North Central Accountable Community of Health

# Transitional Care & Diversion Interventions Workgroup

Thursday, January 25, 2018 Confluence Technology Center, Wenatchee
10:02 AM

| | |
|---|---|
| Welcome & Attendance | **In Person:** Sherrill Casterdale, Julie McAllister, Ray Eickmeyer, Mistaya Johnston, Laurie Bergman, Julie Proeter, Gerado Perez, Ken Sterner, Jackie Weber, Alicia Kramar, Rick Hourigan, Shannon Mack, John Schapman, Christal Eshelman, Caroline Tillier, Linda Parlette, Sahara Suval, Teresa Davis - Minutes<br>**Phone:** Laina Mitchell, Kris Neff, Kevin Risdon, Nancy Nash-Mendez, Vicki Polhamus<br>• Workgroup Chair: Help plan /develop agendas, recapping meetings, help develop materials to put out for the meetings. If interested in being workgroup chair, contact John Schapman |
| Project Data | Caroline went over updated PRISM data from the last meeting.<br>• Outpatient Medicaid numbers - Rick said that the data seems low.<br>• Percentages are misleading we need to look at real numbers. Caroline said that we have some of that data and she will update the counts and email them out to the group.<br>• We may also want to look at data from Milliman, Rick will check into getting that data.<br>• Risk Scores - Jackie agrees with the data, sees a lot more Grant County members that are Health Home eligible than other counties.<br>• Regarding the 1.0-1.49 Prism Scores - Do we target that population?<br>• Rick: we can look at all the data, but really we need to look at the individuals that are going straight to the ED. Look at the abuse of the ED<br>• May be better to target people with lower PRISM scores. What score range should we target? 1.0 - 2.5 range. |
| Evidence Based Approaches | **Transitional Care**:<br>• Approach 1 - Skilled nursing to acute care setting - HCA said that they are able to expand the model to include assisted living and long-term care. Group decided to continue to evaluate and get our numbers. Consensus is that this number is a very low population. Adult family homes are mostly private pay. Group still does not believe that this group is going to make the metrics move. Confluence said that they view this as an issue, but not sure if they are looking at it as just Medicaid. Assisted living facilities send more people to the hospital because they do not have nursing staff. **LOWER PRIORITY**<br>• Approach 2 - Transitional Care Model - This model is very flexible in how we accomplish this ie: using community health workers. Still important to consider a model that uses a transitional care nurse, but we do not have to use that nurse to see every patient. Workforce concerns: Community para medicine can help fill that need serve as a community health worker and nurse. Ray said that they could follow up after discharge. Rick said that hospitals |

| | |
|---|---|
| | should be calling after discharge to follow up then link with para medicine to do follow up. Transitional Care Team (TCT): If something doesn't sound right to the Dr./Nurse, they can ask TCT to send someone out to do a home visit. HUB could interact with this model. **HIGH PRIORITY**<br>John will send out HUB learning info to workgroup members<br>**Diversion Intervention**:<br>• Approach 2 - Community Para Medicine - Can do both transitions and diversions, and can move the needle faster. **HIGH PRIORITY**<br>• Approach 3 - Law enforcement individuals believe that the costs will outweigh benefits. Group agreed not to do this. **LOW PRIORITY**<br>• Approach 1 - ED Diversion - **HIGH PRIORITY**<br>• Are there any other approaches that we can take to include the jails? Opioid workgroup is doing some work, jails are working with Catholic Charities and Grant Integrated Services. Drug Court is an option - could combine a Drug Court with a Veterans Court.<br>• State of Arizona set up a 800 number to that helped with these issues. Feels that this can work well with the HUB and after hour calls to help divert patients. We really need to look at projects that can address many approaches. Feels that a region wide call center could address many issues. Molina has a nurse call line with the option of a virtual urgent care. There are other buckets of funding that can support something like this under Domain 1 Funding.<br>It was recommended that in the future we need to set a meeting to bring multiple workgroups into one room to work together. |
| Current State Assessment | John went over the questionnaire that he is planning on sending out to providers to find out who is interested in doing the work on these projects.<br>• Questions are not specific enough, need to develop an online survey. Need to ask specifically what are you doing--calling after appointment, set up follow up appointment before patient leaves. Make questionnaire more specific to type of organization - hospitals, ED, Para Medicine.<br>• Narrow the questionnaire down to the evidence based approaches that we came to today and ask more targeted questions.<br>• Goal for response? 10 out of 11 hospitals would be goal.<br>John will have a more specific questionnaire done by February 9th. |

| | |
|---|---|
| | • Idea to filter the hospital questionnaire through Kevin Abel (Regional Hospital Council). We can't assume that if a hospital does not complete questionnaire that they are not interested. |
| Domain 1 Linkages | Need to make sure that the work is sustainable. Three focus areas for ACH's to look at top promote health access tied to population management. Need to weave in VBP, workforce, systems for population health management. |
| Application Attributes | Process that we have to get implementation partners involved in this work. How are we going to get the partners involved and how are we going to make sure that they complete the work. Rick does not think that we have this defined enough to have an application process. Questions to think about for next meeting: Do we need to have partners show how they are linking to all projects? What do we want to fund? Total budget for 4 years is about $5K to $1M. With that budget, we can't start funding bodies, but we can start funding process improvement strategies. |