Pathways Community HUB Workgroup

2:00 PM – 3:30 PM Friday February 23rd, 2018

Location: **Confluence Technology Center** 285 Technology Center Way #102 Wenatchee, WA 98801	**Conference Information:** https://zoom.us/j/155569333 Dial: (669) 900 6833 or (408) 638 0968 Meeting ID: 155 569 333

Agenda

	Proposed Agenda	**Goals**	
1.	**Welcome & Introductions** *Christal Eshelman, NCACH*	• Welcome members • Introductions – Name, Agency, Why you're involved	Linda Evans Parlette, Bruce Buckles, Caroline Tillier, Jerry Perez, Brooklyn Holton, Winnie Adams, Kate Haugen, Ryan Stillman, Richard Donaldson, Lisa Apple, Deb Miller **Phone:** Laurie Bergman, Molly Morris, Sheila Chilson, Virginia O'Kelly, Sara Redding, Kathy Olson, Ken Sterner, Cailtin Safford, Kathy Burgoyne, Lael Duncan **Minutes:** Teresa Davis
2.	**Introduction to Healthier WA & the Medicaid Transformation** *Senator Linda Parlette & Christal Eshelman, NCACH*	• Introduction to Healthier Washington • Medicaid Transformation - Six projects	Senator Parlette gave an overview on Healthier Washington. Christal gave an overview of the Medicaid Transformation and the six projects that our ACH chose.
3.	**Technical Assistance team** *Kathy Burgoyne, Foundation*	• Role of Technical Assistance Team members	Kathy Burgoyne from the Foundation for Healthy Generations (HG) Introduced the technical assistance team. HG has hired certified Pathways Master Trainers. Sara Redding is from the Pathways Community HUB Institute, Adam Bora is the lead for Care Coordination Systems. All three of the organizations are supporting all six of the ACH's that are implementing the Pathways HUB.

for Healthy Generations		
4. **Pathways Community HUB Model** *Dr. Sarah Redding, Pathways Community HUB Institute*	• Introduction to the Pathways Community HUB Model • Q & A	Sara Redding gave a brief overview of the Pathways Community HUB Model. This model is not intended to disrupt current coordination that is happening in organizations. There are 20 core pathways. The HUB needs to be certified, Sara will work with the ACH from the beginning to lead the HUB to certification. Target population - If as a region we choose a target population, how do you reconcile the family members that are not part of that population? You may start out limiting it until we have a handle on the population then add on later. We can help other family members - depending on how fast we need to move the needle. It is the decision of the HUB. Geographic Coverage: With such a large area how do we cover the area? We may need to add support to build the capacity. HUBs typically start in one county and scale out. But in rural areas, the HUB can start in all counties. If there is one care coordinator that is trying to take care of a family, what happens to the other 5 coordinators that were there? Equivalent to a case manager. The HUB will bring in the resources needed to complete a pathway.
5. **Workgroup and Project Timeline** *Christal Eshelman, NCACH*	• Charge of Workgroup; Member Responsibilities • 5 year timeline; 2018 milestones	Christal went over the Workgroup charter that was approved by the NCACH Board. We need to select a lead agency, initial target population, and think about our scaling plan to eventually include all four counties, or add more populations. Timeline: need to have lead agency, target population and partners decided by June 2018.
6. **Lead Agency RFP** *Christal Eshelman, NCACH*	• Create subgroup to develop RFP process	Current thinking is to develop an RFP process. All of the other ACH's have decided to be the lead agency, our Board has decided that NCACH will have a separate lead agency. What kind of agency could be a HUB? HUB has to be very good at business for contracting purposes, can be newly formed organization that can take up that role, need staff that can provide care coordination but also have a strong business sense. Where are we on the statewide association? ACH's are looking for economies of scale not necessarily one hub for the entire state. Do we know of any organizations that would meet all of the standards and prerequisites?

		We have struggled to identify one. Can organizations partner together to meet the standards? HUBs are small (3-4 people max) if one can't be identified, many have created a new agency. Volunteers: Lael (as long as her agency is not applying), Sheila, Brooklyn, Molly. Deb would like to be a convener of Health Homes lead agencies to come up with a presentation for the group. They have 4 years of data and history that may be helpful.
7. **Data and Target Population Exploration** *Caroline Tillier & Christal Eshelman, NCACH*	• Pay-for-Performance • Regional Health Needs Data; project plan application data • How do these populations/needs fit with other projects? • Capacity to address these populations?	Target population: Deb commented that the target population may not be anyone with a PRISM score of 1.5 or higher because they are Health Homes eligible then. Caroline will show data with prism scores at the next meeting. Deb will also bring some of her data. Percentage that opt into Health Homes 11% (at the state level). Community Choice is currently at 23%. North Sound is developing a triage to identify Health Homes clients. Kathy Burgoyne will give a presentation on the interaction of Health Homes and Pathways HUB program.

8. **Assignments**
All
	• Complete doodle poll for next meeting
	• Return signed member agreement to christal.eshelman@cdhd.wa.gov
	• Prior to next meeting, read:
	   • HUB Quick Start Guide
	   • HUB Manual
	   • HUB Standards Prerequisites	