



North Central Accountable
Community of Health

WPCC Workgroup

7/2/2018 Meeting

Today's Agenda

1. Welcome & Updates
2. Change Plan Evaluation (focus of our discussion)
3. Final feedback on future LAN Offerings
4. Next Meeting / Adjourn

Stage 2 Funding – Review

Base



- Base amount adjusted based on # of encounters

Encounters	Base Amount
>75000	\$100,000
30000-74999	\$80,000
10000-29999	\$65,000
<10000	\$50,000

This would amount to about \$1,080,000 annually, across our 17 partnering providers. Disbursements contingent on quarterly reporting.

Pay for Participation



- Compensation per team per learning activity
 - Estimated at \$1,240,000 annually, across our 17 partnering providers
 - Estimated 31 teams
 - Average of 4 learning activities per year per team
 - \$10,000 per learning activity per team

Base/Fixed Funding

- Base funding disbursements contingent on organizations meeting their quarterly reporting requirements and demonstrating progress.
 - Quarterly cash disbursements
 - Paid within 30 days once received reports are deemed satisfactory by NCACH
- Base funding in 2018 will not be adjusted based on scores (scores will be translated into pass/fail only)
- In 2019 and beyond, base funding will be adjusted based on the organization's final score on submitted change plan, as follows:

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

Change Plan Evaluation Criteria

1. Clarity and Appropriateness of Aim(s)
2. Approach
3. Measurement
4. Goals/Targets
5. Alignment/Path

These criteria apply across all 8 topics

Criteria – Proposed Definition

Clarity and Appropriateness of Aim(s)

- *The aim(s) is well articulated (SMART), fits with the organization's strategic goals, and closely ties to the change plan topic*
 - 2 points = Two or more aims meeting the definition above, within the change plan topic
 - 1 point = One aim meeting the definition above, within the change plan topic
 - 0 points = Does not meet minimum criteria for funding

Criteria – Proposed Definition

Approach

- *The drivers and action steps are aligned with aim(s), meet evidence based criteria, and suggest reasonable progress along the MeHAF and/or PCMH-A continuum*
- 2 = Four or more drivers and associated tactics that increase the likelihood of achieving aim(s)
- 1 = Two or three drivers and associated tactics that directly supports the aims(s)
- 0 points = Does not meet minimum criteria for funding

Criteria – Proposed Definition

Measurement

- *The plan for measurement is realistic, methodologically sound, and meaningful*
 - 2 = Multiple measures are addressed with baseline data showing a starting point for improvement
 - 1 = One measure directly linking to the aim with baseline data, or more than one measure but no baseline data
 - 0 points = Does not meet minimum criteria for funding

Criteria – Proposed Definition

Goals/Targets

- *The goals set for the measures are realistic given the starting point and will help the ACH meet goals established by the HCA*
 - 2 = In aggregate, measure goals are realistic and represent significant improvement which will help the ACH meet its HCA goals
 - 1 = A realistic goal has been set for the measure(s)
 - 0 points = Does not meet minimum criteria for funding

Criteria – Proposed Definition


Alignment/Path


- *The planned activities are well sequenced, and aligned with the organization's vision for practice transformation*
 - 2 = Start dates and target dates for all associated drivers/ are well sequenced and aligned with measure goals
 - 1 = There are start dates and target dates for all associated drivers
 - 0 points = Does not meet minimum criteria for funding









Proposed timelines for evaluation and funding process

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

Example Payment Schedule - 2019

 Quarterly installment of base funding contingent on complete reporting

 Payment for all learning activities **completed** in prior quarter

	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>
Reports			X			X			X			X
Learning Activities												
Payments		For Q4-18 			For Q1-19 			For Q2-19 			For Q3-19 	
		For Q4-18 			For Q1-19 			For Q2-19 			For Q3-19 	

Stage 2 Funding – Review

Base



- Base amount adjusted based on # of encounters

Encounters	Base Amount
>75000	\$100,000
30000-74999	\$80,000
10000-29999	\$65,000
<10000	\$50,000

This would amount to about \$1,080,000 annually, across our 17 partnering providers. Disbursements contingent on quarterly reporting.

Pay for Participation



- Compensation per team per learning activity
 - Estimated at **\$1,240,000** annually, across our 17 partnering providers
 - Estimated 31 teams
 - Average of 4 learning activities per year per team
 - **\$10,000 per learning activity per team**

Pay for Participation Expectations

- At least one representative from participating organization should attend the webinars.
 - Participation from entire team in webinars not required
 - Designated webinar attendee brings lessons learned back to team(s) and work on action steps
 - Guideline that can't miss more than 80% of webinars
- Each team must progress to at least level 2.5 on the learning activity participation assessment scale by the conclusion of the learning activity in order to receive funding for the activity.
 - Assessments completed by faculty and NCACH staff
 - This will require attendance, active participation, engagement in improvement activities in the workplace, and reporting of progress through the Web Portal.
- Paid after conclusion of the learning activity, provided participation was satisfactory (as described above).

LAN Offerings

Topic	Brief Description	Type of Activity	Timing
Quality Improvement (QI)	Introduction to QI methods and strategies including the model for improvement, data for improvement, testing and implementing changes.	Skills workshop	Jul 23-24, 2018
Foundations of Motivational Interviewing	Learn effective skills for supporting people to make change.	Skills workshop	Aug 8-9, 2018
Population Health 1: Systems and Data	Essentials of establishing and maintaining panels and scheduling for better access, care team organization.	LAN	Beginning Sep 2018
Bi-directional integration for Behavioral Health Providers	Focus on integrating physical health into behavioral health settings at any stage of integration.	LAN	Beginning Oct 2018
Bi-directional integration for Primary Care Providers	Focus on integrating behavioral health into primary care settings at any stage of integration.	LAN	Beginning Oct 2018
Population Health 2: Team-based care	Pop health 1 or equivalent required for entry. Advanced topics in population health.	LAN	Winter 2018-19
Data Driven Improvement	Sharing and using data, data display and analysis.	SAN	Winter 2019
Cardiovascular Disease	Opportunity to rapidly improve cardiovascular disease	Sprint	Winter 2019

LAN Offerings & Estimated Timing

	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Introduction to Quality Improvement <i>2-Day In-Person QI Workshop</i>										
Foundations of Motivational Interviewing <i>2-Day In-Person Skills Workshop</i>										
Population Health Foundations 1: Systems & Data <i>Learning and Action Network (LAN)</i>										
Bi-Directional Integration for Behavioral Health Care Providers <i>Learning and Action Network (LAN)</i>										
Bi-Directional Integration for Primary Care Providers <i>Learning and Action Network (LAN)</i>										
Population Health Foundations 2: Team-Based Care <i>Learning and Action Network (LAN)</i>										
Data Driven Improvement <i>Share and ACT Network</i>										
Cardiovascular Disease <i>Sprint</i>										



North Central Accountable
Community of Health

Contact

Caroline Tillier, Staff Support to WPCC Workgroup | caroline.tillier@cdhd.wa.gov

Peter Morgan, Director of Whole Person Care | peter.morgan@cdhd.wa.gov

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

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

The evaluation process described below will be a blueprint for subsequent funding cycles. Recognizing that these criteria were not released until one month prior to the change plan due date, **base funding in 2018-19 will not be adjusted based on scores (scores will be translated into pass/fail only)**. In the spirit of continuous improvement, we expect to learn from the evaluation process which may suggest revisions to the process in subsequent years.

Evaluation and scoring

The following describes the way change plans will be evaluated, critiqued.

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

1. The organization displays good understanding of its current strengths and weaknesses (0-10 points)
 - a. Assessment scores have been entered (PCMH-A and/or MeHAF)
 - b. For any scores showing opportunities for development, evaluators should expect to see a description of *Improvement Opportunities to Target*. Descriptions should demonstrate understanding of change concepts and what it would take to attain a higher stage of development.
 - i. For PCMH-A, scores below 10 (Levels D, C, or B) would indicate an opportunity for development
 - ii. For MeHAF, scores below an 8 (Levels D, C, or B) would indicate an opportunity for development
2. The organization's plan for improvement related to the Standard Framework for Integrated Care is well-articulated, reasonable, and appropriately ambitious (0-10 points)
 - a. Organization has articulated a compelling vision of future practice towards whole person care, within the scope of their business model
 - b. Letter of support shows genuine commitment from leadership
 - i. Not attaching a letter of support will result in a loss of 5 points

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

1. The aim(s) is well articulated (SMART) and closely tied to the change plan topic

2. The approach aligns appropriate drivers and tactics necessary to achieve the aim. The action steps are directly related to PCMH-A, MeHAF, or other evidence-based strategies
3. The plan for measurement is realistic, methodologically sound, and meaningful allowing tracking of progress toward the aim(s)
4. The goals and targets are appropriate/realistic given the starting point (baseline measures) and accompanying drivers and tactics, and will help the ACH meet goals established by the HCA
5. The action steps, targets, and aim(s) are aligned with the organization's vision for practice transformation and the path to success is well sequenced

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

Write back process

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

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

2018 timelines for evaluation and funding process

Change Plan Due Dates	Initial Scores Released	Updated Change Plans Due	Final Scores Released
7/31/2018	8/10/2018	8/20/2018	8/31/2018

2. Community-Based Care Coordination	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0-10
3. Addressing opioid epidemic	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0-10
4. Addressing social determinants of health and health disparities	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0-10
5. Diversion Interventions	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0-10
6. Transitional Care	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0-10
7. Chronic Disease Prevention and Control	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0-10
8. Improve Access to Care	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0 / 1 / 2	0-10
<i>Total Score</i>	<i>0-16</i>	<i>0-16</i>	<i>0-16</i>	<i>0-16</i>	<i>0-16</i>	<i>0-80</i>

Total Score: 0-100 Points

Stage 2 Funding

Stage 2 funding will be composed of two components:

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

Fixed portion

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

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

Base funding will be adjusted based on the organization's final score on their change plan, as follows:

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

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

Disbursement of fixed funding

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

- Practice Status – Summary of Successes

- Practice Status – Summary of Challenges
- Next Steps

Variable portion

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

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

Disbursement of variable funding

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

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

Assessment/Description	Definition
1.0 Forming team	Team has been formed; target population identified; aim determined and baseline measurement begun.
1.5 Planning for the project has begun	Team is meeting, discussion is occurring. Plans for the project have been made.
2.0 Activity, but no changes	Team actively engaged in development, research, discussion but no changes have been tested.
2.5 Changes tested, but no improvement	Changes being tested but no improvement in measures. Data on key measures are reported.
3.0 Modest improvement	Initial test cycles have been completed and implementation begun for several changes. Evidence of moderate improvement in process measures.
3.5 Improvement	Some improvement in outcome measures, process measures continuing to improve, PDSA test cycles on many components of the Change Package, changes implemented for multiple areas of Change Package.
4.0 Significant improvement	Most applicable components of the Change Package are implemented for the population of focus. Evidence of sustained improvement in outcome measures, halfway toward accomplishing all of the goals. Plans for spread the improvement are in place.
4.5 Sustainable improvement	Sustained improvement in most outcomes measures, 75% of goals achieved, spread to a larger population has begun.
5.0 Outstanding sustainable results	All applicable components of the Change Package implemented, all goals of the aim have been accomplished, outcome measures at national benchmark levels, and spread to another facility

Borrowed from IHI/MHS Access Quality Learning Partnership Project Assessment Scale