**Narrative Report**

**Community of Health Planning Grant**

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| **Grantee Name:** | **North Central Health Partnership**  **Facilitating Organization: Community Choice Healthcare Collaborative** | | | | |
| **Contract #:** | K1229 | | | | |
| **Contact Person:** | Jesus Hernandez  Deb Miller  Lauri Jones | **Phone:** | 509-293-7773  509-782-5030  509-422-7158 | **Email:** | [jesush@communitychoice.us](mailto:jesush@communitychoice.us)  [deb.miller@communitychoice.us](mailto:deb.miller@communitychoice.us)  [ljones@co.okanogan.wa.us](mailto:ljones@co.okanogan.wa.us) |
| **Please briefly describe your Community of Health planning progress to date, including alignment with or adjustments to the project plan.** | | | | | | |
| *The North Central Partnership grantee, Okanogan Public Health, subcontracted the Community of Health Planning process to Community Choice, a regional Health Improvement Collaborative. We have structured our Community of Health Planning process with a high level “think tank” Leadership group, county level COH Coalitions with the broadest multi-sector participation as a key criteria and the “coordination and staffing” support by Community Choice leadership and staff.*  *As proposed in the original project plan, North Central Health Partnership Community of Health work is being carried out at the local level with County Public Health Districts convening local stakeholders for a series of coordinated local level conversations on health action planning. The meeting schedules vary by health district with at least three action planning meetings occurring in each district. In an effort to strengthen existing relationships and catalyze a new collaboration between stakeholders, the convening health districts are striving to involve cross sector partners in these conversations. County coalition meetings are being co-facilitated by Community Choice and the local health districts.*  *The lead group consisting of regional stakeholders meets monthly to discuss local meeting progress, assess the potential to form an ACH within this region, and draft a regional health plan by aggregating plans developed at the local level. Additional exploratory conversations are occurring with relevant health plans and potential risk-bearing entities that can add value to the planning process.*  *We are leveraging the existing collaborative framework of the Community Choice Healthcare Network and existing coalitions and grass-roots initiatives for health improvement. We are also using previously completed Community Health Needs Assessments and respective data analysis to ground much of the conversations and planning while carefully listening for additional health priorities and need to capture additional data on more health indicators.* | | | | | | |
| **Please provide a list of the community stakeholders and government entities who are engaged in the planning process.**   * ***If possible, please describe the level in which those stakeholders are involved.*** * ***What successes and challenges have you faced in engaging community stakeholders and government entities?*** | | | | | | |
| |  |  | | --- | --- | | **COALITION** | **COMMUNITY STAKEHOLDER** | | NCHP Lead Group | * Okanogan Co. Public Health * Chelan/Douglas Co. Public Health * Grant Co. Public Health * Kittitas Co. Public Health * Confluence Health * Grant Integrated Services * Assoc. of Wash. Pub. Hosp. Districts * Aging & Adult Care of CW * FQHC Representative * Community Choice * IRIS * Critical Access Hospital Network | | Chelan-Douglas County Community Coalition | * 12th Legislative District * Aging and Adult Care * Cascade Medical Center * Cascade Unitarian Universalist Fellowship * Chelan Douglas Health District * Chelan Douglas RSN * Coalition For Children and Families * Catholic Family and Child Services * Chelan Co. Sheriff * City of Entiat * City of Wenatchee * City of Wenatchee * Colonial Vista/Local Resident * Community Members * Community Choice Healthcare Collaborative * Confluence Health * Columbia Valley Community Health * Eastmont Metropolitan Park District * Family Planning NCW * Genesis Healthcare * Initiative for Rural Innovation and Stewardship * Lake Chelan Community Hospital * Molina Healthcare of Washington * North Central Emergency Care Council * North Central Education Service District * SAGE (Domestic and Sexual Violence Center) * The Center for Alcohol & Drug Treatment * United Way * Wenatchee Chamber of Commerce * Women's Resource Center | | Okanogan County Community Coalition | * Community Choice * Confluence Health * Douglas-Okanogan County Fire District 115 * Family Health Centers * Frontier Home Health and Hospice * Harmony House * Lifeline Ambulance * Mid Valley Hospital * Molina Healthcare * North Valley Hospital * Okanogan Behavioral Health Care * Okanogan County Community Coalition * Okanogan Public Health * Three Rivers Hospital * Tonasket Community/Retired RN NVH | | Kittitas County Community Coalition | * Aging and Long Term Care * Alcohol and Drug Dependency Services * Central Washington Comprehensive Mental Health * Central Washington University * Community Health of Central Washington * Ellensburg Police Department * Ellensburg School District * Elmview (DD Services) * Entrust Community Services * Hope Source * Kittitas County Community Network & Coalition * Kittitas County Public Health District * Kittitas School District * Kittitas Valley Fire and Rescue * Kittitas Valley Healthcare | | Grant County Community Coalition | The Public Health Director in Grant County has had conversations and made presentations on the COH planning process to key stakeholders in the county. While, there have been no formal COH meetings to date, there is existing collaborative work in this county that we will be leveraging to catchup the COH planning in Grant County. | | | | | | | |
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| **To further facilitate opportunities for information sharing, coordination and cross pollination amongst the COH cohort, please provide the name(s) (organizations and individuals) of any subcontractors and/or consultants you are working with.** | | | | | | |
| *There are no subcontractors and/or consultants working on this COH project at this point.* | | | | | | |
| **Please describe the substantive findings, including primary lessons learned, during the first three months of the planning process. As applicable, please include any findings around:**   * ***Authentically engaging a broad range of stakeholders and governments, considering the health of diverse populations;*** * ***Effective governance model(s) for your community;*** * ***Partnership with the State to identify opportunities for alignment, barriers to achieving shared aims and barrier resolution strategies;*** * ***Identification of shared community health and health care priorities;*** * ***Your community’s potential role in Medicaid purchasing;*** * ***Your community’s potential role in region-wide health assessments and regional health improvement plans;*** * ***Your community’s potential role in harmonizing payment models, performance measures and investments;*** * ***Your community’s potential role in using innovative, aligned data;*** * ***Your community’s potential role in facilitating practice transformation support and linking clinical and community sectors and resources; and*** * ***Your community’s potential role in facilitating shared community workforce resources.*** | | | | | | |
| * ***Authentically engaging a broad range of stakeholders and governments, considering the health of diverse populations;***   *One of the most authentic grass-roots engagement of our project is reflected in approach of using public health administrator for each county to take this COH Planning Process conversation to the county level in very meaningful way. We are getting a strong sense that regardless of what political consensus develops at the regional and state level, these conversations at the county level represent a solid local infrastructure of collaborative relationships and planning that can result in meaningful implementation of population health initiatives by the people for the make-up of people in that community. It builds local leadership and ownership at the most local level and it increases the relevance of public health’s role among the people. We continue to work on increasing the participation of broad sectors in each county so that “health” becomes everyone’s concern and interest. The regional COH Collaborative is serving as a “connector and facilitator” of alignment and synergies that can help with regional community health needs assessment, conversations and planning around contracting arrangements that support the long-term sustainability of efforts.*   * ***Effective governance model(s) for your community;***   *While we have made significant gains in grass-roots engagement through county level COH coalitions, we have spent very little time discussing an actual formal Accountable Community of Health with a formal governance model. There is some consensus about our region seeking the designation of an ACH, but not a lead or pilot ACH. We anticipate an ACH in our region will evolve organically as a result of the county COH Coalitions planning process that will support a “thin and functionally selective” regional ACH infrastructure that leaves as much of the planning and decision making around health initiatives at the county and even “real community” level.*   * ***Partnership with the State to identify opportunities for alignment, barriers to achieving shared aims and barrier resolution strategies;***   *Our COH along with leadership from key sectors has been collaborating and providing much feedback to state agencies about the importance of aligning geographic designations such as ACH regions and mental health RSAs. We believe this is extremely important to the future integration of services especially in the contracting aspect of such services.*   * ***Identification of shared community health and health care priorities;***   *A four county regional Community Health Needs Assessment completed by Community Choice has been leveraged with county level community health assessments to help focus our COH planning conversations. There a many shared health priorities identified by these recognized community health assessments. However the local/county COH coalitions are also identifying differences and health concerns unique their counties. These COH conversations will strengthen our ability for more robust Community Health Needs Assessments in the future.*   * ***Your community’s potential role in Medicaid purchasing;***   *Conversations around Medicaid purchasing is happening in the background between provider groups and their respective Medicaid payers/contractors. Much insight from the COH work is being considered and we believe at the right time, the COH collaborative framework will facilitate contracted incentives with value added grass-root health initiatives. This is another reason for aligning ACH regions with mental health RSAs.*   * ***Your community’s potential role in region-wide health assessments and regional health improvement plans;***   *A four county regional Community Health Needs Assessment completed in 2013 by Community Choice has been leveraged along with county level community health assessments to help focus our COH planning conversations. There a many shared health priorities identified by these recognized community health assessments. However the local/county COH coalitions are also identifying differences and health concerns unique their counties. These COH conversations will strengthen our ability for more robust Community Health Needs Assessments in the future.*   * ***Your community’s potential role in harmonizing payment models, performance measures and investments;***   *The well-established collaborative approach to completing Community Health Needs Assessments, tracking and reporting of Community Benefit by non-profit hospitals and other organizations, the increased capacity for gathering and analyzing data, and the closer relationships with grass-root community health initiatives across many sectors (employers, schools, community, etc.) will result in more data on what impacts health most. Payers will be in a key position to add their data for assessing impact on health improvement and costs. This will help target resources to support measurable improvements.*   * ***Your community’s potential role in using innovative, aligned data;***   *Along with the answer above, we are participating in the work by the Washington Health Alliance on our State’s All-Payer Database. The “process” data from this work will augment our current use of “outcome” data currently used for Community Health Needs Assessments. While this work will focus on a limited number of measures initially, we are optimistic of the added value this infrastructure will provide in future use of data to support innovative and alignment of efforts. Currently, providers in the medical sector are expressing willingness to support this data gathering and see the benefit it provides to their internal quality improvement efforts. Additionally, we intend to leverage the developing COH/ACH infrastructure to generate more real-time “primary data” via surveys, focus groups and key informants to further strengthen our ability to target interventions for health improvement.*   * ***Your community’s potential role in facilitating practice transformation support and linking clinical and community sectors and resources; and***   *Along with the COH planning process, we are introducing the Community Choice Health & Education Institute to strengthen our regional ability to not only do more robust Community Health Needs Assessments, but also leverage our enhanced data analytics capacity with our enhanced collaborative framework for informing and providing technical assistance in future practice transformation where needed. Already, we are being sought for assistance in engagement of target populations. This technical assistance builds on our experience providing consultative support in practice transformation and work-flow design driven by the implementation of EHRs and other technologies in the last five years.*   * ***Your community’s potential role in facilitating shared community workforce resources.***   *We expect that the ongoing transformation of healthcare will require innovative use of workforce resources. Community Choice is currently involved in training for relationship-driven Care Coordination, chronic disease self-management in addition to system navigation. The COH planning process is identifying opportunities/need for supporting nutrition and healthy lifestyle education in our communities.* | | | | | | |
| **Please describe your planned activities through the remainder of the planning process.**   * ***Describe any adjustments that would benefit the development of the Community Health Plan and future collaborative work in your community.*** | | | | | | |
| *These are the planned activities through the remainder of the COH planning process:*   * *We are working towards generating enough cross sector input to allow us to complete Community Health Plans for each county and one regional aggregate for a regional Community Health Plan.* * *We are generating input on the formation, governance and operational scope of a regional Accountable Community of Health.* * *We are facilitating conversations related to potential contracting arrangements between relevant payers and providers in our region that will align with population health initiatives resulting from the COH planning process.* * *We continue to inventory and “connect” current health improvement initiatives to the COH planning process and current Community Health Needs Assessments implementation work in our region.*   *A potential adjustment that may become necessary to the development of a regional “Community Health Plan” as defined in the COH planning design is the recognition that unique differences in health needs priorities by each county may necessitate allowing for more than one or two health initiatives as called for from the ACHs as they get formed. While we recognize the value of “regionalization”, as a practical matter, there is much to gain from honoring and supporting those high priorities and interests that may arise at the county and community level. Our long-term success and sustainability may benefit from leveraging the passion and commitment that we can nurture at the grass-root, most local level.* | | | | | | |

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| **Is there anything the Health Care Authority could do to better assist you in your planning efforts?** |
| *Because of the unique circumstances of the Chelan/Douglas RSN, any efforts to insure that future RSAs are aligned with ACH regions would be the single most important factor in supporting successful integration of resources and coordination of services for the populations in the North Central Washington counties.*  *Beyond this, the regular check-in calls with HCA staff leading and guiding this planning process from the state level has been extremely helpful. Learning from the work in other regions of the state has also been much value-added to our regional planning process.* |
| **Do you have any concerns about being able to meet the deliverables outlined in your grant by the end of the planning period? What solutions are you planning?** |
| *We are working closely with the Public Health Directors for each county. The political dynamics are unique to each county and this results in progress of the COH planning process moving at a different pace in each county. We are working with some caution as to not push the county coalitions beyond their capacity for change, while continuing to facilitate progress as much as possible. Another concern or caution for us is that despite our effort to raise the voice/input from all sectors, the medical and mental health sectors continues to dominate the conversations. This is an advantage in that these sectors are willing to lead (a necessity), but a disadvantage in that there may be valuable input that is not heard from other “non-traditional” partners in population health. We continue to work with this awareness. We don’t perceive not being able to meet any of the deliverables in the grant.* |

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| **In our effort to use the COH planning grant period as a learning and sharing opportunity for all, is there anything you provided above that we could make available to share with the broader COH Grantee cohort?** |
| *We are happy to share any of the tools and documents we have used in our COH planning process. These are accessible without any password requirements at the following website:*  [*http://www.mydocvault.us/coh-docs.html*](http://www.mydocvault.us/coh-docs.html) |

***Please submit the completed report via email to the HCA Grants Manager, Janet Cornell no later than October 15, 2014.***

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