Whole Person Health in Seacoast and Strafford County Region 6 Integrated Delivery Network

All Partners and Community Meeting: 2:00 to 3:30

Wentworth Douglass Hospital

Nick Toumpas, Tory Jennison, Kevin Irwin

Agenda

- Welcome and Thank You
- Introductions
- Meeting Objective(s)
- Program Status
- Scope, Timeline and Deliverables for Detailed Plans
- Strategy and Considerations
- Review the Status of Detailed Project Plans
- Other Issues
- Additional Questions

Objectives for Today's Session

- Kickoff Phase Transition
  - Close out of the "Project Plan for the Project Plan" phase
  - Shift our focus to the development of the Detailed Plans
- Commitment
  - Revalidate the commitment of each of our partners and community organizations to move forward with purpose, value, urgency and collaboration
- Understanding
  - The level of detail required in the plans and the strategies to create the plan and to deliver value as we progress

Program Status and Phase Transition

- Where we've been
  - Application and Project Plan for the Project Plan
    - Plans reviewed before the Independent Review Panel in December
    - All Regional plans scored and approved by the Independent Assessor
    - Verbal notification of approval received, formal notification imminent
- Final approval expected this month
  - Upon approval, final payment for Program Planning and Design Phase
  - Estimated milestone payment is $1.126M, previous payments of $3.082M
- Funding based on preliminary attribution of ~33,000
  - Final attribution expected this month
- All future funding is predicated on the achievement of both process and performance metrics
  - We must achieve these milestones to "earn" the funding enabling us to execute

The Program Focus

- A 5-year Demonstration
  - Drive reform in the delivery of health care, specifically move to greater level of integrated care across all providers in the Region
  - Strengthen the community-based mental health and SUD services by creating strong linkage with those who provide social determinants of health resources and services to treat the whole person
  - While Medicaid population is the focus, we see this as a vehicle to improve the health of the population through prevention and early intervention for those at risk
  - Add capacity to combat the Opioid crisis in our State the Region
- The Model
  - We earn funding by achieving specific process and performance metrics
  - The resources are then used to build capacity, strengthen integration and improve transitions of care through incentives and targeted investments in workforce, technology, practice and services

Scope, Deliverables and Timelines for Plans

Plans Required

- The Building Capacity for Transformation Waiver requires each of the 7 Regional Integrated Delivery Networks to plan, design, implement and manage 6 discreet but interdependent projects
  - Statewide Projects
    - Workforce
    - HIT
  - Integrated Care—the Core
  - 3 Community Projects selected by the Regions
    - Care Transition Teams
    - Expansion of SUD Treatment Options
    - Enhanced Care Coordination for High Need Populations

Plan Details

- Detailed Project Plan Requirements, the large handout
  - Project Plan Detailed Requirements for each of the 6 plan
  - The work will be demanding but the dialogue between all of us will create many opportunities for innovation and strengthened relationships
- DRAFT Template, the second handout
  - DRAFT Template for the detailed project plan deliverable to the State
  - Companion document or Program Plan outlining how the six projects will link to each other to create the demonstration program
  - Intended to bridge the work we have done over the past 8 months into the future phases
  - Be a "living document" that we will use as our blueprint for the full program
- The plans are due to the DHHS on June 30, 2017
  - Maybe subject to changes given the delay in the start date

Approach, Strategies and Considerations

Approach, Strategy and Considerations

- Operations Team conduct one on one conversations with EACH partner and community organization
  - In process of scheduling these, more later
- Discussion focus
  - Workforce and technology,
  - Status of integrated care for primary care, acute care, behavioral health and substance use disorder partners
  - Linkages in place, or needed, for social determinants partners and community resources
- Seeking first to understand at a more detailed level where we are now as individual agencies and how we move individually and collectively to an integrated network that enables us to succeed
  - These are not one-time discussions and intended to evolve and progress into more detail over time
  - Expect to gain insights on short, mid and long term investments that will be required
  - All investments will require Executive Committee approval
- Concurrently, build out 6 project teams, each having Operation Team sponsorship and oversight
  - We will gain commitments from organizations and people in the next two weeks and will reach out to give you opportunity to engage
- Support the Project Teams with 2 cross project workgroups
  - Clinical Workgroup
  - Social Determinants of Health Workgroup

Project Plan Template

- The DRAFT Template has several key sections
  - Project charter
  - Target populations
  - Target organizations
  - Linkages to other initiatives---specifically at a project level, recall the earlier document had a broader brush
  - Milestones
  - Project structure
  - Roles, responsibilities of the team and of the partner organizations
  - Reviews and approvals
  - Risks, assumptions, dependencies and mitigation
  - Project "work breakdown structure" to identify the key areas of work, their timing and dependencies
  - The proposed budget
  - The tasks, timelines, responsibilities, and dependencies

Other Considerations

- Project Management Support
  - Seeking assistance to build our project management expertise
  - Met with a firm and expecting proposal next week
  - We are not looking for any external resource to manage a project rather they will provide us assistance, training, mentoring and objective reviews
  - Subject to approval of the County and then the Executive Committee
- Stipends
  - Recommendation will be made to Executive Committee to provide some compensation to the partner organizations that acknowledges the value provided by people in our network
- Communications
  - We will host All Partner meetings every two weeks beginning in February
    - We will have one more in January, the 26th and then every two weeks beginning on February 9th through the end of June
    - We are targeting the 1:30 time and locations will move throughout the Region
- Community Engagement will be ongoing and are considering expanded activities in other portions of the Region
  - More on this next meeting
- Learning Collaborative
  - We have no timeline from the DHHS on when the Learning Collaborative contract will be before G&C
  - The 7 Regions have committed to twice monthly meetings to build on the collaboration and "team" we have created
  - Many opportunities for the Community Projects

Detailed Plan Updates

Tory Jennison, Kevin Irwin

Health Information Technology Update

- Team
  - Operations Team: Tory Jennison
  - Project co-leads: Kirsten Platte and Chris Drew
- Update
  - Partner conversations
  - HIT Taskforce
  - HIT Assessment
  - Project Metrics and Specifications

Integrated Care Project Update

- Team
  - Operations: Bill Gunn, Tory Jennison
  - Project co-leads: to be determined
- Status
  - Reviewing several "assessment" tools for the partner conversations
  - First partner interview scheduled for next week
  - Scheduling discussions with the other PC, AC, BH and SUD providers
  - Scheduling sessions with the social determinants
  - Formalize the Clinical Workgroup that has met twice

Care Transition Teams

- **Project Objective:** Time-limited care transition program led by a multi-disciplinary team that follows the 'Critical Time Intervention' among individuals to prevent:
  - Readmissions to acute care
  - Inappropriate use of the ED
  - Recurring homelessness
- **Target population:** Adults with "serious mental illness" transitioning from the hospital setting into the community.
- **Target Participating Organizations**: Hospitals (including New Hampshire Hospital), primary care providers, behavioral health providers, community-based social services organizations.

Care Transition Teams

- **Initial Steps to form Work Group:**
  - Hospital Partner (Frisbie)
  - Review Existing Initiatives
    - Community Care Team
    - Community Paramedicine
  - Regional alignment with State Hospital

Intensive SUD Treatment Expansion

- **Project Objective** Expand capacity within an IDN for delivery of intensive outpatient, partial hospital, or residential treatment options for SUD, in conjunction with expansion of lower acuity outpatient counseling, intended to result in:

  - Increased stable remission of substance misuse
  - Reduction in hospitalization
  - Reduction in arrests
  - Decrease in symptoms for individuals with co-occurring MH conditions

Intensive SUD Treatment Expansion

- **Target Population**
  - Individuals with substance use disorders (with or without co-occurring mental health disorders) Within the target population, priority populations include:
    - Pregnant women
    - Individuals that have experienced an overdose in past 30 days
    - IV drug users
    - Custodial parents of minor children
- **Target Participating Organizations**
  - Behavioral health organizations seeking to expand service options
- **Initial Steps to form Work Group**

Enhanced Care Coordination

- **Project Objective** To develop comprehensive care coordination services for high need adult and child populations with multiple physical health and behavioral health chronic conditions.

  - Maintain or improve an individual's functional status
  - Increase that individual's capacity to self-manage their condition
  - Eliminate unnecessary clinical testing
  - Address the social determinants creating barriers to health improvement
  - Reduce the need for acute care services.

Enhanced Care Coordination

- **Target Population(s)**
  - Adults (18 years or older): individuals with behavioral health disorders (specifically, serious MI or SUD) with or without poorly managed or uncontrolled co-morbid chronic physical and/or social factors (such as homelessness) that are barriers to community living and well-being
  - Children (< 18 years): children diagnosed with chronic serious emotional disturbance
  - Developmentally Disabled (DD) population Aged Blind and Disabled (ABD) population with co-occurring behavioral health disorders
- **Target Participating Organizations**
  - Primary care providers
  - Behavioral health providers (mental health and SUD)
  - Community-based social support service organizations
- **Initial Steps to form Work Group**
  - MCO and other review of other care coordination efforts underway

Workforce Project Update

- Team
  - Operations Team: Nick Toumpas
  - Project co-leads: Melissa Millione and Diane Fontneau
- Status
  - Statewide taskforce meeting monthly and chaired by Peter Evers of Riverbend
  - Conversations with partners to drill down on status of workforce gaps and the implications and potential solutions
  - Regions developing updated list of critical issues for Strategic Plan that is then intended to guide the development of our Regional plan
  - Review of other initiatives
  - Exploring Public Private partnership with the BIA

Other Issues

Other Issues Update

- Change to the Executive Committee
  - Sheldon Barr replaces John Skevington
- Updating the budget and status for the Executive Committee and the DHHS
- New grant opportunities guidelines reviewed by Executive Committee
- Alternative Payment Model taskforce expected to be convened this quarter
- The website is being populated: www.Region6IDN.Org
- There are uncertainties that we will have to confront as we plan, design and implement the program. We must stay focused on what we can control.
- Many questions as new leadership at the Federal and State government
- President Donald J. Trump takes office on January 20, 2017
  - Many questions for which no one is able to give definitive answers
    - The future of the Affordable Care Act
    - The future of Medicaid Expansion nationally and in NH
    - The future of Medicaid
- In New Hampshire, Governor Christopher T. Sununu took office yesterday
    - A positive tone
    - The State budget
    - Managed Care, the next phase—"Step 2"
    - Managed Care, the next version in July 2018

Thank you for your time!
Questions?

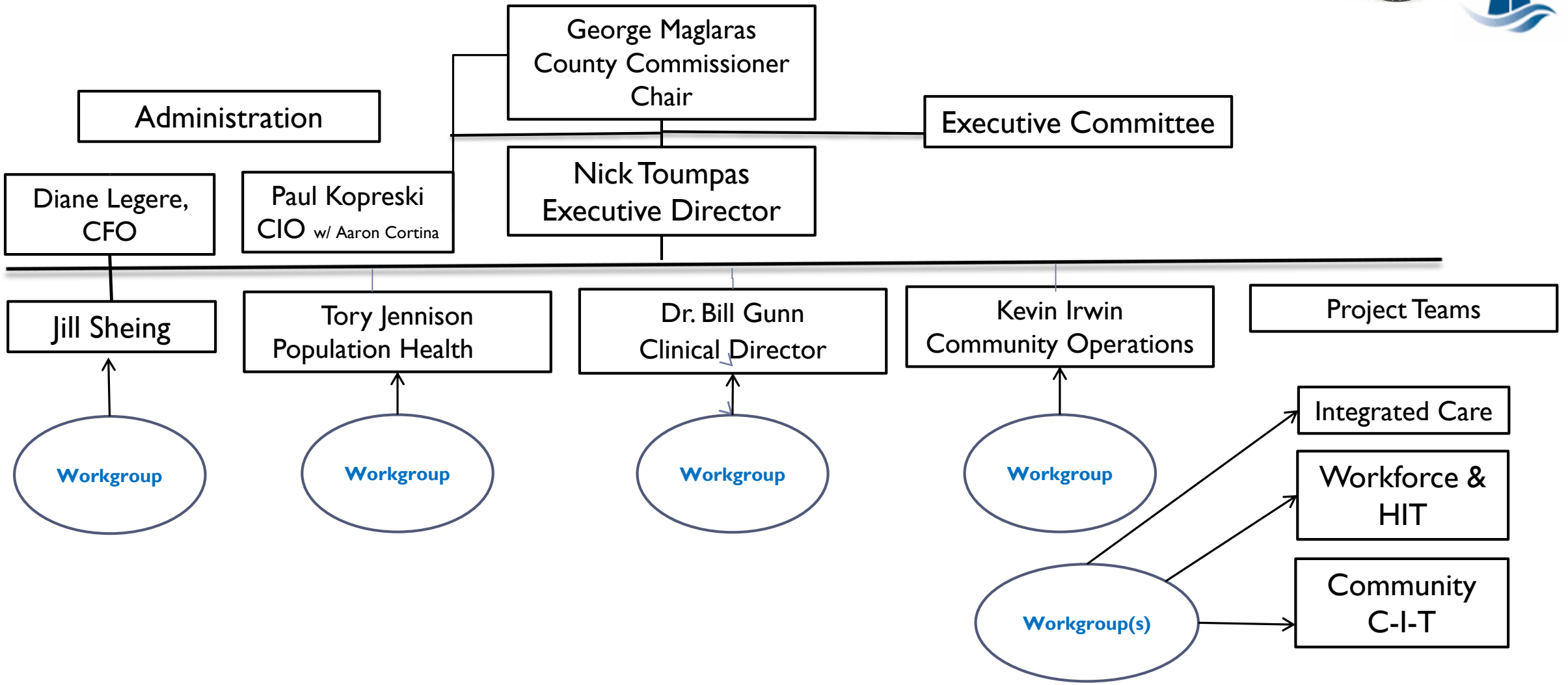
Please tell us what you think!

What is of most value in these meeting?
What future topics would you like to have covered?

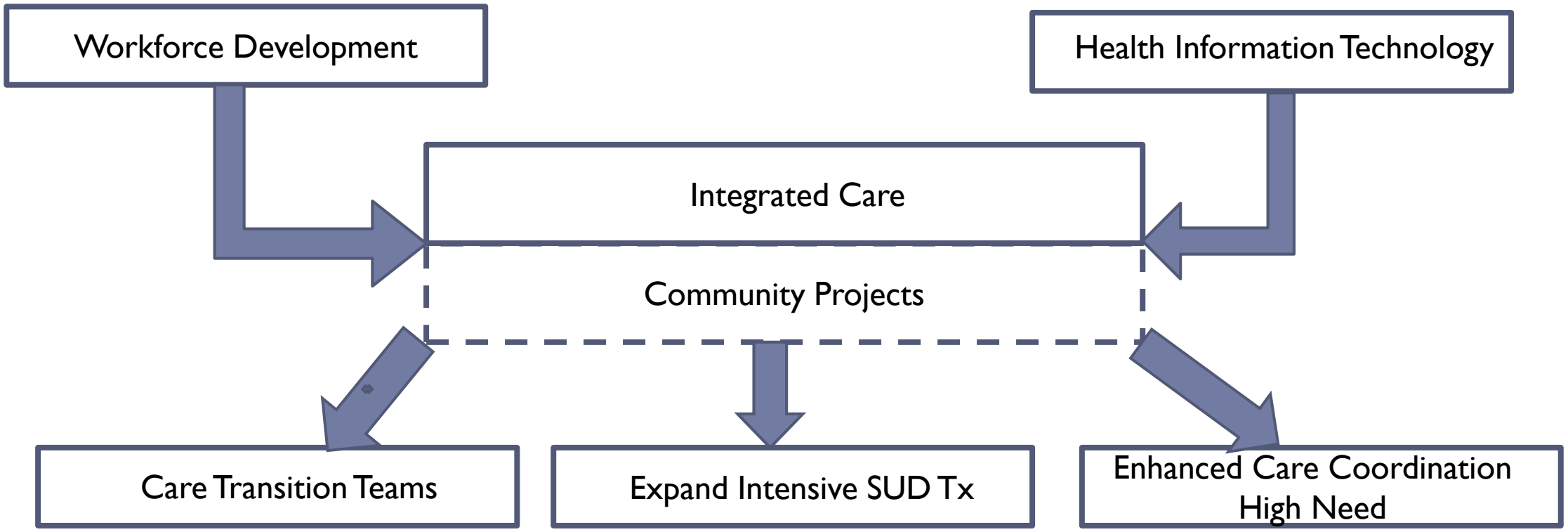
Executive Committee for Region 6 IDN

Domain	Name	Organization
Hospital	Sheldon Barr	Portsmouth Regional Hospital
Community Mental Health	Jay Couture	Seacoast Mental Health Center
FQHC	Greg White	Lamprey Health Care
Public Health	Janet Laatsch	Goodwin Community Health Center
Substance Use Provider	Sharon Drake	Southeastern NH Services
Social Services	Kathy Crompton	Community Action Partnership of Strafford County
Peer/Recovery Service	John Burns	Safe Harbor Recovery Center
Community Based Care	Chris Kozak	Community Partners Behavioral Health and Developmental Services of Strafford County
County Nursing Home	Steve Woods	Rockingham County Nursing Home
County Corrections	Carrie Conway	Strafford County Community Corrections
Family/Consumer	Bernie Siefert	National Alliance for the Mentally Ill, New Hampshire
Housing	Allan Krans, Jr.	Dover Housing Authority
Oral Health	Helen Taft	Families First Seacoast

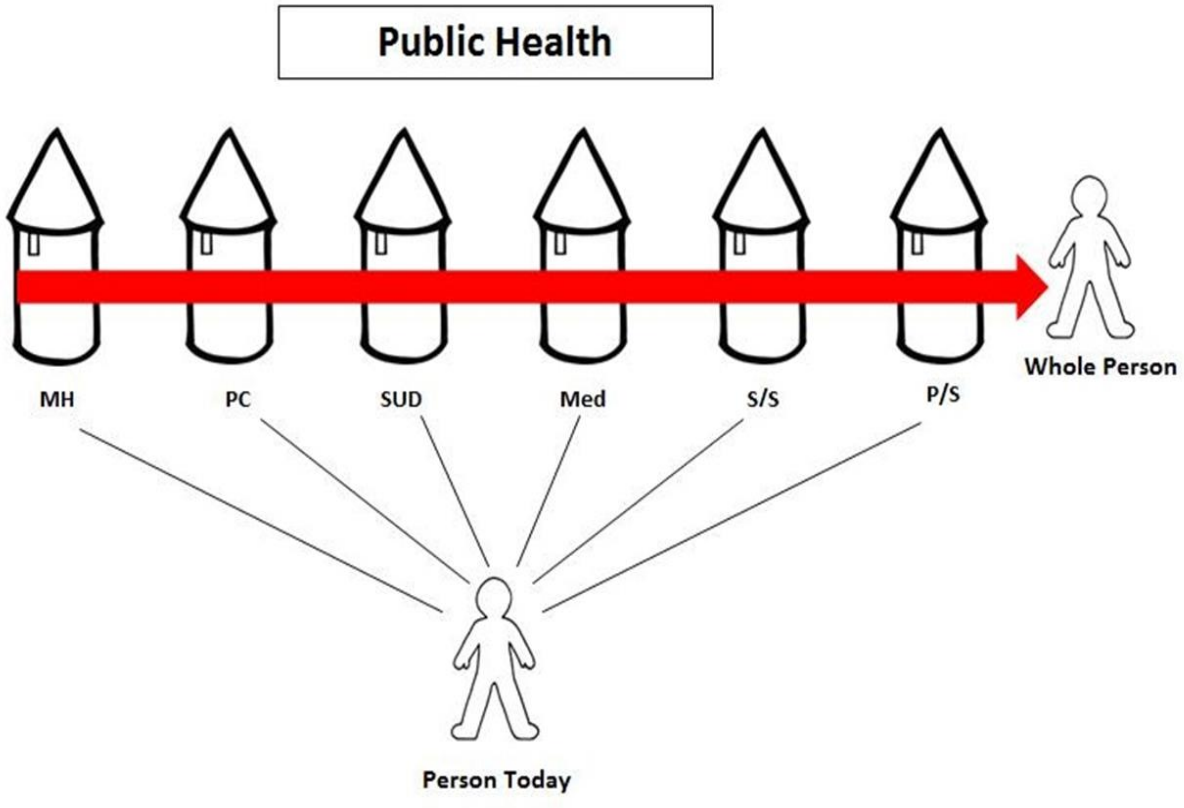
IDN Organization



The Building Blocks for Transformation



Our Vision



What are the attributes of our vision?

- An Integrated Delivery Network that will evolve
- Multi-disciplinary Teams
- Transparency and inclusiveness
- Equity, choice and access to services
- Focus on the health of the whole population across the region
- Standardized and Comprehensive Assessments
- Data driven decision making
- Whole Person Care Plan by tight integration of the Social Determinants of Health
- Shared Data Across Partners
- Redirect Savings to Sustain
- New forms of collaboration and partnering
- Value Based Purchasing