



OneCare Kansas Planning Council

Meeting Summary

December 21, 2018

Members of the OneCare Kansas (OCK) Planning Council and the OneCare State Project Team gathered for a monthly meeting on December 20 in Topeka, KS. The group was welcomed by Kansas Medicaid Initiatives Coordinator, Becky Ross, and the meeting was facilitated by staff from the Wichita State University Community Engagement Institute.

Reflections and Progress

Members of the Council were asked to introduce themselves and report on their efforts to communicate with their respective constituencies about the Council's activities since their meeting in November. Participants were then asked to share any comments or questions that may have arisen since that time. These included:

- Future communication and marketing does depend heavily on identification of a targeted service population. Group members will continue to share information and notes from the Council meetings but will begin to be more strategic once the population is identified.
- In response to the question, "Are we really going to do this?" the State Project team reiterated that the target population will be much smaller (at least initially) and more narrow in scope for this project than in the past. It was difficult to demonstrate an immediate cost savings with such a large population. In this effort, there will be an even bigger focus on documenting Return on Investment. Another driving factor is that this is project that was initiated by the Legislative Proviso that was passed last session, indicating there may be more external support than was previously expressed.
- It was indicated that there may be additional champions within the Kansas hospital systems. When should we engage them and bring in their expertise? Becky Ross shared a few examples of how this might occur, including invitation to a OneCare Forum event that is tentatively being planned in March 2019.

The KDHE State Project Team and staff from the University of Kansas provided a brief update on progress since the November meeting including discussions related to the program's payment structure, progress related to data access to begin analysis to determine a target population within the parameters of the proviso. Additional progress has also been made related to communication tools and drafting of the Provider Application form. These two areas were more formally discussed during the meeting and are noted later in this report. The team continues to plan for implementation in FY2019 as directed by the proviso.

Program Communication Tools

Program Logo

At the OCK Planning Council meeting in November, the group was asked to vote on potential logos. These designs were chosen by an overwhelming margin:



Both versions of the logo will be posted to the OneCare Kansas website and organizations will be welcome to use these in future promotional and program materials.

OneCare Kansas Website

KDHE continues to populate information on the OneCare Kansas website:

www.kancare.ks.gov. Information for members can be found at

<https://www.kancare.ks.gov/consumers/onecare-ks-members>. Information for Providers

and Potential Providers, including notes and documents for the Planning Council, is

located at <https://www.kancare.ks.gov/providers/onecare-ks-providers>. The team will be posting additional information as it becomes available.

An email box for questions and comments has also been established. To send information or request future presentations from the OneCare Kansas team, contact OneCareKansas@ks.gov.

OneCare Kansas Newsletter

KDHE staff are currently developing a pre-implementation newsletter to be launched in January 2019. The newsletter will share updates on progress made in areas such as payment structure and provider participation opportunities, as well as Planning Council updates, health information, and success stories.

Planning Council members were asked to provide additional feedback on what might be included as KDHE wants the newsletter to be as useful as possible for stakeholders.

Suggestions included:

- For January, include a history of the program and information about why it is important. Perhaps highlight how this program is different than the previous one.
- How to apply, details on what a OneCare provider will do.

- Include words of encouragement from planning committee members (showing some excitement from the council)
- Highlight the how the program leads to transformation in service provision by sharing continued success stories from the previous version of Health Homes – there is work and success still happening in communities as a result of that work.

KDHE welcomes additional ideas for future editions, please send these ideas to the OneCare Kansas email address listed above.

The group was asked for suggestions on the best way to disseminate the newsletter so that it is seen by potential providers as well as potential community partners. In addition to members of the Planning Council who will then share with their respective partners, it was suggested that a notice be included in the Medicaid bulletin and that it be shared with leadership at the Kansas Commission on Disability Concerns to distribute to their network. The newsletter will also be posted monthly to the OneCare Kansas website.

Draft Talking Points

Despite the fact that a target population has yet to be identified, there are still opportunities to spread the word about the program, especially among provider networks. Based on previous discussion by the Council, the KDHE team developed a draft document of talking points for the Council to review and provide related feedback. Additional information for Medicaid members will be added once the target population is identified. Feedback to the KDHE Team included:

- Payments – maybe add information from the proviso about the 10% administrative cap for MCOs
- May want to include the basic requirements/criteria to be a provider?
- Include the goal/why we are doing this program
- Other Providers section is confusing – what is an ‘other provider’? How does that fit in? Would be helpful to provide context when describing others who might partner but not provide direct care (e.g. “other providers that collaborate with OneCare”) Need to make it clear that there are messages for two different audiences.
- “There is a lot of jargon on this document” – may need additional review of language to help with this
 - These talking points are intended to provide partners with consistent topics to be shared, knowing that messages may need to be tailored to your particular audience. It is not intended to be a handout that is given to partners or members. Future communication for members and their families will be reviewed to assure that it at an appropriate reading level.
- References to the HAP – will this be the same?
 - It has been determined that the Health Action Plan that was used in the previous program will be the same. It was suggested that it might be worth

- adding a note that this will be the case and include a link to the HAP on the website.
- Talk about benefits of the services themselves.
 - Need to explain what this means to members, what is different from their current services.
 - It was suggested that information about the timeline be added once it is available.

Legislative Update

KDHE Chief Medical Officer, Dr. Greg Lakin, has suggested that the team host an event to educate and update key members of the legislature on the progress of the OneCare Kansas project. The team plans to host this as a lunch-time event in conjunction with the next Planning Council meeting on January 17.

The Council was asked to share suggestions for legislators to be invited. Suggestions included members of the Bethel Committee for Medicaid Oversight, other health related committees, and members of the budget committees from both houses. In addition to potential champions, the group indicated that it could be useful to consider inviting legislators who may have been opposed to these efforts in previous sessions. Some specific choices were mentioned, but the group recommended that the team wait for any new committee assignments before developing a full list. It was also suggested to include Laura Howard who is the person from the incoming Governor's transition team that is overseeing health related areas. The group was encouraged to send any additional recommendations on to the State team for consideration.

Feedback from the Council on information that might be shared at the event included:

- Stories from the Success booklet that was printed as part of the original program – putting a human touch on the program
- Emphasis on the idea that this is a transformative model – provider stories on how it changed their practices
- Presentation that runs on a loop in another room (to include success stories)
- Graphs on data about Health Homes
- Timeline and history of Health Homes
- Must cover healthcare cost savings – maybe not our projections, but those of other states that have done similar work. Missouri has data on these types of efforts.
- How you identify the target population – even if just the consideration and/or methodology.
- Tying cost to the different options/populations
- Changes from the first program to this one. We're not doing the same program as before. – show that we are addressing the challenges from last time

The group discussed that it may not be necessary to get too deep into the history of the program as the presence of the proviso indicates that there is already some support. The KDHE Project Team agreed that while this is somewhat true, there are still some major misconceptions about what it will take to get the program up and running again. They would like one of the major messages to be that the timeline for implementation may be unrealistic given the amount of work that has yet to be done.

The group indicated that it may be worth highlighting the advances in system capacity which could address previous concerns about network adequacy (i.e. there are medical providers who are working to become Accountable Care Organizations who are offering some services that could be expanded through OneCare; how FQHCs have not had a sustainable funding source to provide similar services.)

When asked if there were providers that would be willing to share their support, it was indicated that a representative from the Kansas Association for the Medically Underserved or the Association for Community Mental Health Centers may be willing given their efforts to have the proviso put into place. There are also Community Service Providers that serve individuals with developmental disabilities who may be interested in sharing words of support.

There was discussion about the timing of the event. However, the team felt it best to work to gain support early in the session. The group was also reminded that there will be regular updates to the Bethell Committee as part of the Medicaid oversight work. It was also suggested that OCK Council partners could include messaging as part of their independent advocacy efforts during the legislative session.

Ultimately it was decided that the messaging should be brief and concise. The event should combine providing information visually along with letters of support from a variety of stakeholders. The group recommended that legislators be given the opportunity to ask questions and give feedback on their own about what they hear. It was also recommended that the legislators be given the opportunity to share what they want to see from the program.

CMS Provider Requirements for Health Homes

In 2010, the Centers for Medicare and Medicaid Services (CMS) issued a letter to State Medicaid directors that include a list of requirements for potential Health Home providers (see pp. 8-9 of the CMS letter). Council members were given the opportunity to review the letter in full and, specifically, review and discuss these requirements. Questions of clarification included:

Q: How is “provide access” defined?

A: Providers do not have to provide all services themselves. It may be appropriate to refer a member to contract with a community provider or refer members to outside partners for service.

Q: What will be the criteria for professional team?

A: These will be similar to the previous criteria. However, there may be positions (such a Psychiatrist or Peer Support/Mentor) that may be optional rather than required.

For two of the requirements, the group was asked to consider the barriers that providers might encounter that would hinder their ability to meet the requirement as well as conditions that might facilitate their success.

Requirement: *Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate;*

<u>Barriers</u>	<u>Facilitators</u>
<ul style="list-style-type: none">• For Substance Use Providers, there are additional limitations on the sharing of health information through 42CFR• Some Electronic Health Record systems have limitations• In the previous program, there was inconsistency among providers on how to enter Health Action Plan data into EHR systems.• EHR systems can be costly• Lack of uniform capacity or metrics• Timeline for implementing an EHR if they don't already have one• Complicated process for individuals and families to access these systems	<ul style="list-style-type: none">• EHR costs have come down (though still expensive)• Expanded use of telemedicine (like Project ECHO)• Previous experience of Health Homes• Could provide opportunities for access through phone apps, community wifi access points, or onsite• Could provide access information on a business card size document

Requirement: *Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.*

Barriers

- Some providers lack the time or skill to analyze and utilize their data
- Lack of clear standards and definitions of what is being measured
- Lack the ability to create a profile to show cost improvement (i.e. demonstrating reductions in ER visits and the cost/savings)

Facilitators

- MCOs can help providers analyze and utilize their data to benefit their practice
- KDHE/CMS will be defining measures
- KU will be developing a cost baseline to help measure savings

CMS Provider Requirements for Health Homes

OCK Planning Council members were provided with a copy of a draft of the application that will be used to select Providers for the service network and asked to discuss and provide feedback.

- *From the project team:* What do you think about allowing Mid-level providers (e.g. Nurse Practitioners, Physician Assistants, etc.) to satisfy some of the Professional Team positions?
 - This would be especially helpful in rural communities
 - These positions could be on staff of the organization or contracted
 - LPNs may be appropriate for the nursing positions
 - Social Worker/Care Coordinator may be broadly defined. However, if it is a Social Worker, they must be licensed to practice.
- What does "community based" mean?
 - Would like to see it indicated in the instructions that this could include tele-health.
 - Required to be "real time"
- Are community health workers included?
 - Must also meet the requirements of Peer Support or Peer Mentor
- *From the project team:* What sort of evidence-based clinical guidelines should be included?
 - Behavioral Health

- Trauma Informed Care
- Motivational Interviewing
- Diabetes Management (if Chronic conditions)
- Person centered care planning
- Social Determinants of Health assessments (are there clinical and evidence based)
- PREPARE tool
- Chronic Conditions: Diabetes, respiratory disease
- DLA20 (Daily Living Assessment)
- These may be clearer once the population is defined.
- Some of those listed above would not be considered “clinical” practices but may be good general practice
- Related to health promotion services:
 - Smoking cessation
 - Walking groups
 - Nutrition – assistance with building shopping skills or reading labels
- Related to Mental Health and Substance Use Treatment:
 - Providers need to be able to demonstrate knowledge of resources and ability to make referrals within their community
- Related to trainings:
 - In addition to the Certified Diabetes Education training, this might include Diabetes/Chronic Disease Self-Management training.
 - Should there be a question about future training plans?
 - It is not an expectation that all those listed are covered. However, providers who already provide these types of training will be viewed favorably.
 - Trainings not provided could give the State assistance on identifying gaps/needs
 - May also want to include: motivational interviewing, Trauma-Informed Care, Social Determinants of Health or other Assessments, Quality Improvement
- Related to Health Action Plans:
 - New payment structure will include a bonus for completing initial Health Action Plans within a certain timeframe to incentivize timely work.
 - Recommend removing “timely” from the question itself, but include in the instructions/guidance document
- Related to Homeless Outreach:
 - Should there be an adjustment to “homeless” language to indicate transiency or risk of homelessness? Transient may need to be separate.
 - Response helps to address experience working with very difficult population.
- General Discussion:
 - May be helpful to include wording like “are you providing or do you refer,”
 - KDHE uses the word “describe.” Will need to help outline what we are looking for in the instructions.

- Recommend adding opportunity to attach agency policies that support these types of questions instead of an essay response
- Add: "How many OCK members are you prepared to serve" to the demographic questions
- Story gathering – let providers know up front KDHE will be looking for stories throughout the process. May need to include training on how to tell good stories
- Evidence based clinical guidelines – include an 'other' section to allow applicants the chance to highlight other programs/processes that have been successful but may be outside the box
- Consider including information related to access to the facility beyond ADA requirements
- Recommend adding a question related to other language capabilities – which languages and how
- Do MOUs/MOAs need to be in place already, or have an agreement in place at the time of application for contracted services or referrals? The State team's recommendation is that these already be in place as they relate to the six core services. A letter of intent would work as well.
- Please specify what pieces are required vs what is preferred on the applications.
- Accreditation requirements or preferences?
- KHA – hospitals have some services that are mentioned such as Smoking Cessation, Diabetes, etc. How can they get connected, share this information about possible hospital roles?

Review of the application prompted additional discussion within the group related to future reporting requirements, ways to use data collected and opportunities for provider education. These will all be explored in future discussions. There are plans for an information Forum in March that will give opportunities for additional provider education. To assist with communication between hospitals and OCK providers, patients that are enrolled in OCK can be flagged in the eligibility system as an alert and the list of contracted providers will be made publically available so that hospitals know where to refer new patients, if needed. Once the program is implemented, CMS requires a Learning Collaborative to help support and educate providers within the network.

Next Steps

Members of the Planning Council were asked to identify opportunities for action prior to the next meeting on January 17.

Who?	What?
State team	Finalize application language. (Group requested that this be released ASAP to allow time for completion prior to May implementation)
State team	Finalize talking points
All	Communicate the big picture (using what was presented today) to constituencies represented and document any questions that are raised
MCO representatives	Draft a joint letter of support to share at Legislative lunch.
Becky Ross	Draft language for OCK Council Member letters of support for Legislative lunch
All	Develop letters of support to provide legislators
Kim Jordan	Send stories of practice transformation to Sam Ferencik
State team	Post Health Action Plan to website
State team	Distribute OneCare Kansas newsletter
State team	Post Kansas Tobacco Guideline for Behavioral Health Care to the OneCare website

Mark your calendars!

**OneCare Kansas Planning Council
Meeting Dates:**

- January 17, 2019
- February 21, 2019
- March 21, 2019
- April 18, 2019
- May 16, 2019
- June 20, 2019

All meetings are currently scheduled for 10:00 a.m. – 4:00 p.m. and will be held at the Kansas Health Institute in Topeka, KS.

Report prepared by:

