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February 19, 2016

Dorothy Teeter  
 Director  
 State of Washington, Health Care Authority  
 626 8th Avenue, SE  
 P.O. Box 45502  
 Olympia, WA 98504

Dear Director Teeter,

The team at Coordinated Care wants to thank Health Care Authority for not only providing an opportunity to submit project proposals for the 1115 Global Transformation Waiver, but for also allowing stakeholders to share comments on the extensive list of proposals that HCA received. We submitted one proposal, co-developed 4 others (these five projects are listed in the table below), and supported several more from our community partners.

Projects Coordinated Care Developed	Projects we co-developed
<a href="#">Peer Support Specialists in Mental Health, Chemical Dependency, and Primary Care</a>	<ul style="list-style-type: none"> <li>• <a href="#">King's Preventing Adolescent and Unintended Pregnancies</a></li> <li>• <a href="#">Long-Acting Reversible Contraception—Increasing Awareness and Access</a> (North Sound)</li> <li>• <a href="#">School-Based Health Centers</a></li> <li>• <a href="#">Creating Universal Access to Home Visiting Programs</a> (Cascade Pacific &amp; North Sound; Better Health Together endorsed the proposal)</li> </ul>

After reviewing the proposals that were submitted, we also have comments related to criteria and themes we encourage HCA to keep in mind when performing their own evaluation of the proposals. Those themes and criteria, along with specific proposals that we have comments on, are listed below.

Criteria for Evaluation: CDC's 6|18 Initiative

If our state is serious about lowering the cost of health care, we need to focus on treating and preventing conditions upstream that significantly contribute to the cost. Many of the proposals we worked on with our partners link directly to the 6 health conditions that the CDC has identified as high cost drivers in the [6|18 Initiative](#), including preventing asthma and unintended pregnancy.

Focusing on conditions identified in the 6|18 Initiative will not only drive attention to current high-cost drivers but will also bring the focus on more upstream preventive measures to avoid future

costs, not only to the health system but to other social systems as well. The 6|18 Initiative is also well-aligned with the four goals HCA has laid out to transform the Medicaid system. That is why we strongly believe 6|18 should be used by HCA and partners as a criterion when evaluating which projects and strategies should be included on the final Menu Framework.

### Theming the Proposals

- **Integration**—It is clear, even at a first glance, that several proposals are focused on preparing the system for true behavioral and physical health integration. We have steadfastly supported efforts to integrate the system. When deciding on specific projects and interventions, we encourage the state to be deliberate in its approach and choose projects that are realistic for clinical implementation and provide strong support to the integration of Medicaid funding streams, at the payer, clinical, and community levels. Based on these criteria, below are specific proposals we have comments on:
  - [Behavioral Health Integration Program \(P153\)](#) & [Combining Models for a Robust Behavioral Health Delivery System in Primary Care \(P52\)](#): We strongly support the clinical models laid out in these proposals. We believe that with the right support, helping clinics adopt these models will lead to a more integrated system. It is currently unclear how value- and outcomes-based payment methodologies will be implemented and spread MCO-to-MCO. We recommend that the clinical pieces of this proposal end up as final projects on the Menu and want to work closely with HCA and clinics to create payment models that work for all MCOs.
  - [Community Behavioral Health: Improving Health Outcomes for Adults with Serious Behavioral Health Disorders \(P123\)](#): Many of the interventions and models listed in the proposal are seen in several other project proposals as well. However, one that was more unique was the Missouri Community Mental Health Center Healthcare Homes model that has shown some early success in both health outcomes and reducing costs. We recommend this model be seriously considered as a model/project on its own.
  - Generally, we support the following projects, in concept, that are related to physical and behavioral health integration: [P135](#), [P37](#), [P38](#).
  
- **Access**—An underlying theme in many of the proposals relates to creating and expanding pathways to care. Addressing our state's access issues outright is the only way the goals of Medicaid and health system transformation will be achieved. We strongly encourage HCA and other state partners to include expanding or enhancing access as one of the strategies in the Toolkit Framework. Listed below are particular proposal themes addressing access that we support:
  - School-based programs and centers: Generally, we think school-based health programs create much needed access points to provide both acute and preventive care to our children and youth. Additionally, the Waiver provides an opportunity to create an infrastructure within schools, districts, or Educational Service Districts (ESDs) to sustainably fund its health programs after the Waiver time period is finished.
  - Peer Support Specialists and Community Health Workers (CHWs): We believe peers, including CHWs, provide an invaluable support network to patients to help them

succeed in improving their health. The Waiver could create an environment where this support network is available in all facets of the health system and not isolated to certain sectors or clinics.

- Women's health: There are several proposals enhancing women's access to effective health care that works for them and their families. Considering women are often the health supporters and decision-makers for their whole families, giving them positive experiences within the health system that are focused on what they need as women is a meaningful way we can improve the health of much of the population.

➤ **Care Coordination and Management**—We know that Care Coordination and Management will emerge as an overall theme for the Menu. We encourage HCA to carefully consider how Care Coordination and Management is defined and ordained under DSRIP. Our concern is that there will be too many overlapping Care Coordination and Management projects that will create a duplication of efforts and could potentially lead to continued waste in the health system. At one point, HCA had discussed leading efforts to figure out how we coordinate Care Coordination and Management so that these crucial system elements can effectively support Medicaid beneficiaries and not hinder their health improvement. We encourage HCA to pursue this systems coordination approach regardless of what Care Coordination projects are chosen.

Overall, many of the ideas proposed are familiar interventions that haven't been given the opportunity to spread to other regions that could really benefit from them. We're pleased that the Waiver is now providing that opportunity. Now that this first round of Menu development is complete, we look forward to hearing more about how the final list of projects can be tailored to each region while maintaining as much fidelity to the evidence-base of the interventions as possible.

Thank you again for the opportunity to provide comment on the project idea list. We are eager to work with HCA on the next steps in the Waiver process.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jay Fathi', with a small arrow pointing to the right.

Jay Fathi, MD  
President and CEO  
Coordinated Care