



CPAA Council Meeting Summary: January 14, 2016

Welcome and Introductions

The January 14th Council meeting of the Cascade Pacific Action Alliance was held at Summit Pacific Medical Center in Elma, WA. The goals of the meeting were to review project updates, discuss the utility of the 'Rethink' model, continue Regional Health Improvement Plan work, achieve consensus on transformation proposals, and provide a review of 2015 work and discuss the future outlook of the CPAA.

Project Updates

Youth Marijuana Prevention and Education Program

CHOICE staff announced that the CPAA was successful in receiving the grant for DOH's Youth Marijuana Prevention and Education Program (YMPEP). Michael O'Neill gave some more details about what the program involves and how the grant is going to be implemented in the region. This grant is especially a success for the region, because the CPAA is the only Accountable Community of Health in the state to be awarded this grant.

Youth Behavioral Health Coordination Pilot Project

Dr. Phyllis Cavens gave an update about the progress of the project at each of the four pilot sites. This project has begun to be tailored to each local community with local work groups who are able to address the challenges and solutions that will work in their unique communities. The pilot project work group also collaboratively wrote a project proposal for HCA's request for global waiver transformation projects.

Impact Presentation on RHIP Priorities

The Council was presented with the concept of the 'Rethink Health' data software from the Ripple Foundation, which could be a very useful tool to evaluate the RHIP strategies. CHOICE staff has been exploring this option with Technical Assistance from the Cambridge Management Group to see if this 'Rethink' tool is going to be a good fit for CPAA RHIP work. The tool does not predict the future, but it gives a sense of magnitude for future impact.

Overall, the Rethink Model seems to suggest that starting with Care Coordination strategies is prudent, because that generates the quickest cost savings. It would be important to support providers, who would likely see lowered income during system transformation going the Care Coordination route.

In summary, the winning formula as shown by the Rethink Model is combining contingent global payment with cost-sharing and including all payers. The CPAA will need to work toward this winning formula by starting to add payers into the sharing.



There is a potential for pilot work with this Rethink Model for the CPAA and other ACHs in the state, through technical assistance. The Council will be kept informed of these opportunities as they arise.

Regional Health Improvement Plan

A work plan tool was distributed to the work groups to assist in planning and delegating tasks. The Council divided into the four RHIP work groups. Each work group took a closer look at how to use the tool for each of their strategies. Some of the groups expressed that there are tasks written into many of the strategy briefs written last fall that can be transferred into these work plan spreadsheets, and it may be helpful to have a work plan tool for each strategy rather than for each priority area, including an outcome statement.

The work groups also starting brainstorming which content experts and community leaders from outside of the CPAA council should be invited to join in these work groups and projects.

The ACEs group wants to start with assessments on what resources and services exist in each county, and what needs each county's populations have. The group also came up with some names of more potential work group members.

The Economic and Education group recognized the need to start by joining in local efforts, with help from the Regional Health Alliance. Mason County has access to a tool that can help with aligning resources – Kim Klimt will be presenting it to CHOICE next week. One suggestion was to also have some regional convening around the economic strategies, possibly in conjunction with Pacific Mountain Workforce.

The Care Coordination group talked about doing an assessment of current coordination work, finding out what else can be added to the menu, and bringing in the Community Health Worker task force. As the group continues to create tasks, it will be important to make sure that regional efforts stay coordinated.

The Provider Access group agreed that next steps would include identifying the gaps of ARNP and clinical hires, and the possible challenges of developing a telemedicine network.

Discuss Global Waiver Next Steps

The Council reviewed the four project templates that the CPAA will plan to submit as Global Waiver Transformation Proposals in response to HCA's request for transformation projects. Those four templates align directly with the CPAA's RHIP strategies. The Council agreed that those templates submitted from the CPAA should have Winfried Danke listed as Executive Director of the backbone organization, and each of the work group lead council members as a secondary contact.

In addition, the Council reviewed seven more project proposals that will be submitted by other organizations with the CPAA's support, according to the Council's criteria established at the December Council meeting.



The Council is reminded that these project proposals are being seen as simply idea gathering for potential projects that have energy. HCA will post all the submitted project proposals on the Medicaid Transformation website for review, and at that point, the CPAA will have the opportunity to further express support for any other project proposals.

The Council was encouraged to develop a support letter for the CPAA's endorsed partner project proposals to be submitted to HCA in early February.

The Council came to consensus on the following global waiver project proposal submission process: the CPAA will submit the four proposals, the CPAA will support the seven proposals from outside entities, and the CPAA Support Team will create a support letter template for use in the case that the Council wishes to support any other project proposals.

CPAA Past Review and Future Outlook

The Council reviewed the CPAA's achievements during 2015, which include:

- 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

The Council also looked forward to what activities are coming in 2016, which include:

- Implement the Youth Behavioral Health Pilot and the Marijuana Prevention and Education Program
- 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

Council members added that a priority moving forward is to help communicate to state partners and help them communicate across agencies.

The Council then reviewed an emerging funding opportunity from CMS called the Accountable Health Communities grant. The program has three tracks to choose from, and entities can apply for two tracks, but would only be granted funds for one track each. The grant is focused on coordinating systems for



Medicare & Medicaid, so the funds can be used for coordinating and navigating, but cannot be used for direct services. A letter of intent is due by the first week of February, and a completed application would be due in early March. The Council discussed whether this grant is additive or helpful for fueling the CPAA's RHIP work. The Council agreed to allow a work group to continue discussion and potentially develop a Letter of Intent, and the Care Coordination work group volunteered to take on that task with some support from the ACEs work group. If the Care Coordination group has major red flags before sending a Letter of Intent, then they will take those questions back out to the larger Council via email. The Council also agreed to strongly consider applying for Track 2 or Track 3 for maximum alignment of the region's needs.

Next Steps

- The next CPAA Council Meeting will be **February 11, 2016, 1:00PM–4:00PM** at Summit Pacific Medical Center.
- The Care Coordination work group will continue discussing the CMS grant opportunity and begin to develop a Letter of Intent with backbone support.
- CHOICE will edit, compile, and submit the four RHIP strategy inspired waiver project proposals to HCA on Friday, January 15.