North Central Accountable Community of Health

Transitional Care and Diversion Intervention Workgroup

10:00 AM – 11:30 AM Thursday March 22nd, 2018

Location	**Conference Information:**
N Grant Integrated Services 840 E Plum Street Moses Lake, WA (Conference Room)	**Please join my meeting from your computer, tablet or smartphone.** https://global.gotomeeting.com/join/604175533 **You can also dial in using your phone.** United States: +1 (872) 240-3412 **Access Code: 604-175-533**

Proposed Agenda	Goals	Notes
1. Welcome & Introductions Eric Skansgaard	• Review of last meeting	**Attendance:** On Phone: Caroline Tillier, Steve Wilson, Ray Eickmeyer, Nancy Nash-Mendez, Linda Parlette, Kate Haugen, Molly Morris, Delphia Richerson, In person: Kris Davis, Eric Skansgaard, Gerado Perez, Karen Lynch, Christal Eshelman, Richard Donaldson, Laurie Bergman, Juan Padilla, Matt Crawford, Deb Thompson, Jackie Weber, Misty Kunstmann, Kelly Allen, Michael Lopez Joe Kriete, Dan Durand, Curt Lutz, Gail Goodwin Eric did a quick review of the prior meeting's takeaways. John mentioned that we are not presenting any further data today so we can focus on funding criteria. Next meeting, we will bring data back to the group to review target population.
2. Transitional Care Subgroup Update John Schapman	• Update from Small Group meeting,	John provided an overview of the March 13th subgroup meeting focused on transitional care models. Members included Laurie Bergman, Marie Richardson, Sherrill Castrodale, Richard Donaldson, Dr. Wallace, and Eric Skansgaard who have experience and expertise in this area. The group reviewed various transitional care

	recommendations, and next steps	approaches (Local Transitional Care Model adapted by Confluence Health, Care Transitions Interventions, Transitional Care Model (through UPENN), and the C-Trac Model), including benefits and concerns of models, and also what is currently happening in the region. Everyone in this subgroup agreed that adopting a consistent approach across our region would be most beneficial. They focused on the C-TRAC model and nurse case management model run by Confluence Health, ruling out the other Transitional Care models. The subgroup also discussed potential linkages to social determinants of health, and is planning on reconvening in early April to review assessment tools and finalize the approach to recommend to the broader workgroup. HCA will provide us with a definitive answer by April 23rd regarding our desire to adopt our own regional approach for transitional care (rather than the ones listed in the HCA toolkit). HCA seemed to indicate that this shouldn't be an issue. John reported that other ACHs also don't want to be confined to the approaches outlined in the toolkit.
3. Community Paramedicine Update Ray Eickmeyer	• Review of EMS Meeting • Recommendations to the Workgroup	Ray provided a quick background about the regional council of EMS which has expressed commitment to community paramedicine work. Ray and NCACH staff convened a meeting with transporting EMS agencies who serve the majority of Medicaid patients in all 4 counties on April 8th. Representatives from Moses Lake Fire, Lifeline, Ballard Ambulance were present. Aero Methow was not, but they remain interested. Now that the rubber is starting to hit the road around this concept, the goal of this meeting was to discuss barriers, concerns and figure out ways to proceed forward. EMS entities are generally committed, but they are concerned around funding. The only way they get funded currently is if they transport, so sustainability is a problem. Ray shared his personal experience and observations around transports. He then shared a summary of concerns expressed at that meeting regarding community paramedicine model, which primarily had to do with the fact that EMS revenue would continue to drop because diversion solutions will only benefit the patient and other agencies under the current payment structure. EMS entities believe it's the right thing to do, but cannot do it at a deficit. Really want to know that if we start doing this work, that there is some commitment that they share in the benefits. For example, if this benefits the ER or payer, that some of those

		financial cost savings are routed to EMS. Proposal and recommendation to the workgroup is that we continue to find a way to use EMS to solve some of these high-cost issues in our healthcare system. EMS is well positioned to assist, but need to develop a financial incentive structure that will allow them to do that work. Question to MCOs: at the payer level, what has been discussed around EMS being part of the solution? Lindy from Molina provided a Spokane example where some of the payers and hospital groups are pitching in to support these kinds of services. 911 calls are triaged and if not acute, they send out alternative transportation (SUV) to urgent care and back home. This was piloted by the Spokane mayor, and much of the funding came from MCOs though this was not billed fee for service (they came up with some alternate funding structure). Ray explained that his EMS entity is unique in that it is hospital-based, so cost savings are direct. Most other EMS agencies are not hospital-based, and while they want to continue to care for the community, they feel they are not in a position to make diversion intervention sustainable under current payment models. Finances are the real barrier. But others have done this successfully, so the group feels this idea should not be dropped and that developing a pilot might be a good first step. Linda shared that data and successes from a pilot might help us push for higher reimbursements or build a case for sustainability mechanisms. Catholic Charities representative shared an example of clients who call EMS 3-4 times a day to get transported to hospital without an actual medical need. EMS providers in this case began to triage and decide whether or not to transport. Eric mentioned that Parkside, which is coming online, is working on developing protocols where some of this community paramedicine model could be discussed. Kelly Allen from Confluence Health chimed in saying that it can be done legally, but need to get buy-in from EMS, which is something we could work on with outreach and education. Ray added that regional EMS council is developing protocols to do direct transports from the field to Parkside – that is in the works. Grant Integrated is very interested in staying involved, only concern is that need to be careful as an agency about how many projects they take on. Action Item: Ray will work with John to set up another meeting with EMS providers.

4. Project Funding Approaches John Schapman	• Updated Funding template • Discussion on Funding amounts to organizations	John shared a slide deck which included a review of the proposed planning timeline and a summary of the current TCDI selected approaches. While community paramedicine will not be an officially selected approach, we will continue to consider it as a supporting strategy for our region as we implement the other projects. John also shared a diagram of the current subgroup's that are in play. These smaller groups are helping evaluate specific approaches and will continue to bring recommendations back to the broader workgroup. John reviewed the proposed principles applied to funding distribution. Also shared the recommended funding approach, which is to fund partners within a given sector who would join a collaborative group across the region to implement process improvement changes. John reviewed number of potential implementation partners. Ray pointed out that we need to add Protection One (which operates out of Grant County) to the EMS list. We are roughly estimating that we have about $500K in funds available to support the work of direct partners implementing the TCDI evidence-based approaches. Across 18 organizations, that comes out to about $30K per entity on average. It is likely that we will not be able to support total costs for project and should look for ways to use this funding most efficiently (e.g. regional training and infrastructure investments that support all project partners). Funds could be available to implementation partners as soon as we have plans that are submitted to and approved by the Governing Board. John described how some of the other project workgroups are approaching this and clarified that funding could be disbursed without requiring the workgroup to have a detailed multi-year plan. Partners in the room understand that they might not know the exact funding level involved until farther down the road. For funding that is tied to performance metrics, it makes sense to think about how to align partners towards those measures (efficiency question). John shared some major funding questions for the workgroup to think about. He will also ask the subgroups to chime in and those answers will be shared at future meetings. <u>Action Item:</u> Eric recommending that subgroups help identify the areas and measures that need to be impacted, and then can look for commonalities across subgroups as a workgroup.

5. Roundtable/Adjournment Eric Skansgaard	• Roundtable of workgroup members in room and on phone	Eric encouraged group to share feedback. It was asked if we are still considering doing any work around jail transitions. Acknowledged that this a really common theme and we need to figure out how it fits into these projects. Initial stages will involve getting partners directly involved in selected approaches established and then determine the best way to include those partners that help influence transitions and diversion work in process.
6. Assignments		**Next Meeting:** April 26th 10:00-11:30AM at CTC Wenatchee (regular meetings are the 4th Thursday of the month)