

## *Collaborating for a Healthier King County*

### **King County Region Accountable Community of Health**

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February 21, 2016

Dorothy Teeter

Washington Health Care Authority

626 8<sup>th</sup> Ave SE

Olympia, WA 98501

Via email: [Dorothy.teeter@hca.wa.gov](mailto:Dorothy.teeter@hca.wa.gov) and [medicaidtransformation@hca.wa.gov](mailto:medicaidtransformation@hca.wa.gov)

Dear Ms. Teeter:

As committed partners in the work to transform health and health care in our region and across the state, the King County Accountable Community of Health's Interim Leadership Council (ACH-ILC) is pleased to submit these comments on the development of the Medicaid Transformation Waiver.

With HCA-CMS negotiations continuing on schedule, we are anxious to ramp up discussions between HCA and the King County ACH-ILC regarding the proposed coordinating entity role and will be reaching out to you about this. As we stated in our October 2015 support letter to CMS, we seek to understand more about HCA's intentions regarding the timing and approach for building adequate and efficient infrastructure to manage waiver projects, and for clarifying funds flow.

At its January 29, 2016 meeting, the King County ACH-ILC discussed the Medicaid Transformation Waiver project concepts, and we were impressed by the thoughtfulness of innovators within King County and across the state. We appreciate that you publicly posted on the Healthier Washington website copies of all proposals that you received in response to your request for ideas. Based on our summary review, over 90 of them pertain to the King County region, including statewide and region-specific proposals. Some of the proposals appear to be leveraging cross-sector strategies already underway or fairly far along in their planning, and building on these may be especially helpful in light of the time pressures given the elimination of "year zero."

We're encouraged that so many partners are mobilizing behind ideas that would support the goals of the waiver, the Triple Aim, and improved health equity. As you move to the next phase of negotiating the project toolkit with CMS, the King County ACH-ILC urges the Healthier Washington team to take the following points into consideration.

1. *Design a project toolkit framework that reflects a commitment to a “balanced portfolio” of strategies.* By this, we mean that the toolkit should embrace strategies that address reform opportunities associated with today’s high cost Medicaid clients (in all age groups), as well as strategies that are prevention-focused in order to control costs more effectively in the future (in all age groups). Achieving sustainable delivery system reform over the long haul will succeed only to the extent that the waiver is successful in balancing attention to (1) reforms that are primarily internal to the health care delivery system; (2) reforms that involve partnerships between health care delivery, managed care health plans, and community-based partners and systems; and (3) reforms that strengthen community conditions to support better health. Applying this framework, together with attention to scalable opportunities, can help assure that strategies reinforce each other and truly catalyze the kind of change that the Medicaid Transformation Waiver is trying to achieve.
2. *Assure the inclusion of strategies that support bi-directional integration of behavioral health and physical health care, including oral health.* As you know, integration and a move to whole person care is a priority area of the King County ACH and the region already has integration efforts in play that could potentially be adjusted, expanded, and better coordinated under a Medicaid Waiver strategy. We have in place a physical and behavioral health integration committee of the ACH that is proactively working to design a care model and financial model to support full integration. This group is well-positioned to support further refinement and alignment of integration strategies under the Medicaid waiver.
3. *Work to rationalize an approach for strategies that address care management for beneficiaries with complex health and social issues.* Care management and care transitions for both adults and children with complex needs was clearly a theme of many project ideas submitted for King County and across the state. This is a critical area, and so we encourage you to work to address the risk of potential overlapping and duplicative care coordination efforts, which could create more confusion for clients and waste in the system rather than efficiencies and client-centeredness. Given that multiple entry and engagement points were proposed in different strategies (housing, jails, emergency departments, clinics, etc.), work is needed to create platforms for information sharing and care planning that successfully cut across specific programs and help avoid multiple care plans. In addition, we encourage clarification on the connections between Initiative 3’s supportive housing benefit and the important calls for supportive housing capacity building and system coordination that came in under Initiative 1, and also to Initiative 2 for post-acute and long term care needs.
4. *Incorporate strategies that work to prevent and manage chronic medical and behavioral health conditions through the use of community health workers and peers.* We were encouraged to see project ideas that involved the use of community health workers

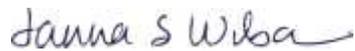
(CHWs) and peers. This is especially critical given the trusting relationships and cultural competence that CHWs can bring. Some CHW proposals focused on beneficiaries with specific health conditions (e.g., asthma, diabetes, behavioral health conditions), while others focused on a certain demographic or client profile (e.g., people with complex needs, refugees and immigrants, children, those in low-income housing etc.). As discussed above with high utilizer care management strategies, more work appears to be needed here as well to develop CHW strategies that avoid inadvertent duplication. At the system design level, the relationship of CHWs with care teams/care managers is also an area where further work may be needed to assure client-centered, well-coordinated care. Given the strong interest in this area to test the impact of CHWs to improve health, reduce health disparities, and control costs, we encourage you to also consider investment under the health system capacity domain to support CHW capacity building, network organizing, and training supports associated with this workforce shift.

5. *Incorporate prevention strategies that align with the prevention framework and tackle the risk factors for chronic disease.* A number of project suggestions for King County and around the state proposed evidence-based strategies in the area of childhood obesity prevention, diabetes prevention, behavioral health promotion, healthy eating, active living, and tobacco prevention and cessation supports. To assure projects are focused on Medicaid clients, many of them appear to have proposed to focus on specific subsets of beneficiaries, and/or on specific geographic areas home to high numbers of Medicaid clients. While the return on investment in this area of the waiver may have a somewhat longer time frame, we encourage you to work with CMS to support inclusion of prevention strategies in the toolkit. If clinical teams and community health workers, for example, are attempting to support clients under other waiver strategies, but those clients are living in community contexts that do not make it easy for them to modify their health behaviors, then we will still be missing a big piece of the health transformation puzzle.

Finally, we wanted to call your attention to some important project concepts that appear to have identified some key gaps in your original application to CMS. For example, we noted the inclusion of multiple projects focused on end of life care and on family planning from several areas of the state, and these merit consideration as you develop the toolkit, especially in light of the strength of evidence-based practices, ability to scale, and impact to Medicaid costs.

Thank you for your continued collaboration with the King County ACH-ILC in the design of the Medicaid Transformation Waiver, and the invitation to comment on the toolkit development. We look forward to continuing to work together in support of a healthier King County. Please do not hesitate to contact us with any questions through Janna Wilson at [janna.wilson@kingcounty.gov](mailto:janna.wilson@kingcounty.gov)

On behalf of the members of King County ACH-ILC,



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