CPAA Council Meeting Summary: July 14, 2016

Welcome and Introductions

The July 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 the July HCA deliverables, review and agree on overall RHIP shared goals, prioritize items on the shared learning syllabus, learn about Value-Based Purchasing and Integration, and practice communicating about the CPAA with policymakers.

CHOICE Executive Director, Winfried Danke welcomed all Council members and guests, and extended a special welcome to any tribal members in attendance, who had been specifically invited during a meeting with tribal leaders on June 28th. As everyone in attendance introduced themselves, they also shared their personal hopes for the CPAA's work in the next few months. Some themes included continued learning, strengthening relationships, clarifying the role of the ACH, and gaining traction and resources through development and expansion of activities and projects.

July Deliverables for HCA

Backbone staff will be submitting several documents to fulfill the CPAA's mid-year deliverables to the Health Care Authority (HCA). The Council is invited to communicate any recommendations or edits for the following documents to CHOICE staff prior to Friday, July 22nd:

- Communication and Engagement Gap Analysis
- Regional Health Needs Inventory
- Finalized ACH Priorities
- Youth Behavioral Health Pilot Action Plan

Staff also provided an update that HCA will be providing an additional $50,000 for each ACH pilot project as part of the SIM grant, which will help support the Youth Behavioral Health Coordination project. Another update from HCA was highlights from the ACH quarterly convening. In addition to reviewing the Value Based Purchasing road map document, attendees learned about factors that contributed to success of similar endeavors in other states. The main learning from other ACH-type efforts is that there is no perfect organization structure.

RHIP Compass

Staff has been working on a compass tool to help focus the strategic work of the Regional Health Improvement Plan (RHIP). The compass tool should help move the action of the work groups forward while also helping the CPAA evaluate its own success according to its own priorities. Nikki Olson from Providence CORE and Chase Napier from the Health Care Authority gave brief overviews of what data and evaluation tools are already available to the Accountable Communities of Health (ACHs). These tools include a data dashboard for population measures, the Common Measure Set, and assistance from the Center for Community Health and Evaluation on ACH progress.

The compass tool is intended to help the CPAA determine the right goals to guide the RHIP work as well as the right data to evaluate the projects. The Council and guests broke up into work groups for each priority area to

work on co-creating goals. Members and guests self-divided into three groups based on RHIP priority areas to brainstorm goals for each area:

Group 1: Provider Access

- Improve access to:
  - Behavioral health/psychiatric services
  - Primary care
  - Specialty care
- Partner with statewide tele-health collaborative (for behavioral health/psychiatric health)
  - Patty Seib – liaison
- Tactic:
  - Workforce development
  - Legislation (telehealth collaborative)
  - Educate about existing telehealth progress
    - What's available
    - How it works
    - How to access
  - Expand existing telehealth projects
  - How to build out; scale up = DOING
    - identify specific, highest need areas
  - MCOs: working on TelePain
- Infrastructure:
  - Tribal specific needs
- Timeframe for goal setting: three years?
- Have at least one "stretch" goal

Group 2: Care Coordination and Chronic Disease Prevention

Youth Behavioral Health Coordination Pilot Project

- Process Metrics:
  - Number of behavioral health visits
  - Percent of children screened
  - Number of children served at school
  - Increased visits?
- What is success?
  - All children are screened in schools to identify unmet behavioral health needs
  - Development of a behavioral health system for early identification of children with behavioral health needs
- What will the behavioral health system achieve?
  - 100% of children identified through screening process will have timely (early) and appropriate integrated access to intervention and treatment services and resources.

Group 3: ACEs and Economic and Educational Opportunities

- Increase number (or proportion) of providers/agencies/sectors providing trauma-informed care
- Building knowledge

- Not just providers
- Not just N.E.A.R.
- Educate [% of all/some counties] specific communities on the importance of ACEs using CPAA resources and related partners.
    - Start with pilot project sites & prevention/intervention

These brainstorm notes will be taken to the Support Team and RHIP work groups to synthesize and go deeper into creation of goal statements.

Shared Learning: Value-Based Purchasing and Integration

All five Managed Care Organizations (MCOs) provided a panel discussion and a presentation about Value-Based Purchasing as an introduction to the topic. The panel provided context for what the MCOs are currently in control of and how they are drivers of Value Based Purchasing. The panel speakers included Dr. Jay Fathi of Coordinated Care, Laurel Lee of Molina, Kat Latet of Community Health Plan of Washington, Caitlin Safford of Amerigroup, and Allan Fisher of UnitedHealthcare. The full presentation can be viewed at crhn.org.

Some of the highlights of the Value Based Purchasing panel presentation were as follows:

- Current health plan rates are actuarially-sound and risk adjustable.
- State Plan Amendment defines what services are required in network plans. MCOs manage pharmacy services for all of Medicaid – one of main drivers of insufficient funding is increasing pharmaceutical costs.
- Some MCOs have begun doing value based payments in their contracts with certain providers.
- One lesson-learned from early value based purchasing efforts is that partnering with the providers to develop programs is important.
- At the provider level, it has broadened the perspective of care – to help better manage the patient's health in the long-term rather than an in-the-moment reaction to a patient entering the office.
- The new change is incentive payments based on outcomes. This changes the conversation to be more proactive and about the population, rather than just an individual claim.
- Question: How can social services and other sectors support the providers and MCOs as they are trying to reach outcomes? MCO Answer: strategies through ACHs can include care coordination and aligned health education (i.e., immunizations are going to be part of MCO-provider contracts, and they need help educating communities about importance of immunizations).

After the panel discussion, the Council and guests divided themselves into small groups for tabletop discussions about value based purchasing. The groups were especially thinking about what value based purchasing means for the CPAA, what points still need clarification, how each sector is impacted, and how value based purchasing impacts the CPAA's RHIP strategies.

Here are some of the highlights of the tabletop discussions:

- It is encouraging to see the conversation start to change from "how do I get paid?"
- Is there something the ACHs could provide that increases health where MCOs could partner?
- How can we move to talk about value based **care** instead of value based purchasing?
- Are the ACHs to test/experiment with value based purchasing in the real world?
- How can ACHs and MCOs work together to help providers achieve quality metrics?

    - Some ideas for upstream strategies:
        - MCOs and Behavioral Health Organizations (BHOs) can work together
        - Supportive housing with global Medicaid waiver funding
        - Identify local measures
        - Take advantage of opportunities to improve overall health
        - Need to improve social services
            - EMS project
            - Downtown emergency services (huge money saver)
        - Community pool of resources:
            - Preventative care
            - Whole person care
            - Transportation
            - Reimbursement of funds
            - Regional incentives would be shared
- Question: How can a shrinking "pie" (resources) be good for the health of the community?
- Some priorities to keep in mind as value based purchasing is developed:
    - Common quality measures are tied to incentives and contracts, and should include social determinants.
    - Will out of pocket costs be offset? How will this affect the commercial aspect of the health care marketplace?
    - Nimble coverage for Medicaid services reimbursement
    - Address complex care coordination issues (providers becoming care coordinators/health homes)
    - Pool resources to address social determinants of health and community conditions
    - An infrastructure is needed to understand efficiencies and savings across systems

Shared Learning Syllabus and Presentation Guide

After the value based purchasing discussions, the groups quickly thought about and discussed ideas for future shared learning sessions. Some priority topics rose to the surface to be included in the syllabus for upcoming sessions:

- Care coordination and the role of community health workers
- Understanding the tribal health system
- Behavioral health integration in the CPAA region
- How do we define health care transformation?
- Local Forums:
    - Community engagement
    - Roles are changing
    - What could future roles be?
    - Communication and messaging
    - What is the **work** that will happen locally?
- Sustainability:
    - How would we start a reinvestment pool?

    - How do we keep providers whole transition to value based purchasing?
    - How do BHOs partner with ACHs and local forums?
- CPAA Sector Learnings – What areas are our partners already working on? What barriers need to be broken?
- Social impact bonds
- Train the trainer for ACEs/trauma-informed communities
- Data – perspectives from MCOs and other organizations

Policymaker Talking Points

Staff has been working with the Support Team to develop talking points for CPAA members to use as starting points for conversations with local and state elected officials. Michael O'Neill volunteered to practice a conversation with a policymaker by pitching the "Care Traffic Control" concept to facilitator Vic Colman. The group watched the role play skit and gave some further recommendations for how members can effectively communicate CPAA priorities to policymakers:

- Reduce jargon
- Give tangible examples of efforts in action
- Tell the human story
- Draw back to the goals of the policymaker – tailor the message to your audience
- Be able to explain why health care costs are increasing
- Have a clear problem statement and value proposition
- Call out specific partners and local/regional/state stakeholders
- Draw on stewardship as a collective practice
- Stay calm
- Talk about our visions for action and sustainability (not our conceptual infrastructure)
- Be able to explain how the Medicaid waiver supports but doesn't drive our work
- Talk about the social determinants of health
- Talk about relationships between BHOs and ACHs
- Be able to describe who the CPAA is: cross-sector collaboration

Next Steps

- The August Council meeting is cancelled.
- The Support Team and RHIP workgroups will continue to develop goals for the compass tool, and RHIP work group leads will be in touch with members about work group meetings in July and August.
- Staff will submit deliverables to HCA on Friday, July 22. Council members should submit edits prior to that date.
- Staff will update the shared learning syllabus and policymaker talking points.
- The next CPAA Council Meeting will be **September 8, 2016; 1:00PM-4:00PM** at Summit Pacific Medical Center.