present to the full CPAA in the near future.

Additional ideas for potential transformation projects included:

- Oral Health (WDSF)
- EMS coordination
- School based health centers
- Alzheimer's program
- Medically assisted treatment for substance abuse disorders

CPAA Past Review and Future Outlook

The Council meeting concluded before this agenda item could be aired. Please review the list of 2015 accomplishments and the outlook of 2016 work.

Review of 2015

- Achieved Pilot ACH Status - January 2015
- Developed the Youth Behavioral Health Pilot
- Designated as an official ACH - July 2015
- Developed a Regional Health Improvement Plan
- Established Leads and Strategy Work Groups
- Furthering of Governance Structure
- Applied as a region for the Marijuana Prevention and Education Program



Outlook for 2016

- Implement the Youth Behavioral Health Pilot and the Marijuana Prevention and Education Program (if awarded)
- Initial implementation of the Regional Health Improvement Plan
- Develop the ACH as a Coordinating Entity for Medicaid Global Waiver
- Review the governance structure for missing or under-utilized sectors
- Strengthen the network and communications between local and regional forums
- Implement community engagement strategies
- Develop a Long-Term Sustainability Plan to fund the work

Next Steps

- The next CPAA Council Meeting will be **January 14, 2015, 1:00PM–4:00PM** at Summit Pacific Medical Center
- Choice staff made the Council and attendees aware of an opportunity presented by Athena for a Washington Health Transformation Art of Participation Leadership training. This capacity building training is open for three participants from the CPAA Accountable Community of Health free of cost. If partners would like to attend or have questions regarding the training, please e-mail Jennifer Brackeen or Katherine Lechner with CHOICE. It is requested that those wishing to participate contact CHOICE by **December 23rd, 2015** at the latest
- Mark Baker with LifeLong has volunteered to join the Care Coordination / Chronic Disease Management Workgroup. CHOICE staff will update the workgroup contact list and connect Mark with the other workgroup members via e-mail
- The Support Team will discuss the concern of scope of work and coordination needs of the RHIP strategy workgroups including the possibility of separating some of the larger priority areas into sub-workgroups
- CHOICE staff will include workgroup progress and a call for interest to the larger CHOICE distribution list in order to market the RHIP strategy work
- Choice staff and Support Team will produce a draft work plan template for RHIP workgroups
- The Support Team will discuss the established list of threshold criteria for project proposals and CPAA endorsement and develop further examples
- The Support Team will further review the additional proposed transformation project ideas that were submitted outside of the CPAA and will determine a process for review during the January '15 Council meeting