North Central Accountable Community of Health

WORKGROUP PROJECTS - PROPOSED PLANNING TIMELINE – V1 - January 9, 2018

Dec-17
- **Continue Current State Assessment (Initiative Matrix) and survey**
- Exploration of Evidence Based Approaches, strategies and data gaps/needs

Jan-18
- **Initiate a Current State Assessment for projects**
- **Finalize Current State Assessment**
- Review and finalize selection of Evidence Based Approaches/strategies
- Domain I linkages discussion

Feb-18
- **Finalize Current State Assessment**
- Review draft Implementation Partner Application and scoring/funding criteria
- Initiate project funds flow discussion

Mar-18
- Finalize Implementation Partner Application and scoring/funding criteria
- Continue funds flow discussion

Apr-18
- Distribute Implementation Partner Application to potential partners
- Final funds flow document created (and budget for 2018 year funding)
- Review draft LOI for partners
- **NCACH Whole Person Care Summit**

May-18
- Review and select successful Implementation Partner Applications
- Initiate process for binding LOIs for partners
- Approval of final funding document for 2018 funding

Jun-18
- Review received LOIs (LOIs from partners due June 8th, 2018)
- Discuss gaps and develop plan to address them
- Initiate draft Implementation Plan

Jul-18
- Draft Implementation Plan (including partner LOIs)
- Initiate continuous monitoring and improvement discussion

Transitional Care and Diversion Interventions Workgroup

Opioid Project

All Workgroups (TC/DI; Opioid)

Note: Care Coordination Workgroup (Pathways Community HUB) timeline is not shown here. Workgroup will begin meeting in 2018.

NCACH Project Leads:
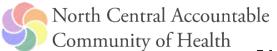
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North Central Accountable Community of Health

Workgroup Projects Implementation Timeline –V1, January 9, 2018

Transitional Care and Diversion Interventions

Opioid Project

Pathways Community HUB

All Workgroups (TC/DI; Opioid; Pathways)

2017 DY1

By November 16
- Preliminary Project Plan due to HCA
- Expected outcomes
- Preliminary Implementation approach and timing
- Partnering Providers
- Regional Assets, anticipated challenges and proposed solutions
- Monitoring and continuous improvement
- Sustainability

2018 DY2

Nov 2017 – Feb 2018
- Assess current state capacity
- Select Target population
- Select Evidence-Based Approach and strategies

March 2018 – June 2018
- Designate HUB lead agency
- Identify implementation partners and binding letters of intent
- Financial Sustainability, Workforce, Population Health Management strategies

By September 30
- Completed Implementation Plan

2019 DY3

By March 31
- Adopt guidelines, policies, procedures, and protocols

By June 30
- Completed and Approved Quality Improvement Plan
- Begin reporting on QIP measures semi-annually
- Convene/leverage local partnerships to implement project

By December 31
- Implement Projects
- Plan to address gaps in recovering support services
- Launch the HUB

2020 DY4

By December 31
- Identify and document the adoption by partnering providers of payment models that support transitional care, diversion activities, and the transition to value-based payment for services
- Engage MCOs to develop/refine model benefits aligned with evidence-based clinical guideline-concordant care and best practice recommendations
- Define path forward to deploy expertise, structures, and capabilities to address yet-to-emerge public health challenges
- Continuous quality improvement
- Identify and document the adoption by partnering providers of payment models that support the HUB care coordination model and the transition to value based payment for services
- Increase scale by adding partners/new communities, focus areas, or pathways
- Use data to inform decision regarding specific strategies to be spread to additional settings/geographic areas
- Convene/support platforms to facilitate shared learning/exchange of best practices to date
- Provide/support ongoing training, technical assistance, and/or learning collaboratives to support continuation and expansion

GOALS:
- Reduce opioid related-morbidity and mortality through prevention, treatment and recovery supports
- Ensure people are getting the right care in the right place by improving transitional care services.
- Promote more appropriate use of emergency care services through increased access to primary care and social services.
- Improved and sustainable care coordination across the continuum of care

2021 DY5

P4R Payments

- March: Project Incentive
- Nov: DY2 P4R
- May: DY2 P4R
- Nov: DY3 P4R
- May: DY3 P4R
- Nov: DY4 P4R
- May 2021: DY4 P4R
- Nov. 2021: DY5 P4R
- May 2022: DY5 P4R

P4P Measurement

- DY3 P4P Baseline
- DY4 P4P Baseline
- DY5 P4P Baseline

P4P Payments

- DY3 P4P Meas. Year
- DY4 P4P Meas. Year
- DY5 P4P Meas. Year

- April 2021: DY3 P4P
- April 2022: DY4 P4P
- April 2023: DY5 P4P