



North Central Accountable  
Community of Health

# WPCC Workgroup

4/12/2018 Meeting

# Today's Agenda

1. Welcome & Introductions
2. Revisit prior requests for input
3. Health Information Technology, Value Based Purchasing, and Workforce (aka Domain I)
4. Stage 2 Funding options
5. Next Meeting

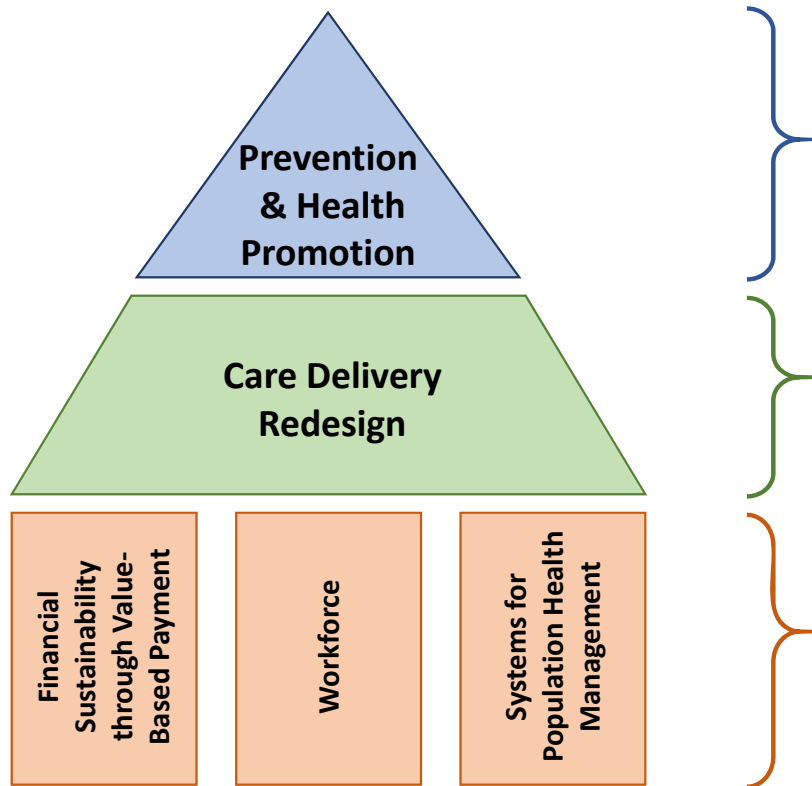
# Recommendations from Last Meeting

- In addition to targeting diabetes, respiratory issues and heart disease as chronic conditions, the workgroup recommended that we add **depression** to the list since it is one of the leading and most disabling chronic conditions.
- Workgroup would like to see **measurements that providers already track** (e.g. CMS, MIPS, MCOs) to be leveraged rather than coming up with new measures.

# Prior Requests for Input

- Organizations are submitting one agency-wide change plan – should progress reporting on change plan happen at the organization level or site level?
- Annual MeHAF self-assessment to assess progress along the integration spectrum
  - Moved forward with this approach
  - What about PCMH-A? Should we ask providers to update annually?
- One of the suggested tactics under SDOH section is to adopt a standardized screening tool
  - Input to date suggests we should adopt a standardized tool across our region
  - Existing screening tools we should explore?

# Initiative 1: Transformation through Accountable Communities of Health



## Domain 3: Prevention and Health Promotion

- Addressing the opioid use public health crisis
- Chronic disease prevention and control**

## Domain 2: Care Delivery Redesign

- Bi-directional integration of physical and behavioral health through care transformation**
- Community-Based care coordination
- Transitional Care
- Diversion interventions

## Domain 1: Health Systems and Community Capacity Building

- Financial sustainability through value-based payment
- Workforce
- Systems for population health management

# Domain I questions

- **VALUE-BASED PAYMENT:** Describe how your changes will be sustained through value-based payment arrangements beyond the Demonstration period. What technical assistance or support might you need from the Learning Community and/or ACH to help you get there?
- **HIT/HIE:** To what extent is Health Information Technology/Exchange or lack thereof a constraint to achieving our regional goals and implementing your change plans? What might NCACH do to assist?
- **WORKFORCE:** As you think about your vision and change ideas over the next 4 years, what workforce issues can/should NCACH be addressing on the front-end?

# Stage 2 Funding Questions

- Stage 1 funding relatively uniform with a small amount of variation based on the number of Medicaid Encounters
- How will available funds be divided amongst eligible WPCCL Learning Community partners?
- Goals of Stage 2 funding model
  - find sweet spot between maximizing participation and incentivizing comprehensive implementation of change plans.
  - avoid a process that's overly complicated to respond to and to administer while still holding people accountable for results.

# Stage 2 Funding Option A

- Funding Variables
  1. Size and complexity of organizations
  2. Quality and comprehensiveness of plans



MODELS
TBD

MODELS
<b><u>Model 1</u></b> Fixed Amount across the board to offset project management costs and time away from clinic for a care team.
<b><u>Model 2</u></b> Pro rata based on number of primary care providers in employed relationships, including NPs, PAs, Clinical Pharmacists.
<b><u>Model 3</u></b> Pro rata payments based on number of Medicaid lives managed by the organization.
<b><u>Model 4</u></b> Pay for participation: Pro rata payment based on: <ul style="list-style-type: none"><li>• the number of teams participating, and</li><li>• the number and type of events they attend</li></ul>



# Assumptions – Cost/Learning Activity

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Team Participant	hrs/wk	cost/hr	wks/LA	Cost/LA	Assumption
Day-to-Day Leader	10	40	8	\$3,200	Nurse manager
Senior Leader	2	70	8	\$1,120	Clinic Manager or COO
Clinical Champion	5	80	8	\$3,200	M.D. N.P.
Front Line Staff #1	5	35	8	\$1,400	RN
Front Line Staff #2	6	20	8	\$960	<u>MA or clerical support</u>
				<b>\$9,880</b>	

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# Hypothetical Calculations

Organization	Number of Teams	Total Learning Activities	Learning Activities per year	Pay for Participation Compensation (\$10K/Learning Activity)	Base Amount	Annual Total
Org A	1	4	4	\$40,000	\$50,000	\$90,000
Org B	2	4	8	\$80,000	\$50,000	\$130,000
Org C	4	4	16	\$160,000	\$50,000	\$210,000
Org D	8	3	24	\$240,000	\$50,000	\$290,000

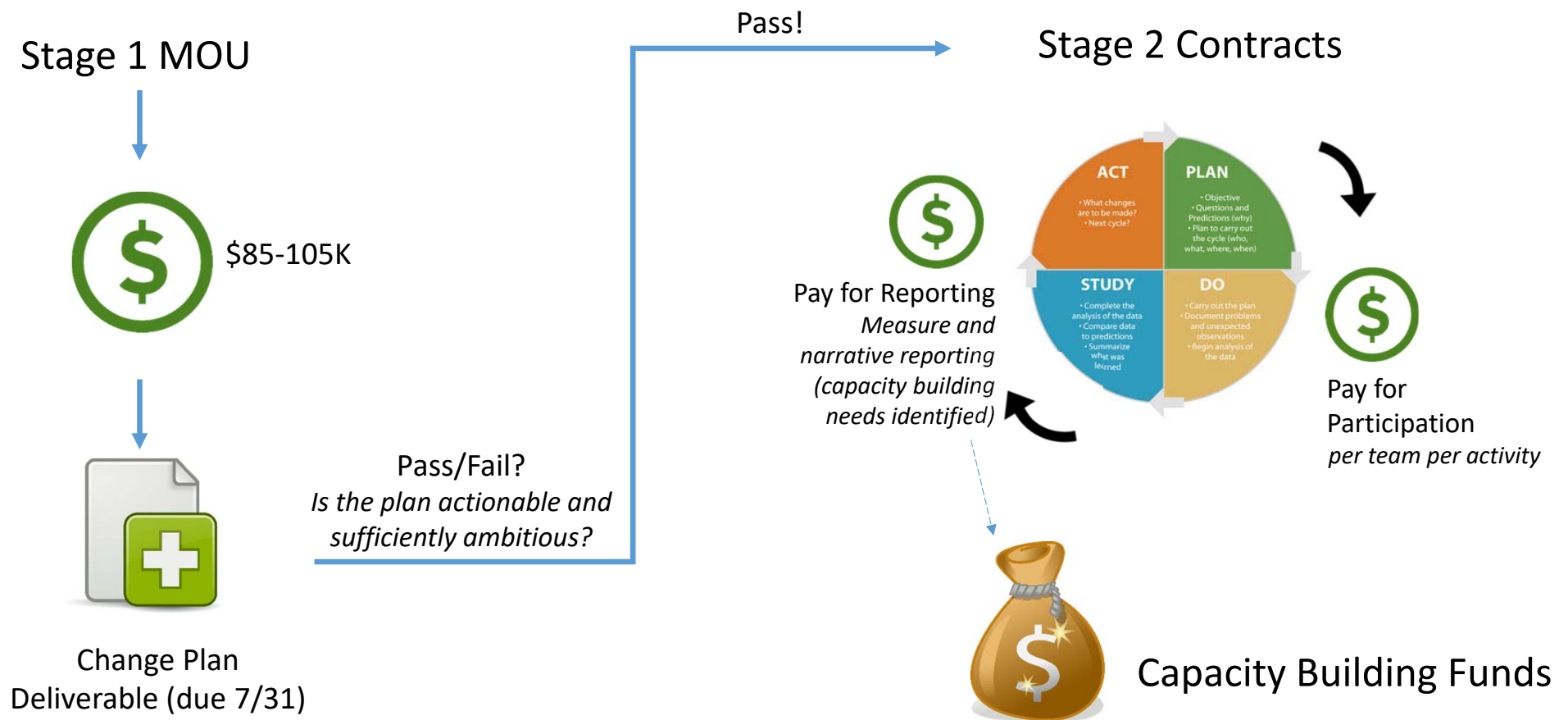
Amounts are hypothetical and represent annual activities/funding

Pay for participation not meant to underwrite the full cost of engagement/participation

Team = Group of multidisciplinary people working as a team from the same location.

Learning Activity = Sprint, LAN, Skill Building, etc

# Stage 2 Funding Option B





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# Contact

Caroline Tillier, Staff Support to WPCC Workgroup | [caroline.tillier@cdhd.wa.gov](mailto:caroline.tillier@cdhd.wa.gov)

Peter Morgan, Director of Whole Person Care | [peter.morgan@cdhd.wa.gov](mailto:peter.morgan@cdhd.wa.gov)