



P&CE April 9, 2020

Care Coordination Workgroup

SWOT Discussion from the March 12, 2020

RAE Presentations

Care Coordination Workgroup

- ▶ Purpose for today's brief discussion:
 - ▶ **Listen** to the feedback of the **Provider and Community Engagement Subcommittee** regarding the RAE's March Presentation: Strengths, Weakness, Opportunities and Threats
 - ▶ Subcommittee - "What is your top priority in each area?"
 - ▶ Workgroup we will take the feedback and look and determine what couple items that we would like to make a recommendation based on the feedback and our assessment to work-on. The final recommendations and information gathered will be resubmitted to the Subcommittee for edits and submission to the State PIAC.
- ▶ Instructions- we have about 30 minutes so Subcommittee members as your name is called provide your top couple things in the SWOT and what your number one priority would be.

SWOT



Strengths

- ▶ Combination Community Care Coordinators - Integrated teams - Community Agencies
- ▶ Diverse group of Care Managers, care manager expertise in different populations - Dedicated to assisting members improve quality of life
- ▶ Pyramid Model of CM
- ▶ State Complex Members Identified
- ▶ Person-Centered - meets members where they are
- ▶ Collaboration to avoid duplication, team based, health neighborhood
- ▶ Social and Medical Resource Linkage
- ▶ Home visits, PCP visits, Specialist visits with members
- ▶ Continuum of CM - telephonic - clinic based visits - home visits
- ▶ Assessments - physical , behavioral health, environment, social determinants
- ▶ Integration of CM
- ▶ Culturally sensitive

Weakness

- ▶ Data sharing - timely
- ▶ Disease focused CM (growing)

Opportunities

- ▶ Development of Centers of Excellence
- ▶ Expansion of Tele-health
- ▶ Assigning CM in hospitals and EDs and Behavioral Health Facilities
- ▶ Specific Clinical Registries
- ▶ DOC transitions

Threats

- ▶ Resources constraints - housing, transportation
- ▶ Poverty
- ▶ Geography - unique regional populations and barriers
- ▶ Access to care
- ▶ Silos of care
- ▶ Bifurcated systems
- ▶ Unnecessary utilization of costly services
- ▶ Attribution
- ▶ Funding model changes
- ▶ Changing requirements
- ▶ Access to Electronic medical records
- ▶ Threats to rural hospitals and care
- ▶ SUD / 42 CFR
- ▶ Homelessness
- ▶ Lack of resources for social determinants

Thank-you and Next Steps

- ▶ Work group complete assigned tasks
- ▶ Meeting to review information and decide what “areas” to focus and make recommendation to Subcommittee
- ▶ Develop meeting plan, strategic plan