North Central Accountable Community of Health

Governing Board Meeting
1:00 PM–3:30 PM, September 10, 2018

Location	**Call-in Details**
Confluence Technology Center 285 Technology Center Way #102 Wenatchee, WA 98801	Conference Dial-in Number: (408) 638-0968 or (646) 876-9923 Meeting ID: 429 968 472# Join from PC, Mac, Linux, iOS or Android: https://zoom.us/j/429968472

TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	Introductions – **Barry Kling** • Board Roll Call • Review of Agenda & Declaration of Conflicts • Public Comment		• Agenda	*1*
1:10 PM	• Approval of July 9th Meeting Minutes • Approval of July 27th Retreat Minutes	Motion: • Minutes July 9th & July 27th	• Minutes	*2-9*
1:15 PM	Treasurer's Report – **Brooklyn Holton**	Motion: • June and July monthly financial statements	• Monthly Financial Report	*10-13*
1:25 PM	Executive Director's Update – **Senator Parlette** • **Learning Symposium**	Information	• Executive Director's Report	*14*
1:35 PM	CHI Update – **CHI Board Seats**	Information		
1:45 PM	WPCC Updates – **Peter Morgan & Caroline Tillier** • Introduction of Wendy Brzezny • Change Plan Overview • Coaching Network	Motion: • Coaching Network	• Board Decision Form Coaching Network	*15-16*
2:10 PM	Pathways Community HUB – **Christal Eshelman**	Motion: • Funding for the Pathways HUB Oct – Dec 2018	• Board Decision Form Pathways HUB Funding, Oct – Dec 2018 • Workgroup update	*17-21* *22-23*
2:35 PM	Opioid Workgroup – **Christal Eshelman**	Motion: • Opioid Project Proposal for 2019	• Board Decision Form 2019 Opioid Project Proposal • 2019 Opioid Project Proposal • Workgroup update	*24-25* *26-30* *31-32*
2:45 PM	TCDI Workgroup – **John Schapman** • Hospital Application Evaluation Process • Community Care on Wheels (CCOW) Proposal – **Dr. Hourigan** • Community Paramedicine Update	Motion: • Hospital Evaluation Process • Community Care on Wheels proposal	• Board decision form Hospital Evaluation • Board decision form CCOW • Workgroup update	*33-55* *56-70* *71-75*
3:15 PM	Other Staff Updates – **NCACH Staff** • HCA Reports • Capacity Development & Grant Specialist • Data analytic support – **Caroline Tillier**	Information	• Board Decision Form – Changes to data analytics support for NCACH–*Information only*	*76-78*

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Monday, July 9, 2018 1:00-3:30 PM – **Confluence Technology Center**, Wenatchee WA

Agenda Item:	**Minutes:**
Introductions – **Rick Hourigan** • Board Roll Call • Review of Agenda & Declaration of Conflicts • Public Comment	**Board Member Attendance:** Rick Hourigan, Bruce Buckles, Brooklyn Holton, Andrea Davis, Blake Edwards, David Olson, Rosalinda Kibby, Scott Olson **Board Members Absent:** Barry Kling, Carlene Anders, Michelle Price, Doug Wilson **Board Members via Phone**: Senator Warnick, Nancy Nash, Molly Morris, Ray Eickmeyer, Mike Beaver **Public Attendance**: Ken Sterner, Kate Haugen, Navind Oodit, Kelsey Gust, Cindy Button, Gwen Cox, Shirley Wilbur, Kayelee Miller, Deb Miller **Public via Phone**: Gerry Perez, Rachael Petro **Staff:** Linda Parlette, Navind Oodit, John Schapman, Sahara Suval, Caroline Tillier, Peter Morgan, Christal Eshelman, Teresa Davis – Minutes • No conflict of interest disclosed • No public comment
Approval of June Minutes – **Rick Hourigan**	❖ **Rosalinda Kibby moved, Scott Graham seconded the motion to approve the June minutes as presented. No further discussion, motion passed**
Board Nominations – **Rick Hourigan** • Rosalinda Kibby – Public Hospital District • Kyle Kellum – Grant CHI	❖ **Scott Graham moved, Brooklyn Holton seconded the motion to approve nomination of Rosalinda Kibby to represent Public Hospital District (she is moving out of the Grant CHI Seat). No further discussion, motion passed.** ❖ **Brooklyn Holton moved, Bruce Buckles seconded the motion to nominate Kyle Kellum to represent the Grant County CHI Board Seat. No further discussion, motion passed.**
Treasurer's Report – **Brooklyn Holton** • Monthly Financial Report • NCACH Budget Updates	Brooklyn went over the June financial statement. We have received the money from the SIM Grant. We will be receiving another $20,000 from HCA to be used around Health Equity to address all demographics. Sahara sits in on a call that is addressing Health Equity, and will write up a summary to share at the Board retreat. ❖ **David Olson moved, Bruce Buckles seconded the motion to approve the monthly financial statement as presented.**
Executive Director's Update - **Senator Parlette**	Information • Will be at SeaTac tomorrow for the monthly ACH Directors meeting. • Next week two of the rural ED's have been asked to speak in front of the Joint Select Committee in Olympia. She is excited to represent the rural communities. • Blake Edwards will be accepting a position with the CVCH, will continue to represent the behavioral health sector on the Board. ❖ **Nancy Nash Mendez moved, Brooklyn Holton seconded the motion to have Blake Edwards continue to represent the Behavioral Health sector on the Board. No further discussion, motion passed - Blake Edwards and David Olson abstained.**

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CHI Update – **CHI Board Seats**	Information: • Chelan/Douglas County: Been working on a matrix that helps CHI Members see what is going on in the community to create an action plan. A stakeholders survey has went out in all four counties (link is in the agenda). We have received over 100 responses so far. We also have a template email that we can send out for you to forward on. David suggested splitting out the hospital, primary care sector. • Grant County: Had a great exercise to prioritize what we want to work on. We want to go as far upstream as we can on the Opioid work (grandparents, parents) • Okanogan County: Invited some of the rapid cycle Opioid awardees to talk about their projects. Also had WIN211 at the meeting to present on the database. The Okanogan CHI will be serving as the consumer engagement workgroup for the FIMC Integration.
Data and Evaluation Updates - **Caroline Tillier** • Measures Dashboard • Proposed CORE contract • Proposed CCHE contract	• **CORE contract:** Caroline Tillier shared a measure dashboard that CORE put together for us. CORE will be releasing this for us on a quarterly basis. We have asked them to create the same dashboard per county. We will make this available on our website. Hoping to show trends over time in the future. Could MCO's send data sooner than 12 months? Andrea will take this question back to her counterparts and find out if that is even allowed. Caroline will ask her data group for preliminary data. Seeking an approval for an extended contract with CORE. CORE has been a very valuable thought partner to help decipher data. APCD Database: 5 ACH's are working with CORE, 4 are working with King County. This is the discounted price. CORE and King County will be collaborating on the products that they are producing from this data. **Discussion:** Rick: Are we using them to the maximum? This is a large contract. Rosalinda: We need to know what our needs are before we enter into a large contract. David: This could be valuable data, but we need to make sure that we are actually going to use it. Gwen: The CORE Data is going to be older data. The hospitals and orgs will need to go back and check the data within their own records. Caroline will go back to CORE with questions and we will revisit at the Board retreat on July 27th. Key Questions: • How much is King County Charging? • Are we required to do this? Email questions to Caroline that you would like more information on. Caroline will invite CORE to the retreat on the 27th to answer questions. • **CCHE contract**: Seeking approval to move forward with a small contract to build program evaluation into our work. The first part of this is to fund the exploratory phase (there are 3 phases to this contract). The main deliverable will be an evaluation strategy on all of our projects. They specialize in the qualitative evaluation.

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	Scott Graham moved, David Olson seconded the 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. Discussion below, motion passed. • We do not have an estimation of the cost for the future phases. • Standard cost of program evaluation is 5-20% of project budget. NCACH needs to decide as an ACH what percent we want to budget toward program evaluation. • This is a great opportunity from a PR stand point. • Caroline will ask if they have an idea of the cost for phase 2 & phase 3. • Scott would like to see a report of what was approved, paid and deliverables on all contracts, it would be helpful for future approvals.
WPCC Updates – **Peter Morgan and Caroline Tillier** • Site visits • Staff Position • Change plan evaluation and Stage 2 funding • UW AIMS Contract	**Change plan evaluation and stage 2 funding framework**: We are coming to the end of stage 1 funding (for development of the change plan and part of some learning activities). We are asking for approval on the evaluation process and how to fund the approved change plans. Workgroup consensus was that we should move forward with it. Realizing that it is not perfect, but it is good enough for now. Peter went over the scoring process. We are recommending a pass/fail approach to this round of scoring. We will ask for revisions and full scoring for 2019. • Change the timeframe for the payments (30 days is unreasonable given the payments are going through the Financial Executor - change to 60-90 days) ❖ ***Ray Eickmeyer moved, Brooklyn Holton seconded the motion to approve the proposed change plan evaluation and stage 2 funding framework for WPCC Learning Community members. **Change from 30 days to 60 to 90 days for payment. Motion Passed*** **UW AIMS contract:** When we presented the WPCC budget a long time ago the AIMS contract was presented at $30,000, this amount has changed to $48,000. It is important to have Behavioral Health expertise. They already work with CCMI and both parties have agreed to collaborate. UW role will be to develop curriculum, coaching and help teach learning activities. We will evaluate how well this works before considering a contract next year. We need to come up with some type of evaluation process to make sure that we are getting our bang for our buck. Scott said that he has heard many presentations by them and they are very good. ❖ ***Scott Graham moved, David Olson seconded the motion to approve NCACH entering into a contract with the UW AIMS Center for consulting services in the amount of $48,000, no further discussion, motion passed.***
TCDI Updates – **John Schapman** ED Diversion/TCM Application and Funding NCECC Update	John gave a brief overview of the Transitional Care and Diversion workgroup. The workgroup decided to merge the two applications (transitional Care and ED Diversion) since the hospitals could be applying for one or both. The workgroup will vote to approve the funding process and application and it will be brought back to the board for approval. • Do we have involvement from all entities? We do have involvement from most. We are making an effort to talk to the organizations that are not involved.

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	Bruce Buckles reminded us to keep patients experiencing dementia on the radar: These people are high utilizers and expensive. Cindy Button gave an overview of the NCECC contract: sent a survey out to many orgs due on July 20th, the team will analyze results July 21st - 27th. Will have a meeting at the beginning of August to go through the results and come up with an action plan.
Pathways Community HUB - **Christal Eshelman and Deb Miller** Opioid Project Update – **Christal Eshelman** Fully-Integrated Medicaid Contracting Update – **Christal Eshelman**	• Christal gave an update on the FIMC meeting in Okanogan • We have a provider visit from other ACH's on Wed • Opioid funding was less than budgeted due to one provider withdrawing their application • HUB 2 day meeting - decided on a target population, 3 or more ED visits in the last 12 months in Moses Lake. The goal is to have 200 people in the first six months. Community Choice agreed to an October 1st start date. ***Motion***: • Revised HUB Planning Phase Funding Period ❖ ***Blake Edwards moved, Brooklyn Holton seconded the motion to amend the funding period for Pathways Community HUB to be June through September 2018 for $138,000. Change: to planning period not to go beyond February 1st. Also noted that once the HUB launches another funding request will come through. Motion Passed***

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Governing Board Retreat

Friday, July 27, 2018 9:00 AM – 3:30 PM Pillar Rock Grill, Moses Lake WA

Agenda Item:	**Proposed Action:**	**Minutes**
• Welcome – **Barry Kling** • Executive Director and Staffing Updates – **Linda Parlette & Staff**	Information	**Attendance:** Blake Edwards, Rick Hourigan, Doug Wilson, Rosalinda Kibby, David Olson, Senator Warnick, Barry Kling, Bruce Buckles, Nancy Nash-Mendez, Molly Morris, Ray Eickmeyer, Brooklyn Holton, Winnie Adams, Courtney Ward, Linda Parlette, John Schapman, Christal Eshelman, Caroline Tillier, Sahara Suval, Navind Oodit, Peter Morgan Minutes – Teresa Davis **Board Members Absent**: Scott Graham, Carlene Anders, Andrea Davis, Kyle Kellum, Mike Beaver • No conflicts of interest disclosed • Hired a WPCC manager, Wendy Brzezny, she is starting 8/20/18. • We have interviewed 4 people for the Grant Writer position, currently doing reference checks. • August Board meeting cancelled, will still send out the Executive Director report. • September meeting is at the Quincy Community Health Center • Rashi Gupta from the Governor's office is coming to Wenatchee on September 6th. She will be visiting different organizations and will be looking at policy and billing issues.
WPCC Update – **Peter Morgan**	Information	Peter gave an update on the WPCC road trip. They visited all 17 organizations and met team members. It was interesting to see how the WPCC fit into their world. Did a survey of all of the Learning Community Members that will help us check and make adjustments as needed. Most organizations are finding the change plan process useful. They saw a lot of collaboration between organizations. Scoring will be pass fail for the first round. We will go to full scoring in January. Change plans are due 7/31/18. We will move immediately into the scoring process with OHSU and staff. • Courtney Ward noted that the 24/7 Nurse Line was brought to MCO attention a while ago. Amerigroup would be willing to host and work out a payment structure with other MCOs. **Learning activities:** • Just had a 3 hour strategic meeting to plan for future activities. • Had a 2 day QI workshop last week and it was well received. • Next round of learning activities will be around population management and bi-directional integration. ➢ Brooklyn heard feedback that the change plan has been helpful to focus in on the details. ➢ Confluence has a lean department that they could possibly open up to teach other organizations. ➢ David Olson noted that in the region there are areas of expertise that could be provided for lower cost or free instead of hiring contractors out of the area and paying large amounts of money. We need to create a skills bank.

		➢ We really need to think about creating sustainable relationships between organizations. We are looking into building program evaluation into all of the initiatives. ➢ David Olson said that we need to look at what happened in Colorado to get a peek into what our future may be since the new director of HCA came from there. ➢ Senator Warnick attended a seminar on emerging healthcare and our ACH came and they are looking at what we are doing.
Opioid Presentation – **Navind Oodit**	Information	**Chemical Dependency Professional (CDP) Presentation** – Navind gave a presentation explaining the CDP Position and possible reasoning for the shortage of CDPs. There is a CDP program at Wenatchee Valley College. Possible reasons for CDP shortage are: • There are no standards regarding internship hours across the US. • Wage is low for amount of time that needs to be put in to keep certification. • Cost of certification is high. **Lay distribution of Naloxone Presentation:** • Cost of a NARCAN kit is $140/$160 – Medicaid covers • Community awareness is needed, many pharmacies have not dispensed kits. • Consumers eligible for one free kit. Income needs to be less than $100K **NARCAN Training and distribution project**: Navind will be attending the Okanogan Recovery Event on September 22nd. Will be training for usage of NARCAN and distributing kits. **Needle exchange:** Thoughts on needing a needle exchange in the area? • Grant County is working on it. • Chelan Douglas is skeptical but Barry is planning on presenting it again. • Okanogan County has had one since 2007. • Christal did a survey last year and many people expressed interest in it.
Health Equity – **Sahara Suval**	Information	Sahara gave a presentation on the NCACH current and planned efforts toward Health Equity. • HCA has earmarked $20,000 for health equity, the plan is due to HCA by Jan 2019. • HCA-ACH Tribal Meetings-Tribes eligible for a Tribal MTP funding and project plan application; NCACH has a scheduled meeting w/local IHCP at Colville on July 30th • NCACH Project plan included that the Governing Board will complete annual training on Tribes and tribal health care systems. • NCACH is addressing the transportation and housing barriers.

		What is currently happening in the region? • City-Adopted policy to evaluate transportation and housing piece, Wenatchee reviews equity with all projects • Catholic Charities development at Vue-Dale Drive (low barrier housing) • American Hospital Assn is doing a significant push around Equity • We need to look at the aging population • Trust for public land is undertaking two major projects: South Wenatchee 53% Spanish, setting up a park that will be used for physical activity. East Wenatchee – New Park 5000 people are within walking distance to this park. • Hiking challenge with Molina • Grant County is dealing with suicide of young people - we need to start the discussion early. Contact Cindy Carter (Commissioner) - Suicide is related to social media • Emergency management team is sending out Spanish messages • Okanogan Transportation Department is increasing services • Housing Authority has acquired $12M for the Okanogan Housing • Room 1 - homeless youth initiative • Omak striving to give members access to services • Public Health - revising website to include a Spanish language landing page & hiring an outreach position • Rick - We need to use our CHIs and we need to educate our CHI's so that we can come up with some better projects. • We need to have a Spanish language landing page. • Health equity work is going to be largely done through our CBOs
Contracts overview – **John Schapman**	Information	John went over the matrix showing what contracts we currently have and status.
CORE Presentation **– Lisa Angus**	• Approval of contract extension • Possible approval of APCD Contract	CORE provided a presentation on the All Payer Claims Database (APCD). • Cost and Value report - Will there not be any cost comparisons? How will we know how we compare if there is not cost information? There will be cost information, we can look at hospital to hospital by a population. • Lag time from time claim paid to the time you have access to the data? About 12 months • Concerned with the small numbers in our region. Small number suppression applies when you share publicly but you can slice and dice the numbers internally. • They intend to get fee for service into the data repository but right now they do not have it. Had intended on discussing CORE contract extension including APCD contract, but staff learned more information in prior week and decided to put this decision on hold. Caroline will get info from King County as

		far as costs and scope of work for similar kind of support. We may do an email meeting if we need to come to a decision before the September Board Meeting.
TCDI - **John Schapman**	• Approval of application/funding up to amount	John reviewed the TCDI application, the following discussion ensued. • Will there be any training for EMS staff? This is really just for training of staff that are discharging people from the ED. We will not be taking any staff offline for this. • John will look into the work done by WSHA. Rosalinda can see if she can find some data on this and send to John. • Is there a contract with Confluence to provide the training? Lori Bergman from Confluence has agreed to provide this training, there is not a formal agreement. • We need to make sure that the education/outreach is happening in the patient's native language. ❖ **Rosalinda Kibby moved, Nancy Nash Mendez seconded, the motion to approve the process (outlined in the TCDI Hospital application) of engaging hospital partners in project 2C and 2D and funding up to $759,000 to support hospital partners. No further discussion, motion passed.** ➢ Board request: In the future, always include standards (funding principles document) in Board packet
Round Table - **All**		• Encourage Board to communicate to sector about what is happening with the NCACH. • Rosalinda offered to make contact if any hospital is not engaging. • Will present a summary of change plans at the next Board meeting. • Barry made a note that his role has changed and he has stepped back from the day to day operations of the ACH as Linda has moved back into the full-time Executive Director position.
Meeting Adjourned		Meeting Adjourned at 3:30 PM

NCACH Funding & Expense Summary Sheet

	SIM/DESIGN FUNDS (CDHD Account)			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	$ 24,699.55	$ -			
Amendment #1	$ 70,629.00	$ 34,492.51	$ 36,136.49			
Original Contract K2296 - Demonstration Phase 1	$ 1,000,000.00	$ 925,484.13	$ 74,515.87			
Original Contract K2296 - Demonstration Pha	$ 5,226,961.23	$ -	$ 5,226,961.23			
Interest Earned on Demo Funds	$ 65,670.01	$ -	$ 65,670.01			
Workshop Registration Fees/Misc Revenue	$ 12,135.83	$ 12,135.83	$ -			
Finacial Executor Funding -						
DY1 Project Incentive Funds (March 18)				$ 3,922,723.01	$ 1,767,056.00	$ 2,155,667.01
DY1 Integration Funds (March 18)				$ 2,312,792.00	$ 15,000.00	$ 2,297,792.00
DY1 Bonus Funds (March 18)				$ 1,455,842.00		$ 1,455,842.00
DY1 Project Incentive Funds (June 18)				$ 1,228,827.00		$ 1,228,827.00
DY1 Shared Domain 1 Funds (June 18)****				$ 2,048,045.00	$ 2,048,045.00	$ -
Totals	**$ 7,062,889.34**	**$ 1,659,605.74**	**$ 5,403,283.60**	**$ 10,968,229.01**	**$ 3,830,101.00**	**$ 7,138,128.01**

** 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.*

***** Automatically paid out through FE Portal from Health Care Authority and therefore not reflected on Financial Executor budget spreadsheet*

2015-16 Report	99,831.63	$ 99,832.00
2016-17 Report	480,000.00	$ 76,736.40
SIM Report	$ 178,290.64	$ 545,417.39
DEMO Report	$ 6,304,767.07	$ 937,619.96
	$ 7,062,889.34	$ 1,659,605.75
Variance	$ -	$ (0.01)

Demonstration Funds Report on NCACH Expenditures to Date

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

	Origional Budgeted Allocation	Budgeted Allocation	Jun-18	Jul-18	Totals YTD	% Expended YTD to Budget
Salary & Benefits	**$610,857.72**	**$ 636,358.00**	32188.86	30,393.62	**302,414.89**	**47.5%**
Office Supplies	**$ 18,000.00**	**$ 18,000.00**	1277.11	811.71	**10,801.66**	**60.0%**
Legal Services	**$ 8,000.00**	**$ 8,000.00**			**1,156.50**	**14.5%**
Travel/Lodging/Meals	**$ 7,000.00**	**$ 7,000.00**	4,259.49	3,594.45	**16,584.45**	**236.9%**
Website		**$ -**	360.00		**737.77**	
Admin (HR/Recruiting)	**$ 7,500.00**	**$ 7,500.00**	330.86		**330.86**	**4.4%**
Advertising/Community Outreach		**$ -**	942.45		**3,239.04**	
Insurance	**$ 5,000.00**	**$ 5,000.00**			**5,530.37**	**110.6%**
Meeting Expense	**$ 7,000.00**	**$ 7,000.00**	40.29	180.94	**1,553.76**	**22.2%**
Events		**$ 52,000.00**			**25,165.13**	**48.4%**
Other Expenditures	**$ 3,000.00**	**$ 3,000.00**	318.89	3,049.76	**9,346.09**	**311.5%**
B&O Tax Payment			90,000.00		**90,000.00**	
Integration Funds		**$ 21,731.16**	5,706.34		**10,456.34**	**48.1%**
Misc. Contracts (CHIs)	**$ 120,000.00**	**$ 120,000.00**	9,153.77	3,426.01	**29,125.18**	**24.3%**
Healthy Generations		**$ 75,000.00**	12,500.00	12,500.00	**75,000.00**	**100.0%**
OHSU		**$ 150,000.00**	12,151.32	6,925.55	**51,717.69**	**34.5%**
CCMI, CSI*		**$ 151,961.23**			**151,961.23**	**100.0%**
Providence CORE		**$ 4,128.00**			**-**	**0.0%**
Subtotal		**$ 1,266,678.39**	**$ 169,229.38**	**$ 60,882.04**	**785,120.96**	**62.0%**
					-	
15% Hosting fee to CDHD	**$117,953.66**	**$ 132,838.37**	**$ 21,686.71**	**$ 6,218.47**	**75,966.31**	**57.2%**
Grand total	**$904,311.38**	**$ 1,399,516.76**	**$ 190,916.09**	**$ 67,100.51**	**$ 861,087.27**	**61.5%**

% of Fiscal Year Complete 58%

Funds remaining 7/31/2018	$ 5,226,961.23
Interest Earned to date	$ 42,230.09
Budgeted Amount (2018)	$ 1,399,516.76
Total Uncommitted Dollars	**$ 3,869,674.56**

* Switched from $443,461 to $151,961.23 (YTD Total). Expenses to be paid through FE portal moving forward.

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

	Budgeted Allocation	Jun-18	Jul-18	Totals YTD	% Expended YTD to Budget	Comments
Salary & Benefits	**$ 80,313.00**	23684.42	22,053.23	**$ 49,066.03**	**61.1%**	
Office Supplies				**$ -**	**#DIV/0!**	
Computer Hardware				**$ -**	**#DIV/0!**	
Legal Services				**$ -**	**#DIV/0!**	
Travel/Lodging/Meals			313.92	**$ 414.75**	**#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**	**23,684.42**	**$ 22,367.15**	**$ 49,480.78**	**61.6%**	
15% Hosting fee to CDHD	**$ 12,046.95**	3,552.66	3,355.07	**$ 7,422.12**	**61.6%**	Includes space, computer network & support, fiscal, etc.
Meal Expenses - not charged a hosting fee				**$ -**		
Grand total	**$ 92,359.95**	**$ 27,237.08**	**$ 25,722.22**	**$ 56,902.90**	**61.6%**	
				% of Fiscal Year	50%	

Contract K2562 (FIMC Funding)	$	21,731
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

Financial Executor Report on NCACH Expenditures to Date

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

	Budgeted Allocation	Jun-18	Jul-18	Totals YTD	% Expended YTD to Budget
WPCC Stage 1	**$ 1,665,000.00**			**1,665,000.00**	**100.0%**
WPCC Stage 2 Funding *	**$ 580,000.00**				
Opioid Project	**$ 100,000.00**	$ 77,390.00	$ 20,000.00	**97,390.00**	**97.4%**
TCDI - NCECC Project Funding	**$ 70,000.00**	$ 20,000.00		**20,000.00**	**28.6%**
TCDI Hospital Application Funding	**$ 312,500.00**				
Integration - IT Assistance	**$ 42,700.00**		$ 20,871.66	**20,871.66**	**48.9%**
Integration - Provider Contracting	**$ 55,000.00**	$ 15,000.00		**15,000.00**	**27.3%**
Pathways Hub Project	**$ 138,000.00**		$ 30,000.00	**30,000.00**	**21.7%**
Asset Mapping (Board Approved 6.4.18)	**$ 7,500.00**			**-**	**0.0%**
Program Evaluation	**$ 7,000.00**			**-**	**0.0%**
CCMI, CSI**	**$ 291,499.77**	$ 4,666.00	$ 43,760.00	**48,426.00**	**16.6%**
UW AIMS Center	**$ 48,000.00**			**-**	**0.0%**
Payment to NCACH Demo Budget***	**$ 226,961.23**		$ 226,961.23	**226,961.23**	**100.0%**
					#DIV/0!
					#DIV/0!
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					#DIV/0!
Grant Total	**$ 3,544,161.00**	**117,056.00**	**$ 341,592.89**	**2,123,648.89**	**59.9%**

Funds Earned (Date TBD)	$ 8,920,184.00
Budgeted Amount (2018)	$ 3,544,161.00
Total Uncommitted Dollars	**$ 5,376,023.00**

% of Fiscal Year Complete 58%

*WPCC Stage 2 funding is an estimate based on approved funding process paid in quarterly installments (above allocation is based off of Q4 payments).

** Payments are being shifted from CDHD Account to FE Portal

*** Transfer of funds from FE Portal to CDHD Account

Executive Director's Report -- September 2018

Things have been busy since we last met in July! As you may recall, we decided to cancel the August Governing Board meeting to give staff time to recoup between the July 27th Governing Board retreat, the Semi-Annual Report, as well as to prepare for the upcoming Implementation Plan due to the Health Care Authority at the end of September. The Semi-Annual Report, or SAR, was successfully submitted to the HCA on July 31, 2018. We are currently awaiting write-back results, and will share the full report once the write-backs have been completed by the NCACH team.

I have been working with other ACH's to prepare for a special visit from state legislators, their staff, and the Governor's office during the next ACH Executive Director monthly meeting on September 11, 2018. Each ACH will have the chance to share an overview of their organization, as well as to share collective feedback to our state legislators on the potential barriers for sustainability of our Medicaid Transformation projects, as well as to discuss what it will take for both financial and clinical integration to truly work and be sustainable. I look forward to the opportunity to educate our state officials about the work of Accountable Communities of Health and how they can best support the Transformation efforts in the legislative arena.

In NCACH updates, we have filled both of our open positions and are excited to welcome Wendy Brzezny in her new role as the Whole Person Care Collaborative Manager (read our "Getting to Know You" blog post featuring Wendy to learn more.) Wendy joins us from Grant County, where she was most recently working as a public health nurse with Grant County Health District. Our Capacity Development and Grants Specialist will be starting on September 12th, and we look forward to sharing an introductory announcement then. I am thrilled to have two new members on our team, and hope that you all will join me in giving our new staff members a warm welcome as they immerse themselves into the world of healthcare transformation. Peter Morgan, our current Director of Whole Person Care, will continue to stay on in his role for the time being, and while we will be sad to see him phase out, we are happy that he has the chance to retire (again).

In other news, the most exciting update I have to share with you is that one of our staff members, Sahara, will be getting married the first weekend of September. I look forward to attending! Congratulations Sahara!

Charge on!

Linda Evans Parlette, Executive Director

Board Decision Form

TOPIC: WPCC Practice Coaching Resources

PURPOSE: To provide additional practice coaching resources between Mid-September to Year end 2018

BOARD ACTION:

☐ Information Only

☑ Board Motion to approve/disapprove

BACKGROUND: The original project plan with CCMI/CSI assumed a high degree of participation in uniform learning activities as the primary driver for quality improvement work. The diversity of our Learning Community in terms of size, scope of services offered, and level of sophistication with quality improvement suggests smaller and more targeted learning activities will be needed and a little more hands on coaching support, at least in the near term to assist organizations in revising and implementing their change plans. While this will not increase the overall budget, we are asking for authorization to shift some of the spending during Q4 of 2018 to allow more coaching resources to be deployed to help learning community members.

Our long term plan is to develop our own coaching network using local resources to support the ongoing work so this is on track.

PROPOSAL: Authorize the WPCC to contract for up to $40,000 plus travel expenses not to exceed $5,000 for an additional practice coach to support the learning community during the next 4 months. We have a coach in mind who has worked for Qualis and the MacColl Institute and has experience putting together coaching networks.

IMPACT/OPPORTUNITY (fiscal and programmatic): The WPCC is not projected to spend the amounts budgeted for payments to participants for learning activities this year. Some of the focus of the improvement work to be done by organizations will be on quality improvement infrastructure, including building Q.I. teams, measurement capability, updating change plans, and beginning the implementation work. This ground work will require more hands on support in the short run to allow them to sustain improvement efforts over the long run.

The plan will be to bring a number of consulting resources to bear during September – December period to finalize the change plans, develop curriculum for bi-directional integration, and to get organizations up and running on implementing their Change Plans. We have already deployed people from the AIMS Center at UW to help with learning activities, Gwen Cox from Qualis, and Kathy Reims and Tina Clarke from CCMI & CSI.

By the end of the quarter, we will have a better sense of the long term coaching needs and the optimal combination of resources to serve those needs.

TIMELINE:

- Approval 9-10-18
- Contract discussions with coach 9-11-18
- Sign contract and begin work 9-17-18
- Complete work and reassess longer term need 12-24-18

RECOMMENDATION:

Approve proposed request

Submitted By: Whole Person Care Collaborative
Submitted Date: 9-4-18
Staff Sponsor: Peter Morgan

Board Decision Form

TOPIC: *Pathways Community HUB*

PURPOSE: *Approval to disburse funding for Pathways HUB operations funding (Oct – Dec 2018)*

BOARD ACTION:

☐ Information Only

☑ Board Motion to approve/disapprove

BACKGROUND:

Community Choice signed an MOU with NCACH for the planning phase of the Pathways Community HUB with the expected contract period June 2018 – launch of the HUB for $138,000. It is expected that the HUB will launch October 1, 2018. Additional funding is needed to support the operations of the HUB post-launch through December 31, 2018. This funding will cover the Community Specialist Services Agencies expenses Oct-Dec 2018 ($96,485) which includes funding 4 full-time Pathways Community Specialists. It will also cover the Pathways HUB operations for Oct. – Dec. and the Pathways HUB IT Platform annual license and advisory services. Funding requested for 2019 will be included in the 2019 NCACH Budget for approval by the Governing Board Dec. 2018.

Budget Assumptions: The HUB launches in Moses Lake in October 2018, in Wenatchee in April 2019, and in Omak in October 2019. Each area (Moses Lake, Wenatchee, and Omak) will have three Community Specialist Services Agencies, with two Pathways Community Specialists each. The HUB will serve 24 clients in 2018, 456 in 2019, and 854 in 2020, 2021 and 2022. The HUB is able to secure additional payer sources by July 2019 accounting for 25% of revenues July 2019 - June 2020, 50% of revenues July 2020 - June 2021, 75% of revenues July 2021 - June 2022 and 100% of revenues starting in July 2022. The total funding accounted for in this 5 year budget is $4,355,234. This is under the allocated $5 million and allows for additional unexpected expenses, delays in implementation or scaling of the HUB, or additional services in later years.

PROPOSAL:

Motion to approve disbursement of up to $242,000 to Community Choice, the lead agency, for Pathways Community HUB operations from the launch date to December 31st, 2018. Funding will be adjusted based on actual launch date of the HUB.

Expense Allocation	***Estimated Amount***
Care Coordination Systems Annual License	*$100,000*
CCS Advisory Services	*$18,000*
HUB Operations, including CSSA expenses	*$124,000*
Total	*$242,000*

Attachments providing additional information:

- *Attachment 1: Action Health Partners Pathways Community HUB Overview Budget and Community Specialist Services Agencies Overview Budget*
- *Attachment 2: Project allocations and estimated annual HUB project funding*

IMPACT/OPPORTUNITY (fiscal and programmatic): *This startup funding is necessary in order to launch the Pathways Community HUB. This disbursement is in accordance with the overall project budget approved by the Board in July. It does require higher than expected spending in 2018 due to the fact that the HUB is planned to launch in October rather than the initially expected launch date of February 1st, 2019. The funding requested is based on an October 1st, 2018 launch date, if the launch is delayed, funding will be adjusted based on the actual launch date.*
TIMELINE: *The HUB is expected to launch in October 2018. Upon launch, a contract between NCACH and Community Choice will be executed for HUB operations for the period from launch through December 31st.*
RECOMMENDATION: *Approval of requested funding.*

Submitted By:	Pathways Community HUB
Submitted Date:	09/04/2018
Staff Sponsor:	Christal Eshelman

Attachment 1

North Central HUB	Start-up	Five Year Budget					Total
INCOME	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Total
	2018	2019	2020	2021	2022	2023	
Earned Income							
ACH Startup Funding to HUB (initial MOU)	$ 88,000						$ 88,000.00
ACH Startup Funding to HUB (PCA stipend, CSSA Subsidy)	$ 50,000	$ 156,000.00	$ 26,000.00	$ -	$ -	$ -	$ 232,000.00
ACH Startup Fudning for HUB Operations	$ 55,929						
IT Startup Funding	$ 118,000						$ 118,000.00
ACH Contract Payments to HUB	$ 68,071	$ 343,453	$ -	$ -	$ -	$ -	$ 411,524
ACH Outcome Based Payments to HUB		$ 737,167.43	$ 1,500,957	$ 908,743	$ 302,914	$ -	$ 3,449,781
Other Payers - OBP to HUB	$ -	$ 212,721	$ 905,339	$ 1,514,571	$ 2,120,399	$ 2,423,313	$ 7,176,343
Total Earned Income	$ 380,000	$ 1,449,341	$ 2,432,296	$ 2,423,313	$ 2,423,313	$ 2,423,313	$ 11,475,648
Total Government Income	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Contributed Income	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL INCOME	**$ 380,000**	**$ 1,449,341**	**$ 2,432,296**	**$ 2,423,313**	**$ 2,423,313**	**$ 2,423,313**	**$ 11,475,648**
EXPENSES							
Operating Expense							
Personnel	$ 109,720	$ 216,784	$ 213,771	$ 220,184	$ 226,790	$ 233,594	$ 1,220,844
Systems	$ 100,000	$ 100,000	$ 100,000	$ 100,000	$ 100,000	$ 100,000	$ 600,000
Equipment, Telephone, Travel	$ 4,670	$ 8,136	$ 7,931	$ 8,431	$ 7,931	$ 7,931	$ 45,031
CHW, Pathways, Systems Training & Advisory	$ 30,000	$ 18,000	$ 18,000	$ 18,000	$ 18,000	$ 18,000	$ 120,000
Indirect Expenses - HUB	$ 36,659	$ 51,438	$ 50,955	$ 51,992	$ 52,908	$ 53,929	$ 297,881
PCS Stipend Payments	$ 20,000	$ 60,000	$ 10,000	$ -	$ -	$ -	$ 90,000
CSSA Subsidy Payments	$ 32,000	$ 96,000	$ 16,000	$ -	$ -	$ -	$ 144,000
CSSA Expected Performance Payments	$ 45,380	$ 862,228	$ 1,604,197	$ 1,615,542	$ 1,615,542	$ 1,615,542	$ 7,358,432
Total Operating Expenses	**$ 378,429**	**$ 1,412,585**	**$ 2,020,855**	**$ 2,014,150**	**$ 2,021,172**	**$ 2,028,996**	**$ 9,876,187**
HUB Net Income or Loss	**$ 1,571**	**$ 36,756**	**$ 411,441**	**$ 409,163**	**$ 402,142**	**$ 394,317**	**$ 1,655,389**

Total Care Coordination Revenue	**$ -**	**$ 949,888**	**$ 2,406,296**	**$ 2,423,313**	**$ 2,423,313**	**$ 2,423,313**	**$ 10,626,124**
Revenue to Care Coordination Agencies	**$ 45,380**	**$ 862,228**	**$ 1,604,197**	**$ 1,615,542**	**$ 1,615,542**	**$ 1,615,542**	**$ 7,358,432**
Net Revenue to HUB from Care Coordination	**$ (45,380)**	**$ 87,660**	**$ 802,099**	**$ 807,771**	**$ 807,771**	**$ 807,771**	**$ 3,267,692**

***ACH Startup Funding to HUB (initial MOU) and ACH Startup Funding to HUB (PCS Stipend, CSSA Subsidy) for 2018 (Year 0) is accounted for in the initial $138,000 MOU between NCACH and Community Choice. The requested $242,000 will total the needed $380,000 in revenue to the HUB for 2018. Expenses for July-Dec of 2018 to HUB (including CSSA expenses) are expected to total $378,429.**

Community Specialist Services Agency	Start-up	Five Year Budget				
INCOME	**Year 0**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**
	2018	**2019**	**2020**	**2021**	**2022**	**2023**
Earned Income						
Performance Payments	45380.4	$ 862,227.60	$ 1,604,197.14	$ 1,615,542.24	$ 1,615,542.24	$ 1,615,542.24
PCS Stipend ($5000/PCS)	$ 20,000	$ 60,000	$ 10,000	$ -	$ -	$ -
PCS Subsidy ($8000/PCS)	$ 32,000	$ 96,000	$ 16,000	$ -	$ -	$ -
Total Earned Income	$ 97,380	$ 1,018,228	$ 1,630,197	$ 1,615,542	$ 1,615,542	$ 1,615,542
Total Government Income	$ -	$ -	$ -	$ -	$ -	
Total Contributed Income	$ -	$ -	$ -	$ -	$ -	
TOTAL INCOME	**$ 97,380**	**$ 1,018,228**	**$ 1,630,197**	**$ 1,615,542**	**$ 1,615,542**	**$ 1,615,542**
EXPENSES						
Operating Expense						
Personnel	$ 69,550	$ 798,044	$ 1,250,907	$ 1,272,808	$ 1,310,993	$ 1,350,322
Equipment, Telephone, Travel	$ 7,955	$ 58,664	$ 79,377	$ 76,850	$ 76,850	$ 76,850
Training	$ 6,400	$ 92,160	$ 21,760	$ 6,400	$ 6,400	$ 6,400
Indirect Expenses	$ 12,585	$ 142,328	$ 202,806	$ 203,409	$ 209,136	$ 215,036
Total Operating Expenses	**$ 96,490**	**$ 1,091,197**	**$ 1,554,851**	**$ 1,559,467**	**$ 1,603,379**	**$ 1,648,608**
Operating Expense/Stipend Ratio	**33.16%**	**8.80%**	**1.03%**	**0.00%**	**0.00%**	**0.00%**
CCA Net Income or Loss	**$ 891**	**$ (72,969)**	**$ 75,346**	**$ 56,075**	**$ 12,163**	**$ (33,066)**

Attachment 2

Project Funding Allocations (approved July 2, 2018)

Project Funding	Total	%
WPCC (Project 2A & 3D)	$10,900,000	57%
Project 2B Pathways Hub	**$5,000,000**	**26%**
TCDI (Project 2C & 2D)	$2,400,000	12%
Project 3A Addressing the Opioid Crisis	$1,000,000	5%
Total Project Budget	$19,300,000	100%

Prior estimated HUB costs (presented to the Governing Board on April 27, 2018) – assumed a HUB launch date of Feb 1, 2019

NCACH Costs	2018	2019	2020	2021	2022	Total
TOTAL Project NCACH Costs	$213,000	$965,000	$1,321,000	$1,404,000	$1,046,000	$4,949,000

Redistributed estimated HUB costs – updated to reflect a HUB launch date of Oct 1, 2018

NCACH Costs	2018	2019	2020	2021	2022	Total
TOTAL Project NCACH Costs	$454,250	$1,054,000	$1,341,750	$1,314,500	$784,500	$4,949,000

Current Project HUB costs 2018-2022

NCACH Costs	**2018**	**2019**	**2020**	**2021**	**2022**	**Total**
TOTAL Project NCACH Costs	**$380,000**	**$1,236,621**	**$1,526,957**	**$908,743**	**$302,914**	**$4,355,234**

North Central Accountable Community of Health

NCACH Project Workgroup Update

Pathways HUB Advisory Board

September, 2018

July and August Key Meeting Outcomes

- The Pathways HUB Advisory Board met on July 12th, August 9th, and August 23rd. During this period of intense planning, the Advisory Board is meeting every two weeks regularly, either in person at Samaritan Healthcare or by conference call. Samaritan Healthcare and Rural Resources representatives have been asked to join the Advisory Board as ad hoc members during the planning and launch of the HUB in Moses Lake.
- Community Choice hired a Care Coordination Network Director, Kayelee Miller.
- Rural Resources and Moses Lake Community Health Center have committed to being Care Coordination Agencies at HUB launch. Rural Resources has hired two Pathways Community Specialists that started on August 20th. Moses Lake Community Health Center has transitioned one full-time employee to a Pathways Community Specialist/Supervisor in Training position that began on July 30th. Grant Integrated Services has also committed to being a Care Coordination Agency, but will not be ready at HUB launch and has not yet hired Pathways Community Specialists.
- A Supervisors and Managers HUB Training was held July 31 - Aug 2 in SeaTac. Seven people from the NCACH HUB Network attended (1 NCACH staff, 3 Pathways HUB staff, 2 Care Coordination Agency Supervisors, and 1 Care Coordination Agency Manager).
- The first week of the Pathways Community Specialist (PCS) training was held August 20-24 in Wenatchee. The second week of this round of training will be held September 24-28 in Wenatchee. Five people from the NCACH HUB Network attended (2 Pathways HUB staff, 2 PCS, 1 PCS/Supervisor). The interim period between the two weeks of training is a practicum period for the PCS where they will practice skills learned at the training and prepare for go-live in October.

- The anticipated launch date is October, 2018; specific date is to be determined.
- Community Choice is currently negotiating the IT platform contract with Care Coordination Systems.
- NCACH and Community Choice entered into and MOU for the HUB planning period, June 2018 – launch of the HUB. This is a pay for deliverables contract and will only be complete once the HUB is officially launched. At that time, NCACH will execute a post-launch contract (time period: HUB launch through December 31, 2018). The post-launch funding will be requested from the Governing Board on September 10. Funding for 2019, will be requested with the 2019 NCACH budget presented to the Board for approval in December. Currently, NCACH and Community Choice are working with our consultants to finalize the 2018-2019 HUB budget, and develop a preliminary 2020-2022 HUB budget.
- NCACH staff is currently providing project management support to Community Choice for the planning phase. NCACH staff and Community Choice have weekly project management meetings as well as weekly technical assistance calls with the consultants.

Upcoming Meetings

September 6th, 9:30 – 11:30 AM	Pathways HUB Advisory Board, in person
September 20th, 10:00 – 11:30 AM	Pathways HUB Advisory Board, conference call
October 4th, 9:30 – 11:30 AM	Pathways HUB Advisory Board, in person
October 18th, 10:00 – 11:30 AM	Pathways HUB Advisory Board, conference call

Board Decision Form

TOPIC: *2019 Opioid Project Plan*

PURPOSE: *Adopt 2019 Opioid Project Plan*

BOARD ACTION:

☐ Information Only

☑ Board Motion to approve/disapprove

BACKGROUND:

The Regional Opioid Workgroup was tasked with assessing current initiatives and need in the region and developing an implementation plan using strategies outlined in the Medicaid Toolkit. In addition, there was desire by the Workgroup to prioritize the following:

- *Prevention efforts;*
- *Fostering collaboration among diverse stakeholders who are impacted by the opioid epidemic; and,*
- *Engaging sectors that have not been engaged with other aspects of the Medicaid Transformation Project to date.*

The Workgroup proposes seven strategies to implement in 2019 addressing prevention, treatment, overdose prevention (OD prevention), and recovery. See attached 2019 Proposed Opioid Project Plan for details.

PROPOSAL:

Motion to approve funding up to $285,000 to the Opioid Project to implement the 2019 Proposed Opioid Project Plan which includes the following strategies and budgeted amounts:

Prevention	Treatment	OD Prevention	Recovery	Strategy	Budget
■	■	■	■	*Rapid Cycle Opioid Application*	$100,000
■	■	■	■	*North Central Opioid Response Conference – DCM*	$10,000
■	■	■	■	*North Central Opioid Response Conference*	$40,000
■				*Dissemination of Dental Prescribing Guidelines*	$15,000
■				*Increase Awareness of Opioid Use and Addiction & Reduce Stigma*	$30,000
■				*School-based Prevention*	$50,000
		■		*Naloxone Training and Distribution*	$20,000
			■	*Recovery Initiatives and Events*	$20,000
TOTAL					$285,000

There is $15,000 of funding that is currently allocated to the Opioid Project but unaccounted for in the project plan. This funding will be available for emerging initiatives next year that

the Opioid Workgroup would like to recommend for funding or could be used if proposed strategies exceed the budgeted amount. These funds will need to be approved by the NCACH Governing Board prior to distribution.

IMPACT/OPPORTUNITY (fiscal and programmatic): *This allocation of $285,000 for the Opioid Project, will allow NCACH to support partners in the implementation of the Opioid Project in 2018 addressing opioid use prevention, overdose prevention, and recovery efforts.*

TIMELINE:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Rapid Cycle Opioid Project (Application Process)				App open	App closed	Award				2020 App open	2020 App closed	2020 Award
North Central Opioid Response Conference			DCM						IP			
Dissemination of Dental Prescribing Guidelines												
Increase awareness of opioid use and addiction												
School-based prevention												
Naloxone training and distribution												
Recovery Initiatives/Events												

DCM – Pathways to Prosperity using the Distributed Conference Model; IP – In person Conference

Strategies will start in the month highlighted in dark teal and continue through the months highlighted in the light teal.

RECOMMENDATION:
Approval of 2019 Proposed Opioid Project Plan.

Submitted By: Regional Opioid Workgroup
Submitted Date: 09/04/2018
Staff Sponsor: Christal Eshelman

North Central Accountable Community of Health

2019 Proposed Opioid Project Plan

NCACH Regional Opioid Stakeholders Workgroup

Background

The North Central Accountable Community of Health (NCACH) is implementing six Medicaid Transformation Projects, one of which is the Opioid Project. The Opioid Project should have elements of opioid prevention, treatment, overdose prevention, and recovery incorporated into it.

The NCACH Governing Board allocated an overall budget for the Opioid Project of $1,000,000 for the duration of the Medicaid Transformation (through 2021). The expected annual breakdown of this allocation is:

2018	2019	2020	2021
$100,000	$300,000	$300,000	$300,000

The Regional Opioid Workgroup was tasked with assessing current initiatives and need in the region and developing an implementation plan using strategies outlined in the Medicaid Toolkit. In addition, there was desire by the Workgroup to prioritize the following:

- Prevention efforts;
- Fostering collaboration among diverse stakeholders who are impacted by the opioid epidemic; and,
- Engaging sectors that have not been engaged with other aspects of the Medicaid Transformation Project to date.

Strategies

The Workgroup proposes seven strategies to implement in 2019 addressing prevention, treatment, overdose prevention (OD prevention), and recovery.

Prevention, Treatment, OD Prevention, and Recovery

Rapid Cycle Opioid Application

- Short term application process to award up to $10,000/award to agencies to implement shovel-ready opioid projects during a 6 month funding cycle
- Two cycles in 2019 for up to $50,000/cycle: January – June 2019, and July – December 2019
- This is intended to be seed money and a sustainability plan is critical to the long-term success of this funding
- Collaboration among agencies is strongly encouraged

Expenses	**Amount**
January – June 2019	$50,000
July – December 2019	$50,000
Total	**$100,000**

North Central Accountable Community of Health

North Central Opioid Response Conference – Distributed Conference Model

- ½ day conference at multiple sites within NCW at one time
- This allows many more people to engage without traveling to one regional location
- After keynote presentations that are heard by all sites at the same time, each site is hosted by a facilitator to hold community level discussions and move into action
- Promote cross-sector collaboration
- Promote funding opportunities, including the NCACH Rapid Cycle Opioid Application

Expense	Amount
Venue	$2000
Catering	$4,000
Accommodations for speakers	$500
Speaker fees	$2,500
Meeting Materials	$500
Miscellaneous	$500
Total	**$10,000**

North Central Opioid Response Conference

- 1-day conference in North Central Washington, September 2019
- Potential sessions include sessions focused on: youth, opioid prescribing, pain management, medication assisted treatment, education, jails/criminal justice/law enforcement, schools)
- Bring in SME as well as highlight local work and champions
- Highlight opportunities to collaborate and expand current projects to or in the North Central region
- Highlight funding opportunities
- Provide CMEs if possible

Expense	Amount
Venue	$5,000
Catering	$10,000
AV needs	$1,500
Swag	$1,500
Accommodations for speakers	$3,000
Speaker fees	$15,000
Meeting Materials	$2,000
Photographer	$1,200
Miscellaneous	$800
Total	**$40,000**

Prevention

Dissemination of Dental Prescribing Guidelines

- Evidence-based Dental Pain Care: A New Opioid Prescribing Guideline from Washington State
- Potential Agenda: Personal Story, Presentation of Dental Opioid Prescribing Guidelines by SME, Prescription Monitoring Program and relevance to Dentists, and how to discuss opioids with clients and screen for a history of opioid use/abuse.
- One in Grant, Chelan/Douglas, and Okanogan County utilizing already existing Dental Society Meetings or a 2 hour workshop
- Contract with BREE collaborative or other SME
- Provide CMEs and dinner

Expense	Amount
Venue	$1,500
Catering	$1,500
Swag	$500
Accommodations for speakers	$2,000
Speaker fees	$8,000
Meeting Materials	$1,000
Photographer	$600
Total	**$15,000**

Increase awareness

- Increase awareness of opioid use, addiction, and treatment options
- Reduce stigma in the general public and by providers
- Contracted through an RFP process

Expense	Amount
Salaries, wages, and benefits	$5,000
Travel	$100
Printing costs	$2000
Communications and media costs (social media, website, radio, rack cards, email distributions, local coalitions, etc)	$22,000
Total	**$30,000**

School-based prevention

- Evidence-based opioid prevention curriculum at Grade, Middle, and/or High Schools
- Provide funding for training teachers and incorporating into curriculum

Expense	Amount
Salaries, wages, and benefits	$5,000
Travel	$1000
Training	$1000
Curriculum Expenses	$2000
Printing	$500
Focus Group	$500
Total (per school)	$10,000
Total for 5 schools	**$50,000**

Overdose Prevention

Naloxone training and distribution

- Train providers (healthcare, BH, social service), schools, public health, general public, etc. on how to administer Naloxone
- Distribute Naloxone to people who have been trained to use it and are at risk of witnessing an overdose

Expense	Amount
Naloxone (200 doses @ $75 each)	$15,000
Admin (booth fees, venue fees, etc)	$5,000
Total	**$20,000**

Recovery

Support recovery initiatives or events – specifics TBD

Expense	Amount
Support recovery initiatives/events – Specifics TBD	$20,000
Total	**$20,000**

North Central Accountable Community of Health

Summary 2019 Proposed Strategies

Prevention	Treatment	OD Prevention	Recovery	Strategy	Budget
■	■	■	■	*Rapid Cycle Opioid Application*	$100,000
■	■	■	■	*North Central Opioid Response Conference – DCM*	$10,000
■	■	■	■	*North Central Opioid Response Conference*	$40,000
■				*Dissemination of Dental Prescribing Guidelines*	$15,000
■				*Increase Awareness of Opioid Use and Addiction & Reduce Stigma*	$30,000
■				*School-based Prevention*	$50,000
		■		*Naloxone Training and Distribution*	$20,000
			■	*Recovery Initiatives and Events*	$20,000
TOTAL					$285,000

There is $15,000 of funding that is currently allocated to the Opioid Project but unbudgeted in the project plan. This funding will be available for emerging initiatives next year that the Workgroup would like to recommend for funding or could be used if proposed strategies exceed the budgeted amount.

Preliminary 2019 Timeline

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Rapid Cycle Opioid Project (Application Process)	■			App open	App closed	Award	■			2020 App open	2020 App closed	2020 Award
North Central Opioid Response Conference			**DCM**						**IP**			
Dissemination of Dental Prescribing Guidelines			■									
Increase awareness of opioid use and addiction	■											
School-based prevention	■											
Naloxone training and distribution				■								
Recovery Initiatives/Events												

DCM – Pathways to Prosperity using the Distributed Conference Model; IP – In person Conference

Strategies will start in the month highlighted in dark blue and continue through the months highlighted in the light blue.

Other Initiatives

NCACH Whole Person Care Collaborative

In addition to the proposed strategies above, the Workgroup wants to ensure that adequate provider Medication Assisted Treatment (MAT) trainings are offered to providers in our region. It is unclear if access to training is a barrier for providers becoming waivered providers. To understand this, the Opioid Workgroup recommends that the Whole Person Care Collaborative (WPCC) solicit feedback from its members to determine if access to local MAT trainings is a barrier to providers becoming waivered providers. And if so, the Opioid Workgroup recommends that the WPCC provide MAT trainings in each of the counties where providers responded that access to training opportunities is a barrier.

Opioid Overdose as a Notifiable Condition

Chelan-Douglas Health District (CDHD) is in the process of making drug overdoses, both fatal and non-fatal, notifiable by healthcare professionals as well as encouraging all first responders and others witnessing an overdose to report the condition. CDHD is doing this in collaboration with The Center for Alcohol and Drug Treatment. Reporting of overdoses will allow for effective surveillance and case finding as well as offering an opportunity to engage individuals in treatment (through outreach done by The Center for Alcohol and Drug Treatment). If this pilot is successful, NCACH will partner with appropriate stakeholders to encourage expanding this model to Grant and Okanogan Counties.

North Central Accountable Community of Health

NCACH Project Workgroup Update

Regional Opioid Stakeholders Workgroup

September, 2018

July Key Meeting Outcomes

- In July, the Workgroup reviewed the 2018-2021 funding allocations and potential methods for dispersing funds to partners. Below is the funding allocation for 2019:

2018	2019	2020	2021
$100,000	$300,000	$300,000	$300,000

- There was general consensus that the Workgroup would like to continue allocating $100,000 annually to the Opioid Rapid Cycle Application for funding of up to $10,000 to organizations.
- The Workgroup agreed to select region wide approaches to implement and invite partners to participate using the remaining $200,000 (annually). This approach would phase in and expand strategies over the next three years based on regional priorities.
- Through discussion, the Workgroup identified three priorities when selecting regional strategies:
    1. Prevention efforts;
    2. Fostering collaboration among diverse stakeholders who are impacted by the opioid epidemic; and,
    3. Engaging sectors that have not been engaged with other aspects of the Medicaid Transformation Project to date.
- NCACH staff was tasked with developing a 2019 Opioid Project Proposal for the Workgroup to review at the August Workgroup meeting.

August Key Meeting Outcomes

- Whole Person Care Collaborative Learning Community change plans were submitted to the NCACH on July 31, 2018. A section of the change plan was specific to opioid use prevention, treatment, overdose prevention and recovery. NCACH staff reviewed the opioid tactics that were most and least frequently selected in the submitted change plans.

Most Selected Tactics *(16 of 17)*	Least Selected Tactics *(1 of 17)*
Routinely reconcile medications to avoid unsafe combinations	Improve competence among MH providers to treat patients with chronic pain without opioids
Use standardized screening tool to assess for mental health issues and risk of addiction prior to initiating COT	Increase the number of obstetric and maternal health care providers permitted to dispense and prescribe MAT through the application and receipt of DEA approved waivers.

- NCACH intern, Navind Ooodit, presented on the work he has done this summer including a Chemical Dependency Professional regional evaluation, lay distribution of Naloxone, and a Narcan training and distribution event.
- The Workgroup reviewed and endorsed the 2019 Proposed Opioid Project Plan presented by NCACH staff. The proposal (attached) will be recommended to the NCACH governing Board for approval on September 10, 2018.

Upcoming Meetings

September 21st , 1-2:30 PM	Regional Opioid Stakeholders Workgroup
October 19th, 1-2:30 PM	Regional Opioid Stakeholders Workgroup
November 16th, 1-2:30 PM	Regional Opioid Stakeholders Workgroup

Attachments

1. 2019 Proposed Opioid Project Plan

Board Decision Form

TOPIC: *Transitional Care and Diversion Interventions (TCDI) Hospital Application Evaluation Process and Scoring Template*

PURPOSE: *Approve the evaluation process and scoring template for the TCDI hospital application.*

BOARD ACTION:

☐ Information Only

☑ Board Motion to approve/disapprove

BACKGROUND:

At the July 27th Governing Board retreat, Board members approved the application and funding (up to $759,000) for hospital partners to implement transitional care and diversion intervention strategies through the Medicaid Transformation Project. NCACH staff released the application on August 9th to hospital partners. Applications are due from partners on Friday September 28th. NCACH staff have worked with our consultants from Oregon Health and Science University to develop a scoring template and evaluation process for Hospital partners who submit applications (See attached). That evaluation process and scoring template was approved by the TCDI workgroup on Thursday August 23rd, 2018.

PROPOSAL:

Motion to approve the attached Transitional Care and Diversion Intervention hospital application evaluation process and scoring template.

IMPACT/OPPORTUNITY (fiscal and programmatic): Approval of these documents will allow the workgroup to continue to proceed along the timeline below and have full evaluations of the applications completed by November 3rd.

TIMELINE:

- **September 28, 2018:** Applications due by 5PM
- **October 1 – 12, 2018:** Scoring will be completed by reviewers. Request for more information asked to partners if needed
- **October 15 – 26, 2018:** Initial scores and additional information shared with partners. Partners can provide more information in application if needed.
- **October 29 – November 2, 2018:** Reviewers may adjust scores based on additional information provided by partners
- **November 3, 2018:** Final scores provided to partners after reviewers complete final evaluations
- **November 5:** MOUs to be signed by partners and implementation begins (Tentative date)

Attachments: Application Evaluation Process and Scoring Template
Hospital Application (without Attachments)

Submitted By: TCDI Workgroup
Submitted Date: 08/24/2018
Staff Sponsor: John Schapman

Organization Name: _____ Reviewer: _____

TCDI Hospital Application Review and Scoring Process

Review Team: Review team will consist of the following:

- 2 ACH Staff member
- 2 Workgroup Member (Community Member)
- 2 TA staff member (OHSU)

Review Process

- Each Reviewer will go through 5 applications (6 reviewers total)
    - Applications will be split up between reviewers to ensure that the same reviewers are not scoring all the same applications
- Reviewers will rank each sub- section based on the following scoring criteria:
    - **1 – Poor:** Very few strengths and numerous major weaknesses
    - **2 – Fair:** Some strengths but at least one major weakness
    - **3 – Good:** Blend of strong elements and moderate weaknesses (no major weaknesses)
    - **4 – Very Good:** Mostly strong with only minor weaknesses
    - **5 – Exceptional:** Strong across the board with essentially no weaknesses
- Scores will be averaged between the three reviewers to get the final score for the organization
- Each section will have an area to provide comments. Comments should be used to outline concerns, strengths, and areas that the reviewers feel require additional information. If additional information is requested please clearly not that in the comments section.
    - Each partner will have 2 weeks (Oct 15 – 26) to respond back if there are any concerns with the application or sections that require additional information
    - NCACH staff will connect with partners to provide additional follow up questions from reviewers and ensure applicants have an opportunity to ask any clarifying questions.
    - Reviewers will have an opportunity to adjust scores after additional information is provided. Final scores will be based on the average of the average of any adjusted scores in the final review process
    - During the week of October 29, the review team will discuss any applications for which new information has been provided or for which significant disagreement exists. After reviewers make any final adjustments, scores will be released to partners

Organization Name: _____ Reviewer: _____

- If partners do not pass the application process after the second review, they will have time to resubmit their project plan when the next report is due at a reduced funding amount
  - i.e. Organizations who resubmit December 2018 will be eligible for 60% of funding

Review Timeline

- **September 28, 2018:** Applications due by 5PM
- **October 1 – 12, 2018:** Scoring will be completed by reviewers
- **October 15 – 26, 2018:** Initial scores will be shared with partners. This will include:
  - NCACH staff will follow up with hospital partners to address incomplete information
  - Meeting with hospital organizations about scores and timelines for implementation (i.e. training for TCM nurses, EPIC integration/training, etc.)
  - Draft MOUs distributed to partners that outline scope of work moving forward.
    - This will allow time for partners to have MOUs reviewed by legal team if needed
- **October 29 – November 2, 2018:** Reviewers may adjust scores based on additional information provided by partners
- **November 3, 2018:** Final scores provided to partners after reviewers complete final evaluations
- **November 5:** MOUs to be signed by partners and implementation begins

Section Scoring:

Each section will be scored by the reviewer and applicant will receive a final score for application with estimated funds earned. The implications on overall application funding varies by section as follows:

- **Section I:** Partners must pass this section to proceed forward with the application. If this sections is not complete and partner receives a passing grade. The partner will not get funded for the application.
- **Section II – IV:** Each section is scored individually. If a partner passes 2 of the 3 sections, they can still receive funding for the application and continue completing work on approved processes.
- **Section V:** Partners must pass this section to proceed forward with the application. If this sections is not complete and partner receives a passing grade. The partner will not get funded for the application.

Organization Name: _____ Reviewer: _____

Section I: Organization Information: *See final scoring sheet*

Section II: Transitional Care Management:

Sub-Section	Questions	Score	Weight	Total Points (Score x Weight)
Project Description Part 1	Does the applicant clearly articulate the proposed project? Specifically, does that clarity include the current state of Transitional Care Management in their organization and a detailed plan on how they will move forward?		2	
Project Description Part 2	Alignment with Project Description – Does the proposed project align with the overall project description provided by NCACH. If not, is sufficient justification provided on the deviation from the model?		1	
Target Population	Does the applicant describe the specific population they are expecting to reach within the proposed project? Does it align with the regional target population?		1	
Timeline	Does the applicant describe the major milestones and the implementation timeline in the project? Does it provide specific dates (i.e. Q1 of 2019) for when work will be completed?		1	
SDOH	Does the project articulate how they will be addressing the health concerns of the patient outside of the clinic walls through better connection with services that address the social determinants of health of the patient?		1	
Sustainability	Does the applicant state how the proposed project will lead to lasting and self-sustaining improvement? Does the applicant discuss how they will cover the cost of a TCM Nurse in the future?		2	
Project Budget	Does the applicant provide a budget that accounts for all funds requested?		2	
Total Score				

Section Comments:

Organization Name: _____ Reviewer: _____

Section III: Emergency Department Diversion:

Each response should clearly articulate the work partners are doing with each selected approach they choose. The score for each section reflect how the partner adequately responded to the questions for all selected approaches.

Approaches Selected: ☐ Reduce in Appropriate ED Visits ☐ Patient Education on Access to Care
☐ Training Staff to utilize EDie system ☐ Integrate EDie into EMR

Sub-Section	Questions	Score	Weight	Total Points (Score x Weight)
Project Description Part 1	Does the applicant clearly articulate the proposed project? Is each approach clearly identified in this section?		2	
Project Description Part 2	Alignment with Project Description – Does the proposed project align with the overall project description provided by NCACH. If not, is sufficient justification provided on model deviation?		1	
Target Population	Does the applicant describe the specific population they are expecting to reach within the proposed project? Does it align with the regional target population?		1	
Timeline	Does the applicant describe the major milestones and the implementation timeline in the project? Does it provide specific dates (i.e. Q1 of 2019) for when work will be completed?		1	
SDOH	Does the project articulate how they will be addressing the health concerns of the patient outside of the clinic walls through better connection with services that address the social determinants of health of the patient?		1	
Sustainability	Does the applicant state how the proposed project will lead to lasting and self-sustaining improvement?		2	
Project Budget	Does the applicant provide a budget that accounts for all funds requested?		2	
Total Score				

Section Comments:

Organization Name: _____ Reviewer: _____

Section IV: Community Based Integration:

Sub-Section	Questions	Score	Weight	Total Points (Score x Weight)
Description Part 1	Does the applicant clearly articulate h0w the proposed projects selected will align with the work they will do with the community partners? Is there a clear plan identified with how the partner will work with community partners?		2	
Description Part 2	Does this section describe how the partner will use collaborative efforts with community partners to better address the healthcare needs of the whole person?		1	
Primary Care & Behavioral health Alignment	Does this project articulate how the partner will connect with primary care and behavioral health providers to ensure that follow- up care occurs? Is there a clear understanding that the applicant has or will connect with outpatient providers prior to project implementation?		1	
Care Coordination Alignment	Is the partner ensuring that their patients have the ability to connect with service providers who deliver care coordination outside of the clinic walls? Has the partner identified at least one community partner to assist with this process?		1	
Project Budget	Does the applicant provide a budget that accounts for all funds requested? Does the budget demonstrate how partners will utilize funds to support community partners?		3	
Collaborative Partners	Does the partner have meaningful collaborative partners? Does the letter by partners articulate how the partnership will occur and the benefit it will provide patients?		2	
Total Score				

Section Comments:

Organization Name: _____ Reviewer: _____

Section V: Measurement and Evaluation

The applicant must pass every sub-section to receive funding through the application. Specific to Measurement. Please consider the following questions when you decide to pass or fail the applicant:

> Does the organization have a way to track measure? If they do not currently have a way to track the measure, do they clearly explain their plan to start that process or did they provide an alternative proxy measures they will use to show results?

Sub - Section	Measure	Result
Measurement	Follow-up post hospitalization physician/mid-level visits for all patients	☐ Pass ☐ Fail ☐ NA
Measurement	All-cause hospital readmission rate (30 Days)	☐ Pass ☐ Fail ☐ NA
Measurement	Decrease in unnecessary outpatient Emergency Department visits	☐ Pass ☐ Fail ☐ NA
Measurement	Decrease in patients with 5+ Emergency Department Visits in a calendar year	☐ Pass ☐ Fail ☐ NA
Measurement	Additional measures as defined by the organization: 1. 2.	☐ Pass ☐ Fail ☐ NA
Attestation to Reporting Requirements	Does the applicant attest to understanding and accepting the responsibilities and requirements for reporting	☐ Pass ☐ Fail

Section Comments:

Organization Name: _____ Reviewer: _____

TCDI Hospital Final Scoring Sheet

Please fill out the final scoring sheet below for each section. Please indicate at the end of each section if the organization pass or failed. NCACH staff will take final results and quantify the implications of results on overall funding to partners to share with the review team. Failing one section does not automatically disqualify an organization from other funding available in the application process.

Section	Organization Points	Total Points Available	Points needed	Result
Section I: Organization Information *(Is all information filled out in section)*	NA	NA	NA	☐ Pass ☐ Fail
Section II: Transitional Care Management		50	30	☐ Pass ☐ Fail
Section III: Emergency Department Diversion		50	30	☐ Pass ☐ Fail
Section IV: Community Based Integration		50	<29 30 – 40 41 - 50	☐ 0% ☐ 70% ☐ 100%
Section V: Measurement and Evaluation	NA	NA	NA	☐ Pass ☐ Fail

Overall Application Comments:

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

APPLICATION SUMMARY

Introduction:

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

Eligible Entities:

The 10 Hospital organizations within North Central Region are eligible to participate:

1. Cascade Medical Center
2. Columbia Basin Hospital
3. Confluence Health
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. A detailed implementation plan for Transitional Care Management and Emergency Department Diversion tactics in the organization
    b. Submitting measures for program evaluation across the region.
2. reporting requirements will be detailed in Memorandums of Understanding (MOUs) between the NCACH and each partner.

Length of Project Period:

The project period will start upon signing the MOU through December 31, 2019. Additional funding will be available in future years to partners through an additional application process.

Payment of Awards: Total award amount is up to $71,000 per organization. Awards will be paid to partners in the following cycles:

- Approval of Application: 40% of award amount (up to $28,400)
- Submission of Report by December 31st, 2018: 30% of award amount (up to $21,300)
- Submission of report by June 30th, 2019: 30% of award amount (up to $21,300)

Application Submission Information:

Completed applications should be emailed to John Schapman (john.schapman@cdhd.wa.gov) by 5:00 on September 28th, 2018. For technical assistance, email John Schapman or call 509-886-6435.

Technical Assistance:

A technical assistance session will be available Tuesday August 28th from 10 AM – 11 AM via go to meeting. The technical assistance session will include answering any questions partners have on the application and reviewing the evaluation and scoring process for the application:

TCDI Hospital Application TA Session
Tue, Aug 28, 2018 10:00 AM - 11:00 AM PDT
Please join my meeting from your computer, tablet or smartphone.
https://global.gotomeeting.com/join/780307133
You can also dial in using your phone.
United States: +1 (646) 749-3112
Access Code: 780-307-133
First GoToMeeting? Let's do a quick system check: https://link.gotomeeting.com/system-check

SECTION I: ORGANIZATION INFORMATION

Organization Information
Organization Name:
Funding Requested (TCM): $
Funding Requested (ED Diversion): $
Funding Requested (Community Based Integration): $
Total Funding Requested: $
Contact Name:
Contact Title:
Email:
Physical Mailing Address:
Phone:
Check projects Organization is participating in: ☐ Transitional Care Management (Complete Section II if checked) ☐ Emergency Department diversion (Complete Section III if checked)

* Must check either Transitional Care Management (Section II) or Emergency Department Diversion (Section III) to proceed forward with application

SECTION II: TRANSITIONAL CARE MANAGEMENT

Model Selected:

Transitional Care Management (see attachment A for full details)

Summary of Model:

Prior to patient 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 a document 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 nurses (TCM-RN) who makes the post-discharge hospital follow-up phone call.

The TCM-RN makes a 24-48 hour (2 business days) post discharge phone call that confirms that the patient has a follow-up appointment with their Primary Care Provider, conducts a review of medication, and checks if they have all of their post-hospital services arranged (i.e. durable medical equipment, oxygen, home health and hospice, adult family homes, and assisted living facilities), and/or caregiver help. Any problems are evaluated and directed to the appropriate resource. Patients are instructed to call their provider for certain symptoms or seek immediate medical attention based on the severity of symptoms.

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

A prompt follow-up visit with the patient's primary care provider ensures that they receive follow-up care, ongoing symptom and medication management, and continuous access for the 30-day post-discharge period.

Target Population

Patients discharged from inpatient hospital care to home or supportive housing based on the screening process outlined in the model.

Measures For Transitional Care Models:

- Increase in follow-up post hospitalization physician/mid-level visits for all patients
- Decrease in unnecessary inpatient hospital utilization
- Decrease in unnecessary outpatient Emergency Department visits
- Decrease in all-cause hospital readmission rate (30 Days)

Implementation partners may develop additional measures specific to their region.

Training Schedule

Initial hospitals with an annual Medicaid discharge of >200 beneficiaries per year or hospitals with <200 beneficiaries *and* a TCM program currently in place will receive priority for staff training

Award Size:
Up to $26,000 per hospital for implementation of the Transitional Care Model as defined by NCACH.

Project Description (suggested word count – 1000 words)
If you plan to deviate from the project model, please provide a justification. If you feel you should maintain similar funding amounts despite the deviation, please explain.

Project Description: *Provide a description of how your organization will implement the Transitional Care Management program in your organization. Include details describing what your organization currently provides in regards to Transitional Care Services.*
Project Scope: *Please describe who this project will serve. For example, will you be completing follow-up calls with patients discharged from your hospital that go to your organizations outpatient clinics or with all patients discharged from your hospital? If you are calling patients who do not receive all of their services within your organization, please describe how you will partner with other organizations to coordinate outreach to patients after discharge.*

Timeline:

Describe the timeline and major milestones for implementing this project. How will you monitor project implementation progress and address delays? Training for this work will vary based on availability of regional trainers. Please outline a good time in the next 6 months to have staff trained in the model.

Sustainability:

How will you ensure the sustainability of this project and/or sustainable change beyond the project period? Has the organization committed to staff a TCM-RN after initial funding ends?

Social Determinants of Health:

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 to demonstrate how you will use the funds allocated to your organization. Provide a budget narrative (maximum word count is 500 words). Do you plan to leverage other funds? If so, please describe.

Project Budget: through December of 2019	
EXPENSES	***NCACH funded***
Salaries, wages, and benefits:	
Supplies/Equipment:	
Other Expenses (itemize):	
Total	

Budget Narrative:

SECTION III: EMERGENCY DEPARTMENT DIVERSION:

Model Selected

Strategies to enhance the "ER is for Emergencies Seven Best Practices" model.

Summary of Emergency Department Process Improvement Tactics:
Through input from the Emergency Department (ED) representatives across the region, NCACH has identified high-priority approaches for our region. These approaches, listed below, 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 visits to primary care physicians and improving access to care;
2. Patient education of how to access appropriate care
3. Integrate EDie into their Emergency Department's workflows

Target Population

Initial Target Population: Utilizers of the ED system with 5+ visits/year due to inappropriate utilization of care

Goal target Population: Utilizers of the ED system with 3+ visits/year due to inappropriate utilization of care (Organization should outline how this will be achieved as organizations get closer to December 2019)

Expected Measures

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

- Decrease outpatient Emergency Department Visits
- Increase follow-up After Discharge from ED for Mental Health
- Increase follow-up After Discharge from ED for Alcohol or Other Drug Dependence

Award Size:

Anticipated total available funding for the Emergency Department work will vary based on the initiatives and budget accepted by each organization. Those organizations that are ready to complete integration of referral processes of EDie in their electronic health record (EHR) will have additional funding available to them to support that work. Organizations can choose to select all approaches attached to this application and will be funded according the respective up-to amounts:

Approach	Up-to Funding Amount
A. Reducing Inappropriate ED visits	$5,000
B. Patient Education of Appropriate use of Care	$5,000
C. Emergency Department Training of EDie system	$5,000
Integration Into Health Record Systems: • Electronic Referrals to PCP (Approach A) • Integration of EDie into EHR (Approach C)	$20,000
Total Amount Possible	**$35,000**

Approaches:

Organizations can choose to select 1, 2, or all 3 of the approaches listed below. Please select the approach (es) your organization would like to participate in.

Priority Approaches Check all approaches you wish to address	
A. Reduce inappropriate ED visits by collaborative use of prompt visits to primary care physicians and improving access to care (Choose Tactic #1 or #2); *1.* Ensure each appropriate patient discharged from the hospital has a referral sent directly to their primary care provider and/or outpatient behavioral healthcare provider for follow up *2.* Schedule follow up appointments with partners (Primary Care and Behavioral Health) upon discharge from Emergency Department a. Initial Stage: Each organization would develop the process for patients referred to a clinic in your own organization. b. Second Stage: Develop a process for to schedule appointments to patients referred to providers outside of your own organization *3.* If processes require development of referral processes to be built into EHR, please describe process to complete that development.	☐
B. Patient Education of how to Access Appropriate Care 1. Education on appropriate use of primary care, urgent care, and emergency departments, and where to access after-hours care a. Work with local community collaborative and outpatient clinics to develop a model that is appropriate for your local hospital community to educate patients on appropriate use of care	☐
C. Training Staff to better utilize the EDie system 1. Integrate EDie into ED department work flows a. Develop a common training program that Emergency Departments can use for their staff to utilize the EDie system in patient care b. Ensure workflows include routine input of information into EDIE system c. If applicable, set up EDie/EHR system to notify PCP when patient arrives in ED d. If applicable, integrate EDie with EHR system (Additional funding available for thi)	☐

Project Description (suggested word count – 1,000 - 2,000 words)

If you are selecting multiple approaches, please clearly articulate within the description which project you are working to improve in the description. In the narrative, please clearly indicate which approach you are discussing.

Project Description: *Provide a description of how you plan to implement the selected approaches. Include how you may need to tailor the approach to fit your region's needs/priorities.*
Project Scope: *Please describe who this project will serve and what community partners you will engage with. Will you pilot with a specific demographic group first?*
Timeline: *Describe the timeline and major milestones for implementing this project. How will you monitor project implementation progress and address delays?*

Sustainability:

How will you ensure sustainability of this project and/or sustainable change beyond the project period?

Social Determinants of Health:

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 provided template, including information about additional funding applied for or obtained for this and related initiatives. Identify which approach the funding will support. Provide a budget narrative (maximum word count is 500 words)

Project Budget: through December of 2019		
EXPENSES	**Direct Organization Cost**	***Other Expenses***
Salaries, wages, and benefits:		
Equipment/Supplies:		
Community Partner Support:		
Other Expenses (itemize):		
Total		

Budget Narrative:

SECTION IV: COMMUNITY BASED INTEGRATION (suggested word count – 1,000 words)

Section Award Amount: Up to $10,000

Acute care providers who are able to demonstrate how they will collaborate with other healthcare and community-based providers in the region will receive additional funding to assist them in partnering with their local community organizations. Your response should include an answer the following questions below. Responses will be evaluated based on how well you demonstrate you are creating new collaboration or expanding on current collaborative efforts (Including how you utilize the funds to create additional collaborative efforts).

Whole Person Care: Whole Person Care more effectively connects patients with resources (Behavioral Healthcare, Primary Care, and Community Based Organizations) outside the hospital setting, which helps address health related social issues such as housing, education, and other social determinants of health. Whole Person Care also eliminates the divide between acute care, behavioral health, and medical care. How will the work you are doing promote Whole Person Care in our region?
Enhancing connections with Community Behavioral Healthcare and Primary Care Providers: Chronic Disease (including Mental Health) plays a large role in high Emergency Department utilization. How will the work you complete help to ensure that patients who are discharged from the Emergency Department are getting linked up with a Primary Care and/or Behavioral Healthcare Provider?

List group of community based partners you will work with to better transition your patients out of care:

Patients who are able to connect with local community-based organizations that provide care coordination to address the social determinants of health will likely receive the services they need to prevent them from coming back to the Emergency Department. How will you partner with care coordination agencies in your area to ensure patients discharged from your organization connect with the services they need?

Budget:

Organizations that show collaboration with their projects are eligible to receive an additional funding. How will the additional funding be used to ensure collaboration occurs? How will this collaboration benefit the non-Hospital partners? What is the history of existing collaborations? What plans, if any, exist for extending collaborations? Be specific on percentage distribution of funds – (e.g. pie charts) how are funds received going to be distributed among your organization and partners?

Collaborative Partners:

Who are the partners you plan to collaborate with in this project. Please list those partners you plan to partner with to expand collaborative efforts and have them submit letters of intent demonstrating they plan to partner with your organization in these initiatives.

Community Based Integration Budget (Talk in terms of percentages):

Provide an estimated project budget using the provided template, including information about additional funding applied for or obtained for by this section and/or related initiatives. Provide a budget narrative (suggested word count is 500 words).

EXPENSES	***Direct Organization Cost***	***Other Expenses***
Salaries, wages, and benefits:		
Equipment/Supplies:		
Community Partner Support:		
Other Expenses (itemize):		
Total		

Budget Narrative:

SECTION V: MEASUREMENT AND EVALUATION

(Suggested word count is 500 words)

Measurement and Evaluation:

In order to measure progress, it is important to track process and outcome metrics. Please describe how your organization is going to collect and report the following outcome metrics:

- Increase in follow-up post hospitalization physician/mid-level visits for all patients
- Decrease in all-cause hospital readmission rate (30 Days)
- Decrease in unnecessary outpatient Emergency Department visits
- Decrease in patients with 5+ Emergency Department Visits in a calendar year

Additional measures as defined by the organization

If a measure is not applicable to your organization, please notate it and describe why it is not needed as part of this project (i.e. Not completing Transitional Care Model project).

Reporting:

Attest that you understand and accept the responsibilities and requirements for reporting. These responsibilities and requirements include:

- Semi-annual written reports on project implementation progress **due December 31st, 2018, June 30th, 2019, and December 31st, 2019**
- Providing updates on calls every other month hosted by NCACH
- Each partner will be expected to present results to other partners one time within the reporting year
- Partners with work with NCACH to develop a presentation summarizing the work occurring across the region in Transitional Care Management and ED Diversion that will be presented at the NCACH Annual Summit in 2019

SECTION VI: APPENDICES

A. Transitional Care Management Reference Guide
B. ER is for Emergencies Seven Best Practice Fact Sheet

Board Decision Form

TOPIC: TCDI Community Care on Wheels Feasibility Study Proposal

PURPOSE: Approve a proposal to do a feasibility study in the Wenatchee area on implementing a Community Care on Wheels program

BOARD ACTION:

☐ Information Only

☑ Board Motion to approve/disapprove

BACKGROUND:

The Transitional Care and Diversion Interventions (TCDI) workgroup has been evaluating emergency department (ED) strategies that could be implemented by community partners including Mobile Integrated Health (MIH) tactics. This has included reviewing how Community Paramedicine and other ambulatory care projects could be interwoven together as a strategy to reduce ED diversion. As part of this review process, Confluence Health TCDI workgroup members have presented a Mobile Integrated Health Strategy that would reside in the ambulatory care scope of work.

This project will work in conjunction with the Emergency Medical Service (EMS) community as they develop a model to address Community Paramedicine in our region. Specifically in the Wenatchee area, preliminary conversations have already occurred with Ballard Ambulance on what a Community Care on Wheels may look like. In areas where EMS providers are able to get reimbursed for treating and referring patients to alternative services, the model evaluation may help to guide approaches for those services

The above model will address patients needing acute evaluation or attention that may otherwise result in ED visit/transport or paramedic evaluation, but not are not obviously an emergent issue. A phone call is routed to Community Care on Wheels team to be dispatched to evaluate and treat the patient. The Community Care on Wheels team then completes an assessment and refers the patient to the appropriate services (see attached documents for more details).

As part of the NCACH Emerging Initiatives guidelines, NCACH staff received the proposal and assigned to the appropriate workgroup (TCDI). On August 23rd, the TCDI workgroup received a presentation on Community Cares on Wheels project and workgroup members had an opportunity to questions about the proposed project. This included representation of the EMS sector by 2 partners. The workgroup enhanced the proposal to ensure that a feasibility study could include other communities (i.e. Omak, Moses Lake) in future work and approved the motion as listed below.

PROPOSAL:

The TCDI workgroup recommends that the NCACH Governing Board approves $20,000 dollars for Confluence Health to complete a feasibility study to evaluate data and market analysis for a Community Care on Wheels program in the Wenatchee area.

IMPACT/OPPORTUNITY (fiscal and programmatic):

- This project would support the models being reviewed by the EMS community by creating a mechanism for treat and release in communities where paramedics are unable to get reimbursed for services provided (i.e. private EMS companies)

Below is a review on how this proposal interacts with the considerations/funding principles associated with the Emerging Initiatives document:

Considerations/Funding Principle	Does Proposal Address
Funding supports links between medical providers with social service providers.	Yes (EMS, Long Term Care, and other community facilities
Projects that receive funding will outline a path toward sustainability or sustained change.	Yes
Funding will be distributed to partners to create innovative new or expand existing capacity and infrastructure, it will not be used to pay for work currently happening.	Yes
Partners need to demonstrate a clear way to evaluate impact including data for measurement of success.	May need a little more detail behind this section
Projects should show how they address one or more of the 6 NCACH Project areas	Yes, TCDI Workgroup
Does proposal effort address a needed improvement in the region's Medicaid services, including those related to the Social Determinants of Health	Yes (access to care, transportation)
Has any relevant workgroup or Coalition reviewed the project scope	Yes TCDI Workgroup
Have Workgroup or Coalition members taken into consideration the limited funding our region has for Transformation work?	Yes
Is the new project collaborative in nature and does it have at least one formalized agreement (or letter of intent to partner) with a non-clinical partner?	Informal agreements, nothing formal to date

TIMELINE:

September 2018:Approve proposal with NCACH Governing Board
September/October 2018 – Initiate discussions with consults on completing a feasibility study in North Central Region (first in Wenatchee Valley area, and second in surrounding areas)
October – December 2018:

1. Complete a feasibility study in the Wenatchee service area
2. Assess the cost of a feasibility study in other NCACH communities and present that cost to the Governing Board for additional approval.

RECOMMENDATION:

- Approve initial funding to complete a feasibility study in the Wenatchee service area
- Ensure that the Wenatchee area feasibility study is broad enough that it could be applied to any organization that wants to initiate a Community Cares and Wheels project
- Ensure the feasibility study addresses what a minimum population size may be to operate a Community Care on Wheels program that is financially sustainable

Attachments: Community Care on Wheels Project Proposal
Community Care on Wheels slide deck
Emerging Initiatives Guideline Document

Submitted By: Transitional Care and Diversion Intervention Workgroup
Submitted Date: 08/24/2018
Staff Sponsor: John Schapman

Community Care on Wheels Feasibility Study Details

Purpose: Complete a feasibility study to determine: startup costs, time line, extent of services, engagement of potential partners, scalability, and critical population density to support efforts in sustainable model.

Lead Facility: Confluence Health

Request: $20,000 dollars for feasibility study to evaluate data and market analysis and hire outside consultant.

NCACH Workgroup: Transitional Care and Diversion Interventions

Program is designed to eliminate overuse of ED by non-emergent visits and to head off potential appropriate ED visits with a lower cost approach while still providing acute emergent care especially for patients with transportation and or care access issues. Patients will be higher level acuity than simply urgent care visits

Impact/Metrics: This project would improve the following metrics:

- Decreased ED visits
- Reduce all –cause readmission rate
- Improve access to acute services
- Decreased readmissions due to earlier, on-site intervention for acute or worsening health care issues
- Increase evaluation of patient level of social determinants.
- Decreased non transport ambulance calls

Anticipated partners:

- CH Primary Care, CH contact Center, CH case management; regional Long Term Care Facilities (SNF, Custodial Care, ALF, Dementia Care Facilities, BH facilities). Wenatchee Emergency Physicians, CWH; Regional Ambulance Services/Paramedicine services. Project envisioned to cross lines of all partners to augment, not replace, such services.
- Regional Ambulance Services/Paramedicine services via dispatch coordination and potentially embedding **Community Care on Wheels** response team with paramedic teams may partner with paramedics when calls are identified as unlikely to transport based on triage symptoms at dispatch center

Target Populations:

- Patient identified by the above existing services/partners as needing acute evaluation or attention that may otherwise result in ED visit/transport or paramedic evaluation, but not obviously an Emergent Issue.
- Patient not currently at clinic or hospital but is suffering acute issue or acute on chronic decompensation. Patient may be residing in community (at home in Long Term Facility, possibly recently post discharge and identified as @ risk by care transition team. PCP, HH provider, Contact center, LTC, Case Mgr. or other care provider (ambulance service) identifies the need, but not yet a true emergency.

Services anticipated:

- Evaluation and treatment of chronic and acute health care issues in order to avoid ED visits:
    - Minor injuries, lacerations, sprains, respiratory symptoms, abdominal pain, fevers, dysuria, wound care, splinting, COPD exacerbations, asthma exacerbations, CHF exacerbation,
- Provides insight into social determinants of individual seeking care—home environment, isolation, etc. allowing for identification and risk factor mitigation and potential involvement of community services/ social support

- On-site providers would have access to EMR, ED personnel, PCP by phone, able to schedule appropriate follow up via EMR.
- Education can occur for disease management, use of appropriate resources, etc.

Provider Team: Consists of Provider and RN ACLS/ATLS trained

Hours of Operation: initially 1-8pm M-F, scale and expand based on program successes.

Service Area: 15-20 mile radius of Wenatchee/E. Wenatchee initially for pilot (further refinement and expansion based on feasibility study and pilot)

Equipment:

- Vehicle outfitted for minor emergencies and treatment
    - Wound Care: dressings and sutures/Splinting/Epistaxis/IVF/ IV-IM-PO meds/Lab draws/POCT testing/Foley Cath
    - Basic Pharmacy starter packs for RX for home use (1-2 day, etc.)
    - Code Blue Bag + AED
    - Cell Phone/Radio—contact with PCP, care facility ED, Ambulance services, etc.
    - Laptop: scheduling for f/u and access to EMR for review, documentation and for prescription filing

Sustainability: By basing program out Primary Care office we will be able to charge encounter rates/ home visit EM visit charge. Dollars saved for ED and readmissions will also go to the bottom line of overall regional health care costs (patient visits are not limited to primary care patients).

Scale: Potentially expand the model to additional communities and/or partner organizations depending on success and evaluation for critical population size for success.

Evaluation: Efficacy and use of service will be determined by tracked calls and response time, conditions treated.

Budget

Organization	Role	#meetings	Potential costs	Dollars ($)
Consultant	Evaluation of market size, demographics ,target population, startup costs, integration costs, service development, opportunity cost vs loss due to overlap of services	5 2 onsite	Travel Time Consultant Fees Housing(hotel) Meals	$15,000
Confluence Costs	Work with consultant Data analysis, project development, infrastructure development and start-up cost evaluation, timing and market development	Weekly meetings for 8-12 weeks for idea development internally and with consultant	Director and Leadership Level (2-3 employees at 8 hours per week total = approx. 1/5 FTE of Director level) for 10 weeks	$5,500
Total				**$20,500**

Community Care On Wheels

Avoiding Inappropriate use ED and Transport Services

Introducing RAPID CAR(e)

Powered by Confluence Health

RAPID CAR(e)

- Mobile On-Site Service
- Designed to respond and treat the *Member/Patient/Consumer* at their home, business or skilled/assisted living
- Designed to reduce ED visits and hospital admissions by providing timely, responsive care
- Scheduled and Unscheduled visits
- Reimbursement available for building Sustainable Model

RAPID CAR(e)

Partnering and Awareness Marketing

- ED
- CWH Inpatient Discharge teams
- Home Health
- Geriatrics/Primary Care
- Palliative Care team
- CH PCP and specialty departments
- Local Ambulance services
- Assisted Living Facilities
- Home Care/Group Home Facilities
- Skilled Care Facilities

RAPID CAR(e)

Anticipated Clinical Services

- Post Hospital Follow Up
- Post ED follow up
- COPD—exacerbation
- CHF—exacerbation
- UTI
- Nose bleeds
- Minor lacerations
- Urinary retention
- Feeding tube replacement
- Foley Cath replacement
- Fever
- Dehydration
- HTN
- Asthma
- Headache
- Respiratory Illnesses
- Post Acute Care follow-up
- Post surgical care follow-up
- Acute illness and minor injury

Mobile On-Site Acute Care

Target Populations

- High Utilizers of ED
- Chronically ill pateints
- Acute illness
  - On Demand by PCP, Specialists, Case Mgr, HH,SNF, Nurse Advice Line or other referral
  - Not self-generated
  - 911 generated if identified as low acuity and unlikely transport(work in concert with Ambulance services)
  - Non RH based Insurers(commercial insurers)* we may want to target higher more complex visits, not just simple acute care as financial model for simple acute visits likely not +ROI

Scenario:

When a referral call comes in to request medical care, the Care Team screens using risk stratification tools to ensure level of need from both acuity, complexity and intensity of services.
*May require contracting with insurers

Model will be the basis of design and support services for Hospital at Home

RAPID CAR(e)

Team Composition:

Team of 2, for both skills and safety

- Experienced ARNP,DNP, or PA
- CMA/? Paramedic

Training:

- Experienced Providers
- Spend Time Riding with Ambulance Crews
- Spend time in ED

Oversight Committee

- Home Health
- ED Provider
- Primary care Physician
- Paramedicine Representative

Equipment

- AWD Vehicle
- AED
- O2
- Resuscitation Supplies
- Ambu-Bag
- Cell Phone
- 2 way Radio Connection
- Laptop
  - Epic
  - Email
- Minor Wound
- Dressing Supplies
- Splints
- Crutches
- BP Cuff
- Pulse OX
- Nebulizer
- IV and phlebotomy supplies

- Meds:
  - Rocephin
  - IVF
  - Lasix
  - Albuterol
  - ?Rx starter packs
  - Prednisone, ABX, MDI
  - Narcan
  - Epi

NO NARCOTICS

POCT testing: UA HCG Strep Flu Mono
(CLIA certified)

RAPID CAR(e)

The Service

Start simple and build overtime:

- 1-8pm M-F
- Based In Confluence Clinical Space(RH)
- ~ 20 mile Wenatchee Radius: Wenatchee, Cashmere, East Wenatchee
- Scheduled and Unscheduled visits
- Paramedicine Communication and Integration

RAPID CAR(e)

Average Cost Paramedic Transport Home to ED

Medicare Advantage $227
Employee $490
Molina $168

Average ED Cost

Medicare Advantage $2,400
Employee: $2,500
Molina: $560

ED Visits/1000 members

577/1000
192/1000
450/1000

Rural Health Reimbursement Model for Home Visit

Medicare Advantage: ~ $159 paid per visit
Employee/Premera*: non rural health
Molina: ~ $140 per visit

RAPID CAR(e)

Metrics:

- ED Escalation-% of visits that ED escalation necessary
- Cost of Care vs ED
- SNF to ED visits
- Mgd Care ED visits/ 1000
- Inpatient days/1000
- 30 Day Readmit rate
- Patient Satisfaction
- % of non-transport calls by Ambulance

RAPID CAR(e)

The Future

Diminishes ED use and Transport
Improves outreach of PCP office into the home setting
Allows for evaluation of Social Determinants
Sets the stage for improved palliative care services and HH services
Sets the stage for Hospital in the Home Services
Sets the Stage for development of Paramedicine Integration

Date: 06/20/18

Project Proposal: Community Care on Wheels Feasibility Study

> Feasibility study to determine: startup costs, time line, extent of services, engagement of potential partners, scalability, critical population density to support efforts in sustainable model.

Request: $20,000 dollars for Feasibility study to evaluate data and market analysis and hire outside consultant.

Feasibility Study Potential Costs

	Role	#meetings	Potential costs	$
Consultant	Evaluation of market size, demographics ,target population, start up costs, integration costs, service development, opportunity cost vs loss due to overlap of services	5 2 onsite	Travel Time Consultant Fees Housing(hotel) Meals	$15,000 Exact costs unknown at this time as consultant is not yet chosen
Confluence Costs Director and Leadership Level (2-3 employees at 8 hours per week total = approx. 1/5 FTE of Director level)	Work with consultant Data analysis, project development, infrastructure development and start-up cost evaluation, timing and market development	Weekly meetings for 8-12 weeks for idea development internally and with consultant	1/5 time FTE at approx. 110K per year(salary and benefits) for 10 weeks	$5,500
Total				$20,500

Facility: Confluence Health

Impact: Decreased ED visits, improve access to acute services and decreased readmissions due to earlier, on-site intervention for acute or worsening health care issues, evaluation of patient level social determinants.

NCACH Subgroup: Diversions and Transitions

Program is designed to eliminate overuse of ED by non-emergent visits and to head off potential appropriate ED visits with a lower cost approach but still providing acute emergent care especially for patients with transportation and or care access issues. Program Designed to be higher level acuity than simply urgent care visits

Anticipated partners:

CH Primary Care, CH contact Center, CH case management; regional Long Term Care Facilities (SNF, Custodial Care, ALF, Dementia Care Facilities, BH facilities). Wenatchee Emergency Physicians, CWH; Regional Ambulance Services/Paramedicine services. Project envisioned to cross lines of all partners to augment, not replace, such services.

Regional Ambulance Services/Paramedicine services via dispatch coordination and potentially embedding **Community Care on Wheels** response team with paramedic teams also be a major partner when calls are identified as unlikely to transport based on triage symptoms at dispatch center

Metrics: ED visits/1000; Hospitalization Rate, Readmission Rate; Transition of care completion(improved coordination of post-acute care), improvement in number of avoided ED visits provided by service, decreased non transport ambulance calls, able to help close gaps on Social determinants by evaluating home/living situations.

Sustainability: By basing program out Primary Care office but visits not limited to the primary care office providers patients we will be able to charge encounter rates/ home visit EM visit charge. Dollars saved for ED and readmissions will also go to the bottom line of overall regional health care costs.

Scale: Potentially expand the model to additional communities and/or partner organizations depending on success and evaluation for critical population size for success.

Evaluation: Efficacy and use of service will be determined by tracked calls and response time, conditions treated.

Services anticipated:

- Evaluation and treatment of chronic and acute health care issues in order to avoid ED visits:
    - Minor injuries, lacerations, sprains, respiratory symptoms, abdominal pain, fevers, dysuria, wound care, splinting, COPD exacerbations, asthma exacerbations, CHF exacerbation,
- Provides insight into social determinants of individual seeking care—home environment, isolation, etc. allowing for identification and risk factor mitigation and potential involvement of community services/ social support
- On-site providers would have access to EMR, ED personnel, PCP by phone, able to schedule appropriate follow up via EMR.
- Education can occur for disease management, use of appropriate resources, etc.

How the Model is envisioned:

Patient identified by the above existing services/partners as needing acute evaluation or attention that may otherwise result in ED visit/transport or paramedic evaluation, but not obviously an Emergent Issue. Patient not currently at clinic or hospital but is suffering acute issue or acute on chronic decompensation. Patient may be residing in community (at home in Long Term Facility, possibly recently post discharge and identified as @ risk by care transition team. PCP, HH provider, Contact center, LTC, Case Mgr. or other care provider (ambulance service) identifies the need, but not yet a true emergency. Phone call is routed to Mobile equipped team to be dispatched to evaluate and treat.

Team: Consists of Provider and RN

ACLS/ATLS trained

Hours of Operation: initially 1-8pm M-F, scale and expand based on program successes.

Service Area: 15-20 mile radius of Wenatchee/E. Wenatchee initially for pilot (further refinement and expansion based on feasibility study and pilot)

Equipment:

- Vehicle outfitted for minor emergencies and treatment
  - Wound Care: dressings and sutures/Splinting/Epistaxis/IVF/ IV-IM-PO meds/Lab draws/POCT testing/Foley Cath
  - Basic Pharmacy starter packs for RX for home use(1-2 day, etc)
  - Code Blue Bag + AED
  - Cell Phone/Radio—contact with PCP, care facility ED, Ambulance services, etc
  - Laptop: scheduling for f/u and access to EMR for review, documentation and for prescription filing

NCACH Project Workgroup Update

[Transitional Care and Diversion Interventions Workgroup]

August, 2018

August 23rd Key Meeting Outcomes

- Workgroup members reviewed and approved the Hospital application review process and scoring template (See relevant Board decision form)
- City of Wenatchee Police Department provided an update on the current grant their organization received from WASPC to hire a DCR to expand the number of hours in a day a provider can be available to address Mental Health issues.
    - This includes the ability to purchase a software called "Ride Along" that will help track outcomes of behavioral health calls and interventions from Mental Health professionals
    - The grant will involve Wenatchee Police Department, Chelan County Sherriff's Office, East Wenatchee Police Department, and Douglas County Sherriff's Office.
- North Central Emergency Care Council was available to provide an update on the EMS planning grant. However due to time constraints of the meeting, the presentation was unavailable (See attached slides for more details)
- TCDI workgroup members reviewed a proposal from Confluence Health to do an evaluation of a Community Care on Wheel program feasibility study. This would include having a provider on staff to provide care to patients in the home who are identified as being at risk of going into the Emergency Department for a non-emergent condition.
    - TCDI approve a motion to recommend that the NCACH Governing Board approves $20,000 for Confluence Health to complete a feasibility study to evaluate data and market analysis for a Community Care on Wheels program in the Wenatchee area.

Upcoming Meetings/Key Dates

September 27th	TCDI Workgroup Meeting Family Health Centers Omak, WA
September 28th	TCDI Hospital Applications due

Attachments

1. Update on EMS Planning Phase

EMS Planning Phase Update:

This is a quick update of the EMS Planning Phase highlights. This only includes a small portion of the full report, but is provided to give the NCACH Governing Board some of the key recommendations that are arising out of the process. A full report will be submitted to the board at the October Board meeting.

Length of Planning Phase: June – August 2018

Key dates during Planning Phase:

June – July 2018: EMS partners were surveyed to understand organizational needs and results were analyzed.

August 1st, 2018: EMS partners and NCECC met to review survey data and define what strategies the group wanted to achieve

August 2018: NCECC is working to complete a final report
(Report presented to TCDI workgroup in September)

Focus areas identified by EMS partners during initial survey:

- Treat & release in the field
- EMS telemedicine
- Improving compensation for EMS services (including non-transport/field treatment)
- Community Health Gaps including
  - ER discharge follow-up
  - Hospice partnering
  - Patient home evaluation

Main opportunities identified by providers at August 1st meeting:

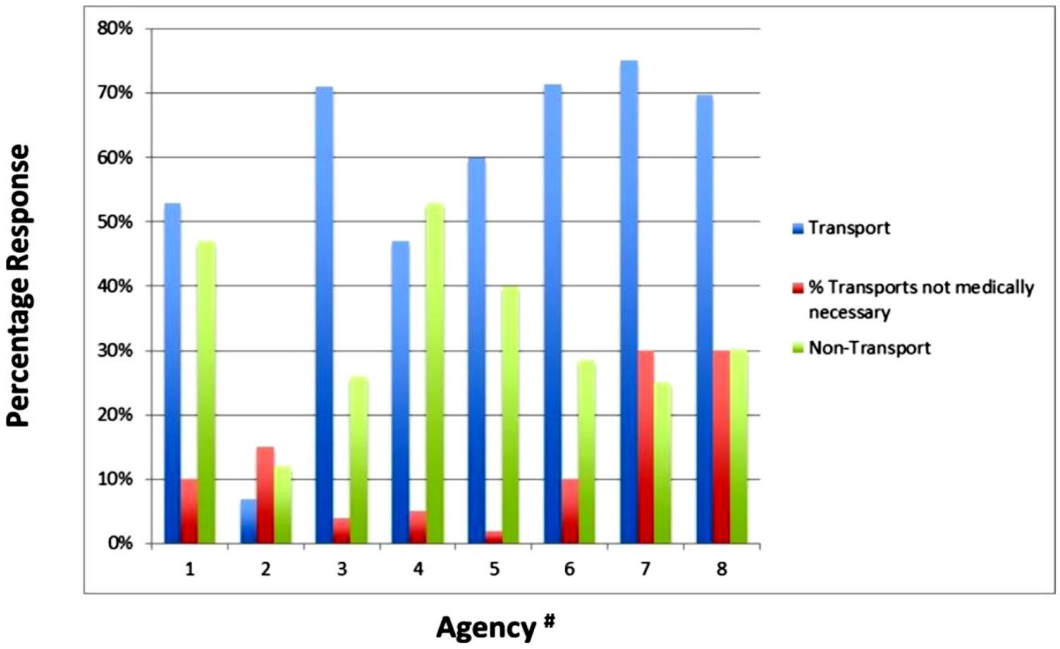
1. Treat and Release Protocols
2. Data Collection and Documentation Consistency
3. 24 hour Discharge Follow-up
4. Access to Urgent Care
5. Telemedicine with EMS providers

Treat and Release and Data collection and documentation consistency were identified as two main areas identified by 10 EMS Agencies

Key Data Points

Distribution of transports vs. non-transports across each agency:

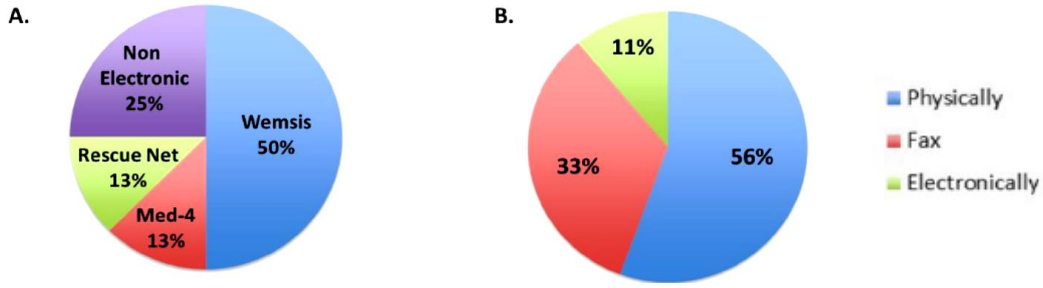
- Total Transports: 45% - 75%
- Transports not medically necessary: 3% - 30%
- Non-Transport 12% - 60%



EMS Patient Care Report Data

- 75% of respondents have electronic patient – care records
- 11% of respondents share reports to hospitals electronically

Figure 9. (A) Patient Care Reporting (PCR) systems and (B) communication method for sharing reports with hospitals and primary care physicians.



EMS Planning Process/Proposal Next Steps:

Basic Details:

- Proposal to be submitted to **TCDI Workgroup September 2018**
- **Length of proposal:** Through December 2019
  (May vary slightly depending on training schedule)
- **Focus:** Treat and Release (Refer) Protocols (Aligned with Statewide effort)
  Improved Documentation and Data Collection
- **Scaling of Project:** EMS Partners will focus on treat and release in 2019 and evaluate how they can support 24 hour discharge follow up in 2019 and 2020

EMS Proposal 2019 Tactics
Goal: Reduce non-acute ambulance transports to Emergency Department

- Tactic #1: Develop and initiate protocols for non-acute patients who come into encounter with EMS Agencies
- Tactic #2: Standardize how data is reported across the region.
- Tactic #3: Improve Health Information Exchange across EMS providers
- Tactic #4 Promote policy changes to enhance transport work

The above goals will be achieved through both region wide training and internal process improvement efforts as outlined below:

Region Wide Training (Through North Central Emergency Care Council):

- Funding will go to NCECC to assist in regional trainings including:
  - Protocol development and roll out
  - Providing Certified Ambulance Documentation Specialist Trainings
  - WEMSIS/EMIR training
- NCECC is currently collecting cost estimates from vendors
- Estimated Cost: $70,000 - $100,000 for all trainings

EMS Provider Process Improvement Work:

- Funding amount will vary based on organization size and patient care volume [TBD]
- Funding Supports
  - Providers in sending staff to identified regional trainings
  - Train organization staff on protocols for treat and release protocols
  - Investments needed in patient care records for data collection
  - Support the transition to this model (Potential lost revenue for some NCACH organizations)

** Note – Exact details are still in development for this section*

Board Decision Form

TOPIC: Changes to data analytic support for NCACH

PURPOSE: *To provide the Board with an update on data analytic support services that were in question at the end of July Board retreat.*

BOARD ACTION:

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

BACKGROUND:

NCACH engaged Providence CORE for data analytic capacity beginning September 2017. We were one of 5 ACHs receiving this kind of support from CORE, including Southwest ACH, Pierce ACH, CPAA, and Better Health Together. Our contract came to a conclusion at the end of July, after two extensions. At the Board Meeting in early July and the Board Retreat at the end of July, staff presented an opportunity to extend our CORE contract including an expanded scope of work associated with the All Payer Claims Database contract. Given a total annual cost exceeding $100,000, the Board asked staff to explore additional options.

Through the process of comparing data analytic opportunities through Public Health Seattle King County (PHSKC) or CORE, staff considered the scope and total cost of contracted services, the flexibility of the contract structure (pay as you go vs fixed monthly costs), and opportunities for strategic alignment with ACHs. Staff ultimately concluded that PHSKC – which also provides support to the King County, Olympic, North Sound, and Greater Columbia ACHs – would be a better fit for our ACH going forward.

Because the Board meeting in August was cancelled, and because we did not want to interrupt data analytic support nor miss the opportunity to begin collaborating on APCD work with PHSKC, the Executive Director approved a short-term contract up to $4,500 through the end of 2018. *See attached Agreement for Services.* This did not require Board approval and gives us an opportunity to check for fit before we commit ourselves to a more significant contract.

PROPOSAL: N/A

IMPACT/OPPORTUNITY (fiscal and programmatic): The scope of work and agreement includes a minimum of $300 and up to $4,500 (not to exceed 45 hours).

TIMELINE: The duration of the agreement is for August 1 – December 31, 2018

RECOMMENDATION: *N/A*

Submitted By: Caroline Tillier
Submitted Date: 9/10/2018

Agreement for Services

Public Health – Seattle & King County
Assessment, Policy, Development and Evaluation Unit

This Agreement is entered into by Seattle-King County Department of Public Health-Assessment, Policy, Development and Evaluation Unit (County), and North Central Accountable Community of Health ("Customer"), for the purpose of describing the terms of an arrangement whereby County will provide customized data request services.

A. Scope of Services
The County is being engaged by Customer to perform the following services which will be billed at an hourly rate.

- Consultation on data needs
- Customized data analyses
- Analyses for a custom geographic area, for example a service area or focus area below the County level
- Development of maps, charts, presentations, or other visualizations presenting health data
- Technical review for accurate presentation of health data
- **SEE ATTACHED APCD USE CASES (1.1, 2.1, 2.2, 3.1)**

B. Duration

The duration of this Agreement shall be from **Aug 1, 2018**, through **Dec 31, 2018**.

C. Cost of Services/Billing

The Customer shall reimburse the County for its cost to complete the services specified in this Agreement at the rate of $100 per hour, with a minimum cost of $300 (3 hours), not to exceed $4,500 (45 hours).

D. Termination

This Agreement may be terminated by either party without cause, in whole or in part, prior to the final assignment date specified in Section B by providing the other party thirty (30) days advance written notice of the termination.

If the Contract is terminated pursuant to this Section D Customer will be liable only for payment in accordance with the terms of this Contract for services rendered prior to the effective date of termination; and the County shall be released from any obligation to provide further services pursuant to the Contract.

E. Hold Harmless and Indemnification

Customer shall protect, defend, indemnify, and save harmless King County, its officers, employees, and agents from any and all costs, claims, judgments, and/or awards of

damages, arising out of, or in any way resulting from, the negligent acts or omissions of the Customer, its officers, employees, and/or agents. The Customer agrees that its obligations under this subparagraph extend to any claim, demand, and/or action brought by, or on behalf of, any of its employees or agents. For this purpose, by mutual negotiation, the Customer expressly waives, as respects King County only, all immunity and limitation on liability under any industrial insurance act, including Title 51 RCW, other worker's compensation act, disability benefit act, or other employee benefit act of any jurisdiction which would otherwise be applicable in the case of such claim.

F. Insurance

Section F is only applicable if Customer is coming on site to a King County facility.
Check if section F applies: ☐
Check if section F does not apply: ☒

During the term of the Agreement the Customer shall maintain Commercial General Liability insurance with limits of not less than $1 million combined single limit per occurrence, $2 million aggregate. Coverage shall be at least as broad as ISO form number CG 00 01 current edition. The above General Liability policy will be endorsed to cover King County its officers, officials, employees and agents as an additional insured. The additional insured endorsement will be attached to the certificate of insurance. A certificate of insurance is required to be issued as evidence and naming King County as Certificate Holder.

G. No Third Party Beneficiaries

There are no third party beneficiaries to this contract, and this contract shall not impart any rights enforceable by any person or entity that is not a party here to.

We the undersigned agree to the terms and conditions set forth in this Agreement.

Public Health – Seattle & King County	**Customer Name**
Michael Gedeon Michael Gedeon (Aug 21, 2018)	Linda Evans Parlette Linda Evans Parlette (Aug 20, 2018)
Authorized Signature	Authorized Signature
Michael Gedeon **Marguerite Ro**	Linda Parlette
Name	Name
Director	**Executive Director**
Title	Title
Aug 21, 2018	Aug 20, 2018
Date	Date