North Central Accountable Community of Health

# Governing Board Meeting

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| 1:00 PM – 3:30 PM July 9, 2018<br>**Confluence Technology Center**<br>285 Technology Center Way #102<br>Wenatchee, WA 98801 | Conference Dial-in Number:<br>(408) 638-0968 or (646) 876-9923<br>Meeting ID: 429 968 472#<br>Join from PC, Mac, Linux, iOS or Android:<br>https://zoom.us/j/429968472 |

| Time: | Agenda Item: | Proposed Action: | Attachments: | Page |
|---|---|---|---|---|
| 1:00 PM | Introductions – **Rick Hourigan**<br>• Board Roll Call<br>• Review of Agenda & Declaration of Conflicts<br>• Public Comment | Discussion | • Agenda | 1 |
| 1:10 PM | Approval of June Minutes – **Rick Hourigan** | ***Motion:***<br>• Minutes | • Minutes | 2-7 |
| 1:15 PM | Board Nominations – **Rick Hourigan**<br>• Rosalinda Kibby – Public Hospital District<br>• Kyle Kellum – Grant CHI | ***Motion:***<br>• To approve nominations | | |
| 1:25 PM | Treasurer's Report – **Brooklyn Holton**<br>• Monthly Financial Report<br>• NCACH Budget Updates | ***Motion:***<br>• Approval of monthly financial statements | • Monthly Financial Report | 8-11 |
| 1:35 PM | Executive Director's Update - **Senator Parlette** | Information | • Executive Director's Report | 12-17 |
| 1:40 PM | CHI Update – **CHI Board Seats** | Information | https://goo.gl/forms/Pj1gr5L72tN6hzZ72 | |
| 1:50 PM | Data and Evaluation Updates - **Caroline Tillier**<br>• Measures Dashboard<br>• Proposed CORE contract<br>• Proposed CCHE contract | ***Motions:***<br>• CORE contract<br>• CCHE contract | • NCACH P4P Dashboard<br>• Board Decision Form CORE<br>• Board Decision Form CCHE | 18-19<br>20-22<br>23-24 |
| 2:10 PM | WPCC Updates – **Peter Morgan and Caroline Tillier**<br>• Site visits<br>• Staff Position<br>• Change plan evaluation and Stage 2 funding<br>• UW AIMS Contract | ***Motions:***<br>• To approve change plan evaluation and stage 2 funding framework<br>• UW AIMS contract | • WPCC Board Decision Form<br>• Board Decision Form UW AIMS | 25-34<br>35 |
| 2:50 PM | TCDI Updates – **John Schapman**<br>ED Diversion/TCM Application and Funding<br>NCECC Update | Information | • TCM and ED Diversion Draft Application<br>• Draft Project Budgets<br>• NCECC Status update | 36-45 |
| 3:05 PM | Pathways Community HUB - **Christal Eshelman and Deb Miller**<br>Opioid Project Update **– Christal Eshelman**<br>Fully-Integrated Medicaid Contracting Update **– Christal Eshelman** | ***Motion***:<br>• Revised HUB Planning Phase Funding Period | • HUB Planning Phase Funding Period | 46 |
| 3:30 PM | Adjourn | | | |

# Governing Board Meeting Minutes

Monday, June 4th, 2018 1:00-3:30 PM

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|---|---|
| **Okanogan Behavioral HealthCare**<br>**1007 Koala Dr**<br>**Omak WA 98841** | **Please join my meeting from your computer, tablet or smartphone.**<br>https://global.gotomeeting.com/join/508747653<br><br>**You can also dial in using your phone.**<br>United States: +1 (872) 240-3311 **Access Code: 508-747-653**<br>First GoToMeeting? Let's do a quick system check: https://link.gotomeeting.com/system-check |

| **Agenda Item:** | **Proposed Action:** | **Notes** |
|---|---|---|
| 1:00 – 1:30 | Executive Session | Board Members Only |
| Introductions - **Barry Kling**<br>• Board Roll Call<br>• Review of Agenda & Declaration of Conflicts<br>• Public Comment | Discussion | **Attendance**<br>**Board In Person:** Barry Kling, David Olson, Molly Morris, Rosalinda Kibby, Mike Beaver, Nancy Nash Mendez, Courtney Ward, Blake Edwards, Scott Graham, Carlene Anders, Courtney Ward<br>**Board Phone:** Ray Eickmeyer, Michelle Price, Rick Hourigan, Doug Wilson, Brooklyn Holton, Bruce Buckles,<br>**Board Absent:** Senator Warnick,<br>**Public in person :** Jesus Hernandez, Becky Corson, Tracy Miller, Tawn Thompson, Deb Miller, Kate Haugen, Jim Novelli, Clarice Nelson, Ryan Stillman, Kris Davis, Shirley Wilbur<br>**Public Phone:** Cindy Button, Carmella Alexis, Laurel Lee, Lorna Randall, Gwen Cox, Stacy Kellogg, Kelsey Gust, Sheila Chilson, Cynthia Summers, Gerry Guerrero, Rachael Petro<br>**Staff:** Linda Parlette, John Schapman, Christal Eshelman, Caroline Tillier, Peter Morgan, Sahara Suval<br>**Minutes:** Teresa Davis<br><br>• Conflicts of interest: Brooklyn disclosed that she helped create and review the HUB RFP<br>• No public comment |
| Approval of May Minutes - **Barry Kling** | ***Motion:***<br>• Minutes | ❖ ***Blake Edwards moved, Nancy Nash seconded the motion to approve the May Minutes as written. Motion passed*** |
| Open Board Seats/Officers<br>• FQHC Seat<br>• Treasurer | ***Motion:***<br>• To approve nominations | ❖ ***Carlene Anders moved, Scott Graham seconded the motion to approve the following nominations…***<br>• ***David Olson for the FQHC Seat***<br>• ***Brooklyn Holton as Treasurer***<br>• ***Blake Edwards as Secretary***<br>***Motion passed*** |

Treasurer's Report – **John Schapman**

- Monthly Financial Report
- NCACH Budget Updates:

***Motion:***

- Financial Report
- 3 Financial Board Decision forms

John went over the financial summary through April of 2018

- ***Rosalinda Kibby moved, Molly Morris seconded the motion to accept the financial report as presented, motion passed***
- ***Nancy Nash moved, Rosalinda Kibby seconded the motion to approve the Medicaid Transformation Budget Projected framework (not a binding document) for board decision making as the allocations are outlined below, motion passed.***

Project Implementation Budget Projections
(Budget based on $32M)

| BUDGET CATERGORY | TOTALs | % |
|---|---|---|
| **Project Funding** WPCC, Pathways Hub, Transitions/Diversion & Opioid Workgroup | $19,300,000 | 60% |
| **Project Staffing** Staff cost for project management | $1,500,000 | 5% |
| **Unallocated Funds** SDOH, Workforce Development, HIT/HIE, Data, VBP | $7,900,000 | 25% |
| **ACH Operations** ACH Staffing, etc. | $3,300,000 | 10% |
| **TOTAL** | $32,000,000 | 100% |

Project Funding Budget Detailed

| Workgroup | 2018 | 2019 | 2020 | 2021 | 2022 | Total |
|---|---|---|---|---|---|---|
| WPCC Workgroup | $3,165,479 | $2,651,929 | $2,588,810 | $2,493,782 | $0 | $10,900,000 |
| Pathways Hub | $213,000 | $965,000 | $1,321,000 | $1,404,000 | $1,097,000 | $5,000,000 |
| TCDI Workgroup | $320,000 | $1,050,000 | $500,000 | $530,000 | $0 | $2,400,000 |
| Opioid Workgroup | $100,000 | $300,000 | $300,000 | $300,000 | $0 | $1,000,000 |
| Total | $3,798,479 | $4,966,929 | $4,709,810 | $4,727,782 | $1,097,000 | $19,300,000 |

- Some of the program evaluation is built into the projects if they are not, it would fall under non-committed funds.
- If something needs to be changed, it will be brought back to the board.

***Motion passed***

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| | | **<u>Emerging Initiatives</u>** - The process to work with or accept new projects that are not currently a part of NCACH selected Evidence-Based approaches.<br><br>How would the Board know how many ideas were presented and rejected? Board would like to see a list of all project ideas presented.<br>❖ ***Bruce Buckles moved, David Olson seconded the motion to approve the Emerging Initiatives Guidelines Document (included in 6/4/18 packet) with understanding that Board will be informed of all proposals, motion passed.***<br><br>**<u>Decision Flow for Funding Design and Allocation</u>** - The process map (developed by NCACH staff at the recommendation of the Governing Board) will help stakeholders, Workgroup members, Board, and staff understand the process that NCACH goes through to make programmatic and funding decisions as it relates to NCACH projects.<br><br>❖ ***Scott Graham moved, Carlene Anders seconded the motion to approve the Decision Flow for Funding Design and Allocation process map (included in the 6/4/18 packet)***<br>• Discussion: Linda said we used OHSU to develop this chart. This document is being shared as a best practice with other ACHs.<br>***Motion passed*** |
| Executive Director's Update -<br>**Senator Parlette** | Information | Senator Parlette read the below report from Julie Rickard, Program Director at Parkside:<br>*Parkside has hired the majority of positions with the exception of mental health. We are in need of 4 licensed mental health counselors and 1 psychiatric provider. Until these are hired we are unable to open the facility. At this point we are still hoping we can open by July 2nd, but a more likely date is July 16th. We are in the midst of onboarding those we have hired. We are finalizing referral pathways in the community with law enforcement, ambulance services, and community providers. We will have an open house for providers towards the end of June or early July once we have a realistic estimate of when we will open.*<br><br>• Linda attended meeting in Seattle on Friday for a group called the Forum made up of Hospital CEOs and Insurance providers. Rick Rubin (One Health Port) was the lead for this meeting.<br>• There will be a visit from the State Tribal group on June 20th.<br>• New tax law passed at the Federal Level. Premera is getting $250M and they want to focus on rural areas. Linda will be reaching out to providers for ideas. |
| CHI Update – **Brooklyn Holton, Rosalinda Kibby & Mike Beaver** | Information | Mike Beaver: No meetings since the last Board meeting. Will have more at the next meeting.<br>Rosalinda: Next Meeting later this week |

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<td>Brooklyn: Last meeting has an activity that they will be building on. The City will be joining the discussion on a low barrier shelter.<br><br>Sahara: Developing materials for stakeholder interviews to inform how each CHI should move forward. Leadership council call this week. Stakeholder list is made up of 30 sectors.</td>
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<td>FIMC Technical Assistance– Christal Eshelman</td>
<td>• Motion:<br>FIMC Technical Assistance Funding</td>
<td>❖ Nancy Nash moved, Scott Graham seconded the motion to approve the allocation of $97,700 of Medicaid Transformation Project funds to Billing/IT and Managed Care Contracting technical assistance for NCACH Behavioral Health Providers. Specific allocations are:<br>• IT Assistance for The Center for Drug and Alcohol Treatment - $10,600<br>• IT Assistance for Grant Integrated Services - $10,600 (applied retroactively)<br>• IT Assistance for Okanogan Behavioral HealthCare - $21,500<br>• Managed Care Contracting Assistance for Behavioral Health Providers for each of their MCO and BH-ASO contracts - $55,000<br><br>Discussion:<br>• MCO sector wants to be sure that Adam is not involved in any rates.<br>• Did Okanogan receive any offers from Spokane? No<br>• At what point do some of these things become a cost of doing business? Barry responded that until 2018 the BH Orgs were billing through the RSN. This is a new thing to the BH organizations. They need more help even getting up to the same level as PC Providers.<br>• Background: When the 3 counties decided to become early adopters, the commissioners wanted assurances that this would be a smooth transition. HCA gave our ACH $5m for this transition.<br>• Courtney clarified that we are discussing a specific type of technical assistance.<br>• Gwen Cox - the Qualis assessment noted that these providers would need assistance.<br>Motion passed - 4 abstained (Courtney, Carlene, Rick, Rosalinda) - One nay David Olson</td>
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<td>Recommendation of Funding for Rapid Cycle Opioid Applicants – Christal Eshelman</td>
<td>• Motion:<br>Rapid Cycle Opioid Application Funding</td>
<td>❖ Rosalinda Kibby moved, David Olson seconded the motion to approve distribution of $100,000 of Medicaid Transformation funding to Rapid Cycle Opioid applicants listed below to implement proposed projects.<br><br>
<table>
<tr><th>Applicant</th><th>Project</th><th>Amount</th></tr>
<tr><td>Catholic Charities</td><td>Opioid Intervention Service</td><td>$9,250</td></tr>
<tr><td>Chelan Douglas Community Action Council</td><td>Medication Lock Boxes and Education</td><td>$9,496</td></tr>
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|---|---|---|
| **Columbia Valley Community Health** | Facilitated Notification of Opioid Overdose | $7,243 |
| **Family Health Centers** | Creating Resilience Against Opioids | $7,255 |
| **Grant County Health District** | Syringe Service Program | $4,775 |
| **Grant County Health District** | North Central Washington Opioid Communication Plan | $9,800 |
| **Methow School District** | Methow Valley School District Substance Abuse Prevention Program Pilot | $9,250 |
| **Mid Valley Clinic** | Mid-Valley Community Opioid Treatment Plan | $9,550 |
| **North Valley Hospital** | Drug Disposal Kiosk | $9,506 |
| **Samaritan Healthcare** | Narcan Take Home and Opioid Overdose Education | $4,775 |
| **The Center for Alcohol and Drug Treatment** | Establish Drug Court in Chelan County | $9,550 |
| **WIN 2-1-1** | Rapid Response To Resources (Text "OPIOID" to 898211) | $9,550 |
| **TOTAL FUNDING RECOMMENDED** | | $100,000 |

***Motion passed***

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| Pathways Community HUB - **Christal Eshelman** | ***Motion:***<br>• Recommendation of Pathways Community HUB Lead Agency<br>• Pathways Community HUB Technical Group Charter | We had one applicant in response to our RFP for the Pathways Community HUB Lead Agency - Community Choice. Their overall score was 79.3. Discussion during the Executive Session talked about what would happen if Health Homes merged into the HUB and what would implications that would have to care coordinators that currently work for Community Choice. Deb Miller clarified that she will keep Health Homes clientele separate from the HUB. The qualifying criteria for Health Homes is very specific. The reporting is very different for Health Homes. If a person qualifies for Health Homes, they do not qualify for any other care coordination. There is discussion at the state level and with other ACHs on how to handle clients that become Health Home eligible after they enter the Pathways HUB.<br>Linda said that we did discuss writing into the contract that a future conversation may need to be had around the conflict of interest issues.<br>❖ ***Carlene Anders moved, Brooklyn Holton seconded the motion to select Community Choice as the Pathways Community HUB Lead Agency for the North Central Accountable Community Health and authorize the Executive Director to execute an initial contract with Community Choice for up to $138,000 for June-December 2018 for planning and implementation of the Pathways Community HUB.*** |

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| | | ***Motion passed***<br><br>**<u>Pathways Technical Subgroup Charter</u>**<br>❖ ***Scott Graham moved, Blake seconded the motion to approve the Pathways Community HUB Technical Subgroup Charter***<br><u>Discussion</u><br>• Courtney requested that the MCOs be added to the Charter. The workgroup has decided that the MCOs not be part of this group. Barry suggested to add the "MCO sector to this list as needed" as the group may want to have business plan or budget discussions. This group will eventually morph into the advisory committee.<br>• Clarification: the difference between HUB workgroup and this Charter. It is more in depth and time consuming than the workgroup. Nancy asked if the group has regional representation, it was confirmed that it does.<br><br>***Motion passed, with the addition of MCO Sector as needed, (Nay, MCO Sector)*** |
| WPCC Update – **Caroline Tillier and Peter Morgan**<br>• Staff Position | | • Peter Morgan presented the document giving an update on the change plan LAN. Have had good participation on the LAN, but has mostly focused on discussing the change plan template. Expect more participation in future LANs .<br>• We need to clarify the evaluation process for change plans and what is going to be good enough.<br>• We will need to have a clearer description of future LANs<br>• Staff Position: 12 applicants so far. Will be reviewing next week and interviewing in June or July. |
| Social Determinants of Health Recommendations – **Chris Kelleher and Christal Eshelman** | ***Motion:*** *(time permitting)*<br>• Social Determinants of Health Facilitated Discussion Recommendations | **<u>Social Determinants of Health Facilitated Discussion Recommendations</u>**<br>Rick said we need to be sure that we hire the right person that can find the grants and keep them busy. If we can't find the correct person, we could look at contractors. Nancy noted that we have an excellent job description and hiring history has been excellent in the past, so she is comfortable with this decision.<br>❖ ***Nancy Nash moved, Carlene Anders seconded the motion to formally adopt recommendations developed from the Social Determinants of Health Facilitated Discussions including:***<br>• ***To hire a full-time Capacity Development and Grant Specialist***<br>• ***To hire a contractor to evaluate current asset-mapping solutions***<br><br>***Motion passed*** |
| Adjourn | | Meeting adjourned at 3:30 PM |

## NC ACH Funding & Expense Summary Sheet

| | SIM/DESIGN FUNDS | | | FINANCIAL EXECUTOR FUNDS | | |
|---|---|---|---|---|---|---|
| | SIM/Design Funds Received | SIM/Design Funds Expended | SIM/Design Funds Remaining | NCACH Funds @ FE | FE Funds Expended | FE Funds Remaining |
| **Original Grant Contract K1437** | $ 99,831.63 | $ 99,831.63 | $ - | | | |
| Amendment #1 | $ 150,000.00 | $ 150,000.00 | $ - | | | |
| Amendment #2 | $ 330,000.00 | $ 330,000.00 | $ - | | | |
| Amendment #3 ($50k Special Allocation) | $ 15,243.25 | $ 15,243.25 | $ - | | | |
| **Workshop Registration Fees/Misc Revenue** | $ 19,155.00 | $ 19,155.00 | $ - | | | |
| Amendment #4 (FIMC Advisory Comm. Spcl Allocation 2016) | $ 15,040.00 | $ 15,040.00 | $ - | | | |
| Amendment #5* | $ - | $ - | $ - | | | |
| Amendment #6** (FIMC Adv Comm Spcl Alloc 2017) | $ 30,300.45 | $ 30,300.45 | $ - | | | |
| **Interest Earned on SIM Funds*** ** | $ 3,223.39 | $ 3,223.39 | $ - | | | |
| **Original Grant Contract K2562** | $ 24,699.55 | $ 6,232.76 | $ 18,466.79 | | | |
| Amendment #1 | $ 70,629.00 | | $ 70,629.00 | | | |
| **Original Contract K2296 - Demonstration Phase 1** | $ 1,000,000.00 | $ 667,467.53 | $ 332,532.47 | | | |
| **Original Contract K2296 - Demonstration** | $ 5,000,000.00 | $ - | $ 5,000,000.00 | | | |
| **Interest Earned on Demo Funds** | $ 49,197.75 | $ - | $ 49,197.75 | | | |
| **Workshop Registration Fees/Misc Revenue** | $ 12,135.83 | $ 12,135.83 | $ - | | | |
| **Finacial Executor Funding -** | | | | | | |
| *DY1 Project Incentive Funds: | | | | $ 5,151,550.00 | $ 1,665,000.00 | $ 3,486,550.00 |
| *DY1 Integration Funds | | | | $ 2,312,792.00 | | $ 2,312,792.00 |
| *DY1 Bonus Funds | | | | $ 1,455,842.00 | | $ 1,455,842.00 |
| **Totals** | **$ 6,819,455.85** | **$ 1,348,629.84** | **$ 5,470,826.01** | **$ 8,920,184.00** | **$ 1,665,000.00** | **$ 7,255,184.00** |

** Funds allocated to NCACH but not yet in FE account*

*** Revenue outstanding. Funding is monthly cost reimbursement.*

**** Only $500 interest on SIM Grant per calendar year can be retained. The rest will be paid back to HCA when directed.*

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| 2015-16 Report | 99,831.63 | $ 99,832.00 |
| 2016-17 Report | 480,000.00 | $ 76,736.40 |
| SIM Report | $ 178,290.64 | $ 492,458.08 |
| DEMO Report | $ 6,061,333.58 | $ 679,603.36 |
| | $ 6,819,455.85 | $ 1,348,629.84 |
| Variance | $ - | $ (0.00) |

**SIM Funds Report on NCACH Expenditures to Date**
**Fiscal Year:** Feb 1, 2018 - Jan 31, 2019

| | Budgeted Allocation | Feb-18 | Mar-18 | Apr-18 | May-18 | Totals YTD | % Expended YTD to Budget | Comments |
|---|---|---|---|---|---|---|---|---|
| **Salary & Benefits** | **$ 80,313.00** | 590.62 | 369.82 | 1210.92 | 1157.02 | **$ 3,328.38** | **4.1%** | |
| **Office Supplies** | | | | | | **$ -** | **#DIV/0!** | |
| **Computer Hardware** | | | | | | **$ -** | **#DIV/0!** | |
| **Legal Services** | | | | | | **$ -** | **#DIV/0!** | |
| **Travel/Lodging/Meals** | | | | 100.83 | | **$ 100.83** | **#DIV/0!** | |
| **Website Redesign** | | | | | | **$ -** | **#DIV/0!** | |
| **Advertising** | | | | | | **$ -** | | Job ads. |
| **Meeting Expense** | | | | | | **$ -** | **#DIV/0!** | Mainly meeting room rental costs. |
| **Other Expenditures** | | | | | | **$ -** | | WPC speaker expense, stationary printing, office furniture |
| **Misc. Contracts (CORE)** | | | | | | **$ -** | **#DIV/0!** | |
| **Misc. Contracts (CHIs)** | | | | | | **$ -** | **#DIV/0!** | |
| **Subtotal** | **$ 80,313.00** | **$ 590.62** | **$ 369.82** | **$ 1,311.75** | **$ 1,157.02** | **$ 3,429.21** | **4.3%** | |
| **15% Hosting fee to CDHD** | **$ 12,046.95** | 88.59 | 55.47 | 196.76 | 173.55 | **$ 514.38** | **4.3%** | Includes space, computer network & support, fiscal, etc. |
| Meal Expenses - not charged a hosting fee | | | | | | **$ -** | | |
| **Grand total** | **$ 92,359.95** | **$ 679.21** | **$ 425.29** | **$ 1,508.51** | **$ 1,330.57** | **$ 3,943.59** | **4.3%** | |

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|---|---|---|---|
| Contract K2562 (FIMC Funding) | $ 21,731 | % of Fiscal Year | 33% |
| Amendment #1 (SIM AY4 Funds) | $ 70,629 | | |
| Retained Interest Earned to date | | | |
| **Total SIM Funds** | **$ 92,360** | | |
| Budgeted Amount | $ 92,359.95 | | |
| **Total Uncommitted Funds** | **$ 0.21** | | |

**RED = Not yet approved allocations**

## Demonstration Funds Report on NCACH Expenditures to Date

**Fiscal Year:** Jan 1, 2018 - Dec 31, 2018

| | Budgeted Allocation | Jan-18 | Feb-18 | Mar-18 | April-18 | May-18 | Totals YTD | % Expended YTD to Budget |
|---|---|---|---|---|---|---|---|---|
| **Salary & Benefits** | **$ 626,358.00** | $ 48,078.06 | $ 48,249.47 | $ 46,854.42 | $48,585.10 | $48,065.36 | **239,832.41** | **38.3%** |
| **Summer Intern Program** | **$ 10,000.00** | | | | | | **-** | **0.0%** |
| **Office Supplies** | **$ 18,000.00** | $ 2,462.22 | $ 2,521.03 | $ 805.15 | $1,536.19 | $1,388.25 | **8,712.84** | **48.4%** |
| **Legal Services** | **$ 8,000.00** | | $ 1,156.50 | | | | **1,156.50** | **14.5%** |
| **Travel/Lodging/Meals** | **$ 7,000.00** | $ 1,244.15 | $ 1,014.97 | $ 633.75 | $2,934.33 | $2,903.31 | **8,730.51** | **124.7%** |
| **Website** | **$ -** | $ 60.86 | | $ 21.59 | $215.32 | $80.00 | **377.77** | |
| **Admin (HR/Recruiting)** | **$ 7,500.00** | | | | | | **-** | **0.0%** |
| **Advertising/Community Outreach** | **$ -** | $ 456.61 | | $ 354.70 | $494.73 | $990.55 | **2,296.59** | |
| **Insurance** | **$ 5,000.00** | | | | | $5,530.37 | **5,530.37** | **110.6%** |
| **Meeting Expense** | **$ 7,000.00** | $ 11.30 | $ 821.05 | $ 49.08 | $421.76 | $29.34 | **1,332.53** | **19.0%** |
| **Events** | **$ 52,000.00** | | $ 1,808.18 | $ 9,471.45 | $13,885.50 | | **25,165.13** | **48.4%** |
| **Other Expenditures** | **$ 3,000.00** | $ 1,334.61 | $ 700.00 | $ 5.80 | $816.89 | $3,120.14 | **5,977.44** | **199.2%** |
| **Integration Funds** | **$ 21,731.16** | | | | $4,750.00 | | **4,750.00** | **21.9%** |
| **Misc. Contracts (CHIs)** | **$ 120,000.00** | | | | $6,545.40 | $10,000.00 | **16,545.40** | **13.8%** |
| **Healthy Generations** | **$ 75,000.00** | | $ 12,500.00 | $ 12,500.00 | $12,500.00 | $12,500.00 | **50,000.00** | **66.7%** |
| **OHSU** | **$ 150,000.00** | | | $ 12,754.48 | $6,017.50 | $13,868.84 | **32,640.82** | **21.8%** |
| **CCMI, CSI** | **$ 443,461.00** | | $ 44,415.23 | | $58,500.00 | $49,046.00 | **151,961.23** | **34.3%** |
| **Providence CORE** | **$ 4,128.00** | | | | | | **-** | **0.0%** |
| **Subtotal** | **$ 1,558,178.16** | **$ 53,647.81** | **$ 113,186.43** | **$ 83,450.42** | **$157,202.72** | **$147,522.16** | **555,009.54** | **35.6%** |
| | | | | | | | - | |
| **15% Hosting fee to CDHD** | **$ 132,838.37** | **$ 8,047.17** | **$ 8,440.68** | **$ 8,729.39** | **$12,027.78** | **$10,816.10** | **48,061.12** | **36.2%** |
| | | | | | | | | |
| **Grand total** | **$ 1,691,016.53** | **$ 61,694.98** | **$ 121,627.11** | **$ 92,179.81** | **$169,230.50** | **$ 158,338.26** | **$ 603,070.66** | **35.7%** |

% of Fiscal Year Complete 42%

| | | |
|---|---|---|
| Funds remaining 2/28/2018 | $ | 5,731,607.93 |
| Interest Earned to date | $ | 49,197.75 |
| Budgeted Amount (2018) | $ | 1,691,016.53 |
| **Total Uncommitted Dollars** | **$** | **4,089,789.15** |

## Demonstration Funds Report on NCACH Expenditures to Date

**Fiscal Year:** Jan 1, 2018 - Dec 31, 2018

| | Budgeted Allocation | Jan-18 | Feb-18 | Mar-18 | April-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Totals YTD | % Expended YTD to Budget |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **WPCC Stage 1** | **$ 1,665,000.00** | | | | $1,460,000.00 | $ 205,000.00 | | | | | | | | **1,665,000.00** | **100.0%** |
| **Opioid Project** | **$ 100,000.00** | | | | | | | | | | | | | **-** | **0.0%** |
| **TCDI - NCECC Project Funding** | **$ 70,000.00** | | | | | | | | | | | | | **-** | **0.0%** |
| **Integration - IT Assistance** | **$ 42,700.00** | | | | | | | | | | | | | **-** | **0.0%** |
| **Integration - Provider Contracting** | **$ 55,000.00** | | | | | | | | | | | | | **-** | **0.0%** |
| **Pathways Hub Project** | **$ 138,000.00** | | | | | | | | | | | | | **-** | **0.0%** |
| **Asset Mapping (Board Approved 6.4.18)** | **$ 7,500.00** | | | | | | | | | | | | | **-** | **0.0%** |
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| **Grant Total** | **$ 2,078,200.00** | **$ -** | **$ -** | **$ -** | **$1,460,000.00** | **$ 205,000.00** | **-** | **$ -** | **$ -** | **$ -** | **$ -** | **$ -** | **$ -** | **1,665,000.00** | **80.1%** |

| | |
|---|---|
| Funds Earned (Date TBD) | $ 8,920,184.00 |
| Budgeted Amount (2018) | $ 2,078,200.00 |
| **Total Uncommitted Dollars** | **$ 6,841,984.00** |

% of Fiscal Year Complete 17%

# EXECUTIVE DIRECTOR'S REPORT – JULY 2018

North Central Accountable Community of Health

Word is picking up as Accountable Communities of Health across the State begin to implement their selected Medicaid Transformation Projects. Just last month, I had the opportunity to present with several industry leaders who are interested in learning more about the Medicaid Transformation efforts happening statewide.

On June 1, I was invited to attend The Forum, a group which was formed in 1999, consisting of regional leaders and executives from many of the state's large healthcare systems and insurance companies. I attended with the Executive Directors from Pierce County and King County (HealthierHere) ACHs. We had the chance to describe the Medicaid Transformation Project efforts, and our ACHs individually. After the meeting concluded, Rick Rubin, Forum Board Chair, shared the following feedback with us:

> *"One other observation I would share, I think much of the conversation these days about Medicaid transformation and the work of the ACHs revolves around [Behavioral Health]/Physical medicine integration. If people have heard of only one thing, my experience is that is the one thing they have heard of. To me, the work you are doing attempting to integrate the traditional health industry (e.g., the folks represented around that table this morning) and what I will call the world of social service organizations is potentially even more important and impactful than the BH integration work. Yet, it seems to have far less visibility. There are a few folks around the table who get the importance of that work, but there are many others who are just starting to think about it. This work is not only very important, from my vantage point it is largely unplowed ground. I think there are fewer organizations that have already staked a claim in that space. I think this subject will be of increasing interest to people around the table and your organizations are well-positioned to be of assistance in this area."*

Rick also asked that the ACHs continue to provide updates to the Forum Board so that they can continue to be updated and engage with Transformation work as appropriate. Overall, it was a great opportunity for three ACHs to connect with the broader healthcare community, not just those who specialize in serving Apple Health beneficiaries.

On June 18, I had the opportunity to attend a leaders' luncheon at the Premera Headquarters in Mount Lake Terrace, along with the Executive Directors from Cascade Pacific Action Alliance, Better Health Together, and Olympic Community of Health (all ACHs). Premera is currently developing investment strategies over the next four years to improve access to rural health care, and have committed $250 million ($200 million in Washington, $50 million in Alaska) in funding for their customers and rural communities. We had the chance to address concerns and barriers in rural health care systems. I look forward to continuing conversations with Premera as they work to improve population health through targeted investments.

Finally, I closed the month by attending a breakfast with Representative Eileen Cody and HCA Director Sue Birch, as well as sitting on an "Into the Community" panel at the 42nd Annual Washington State Hospital

Association (WSHA) Rural Hospital Leadership Conference in Chelan on Wednesday, June 27. While there, I saw many of our partnering providers, including Board Members, Rosalinda Kibby and Scott Graham. Olympic Community of Health Executive Director, Elya Moore, was also a panelist and we both had the opportunity to continue sharing more about the Medicaid Transformation as well as learning how to best engage and support our hospital partners in this work.

July is a milestone month for the ACH, with Semi-Annual Reports due to the Health Care Authority at the end of the month. The Medicaid Project Workgroups are continuing to move quickly, with the Pathways HUB set to launch in late 2018, the Whole Person Care Collaborative Learning Community continuing to develop their Change Plans, the Rapid-Cycle Opioid Project award recipients confirmed, and the Transitional Care and Diversions Intervention Workgroup developing strategies to reduce non-emergent visits to the ED. Our three Coalitions for Health Improvement are also continuing to engage and educate the community with a newly released community feedback survey (Take it here: https://goo.gl/forms/Pj1gr5L72tN6hzZ72). They plan to report their findings to the Board in the fall. Our staff is starting to screen applicants for both the Whole Person Care Collaborative Manager and the Capacity Development and Grants Specialist positions; we hope to have both positions filled by August or September.

As we continue to make impact across the region, and the State, I ask you all to continue sharing our work with as many partners as you can. Because, as Rick Rubin noted, the work of integrating community partners with the healthcare partners is some of the most important work we can do to improve population health together.

*Charge On!*

## BOARD UPDATES

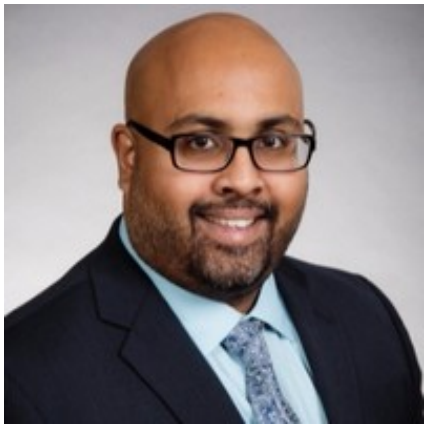
Last month, we welcomed David Olson to the Board into the Federally Qualified Health Clinic Seat, and bid adieu to Theresa Sullivan (Public Hospital District) and Sheila Chilson (Federally Qualified Health Clinic.) We thank both Theresa and Sheila for their contributions to the Board and the ACH, and look forward to continue working with them as partnering providers throughout the Transformation. Grant County CHI Seat, Rosalinda Kibby, has agreed to assume Theresa Sullivan's seat as the Public Hospital District representative, which left the Grant County CHI Seat open. At the Grant County CHI's June meeting, Kyle Kellum, Samaritan Health Care, was nominated the Grant County CHI members to fill the Seat, pending the NCACH Governing Board's confirmation.

*Kyle Kellum is the Clinic Director at Samaritan Healthcare in Moses Lake, Washington. Over the past 15 years, Kyle has served healthcare in both clinical and administrative capacities. After completion of his studies in radiology, Kyle earned a Bachelor's Degree in Healthcare Management and followed that with a Master's Degree in Healthcare Administration from Des Moines University. Kyle has lived and worked in rural communities for the majority of his career and seeks to expand access to care for rural populations. Kyle remains active in various associations and currently resides on the AHRA Board of Directors serving to improve resources for Imaging leaders nationwide. Kyle, his wife, Traci, and their two children, Kailee and Kanzas enjoy the outdoors as well as sporting events.*

The NCACH Governing Board currently has the following vacancies: Consumer; At-Large 2

## STAFF UPDATES

### Please join us in welcoming Navind Oodit, PharmD, RPh, and MHA Candidate from University of Washington as he completes an internship with NCACH's Opioid Project.



*Hello everyone! My name is Navind Oodit and I am a currently a Master of Health Administration (MHA) candidate at UW. I hail from New York State, born in Brooklyn and raised on Long Island. I did my undergraduate studies at Brown University, majoring in biology. I then attended the University of Buffalo School of Pharmacy and Pharmaceutical Sciences where I earned my Doctorate in Pharmacy (PharmD). After pharmacy school, I was a practicing pharmacist in Washington D.C. for 8 years, serving an underserved population. I decided I wanted to do more in terms of patient care and policy at an administration level, so I decided to move across the country to attend UW. My interests include quality and safety, access to care and quality outcomes to name a few. I am excited to be interning at NCACH, working on addressing concerns of the opioid crisis here in North Central Washington. My past experience has been working with people who are addicted opioids on a patience level and now I am garnering a different perspective working on the policy side of the opioid crisis. I hope to learn as much as I can during my tenure here and hopefully make some useful recommendations that will help better the community at large!*

### We're excited to have you with on the team, Navind!

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### John Schapman

The Transitional and Diversion Intervention workgroup has selected the major initiatives that it will achieve and is in the final stage of the planning process of its three major projects.

In late May, the North Central Emergency Care Council and Aero Methow Rescue Services started the planning process for EMS engagement in the MTP project. This included NCACH staff and EMS partners presenting at the Washington State Ambulance Association meeting in June to gain additional support for this work across the state, creating a survey tool to engage and collect information from local ambulance providers, and meeting with various clinical and community partners across the region to discuss how those partners can work with Ambulance partners in this work. North Central Emergency Care Council and Aero Methow Rescue Services

are quickly moving through the planning process and plan to build out a work plan that will be completed over the next 18 – 24 months.

Emergency Department Partners, Transitional Care Management Partners, and the workgroup members have spent the month developing draft budgets and an application process to formalize the process and funding for our partners to start projects. At the June TCDI workgroup meeting, the group decided to combine both project applications into one application that can be completed by our Hospital partners. The partners will review the next application draft in early July and the workgroup will vote in July to finalize both the funding and application process.

At a statewide level, NCACH and other ACHs have been working with the Health Care Authority and our "Shared Domain 1 partners (the Association of Washington Public Hospital Districts and University of Washington) to determine initiatives that can be supported at a statewide level. At a June 20th meeting the partners identified 5 major areas focused on healthcare policy and regulatory barriers, scope of practice, and common trainings. The goal is for ACHs and our partners to work together across the state on initiatives that will help support the Transformation Project efforts occurring locally.

## Christal Eshelman

June was a very productive month for the Pathways Community HUB. It started with the selection of Community Choice to serve as our Pathways Community HUB lead agency. On June 13 and 14th we rolled up our sleeves and got to work with a 2-day strategic design workshop. This in person meeting included our three consulting organizations and seven local members of the Technical Subgroup. We dedicated a large portion of the first day to narrowing down our initial Target population. After much discussion we selected "People with 3 or more Emergency Department visits in the past 12 months, who are on Medicaid or Medicaid Eligible, and live in the 98837 zip code (Moses Lake)." Another exciting outcome of this meeting was the determination to launch the Pathways Community HUB on October 1, 2018, rather than Feb 1, 2019 as originally anticipated. The preliminary scaling plan is:

| | October 1, 2018 | April 1, 2019 | October 1, 2019 |
|---|---|---|---|
| **Size (total)** | 200 | 400 | 800 |
| **Location** | Grant County | Chelan and Douglas Counties | Okanogan County |
| **Target Population** | ≥ 3 ED visits in past 12 months | ≥ 3 ED visits in past 12 months | ≥ 3 ED visits in past 12 months |

It will be important to closely monitor the launch and client enrollment in order to course correct and/or adjust our scaling plan if necessary. The larger Pathways Community HUB Workgroup has been sun setted with June 27th being the last meeting of this group. The Technical Subgroup will convert into the Pathways Community HUB Advisory Board, which is a requirement of certification. The first meeting of the HUB Advisory Board, facilitated by Community Choice, was held on June 28th. Currently there are 7 members on the Advisory Board. We realize the need to keep the group small, nimble, and dedicated to creating a successful HUB. Over time we will add members to the Advisory Board as needed, but the goal is not to exceed 15 members at any time.

After the approval of the 12 Rapid Cycle Opioid Applications in June, one applicant withdrew their application due to feasibility concerns. In response to this the Executive Committee approved the 11 remaining applications receive their full requested funding amounts (which totaled $97,390 and was under the allocated amount of $100,000). Over the next couple of weeks, NCACH staff developed and executed Memorandums of Understanding between each of the funded agencies and distributed funding to 9 of the 11 agencies on June 29th. Two agencies either had not yet signed the MOU or registered in the Financial Executor Portal by the June 29th funding cutoff and will receive their funding on July 13th. The workgroup took the month of June off but will be reconvening on July 20th to start discussing the larger funding opportunities we expect to have available starting January 1, 2019.

Okanogan County continues to plan for Fully-Integrated Medicaid Contracting (FIMC). On June 10th, we held our first FIMC Provider Meeting where Inna Liu from Beacon Health Options presented on the Behavioral Health Administrative Services Organization role under FIMC and we discussed a client communication plans. Our next meeting is scheduled for July 10th and each of the MCOs will be giving a presentation on their plans for Okanogan's integration and we will be reviewing a draft Okanogan FIMC Communications Plan. Lastly, in an effort to share best practices and lessons learned from North Central providers with 2019 Mid-Adopter regions, North Central providers have agreed to host an "FIMC Provider Site Visit." We have invited each of the ACHs to bring up 10 providers to meet with North Central providers for a day of sharing on July 11th.

## Caroline Tillier

The biggest highlights for me this month included the "WPCC Road Show" and the 2-day Pathways Community HUB Strategic Design Meeting. Peter and I road tripped across our four county region in order to have 1-1 meetings with our 17 WPCC Learning Community members – Linda, John and Christal also joined us for some of these visits. A huge thanks to Teresa for doing her *scheduling magic* by getting all of these meetings set-up and incorporating the right amount of travel time between meetings! The 1.5 hour site visits gave us a chance to check in with our WPCC outpatient partners, and to hear what's going well and what's been challenging. We touched on change plans (which are due July 31), talked about some broader needs around coaching and health information exchange, previewed upcoming learning activities, and brainstormed how to promote maximum engagement. We got great feedback (positive and constructive) and it was well worth the time, not to mention that it was fun to connect with all of the teams face-to-face. Bottom-line: this Medicaid Transformation Project is not easy, but we have such a great and diverse group of outpatient providers! I also attended the Pathways HUB design meeting, a deep dive into all things HUB. One of our biggest tasks was to define a target population that would inform where and how we would roll out implementation of the HUB. I prepared some data for the group to chew on – not because data provides clear answers, but because it sparks great conversation. I think Christal and I both agreed that Dr. Redding was a huge help with the facilitation; she really pushed our group to get specific (we weren't allowed to leave without having a target population!) In the midst of all of this, Peter and I worked with OHSU and CSI to finalize a draft change plan evaluation and stage 2 funding framework for the WPCC. This will be shared with the WPCC Workgroup, the entire WPCC, and the Governing Board in July.

## Sahara Suval

June's highlights included attending all three of the Coalition for Health Improvement (CHI) meetings across our region, as well as developing a final version of the CHI community feedback survey. As of this morning (July 2nd) the survey has already garnered over 90 responses, and I look forward to learning more about the opportunities and barriers to health across our region. I have also attended several community events this month, including presenting at the City of Wenatchee's Homeless Task Force with Brooklyn Holton this month, attending the Interagency Networking Meeting in Wenatchee, the Mental Health Stakeholder's meeting, and the WSHA conference hosted in Chelan. In addition to working with the CHIs, I am working with the NCACH team to review our website's content and function as the MTP projects move further into Implementation stage, and as the team prepares to submit the Semi-Annual Report to the HCA at the end of July. I am also in process of writing a grant application to the Group Health Foundation with two other Accountable Communities of Health (HealthierHere in King County and Better Health Together based in Spokane) which is due July 18. If accepted, the ACH will receive a small award and will be considered for future funding opportunities from the Foundation, especially in regards to health equity initiatives. Looking ahead, I am excited to dive into the data from the CHI Community Feedback surveys with the CHI Leadership Council, as well as to begin working on the next major HCA milestone: the Implementation Plan, due at the end of September 2018.

North Central Accountable Community of Health

**200 Valley Mall Pkwy**

**East Wenatchee, WA 98802**

**www.ncach.org**

**Contact for Questions:**
**Executive Assistant**
**Teresa Davis**
**509.886.6432**
**Teresa.davis@cdhd.wa.gov**

North Central Accountable Community of Health

# Pay for Performance (P4P) Measure Dashboard

Measurement Period: July 2016 – June 2017 (Q2 2017)

Released May 2018

| Measure | Date | ACH Performance | Statewide Performance | Relative to State |
|---|---|---|---|---|
| All-cause Emergency Department Utilization (per 1,000 member months) ↓ | Q2 2017 | 37 | 50 | 🟢 |
| Antidepressant Medication Management – Acute | Q2 2017 | 47% | 49% | 🔴 |
| Antidepressant Medicaid Management – Continuation | Q2 2017 | 31% | 33% | 🟡 |
| Child and Adolescent Access to Primary Care (12-24 months) | Q2 2017 | 94% | 93% | 🟢 |
| Child and Adolescent Access to Primary Care (2-6 years) | Q2 2017 | 87% | 84% | 🟢 |
| Child and Adolescent Access to Primary Care (7-11 years) | Q2 2017 | 92% | 89% | 🟢 |
| Child and Adolescent Access to Primary Care (12-19 years) | Q2 2017 | 93% | 90% | 🟢 |
| Comprehensive Diabetes Care: Eye Exam | Q2 2017 | 47% | 31% | 🟢 |
| Comprehensive Diabetes Care: HbA1c Testing | Q2 2017 | 88% | 84% | 🟢 |
| Comprehensive Diabetes Care: Medical Attention for Nephropathy | Q2 2017 | 89% | 86% | 🟢 |
| Follow up after Discharge from ED for Alcohol or Other Drug Dependence (7 day) | Q2 2017 | 24% | 23% | 🟢 |
| Follow up after Discharge from ED for Alcohol or Other Drug Dependence (30 day) | Q2 2017 | 31% | 31% | 🟢 |
| Follow up after Discharge from ED for Mental Health (7 day) | Q2 2017 | 78% | 60% | 🟢 |
| Follow up after Discharge from ED for Mental Health (30 day) | Q2 2017 | 83% | 71% | 🟢 |
| Follow up after Hospitalization for Mental Health (7 day) | Q2 2017 | 78% | 80% | 🟡 |
| Follow up after Hospitalization for Mental Health (30 day) | Q2 2017 | 88% | 87% | 🟢 |
| Inpatient Hospital Utilization (per 1,000 member months) ↓ | Q2 2017 | 57 | 65 | 🟢 |

↓ Lower rate indicates better performance

## Legend

- 🟢 ACH performance is at or above statewide
- 🟡 ACH performance is below statewide
- 🔴 ACH is the lowest performing ACH region

- Improvement over Self
- Gap to Goal

## Data Sources

Data sources used include: Healthier Washington Data Dashboard & RDA Measure Decomposition Reports

North Central Accountable Community of Health

# Pay for Performance (P4P) Measure Dashboard

Measurement Period: July 2016 – June 2017 (Q2 2017)

Released May 2018

| Measure | Date | ACH Performance | Statewide Performance | Relative to State |
|---|---|---|---|---|
| Medication Management for People with Asthma | Q2 2017 | 25% | 31% | 🔴 |
| Mental Health Treatment Penetration | Q2 2017 | 44% | 46% | 🟡 |
| Percent Homeless ↓ | Q2 2017 | 3% | 5% | 🟢 |
| Percent Arrested ↓ | Q2 2017 | 7% | 7% | 🟢 |
| Plan All-Cause Readmission ↓ | Q2 2017 | 13% | 14% | 🟢 |
| Substance Use Disorder Treatment Penetration | Q2 2017 | 22% | 28% | 🔴 |
| Patients on High Dose Chronic Opioid Therapy | *Data for these P4P measures are not yet available.* | | | |
| Patients with Concurrent Opioid and Sedative Prescriptions | | | | |
| Statin Therapy for Patients with Cardiovascular Disease | | | | |
| Substance Use Disorder Treatment Penetration (Opioids) | Q2 2017 | 35% | 45% | 🟡 |

↓ Lower rate indicates better performance

**Legend**

- 🟢 ACH performance is at or above statewide
- 🟡 ACH performance is below statewide
- 🔴 ACH is the lowest performing ACH region

- Improvement over Self
- Gap to Goal

## About P4P Measures

The first year ACHs will be held accountable for P4P measures is CY 2019. Performance in CY 2019 will be compared to baseline (CY 2017). Official ACH baseline performance will be calculated for CY 2017 (Jan – Dec). The state intends to release baseline results, official improvement targets, and benchmarks for P4P measures in October 2018. ACH performance reported here is preliminary.

Benchmarks for gap to goal measures will likely be based on the national Medicaid 90$^{th}$ percentile; ACHs must close the gap between baseline and benchmarks by 10%. Targets for improvement over self measures will be based on 1.9% improvement from baseline.

Future updates of the P4P Measure Dashboard will include official baseline and benchmarks / improvement targets. The P4P Measure Dashboard will be updated quarterly when possible; however, some measures are only available annually or semi-annually.

# Board Decision Form

**TOPIC:** Center for Outcomes Research & Education (CORE) Contract

**PURPOSE:** To support continued data analytic capacity needed for project planning and implementation.

**BOARD ACTION:**

☑ Information Only

☐ Board Motion to approve/disapprove

**BACKGROUND:** NCACH is one of five ACHs that have engaged Providence CORE for data analytic capacity. Since September 2017, CORE has provided technical assistance and consultation to NCACH on various data products produced by the Health Care Authority. They also provided key deliverables including a regional health needs data summary and content for our project plan applications. They have developed measure and indicator maps for NCACH and recently generated a user-friendly Pay for Performance (P4P) Measure Dashboard summary. These dashboards will be released on a quarterly basis at both an ACH and county level. Our existing contract is coming to a conclusion at the end of July, after two extensions. CORE staff have been great thought partners and provided important data support.

NCACH would like to enter into a new contract involving the following scope of work:

1. Contract Coordination & leadership: Project oversight, contract management, and communication & coordination with ACH staff and partners.
2. Technical Assistance & Consultation: Advising on & supporting ACH strategic planning, data strategy, analytic, monitoring, and reporting needs.
3. Data Infrastructure & Analytics - All-Payer Claims Database (APCD): Support ACH strategies for health system transformation by using Washington APCD data to examine populations and patterns of access, cost, quality/performance, and utilization of care
4. Data Infrastructure & Analytics - Additional Analytics: Additional data collection, storage, management, analysis, and/or reporting as requested by the ACH, up to a maximum of approximately 20 hours per month.

<u>The biggest change to the contract would involve additional analytic support using a new data source: the All Payer Claims Database (APCD).</u>

### APCD Background

In 2015, the Washington legislature initiated a statewide all-payers health care claims database (APCD) as a public resource for improving delivery of health care across the state. The WA-APCD is administered by Washington's Office of Financial Management through its lead organization, OHSU's Center for Health Systems Effectiveness, with data services provided by Onpoint Health Data.

In April, it came to ACHs' attention that a very limited number of fully subsidized seats (i.e. free licenses) were available to access the WA-APCD provided through an Amazon Web Services "Analytic Enclave." Operating under a very tight timeline, ACHs worked together to identify a solution that would allow all ACHs to benefit from this data product; both CORE and King County submitted applications for a no-cost seat to access the APCD data on behalf of ACHs across the state (King County would provide this service to ACHs not currently working with CORE.) This will allow CORE to analyze and create derivative data products from this data.

### Why does this data source add value?

ACHs have access to a number of general data products, including those produced by Healthier Washington's Analytics, Interoperability and Measurement (AIM) team. AIM staff have very limited capacity to complete custom exploratory analyses for ACHs. Currently, ACHs do not have regular access to data products that are customized to their regional priorities, and do not currently have access to granular data. The following table summarizes pros and cons of the WA-APCD data source:

| PROS | CONS |
|---|---|
| More slices and groupers (e.g. disease groupings, ED utilization, high utilizers, demographics, zip code) in APCD data products, compared to HCA data products. | APCD claims data does not include race/ethnicity data |
| Could open up measures beyond Medicaid-specific consumers (broader population lens on health care systems and services, including Medicare/Medicaid dual-eligible beneficiaries) | Completeness of SUD data may be an issue as OFM works on clarifying chemical dependency reporting (given potential conflicts with federal regulations to protect patient confidentiality for these services.) |
| CORE will work in collaboration with ACHs to craft data products/formats that are actionable. HCA data products are high-level aggregate data products that don't beyond county-level and that are created without much input from ACHs. | Analyses using this data come at a cost, since up-front capacity investments are needed to extract data and generate usable data products from this complex data source. |
| Provides potential avenue for provider attribution (relevant for any pay for performance compensation framework) and costs analyses (important information when planning for long-term sustainability). | |

**PROPOSAL:**

***Motion to approve a contract with Providence CORE for up to $103,383 through June 2019 to support continued technical assistance and consultation around data needs, and to expand the scope of data analytic support.***

**IMPACT/OPPORTUNITY (fiscal and programmatic):**

The annual cost of this proposed contract ($103,383) amounts to about $8,600/month. This represents an increase of about $5,000/month compared to our existing contract, accounting for work associated with the All Payer Claims Database (new and expanded scope of work).

| Task | Monthly Cost | Total Cost |
|---|---|---|
| 1. Contract Coordination / Leadership | $406 | $4,877 |
| 2. Technical Assistance & Consultation | $813 | $9,756 |
| 3. Data infrastructure & analytics – **APCD base**<br>*This includes the tasks of building analytic infrastructure, developing a base set of reports, creating an online dissemination platform, and producing quarterly data product refreshes. The budget figure divides the cost of these tasks equally among 5 ACHs.* | $5,000 (Total cost could be broken up by month or quarter) | $60,000 |
| 4. Data infrastructure & analytics – **Additional analytics** | $2,396 | $28,750 |
| **TOTAL** | $8,615 | $103,383 |

Continuing our relationship with CORE presents a unique opportunity to access data from the WA-APCD which will support monitoring and improvement activities, as well as program evaluation activities across NCACH's project portfolio.

Note that CORE may also be involved in a cross-ACH shared framework for evaluating the Pathways HUB, though this is not part of this current proposal.

**TIMELINE:** The CORE scope of work outlined above covers the period of July 2018-June 2019.

**RECOMMENDATION:** *Approve above motion.*

Submitted By: NCACH Staff
Submitted Date: 07/09/2018
Staff Sponsor: Caroline Tillier

# Board Decision Form

**TOPIC:** Center for Community Health and Evaluation (CCHE) Contract

**PURPOSE:** To develop and support program evaluation activities that will help determine the effectiveness of initiatives funded by NCACH.

**BOARD ACTION:**

- ☐ Information Only
- ☑ Board Motion to approve/disapprove

**BACKGROUND:** NCACH workgroups have been planning and developing initiatives associated with our six Medicaid Transformation Projects. As funds are disbursed to begin implementing these initiatives, NCACH should allocate resources towards program evaluation activities that can systematically investigate the effectiveness of these initiatives and promote long-term sustainability. Program evaluation activities are best built on the front-end so we can proactively collect information needed to test our assumptions and determine success. Interim findings about what is or is not working can inform ongoing decision-making and suggest course corrections.

Existing contractors have provided assistance with data collection and helped us think ahead to monitoring and reporting. Data collection is related to program evaluation because it can inform process and outcome metrics. However, program evaluation design goes beyond just the data. Investing in assistance from the Center for Community Health and Evaluation (CCHE) will help NCACH plan a systematic and strategic approach to project evaluation across our Medicaid Transformation Project (MTP) portfolio.

NCACH solicited a draft evaluation design proposal from CCHE which involves a phased approach to designing and implementing an evaluation plan:

1. *Exploratory phase:* learning more about the Transformation projects, evaluation goals, and available resources and creating a strategy document for moving forward
2. *Design phase*: developing full evaluation plans, including evaluation questions, indicators, data sources, and analysis and dissemination plans
3. *Implementation phase*: moving forward with the evaluation, gathering data and generating results

### CCHE capability statement

CCHE is part of Kaiser Permanente Washington Health Research Institute, which is nationally recognized for research on the delivery of health services and outcomes of health care. Based in Seattle, CCHE serves foundations and health organizations throughout the United States. CCHE has extensive experience conducting evaluations, with an emphasis on projects that involve collaboration and participatory approaches and promote program improvement. The proposed approach for NCACH is drawn from CCHE's over twenty years

of experience providing consultation and evaluation services to foundations, healthcare organizations, and nonprofits.

For the past three years, CCHE also has been the statewide evaluation partner for Washington's Accountable Community of Health (ACH) initiative, funded through the State Innovation Model grant. CCHE works closely with Healthier Washington staff and ACHs across the state to understand and support ACH development and continuously improve the initiative. Through this work, CCHE has developed a deep knowledge of the Medicaid Transformation projects and measures, as well as best practices and the challenges ACHs face in working within this Initiative.

**PROPOSAL:**

***Motion to approve a contract with CCHE for up to $7,000 to support an initial exploratory phase around designing an evaluation plan for NCACH's transformation projects.***

**IMPACT/OPPORTUNITY (fiscal and programmatic):** NCACH staff seek authorization of up to $7,000 to move forward with the initial exploratory phase. CCHE has estimated the exploratory phase at $5,000, would track hours closely, and would only invoice for hours worked. NCACH staff are recommending authorization for up to $7,000 to provide some flexibility should there be unanticipated expenses or a need for additional hours to finalize the deliverable. This opportunity represents a first step towards formulating an evaluation design proposal across NCACH's project portfolio. Incorporating evaluation into our planning and implementation activities will help us investigate the effectiveness of initiatives funded by NCACH and promote their long-term sustainability.

**TIMELINE:** Preliminary estimates of exploratory phase tasks and timelines are as follows:

| ***Exploratory Phase Tasks*** | ***2018*** | | |
|---|---|---|---|
| | *Aug* | *Sep* | *Oct* |
| Information gathering | *x* | *x* | |
| In-person meeting | | *x* | |
| Providing draft evaluation strategy document for review and feedback and finalizing the document | | *x* | *x* |

The primary deliverable for this phase will be an evaluation strategy document for each of our six projects that lays out a process going forward for creating a detailed evaluation plan (the Design phase).

**RECOMMENDATION:** *Approve above motion.*

Submitted By: NCACH Project Staff
Submitted Date: 07/09/2018
Staff Sponsor: Caroline Tillier

# Board Decision Form

**TOPIC:** Change plan evaluation and stage 2 funding framework for Whole Person Care Collaborative (WPCC)

**PURPOSE:** To obtain NCACH Board approval of the Stage 2 funding framework and the change plan evaluation criteria that would impact Stage 2 funding.

**BOARD ACTION:**

☐ Information Only

☑ Board Motion to approve/disapprove

**BACKGROUND:**

### Stage 1 Funding

The purpose of Stage 1 funding was to support the development of Change Plans and participation in at least one learning activity through the WPCC Learning Community. In late February and early March, NCACH signed Stage 1 MOUs with 17 outpatient providers and members of the WPCC Learning Community. These Stage 1 funding disbursements were approved by the Board at the January 19th, 2018 Board Retreat. Ranging from $90K-$105K (amounting to a total of $1,665,000), this funding was designed to support the following major deliverables/requirements:

- Complete a MeHAF/PCMH-A baseline assessment
- Send a team to a one day Kick-Off meeting on March 24, 2018
- Ensure a team participates in at least one learning and quality improvement activity
- Develop and submit to NCACH a change plan by July 31, 2018

### Stage 2 Funding

Stage 2 funding will help WPCC organizations implement their change plans through continued engagement in and technical assistance from the WPCC Learning Community. Stage 2 funding is slated to begin in September 2018. Draft Stage 2 funding frameworks have been presented to the Board and WPCC and undergone numerous revisions. Different methods were considered for Stage 2 funding to account for two primary variables:

- The size and complexity of the organizations involved, and
- The quality and comprehensiveness of the submitted Change Plan.

The attached detailed proposal incorporates much of the feedback we have received from the WPCC Workgroup, as well as the broader WPCC. This framework is designed to incentivize participation and efforts to improve health delivery in outpatient settings, regardless of the organization's size or starting point.

| |
|---|
| **PROPOSAL:**<br><br>***Motion to approve the proposed change plan evaluation and stage 2 funding framework for WPCC Learning Community members.*** |
| **IMPACT/OPPORTUNITY (fiscal and programmatic):** While certain elements of this Stage 2 funding framework are variable, NCACH staff don't expect to exceed the budget projections for the WPCC as approved by the Board in June 2018. As this funds flow mechanism is rolled out for the WPCC, NCACH staff will provide regular updates to the Board that may suggest revisions to budget projections and/or the framework. |
| **TIMELINE:** This framework would be in place starting September 2018 for the duration of the Medicaid Transformation Project. |
| **RECOMMENDATION:** *Approve above motion.* |

| | |
|---|---|
| Submitted By: | Whole Person Care Collaborative |
| Submitted Date: | 07/09/2018 |
| Staff Sponsor: | Peter Morgan and Caroline Tillier |

# Proposal for Evaluation & Approval of Change Plans and Stage 2 Funding

## Introduction

The purpose of this document is to describe the process by which Change Plans will be evaluated and scored, how Change plans can be improved based on the evaluation, and how organizations participating in the Learning Community will be funded starting September 1, 2018 (aka Stage 2 Funding).

The change plan evaluation process described below will be a blueprint for subsequent funding cycles. **Recognizing that these criteria were not released until one month prior to the change plan due date, base funding in 2018 will not be adjusted based on scores (scores will be translated into pass/fail only)**.

The pass/fail approach in 2018 allows for organizations to become familiar with scoring criteria and gives them 4+ months to fine-tune their change plans to receive maximum funding in the 2019 calendar year.

In the spirit of continuous improvement, we expect to learn from the evaluation process in 2018, which may suggest revisions to the process.

## Evaluation and scoring

The following is an overview of criteria used to evaluate change plans.

### Scoring Criteria for Section I – Practice Transformation Vision (0-20 Points)

1. The organization displays good understanding of its current strengths and weaknesses (0-10 points)
    a. Assessment scores have been entered (PCMH-A and/or MeHAF, or other assessment tool approved by NCACH)
    b. For any scores showing opportunities for development, evaluators should expect to see a description of *Improvement Opportunities to Target*. Descriptions should demonstrate understanding of change concepts and what it would take to attain a higher stage of development.
        i. For PCMH-A, scores below 10 (Levels D, C, or B) would indicate an opportunity for development
        ii. For MeHAF, scores below an 8 (Levels D, C, or B) would indicate an opportunity for development

2. The organization's plan for improvement related to the Standard Framework for Integrated Care is well-articulated, reasonable, and appropriately ambitious (0-10 points)
    a. Organization has articulated a compelling vision of future practice towards whole person care, within the scope of their business model
    b. Letter of support shows genuine commitment from leadership
        i. Not attaching a letter of support will result in a loss of 5 points

For 2019 and beyond, updated assessment scores (PCMH-A, MeHAF or other assessment tool approved by NCACH) will be required as part of the annual change plan updates and will result in the full 20 points (provided the above criteria 1.a and 1.b are met).

An updated vision statement and letter of support will not be required every year.

### Scoring Criteria for Section II - Change Plan (0-80 Points)

1. The aim(s) is well articulated, is realistic, and closely ties to the change plan topic
2. The plan for measurement is aligned with the aims, and methodologically sound
3. The drivers and action steps are aligned with aim(s), meet evidence based criteria, and suggest reasonable progress along the MeHAF and/or PCMH-A continuum
4. The goals set for the measures are ambitious enough to affect NCACH performance, and realistic given the starting point
5. The planned activities are appropriately sequenced to achieve desired goals and are realistic given the organization's capacity

*These criteria including corresponding scoring are further defined on the next page.*

## Change plan submission and write back process

Change plans should be posted to the web portal by close of business on the due dates. The templates will be locked to prevent further changes and reviewed by staff and outside consultants until the process is completed.

Change plans will be downloaded, printed, and given to a review team to score each change plan according to the scoring criteria. Organizations will receive evaluations of their change plans and an initial score with suggestions for improvements. They will have an opportunity to update and resubmit their plans for final scoring.

NOTE: In 2018, any organization scoring above 60 on their change plan will be eligible for a quarterly payment based on the maximum base funding they are eligible for. Under this pass/fail construct, only organizations scoring below 60 would need to go through the write-back process.

## General timelines for evaluation and funding process

| | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|
| Change Plans Due | 7/31/2018 | 12/31/2018 | 12/31/2019 | 12/31/2020 |
| Initial Scores Released | 8/10/2018 | 1/15/2019 | 1/15/2020 | 1/15/2021 |
| Updated Change Plans Due | 8/20/2018 (*for those that did not pass)* | 1/31/2019 | 1/31/2020 | 1/31/2021 |
| Final Scores Released | 8/31/2018 | 2/15/2019 | 2/15/2020 | 2/15/2021 |
| Change Plan Implementation Timeframe | 9/1/2018 – 12/31/2018 | 1/1/2019 – 12/31/2019 | 1/1/2020 – 12/31/2020 | 1/1/2021 – 12/31/2021 |

## Detailed Section II Scoring Criteria

| | 1<br>Clarity and Appropriateness of Aim(s) | 2<br>Measurement | 3<br>Approach | 4<br>Goals/Targets | 5<br>Alignment/Path | *Points* | *Weight* |
|---|---|---|---|---|---|---|---|
| **SECTION II EVALUATION CRITERIA ⇨** | The aim(s) is well articulated (defines the who, the what, and the desired change), is realistic, and closely ties to the change plan topic | The plan for measurement is aligned with the aims, and methodologically sound | The drivers and action steps are aligned with aim(s), meet evidence based criteria, and suggest reasonable progress along the MeHAF and/or PCMH-A continuum | The measure goals (targets) set for the measures are ambitious enough to affect NCACH performance, and realistic given the starting point | The planned activities are appropriately sequenced to achieve desired goals and are realistic given the organization's capacity | *Add Columns 1-5* | *Topics are not all weighted equally* |
| **CRITERIA DEFINITIONS ⇨**<br><br>**CHANGE PLAN TOPICS ⇩** | 1 = One aim meeting the definition above,<br>2 = Two or more aim(s) meeting the definition above, OR a single aim meeting the definition above and supported by more than one measure and three or more drivers | 1 = One measure directly linking to the aim with baseline data, or more than one measure but no baseline data<br>2 = Two or more measures are addressed with baseline data showing a starting point for improvement | 1 = One or two drivers and associated tactics that directly supports the aims(s)<br>2 = Three or more drivers and associated tactics that increase the likelihood of achieving aim(s) | 1 = Only one goal meeting above definition has been selected OR in aggregate, 50% of the goals meet the above definition<br>2 = There are multiple goals AND more than 75% meet the above definition | 1 = Date fields are completed for all selected drivers, but questions regarding sequencing or whether realistic<br>2 = Date fields are completed for all selected drivers and meet the definition above | *0= Does not meet minimum criteria for funding*<br><br>*1 = Meets minimum criteria*<br><br>*2 = Meets ideal criteria* | |
| 1. Bi-Directional Integration | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0-10 | 25% |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2. Chronic Disease Prevention and Control | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0-10 | 25% |
| 3. Access to Care | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0-10 | 10% |
| 4. Addressing opioid epidemic | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0-10 | 10% |
| 5. Transitional Care | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0-10 | 10% |
| 6. Diversion Interventions | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0-10 | 10% |
| 7. Social Determinants of Health | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0-10 | 5% |
| 8. Community-Based Care Coordination | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0 / 1 / 2 | 0-10 | 5% |

## Stage 2 Funding

Stage 2 funding will be composed of two components:

- Fixed funding: adjusted based on the quality and comprehensiveness of the change plan (the change plan score)
- Variable funding: based on participation in learning activities, including reporting of outcomes and demonstrated progress.

### Fixed portion

Each organization can receive a maximum of between $50,000-100,000 per year of base funding depending on the number of Medicaid encounters as shown in the table below:

| Annual Medicaid Encounters | Maximum Base Funding |
|---|---|
| > 75,000 | $100,000 |
| 30,000-74,999 | $80,000 |
| 10,000-29,999 | $65,000 |
| <1,000 | $50,000 |

In 2019 and beyond, base funding will be adjusted based on the organization's final score on their change plan, as follows:

| Points on Change Plan | Funding Amounts |
|---|---|
| 90-100 | Maximum funding |
| 60-89 | 60-89% of funding (each point = 1%) |
| <60 | No funding* |

**REMINDER**: For 2018, change plans will be evaluated on a pass/fail basis. Organizations with a score above 60 will pass and will be eligible for payments based on 100% of their base funding. Organizations with a score that remains below 60 after the write-back process will not be eligible for base funding.

### Disbursement of fixed funding

Base funding disbursements are contingent on organizations meeting their quarterly reporting requirements and demonstrating progress. Quarterly quantitative and qualitative reports will mirror the submitted change plan. These snapshots will allow sites to indicate their change status on the secondary drivers in their organizational change plan (e.g. Planning, Testing, Limited Implementation, Spread, etc), report their measures as of the quarterly report due date, and provide a short narrative summary for each of the 8 topics. Narrative summaries will include these components:

- Practice Status – Summary of Successes

- Practice Status – Summary of Challenges
- Next Steps

## Variable portion

The variable portion of the change plan will be paid to each organization based on participation in each Learning Activity at $10,000 per activity per team provided the following conditions are met:

- Teams will be scored for each learning activity by the Faculty and NCACH staff according to the assessment scale on the following page. Each team must progress to at least level 2.5 by the conclusion of the learning activity in order to receive funding for the activity. This will require attendance, active participation, engagement in improvement activities in the workplace, and reporting of progress through the Web Portal.

### Disbursement of variable funding

Variable components will be paid within 30 days of the conclusion of the learning activity, provided participation was satisfactory (as described above).

## Whole Person Care Learning Community
## Learning Activity Participating Assessment Scale

| Assessment/Description | Definition |
|---|---|
| 1.0<br>Forming team | Team has been formed that will engage in learning activity webinars and associated homework (aka "leave in action"). |
| 1.5<br>Planning for the learning activity has begun | Team is meeting, discussion is occurring. Plans for the learning activity have been made. |
| 2.0<br>Activity, but no changes | Team or team representative actively engaged in webinar discussions, but no changes have been tested on the ground. |
| 2.5<br>Changes tested, but no improvement | Team or team representative actively engaged in webinar discussions, reporting back on leave in action items. Changes being tested on the ground, but no improvements measured. |
| 3.0<br>Modest improvement | Initial test cycles have been completed and implementation begun for several changes. Evidence of moderate improvement in process measures. |
| 3.5<br>Improvement | PDSA test cycles change ideas from the learning activity topic, changes implemented in multiple areas of learning activity topic. Some improvement in outcome measures, process measures continuing to improve. |
| 4.0<br>Significant improvement | Most applicable change ideas from the learning activity are implemented for the population of focus. Evidence of sustained improvement in outcome measures, halfway toward accomplishing all of the goals. Plans for spreading the improvement are in place. |
| 4.5<br>Sustainable improvement | Sustained improvement in most outcomes measures, 75% of goals achieved, spread to a larger population has begun. |
| 5.0<br>Outstanding sustainable results | All applicable components of the change ideas are implemented, all goals of the aim have been accomplished, outcome measures at national benchmark levels, and spread to another facility. |

*Adapted from IHI/MHS Access Quality Learning Partnership Project Assessment Scale*

# Board Decision Form

**TOPIC:** University of Washington AIMS Center Contract

**PURPOSE:** To obtain NCACH Board approval for a $48,000 expenditure for consulting services from the University of Washington.

**BOARD ACTION:**

☐ Information Only

☑ Board Motion to approve/disapprove

**BACKGROUND:**

In the course of discussions with our CCMI/CSI consultants about providing faculty for WPCC learning activities and coaching for quality improvement, we determined that more specific experience and expertise in bi-directional integration from a behavioral health provider organization's perspective would be helpful. CCMI/CSI have prior experience in working with the University of Washington AIMS Center and recommended we enter into a consulting arrangement with them to augment their services. UW AIMS Center staff participated in our kick-off and one of our Change Plan webinars; we've received positive input from WPCC Learning Community members about their participation.

Peter Morgan, John Schapman, Linda Parlette and Barry Kling have been in contract negotiations with the AIMS center and have agreed on a contract that has gone through multiple revisions. The contract would extend until December 31, 2018 at which time it could be extended if both parties agree. The AIMS Center consultants will work collaboratively with CCMI/CSI in the development of curricula for bi-directional integration learning activities, teaching learning sessions, and in consulting with WPCC Learning Community Members to assist in implementing bi-directional integration workflows.

**PROPOSAL:** Motion to approve NCACH entering into a contract with the UW AIMS Center for consulting services in the amount of $48,000.

**IMPACT/OPPORTUNITY (fiscal and programmatic):** The AIMS Center brings unique expertise that is valuable to our behavioral health providers and will help them be successful in implementing bi-directional integration strategies.

**TIMELINE:** The proposed timeline for the work is July-December 2018. We are ready for their services right away.

**RECOMMENDATION:** Staff recommends that the Board approve the expenditure and for the Executive Director to enter into a contract with the University of Washington for the scope of services covered.

| | |
|---|---|
| Submitted By: | Whole Person Care Collaborative |
| Submitted Date: | 07/09/2018 |
| Staff Sponsor: | Peter Morgan |

# Transitional Care and Diversion Intervention (TCDI) Workgroup

**Report for the North Central Accountable Community of Health Governing Board**

*July 9th, 2018*

## 6.28.18 Workgroup Meeting Key Outcomes

- Reviewed Transitional Care Management and Diversion Intervention budget allocations through 2019 (See additional attachment for detailed budget
- Reviewed Engagement process (application) for both Transitional Care Management and ED Diversion. It was recommended to combine the two applications into one with two distinct sections
    - It will be expected of Hospital providers to work with non-hospital based partners
- The Transitional Care Management and ED Diversion Subgroup will finalize application details. Final details will be brought to the workgroup to vote on in July 2018
- Reviewed Law Enforcement protocol to divert patients to Parkside
- EMS Update – North Central Emergency Care Council and Aero Methow Rescue Services continue to work with EMS partners to develop a reginal EMS plan to enhance ED Diversion.

## Upcoming Meeting

| Meeting Dates | Workgroup/Meeting |
|---|---|
| July 10th | TCM Subgroup Meeting |
| July 12th | ED Diversion Partner Meeting |
| July 18th | NCACH Staff TCM site visit at Confluence Health |
| July 26th | ***TCDI Workgroup meeting Cancelled***<br>*Electronic Voting on funding and application will occur in July |

**Attachments:**

1. Draft Hospital Organization Application for Participation (Decided at 6.28.18 TCDI Workgroup meeting to merge)
2. TCDI Budget Estimates for Transitional Care Management and ED Diversion

# NCACH Hospital Application for Transitional Care Management and Emergency Department Diversion:

## APPLICATION SUMMARY

### Introduction:

NCACH will work with hospital partners to assist in Transitional Care Management and ED Diversion. The North Central Accountable Community of Health Transitional Care and Diversion Intervention Workgroup has identified a regional Transitional Care Management Model (adopted by Confluence Health) as the approach we will implement across the region specific to Transitional Care and have work with ED partners to develop primary initiatives to support the reduction of inappropriate Emergency Department utilization by supporting the "ER is for Emergencies Seven Best Practices."

### Eligible Entities:

10 Hospital Emergency Departments within North Central Region: These include

1. Cascade Medical Center
2. Columbia Basin Hospital
3. Confluence Health (Central Hospital)
4. Coulee Medical Center
5. Lake Chelan Community Hospital
6. Mid-Valley Hospital
7. North Valley Hospital
8. Quincy Valley Medical Center
9. Samaritan Healthcare
10. Three Rivers Hospital

### Reporting Requirements:

1. NCACH will require periodic written and verbal reports from implementation partners. Those reports will include:
    a. Detailed plan outlining plans for implementation of Transitional Care Management and Emergency Department Diversion tactics in their organization
    b. Measures the organization will track and provide to NCACH to help in program evaluation across the region.
2. Reporting requirements will be detailed in Memorandums of Understanding between the NCACH and each partner.

### Length of Project Period:

The project period will start October 1st 2018 and run through December 31st, 2019. Additional funding will be available in future years to partners through an additional application process.

### Application Submission Information:

Email completed applications to John Schapman (john.schapman@cdhd.wa.gov) by **[insert date]** If you need technical assistance filling out the template, please email John Schapman or call 509-886-6435.

**SECTION I: ORGANIZATION INFORMATION**

| Organization Information | | | |
|---|---|---|---|
| Organization Name: | | | |
| Total Funding Requested: $ | | | |
| Contact Name: | | | |
| Email: | | | |
| Physical Mailing Address: | | | |
| Phone: | | | |
| Counties Served: (check all that apply):<br>☐ Chelan | ☐ Douglas | ☐ Grant | ☐ Okanogan |
| Check projects Organization is participating in:<br>☐ Transitional Care Management<br>☐ Emergency Department diversion | | | |

**SECTION II: TRANSITIONAL CARE MANAGEMENT**

**Model Selected:**

Transitional Care Management (As adapted by Confluence Health)

**Summary of Model:**

Prior to discharge, hospital staff organize follow-up services and address patients' financial and psychosocial barriers to receiving needed care, drawing on community resources as needed. The bedside RN and inpatient case manager discuss instructions with the patient. The patient is sent home with written material that has all of this included on it in addition to a patient-specific summary of the visit. That document is called an AVS (After Visit Summary). The AVS summary is also used by the transitional care management RN's (TCM-RN) who make the post discharge hospital follow up phone call.

The TCM-RN makes a 24-48 hour (2 business days) post discharge phone call that affirms that the patient has a follow up appointment with their PCP, medication review, if they have all of their post hospital services arranged i.e.: DME, O2, HH/Hospice, AFH/ALF, and or caregiver help. Any problems identified will be worked on and then directed to the PCP's office. Patients are instructed to call their provider with certain red flags or 911 for immediate medical attention for some symptoms.

The TCM-RN identifies patients from a daily discharge report excluding discharged to hospice, assisted/skilled nursing facility or patients receiving hemodialysis or those that are in another case-managed program. Patients who have a follow-up appointment the day after discharge are not called.

A prompt follow-up visit with their outpatient provider provides follow-up care, ongoing symptom and medication management and continuous access for the 30 day post-discharge period.

**Target Population:**

Patients discharged from impatient hospital care to home or supportive housing.

**Expected Measures Transitional Care Models Should Target:**
Implementation partners may develop specific measurements for program evaluation but should expect transitional care programs will help improve the following quality measures.

- Follow-up After Hospitalization for Mental Illness
- Inpatient Hospital Utilization
- Outpatient Emergency Department Visits per 1000 member months
- Plan All-Cause Readmission Rate (30 Days)

**Additional Eligibility Details:**

- Initial Pilot Partners in 2018: Hospitals with an annual Medicaid Discharge of >200 beneficiaries a year or have a current TCM program in place
- Partners who could join in 2019: All other hospital organizations with a Medicaid discharge of <200 beneficiaries a year (Approximately 6 Hospitals in Region)

**Funding Identifications:**

Approximate funding to implement the transitional care model for organizations will be $30,000 over the course of implementation.

**Project Description** (suggested word count – 500 - 1000 words)

| |
|---|
| Project Description:<br>*Provide a description of the project including how you plan to implement the selected approaches above. Provide justification for selecting this project.* |
| Project Scope:<br>*Please describe who this project will serve, and what community partners you will engage with. Will you pilot with a specific demographic first?* |
| Timeline:<br>*Describe the timeline and major milestones for implementing this project? How will you monitor project implementation progress and address delays?* |
| Sustainability:<br>*How will you ensure sustainability of this project and/or sustainable change beyond the project period?* |
| Social Determinants of Health:<br>*Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Some examples of social determinants include: safe housing, education, job opportunities, access to health care services, transportation, public safety, social support, and socioeconomic conditions. How will this project address the social determinants of health?* |

**Project Budget**

*Provide an estimated project budget using the template provided including information about additional funding applied for or obtained for this and related initiatives. Provide a budget narrative (suggested word count 200-300 words; maximum word count is 500 words)*

| **Project Budget: through December of 2019** | | |
|---|---|---|
| ***EXPENSES*** | ***NCACH funded*** | ***Other funding*** |
| *Salaries, wages, and benefits* | | |
| *Travel* | | |
| *Equipment* | | |
| *Supplies* | | |
| *Training* | | |
| *Printing* | | |
| *Other Expenses (itemize):* | | |
| | | |
| | | |
| | | |
| | | |
| ***Total*** | | |

## SECTION III: EMERGENCY DEPARTMENT DIVERSION:

### Model Selected:

Strategies to enhance the "ER is for Emergencies Seven Best Practice Approaches"

Summary of Emergency Department Process Improvement Tactics:
Through input from the Emergency Department representatives across the region, NCACH has identified high priority approaches for our region, listed below. These approaches were selected for their alignment with the ER is for Emergencies Seven Best Practice Approaches.

1. Reduce inappropriate ED visits by collaborative use of prompt (72 hour) visits to primary care physicians and improving access to care;
2. Patient Education of how to Access Appropriate Care
3. Work with Emergency Departments to Integrate EDIE into their department workflows

### Target Population:

High utilizers of the ED system (3+ visits/year) due to inappropriate utilization of care

### Expected Measures:

Implementation partners may develop specific measurements for program evaluation but should expect Diversion programs will help improve the following quality measures.

- Outpatient Emergency Department Visits per 1000 member months
- Follow-up After Discharge from ED for Mental Health
- Follow-up After Discharge from ED for Alcohol or Other Drug Dependence

### Award Size:

Anticipated total available funding for the Emergency Department work for the period (October 2018 – December 2019) will vary based on the initiatives and budget accepted by each organization. Organizations can choose to select all approaches attached to this application and will be funded according the respective up to amounts:

- Reduce inappropriate ED visits: $7,000
- Patient Education: $5,000
- Emergency Department Training of EDIE: $8,000
- Total Available: $20,000

| **Priority Approaches**<br>Check all application approaches you wish to address | |
|---|---|
| <u>Reduce inappropriate ED visits by collaborative use of prompt (72 hour) visits to primary care physicians and improving access to care;</u><br>1. Develop a program to have Patient's discharged from Emergency Department receive a follow up phone call.<br>2. Schedule follow up appointments with partners (Primary Care and Behavioral Health) upon discharge from Emergency Department<br>a. Initial Stage: Each organization would develop the process for patients referred to a clinic in your own organization.<br>b. Second Stage: The group would help to identify how this process could also be done with providers outside of their organization | ☐ |
| <u>Patient Education of how to Access Appropriate Care</u><br>• Education on appropriate use of Primary Care, Urgent Care, and Emergency Departments, and where to access off hours of care to patients<br>1. Better referral/connection to care coordination agencies to assist patients with follow up appointments<br>2. Follow up call for patients after discharge from Emergency Department (Same tactic as outlined in Goal #1) | ☐ |
| <u>Training on better utilization and integration of EDIE system</u><br>**1.** Work with Emergency Departments to Integrate EDIE into their department workflows<br>a. Develop a common training program that Emergency Departments can use for their staff to utilize the EDIE system in patient care<br>b. Ensure EDIE is integrated with EMR systems<br>c. Ensure workflows include routine input of information into EDIE system<br>**2.** Set up EMR/EDIE system to notify PCP when a patient arrives in the ED | ☐ |

**<u>Project Description</u>** (suggested word count – 500 - 1000 words)
(Complete for each Box you check)

| |
|---|
| Project Description:<br>*Provide a description of the project including how you plan to implement the selected approaches above. Provide justification for selecting this project.* |
| Project Scope:<br>*Please describe who this project will serve, and what community partners you will engage with. Will you pilot with a specific demographic first?* |
| Timeline:<br>*Describe the timeline and major milestones for implementing this project? How will you monitor project implementation progress and address delays?* |
| Sustainability:<br>*How will you ensure sustainability of this project and/or sustainable change beyond the project period?* |
| Social Determinants of Health:<br>*Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Some examples of social determinants include: safe housing, education, job opportunities, access to health care services, transportation, public safety, social support, and socioeconomic conditions. How will this project address the social determinants of health?* |

**Project Budget**

*Provide an estimated project budget using the template provided including information about additional funding applied for or obtained for this and related initiatives. Provide a budget narrative (suggested word count 200-300 words; maximum word count is 500 words)*

| **Project Budget: through December of 2019** | | |
|---|---|---|
| ***EXPENSES*** | ***NCACH funded*** | ***Other funding*** |
| *Salaries, wages, and benefits* | | |
| *Travel* | | |
| *Equipment* | | |
| *Supplies* | | |
| *Training* | | |
| *Printing* | | |
| *Other Expenses (itemize):* | | |
| | | |
| | | |
| | | |
| | | |
| ***Total*** | | |

**SECTION IV: ADDITIONAL CONSIDERATIONS**

(suggested word count – 500 words)

The following questions are optional. While non-responses will not count against your total score, strong responses can improve your overall score.

| |
|---|
| Whole Person Care:<br>*Whole Person Care more effectively connects patients with resources outside the clinic which help address health-related social issues such as housing, education, and other social determinants of health. Whole Person Care also eliminates the divide between behavioral health and medical care. How will this project promote Whole Person Care in our region?* |
| Enhancing connections with Community Behavioral Healthcare and Primary Care Providers:<br>*Mental Health place a large role in high Emergency Department utilization. How will the work you complete help to ensure patients that are discharged from the Emergency Department utilization is getting linked up with a Behavioral Healthcare Provider?* |
| List group of Community Partners you will work with to better transition your patients out of care:<br>Organizations will receive incentives for partnering with non-traditional medical providers. |

## SECTION V: MEASUREMENT AND EVALUATION

| |
|---|
| Measurement and Evaluation:<br>*In order to measure progress, it is important to track process and outcome metrics. What key indicators will you utilize to measure baseline, progress, and success of this project? How will you know the project has been impactful?* |
| Reporting:<br>*Attest that you understand and accept the responsibilities and requirements for reporting. These responsibilities and requirements include:*<br>• *Semi-annual written reports on project implementation progress*<br>• *Providing updates on calls every other month*<br>• *Presenting at the NCACH Annual Summit in 2019*<br>☐ Yes ☐ No |

## SECTION VI: APPENDICES (to be created in July 2018)

1. Transitional Care Management Reference Guide
2. ER is for Emergencies Seven Best Practice Fact Sheet
3. TCDI Implementation Timeline grid

## Estimated Transitional Care Management and Diversion Intervention Budget Expenses (Estimated Expenses are through 2019)

| **Transitional Care Management** | | |
|---|---|---|
| **Type of Cost** | **Brief Description** | **Amount** |
| Organization Reimbursement *(8 Organizations)* | Direct costs to staffing, backfill, training to complete work | $240,000 ($30,000 each) |
| Training Cost (Regional Trainers) | Contracted Cost to provide training services | $55,000 |
| ACH Direct expenses – Regional Trainers, Additional Consultants | (i.e. Regional purchase of RN Care Coordination certification, additional consultants) | $20,000 |
| **TCM Total Cost** | | **$315,000** |

| **Emergency Department Diversion** | | |
|---|---|---|
| **Type of Cost** | **Brief Description** | **Amount** |
| Reducing Inappropriate ED Visits *(8 Organizations)* | • Collaboration with Partners to create referral patterns with other providers and train staff to utilize<br>• Train Staff to follow up with PCP and Outpatient Behavioral health at point of discharge | $56,000 ($7,000 each) |
| Patient Education on Appropriate Utilization of ED *(8 Organizations)* | • Creation of region specific material<br>• Coordination with partners across region<br>• Training on staff to utilize resources | $40,000 ($5,000 each) |
| Staff Training on EDIE *(10 Organizations)* | • Staff Training and backfill of EDIE system<br>• Integration of EDIE into EMR | $80,000 ($8,000 each) |
| ACH Direct expenses | Training/Contractor Expenses – (i.e. CMT, EMR Integration Efforts) | TBD |
| **ED Diversion Total Cost** | | **$176,000** |

| **TCDI Total Cost** | **Amount** |
|---|---|
| Transitional care Management | $315,000 |
| ED Diversion | $176,000 |
| **Total Cost** | **$491,000** |

# Board Decision Form

**TOPIC:** Amend Funding Period for Pathways Community HUB lead agency

**PURPOSE:** Shorten funding period for Pathways Community HUB planning phase

**BOARD ACTION:**

- ☐ Information Only
- ☑ Board Motion to approve/disapprove

**BACKGROUND:**

In June, the Governing Board approved $138,000 to be used to contract with Community Choice for the Planning phase of the HUB. Initially, the anticipated launch of the HUB was slated for Feb. 1, 2019. At our 2-day Strategic Design Meeting in June, Community Choice felt we could move the launch date up to October 1, 2018. With the earlier launch of the HUB, the funding approved for the Planning Phase will be utilized June-Sept 2018 rather than June-December 2018. Essentially the same amount of work expected to be completed in seven months, will now be completed in four months. In anticipation of this, during the Planning Phase Community Choice will have approximately 2 FTE dedicated to HUB planning rather than 1 FTE dedicated to HUB planning.

**PROPOSAL:**

***Motion to amend the funding period for Pathways Community HUB to be June through September 2018 for $138,000.***

**IMPACT/OPPORTUNITY (fiscal and programmatic):** Additional funding will be necessary for Pathways Community HUB operations starting on October 1, 2018 rather than January 1, 2019. This will have an impact on the 2018 Pathways Community HUB and overall Project Budgets. The amount of funding requested for operations October through December is not yet known and will depend on the Pathways HUB Budget that is under development and expected to be completed by the end of July. If the HUB is not launched by October 1, 2018, additional funding for the HUB lead agency will not be available until the HUB has launched, except as agreed upon by the Board.

**TIMELINE:** This will shorten the planning period from seven months (June 2018 – Jan. 2019) to four months (June – Sept 2018) and allow the HUB to launch October 1, 2018 which is three months earlier than anticipated.

**RECOMMENDATION:** *Approve above motion.*

Submitted Date: July 9, 2018
Staff Sponsor: Christal Eshelman