



Northwest Justice Project



Northwest Health Law Advocates

Sent via email to: medicaidtransformation@hca.wa.gov; nathan.johnson@hca.wa.gov; maryanne.lindeblad@hca.wa.gov

February 21, 2016

MaryAnne Lindeblad, Medicaid Director
Nathan Johnson, Chief Policy Officer
Health Care Authority
Attn: Medicaid Transformation
PO Box 42710
Olympia, WA 98504

Re: Medicaid Transformation Initiative 1 Project Applications and Next Steps

Dear Maryanne and Nathan:

Thank you for providing members of the public the opportunity to provide feedback on the Transformation Initiative project applications received by the Health Care Authority (HCA). These comments are submitted on behalf of the Northwest Justice Project (NJP) and Northwest Health Law Advocates (NoHLA). NJP is the largest statewide organization providing free civil legal services to low-income people. For more than 15 years, NJP has represented many Medicaid, CHIP, and state-funded medical care recipients in cases involving individual and systemic issues, as well as in nearly every major (and many technical) aspects of health care assistance policy development and implementation. NoHLA is Washington State-based nonprofit organization devoted to promoting access to quality health care and securing health rights for all, with a focus on low- and moderate-income individuals.

We appreciate what we understand HCA's approach to be in taking the next step in developing its transformation initiative menu. Synthesizing the 180 diverse specific project proposals into a smaller list of more broadly applicable strategies will go a long way to reaching the Initiative's goal of making available to the regional coordinating entities a list of potential projects that are applicable to most regions.

It is, however, still somewhat unclear how the Authority plans to carry out this winnowing and refinement process to produce a draft toolkit. We are aware of the several criteria that HCA announced it will use to evaluate projects/strategies (and that were listed in HCA's recent webinar on February 4, slides 16 and 18). And, we understand that HCA will not use a strict scoring process for evaluating projects and strategies. However, it is unclear how the various criteria will be weighed in assessing the relative merits of a particular project or strategy. Similarly, it is unclear how the criteria will be considered in deciding whether a particular strategy might be developed to embody the overarching aims of several related project applications. The transformation projects should be able to incorporate and work toward HCA's

stated transformation project aims (health systems capacity building, care delivery redesign, population health improvements), overall waiver goals, and Medicaid requirements, and it is not clear how these aims are turned into criteria and then applied to make decisions.

We understand that a contractor has been procured to assist the Authority with this process. However, it is not clear what role the contractor will be playing in providing this assistance, or at what stage in the winnowing process the contractor will make its recommendations. If proposals or portions of proposals are being ruled out by the contractor or by HCA, it is critical that the reasons for these decisions be explained with reference to the announced criteria. And, if additional or more specific criteria are used, there should be further opportunities for public comment. This would allow the chance for input in response to how a particular proposal might meet the additional criteria, which would be essential to giving it fair consideration.

We appreciate the efforts that HCA has made to solicit public input regarding transformation initiative proposals. We recommend similar recruitment of stakeholders into the process of refining a draft list of strategies. This would both provide crucial insights that only a broad spectrum of stakeholders can offer in the process and make sure that the project is transparent and accountable to the public, and particularly members of the consumer populations most likely to be impacted by this initiative's projects. We urge you to convene a stakeholder body, with consumer representation, to work with and advise HCA in making these choices. We further request that any instructions provided to the contractor, or additional criteria developed in the drafting process, be provided to stakeholders and that we be afforded the opportunity to consult with the contractor in the course of its carrying out its responsibilities in this stage of the process.

We also have the following more specific recommendations regarding priorities for projects and strategies to be adopted as part of the toolkit.

First, we support the approach of combining projects that are specific to certain regions, and broadening them to be potentially applicable in any region. While transformation projects should address regional needs, there is an inherent potential for inequalities to arise across the state. This is particularly true where project proposals are applicable only to a specific geographic area. For example, there are several specifically designed for King County, several for Spokane, and several specifically for Yakima. If a strategy is focused on a smaller geographic area, it will be important to consider the length of time it would take to scale the project statewide.

Similarly, there are several project ideas that target a specific disease, such as asthma, etc. These project ideas have definite promise as they will address some of the most urgent health care needs. Again, strategies offered in the toolkit should have the ability to be scaled to reach the identified populations statewide or at least in multiple regions. .

One way of improving overall population health is to prioritize strategies that address disparities and inequities in health coverage and outcomes. Although it may seem counterintuitive, focusing on areas and populations experiencing the greatest disparities often provides a most effective strategy for raising overall population health, as the greatest opportunities for health improvement often exist in communities suffering from the greatest health disparities. We urge

the Authority to prioritize this factor in assessing projects and strategies for inclusion in the draft menu. In particular, it is important to consider the specific health care needs of rural and smaller communities, vulnerable populations, and culturally sensitive care for language and ethnic minorities.

Additionally, the transformation projects provide an opportunity to more directly target improving health outcomes for the formerly incarcerated population. This is an area in which there is an opportunity for great improvement.

While some strategies will likely impact very specific populations, HCA should ensure that the project menu includes ideas that, when combined in a region, could potentially impact most or all Medicaid beneficiaries.

In its call for project ideas, HCA requested information about evidence- and research-based success for each project idea. We understand and don't object to eliminating strategies for which no explanation is given as to why they are thought likely to yield positive outcomes. However, we are concerned that prioritizing selection and funding for projects in this way will disadvantage and possibly result in an absence of strategies to address the needs of complex or atypical patients whose conditions have not been studied in depth. For example, people with a combination of physical and behavioral health conditions that are not amenable to the standard interventions, might be de-prioritized or remain underserved by transformation projects. Similarly, seniors, women and members of communities of color have often been excluded or included at frequencies below their representation in the general population in many clinical studies. HCA should be mindful of the potential for leaving out groups of patients who are not easily defined, especially in light of the fact that one of the goals is to improve healthcare for all Medicaid beneficiaries.

Similarly, the project menu should not just include ideas that have already shown success. The heart of the program is to bring about innovative changes to the health care delivery system and the manner in which we address population health. Clearly successful projects do not need a waiver that is designed to test out new practices and hypotheses for health care systems structure and service delivery.

It is exciting to see the number and variety of projects proposed. We hope that in the strategy menu, ACHs will be given the flexibility to combine projects that may have originally been proposed separately, but which have synergy and could be combined in ways to broaden and maximize effectiveness. The strategy descriptions should be broad enough to allow ACHs to design and combine projects to best meet the waiver goals. We suggest that accompanying the strategies, HCA issue a statement that projects not specifically identified as falling within a listed strategy can be proposed for incorporation in a strategy on the final menu.

Finally, there are several project ideas for supported housing or supported employment. Although we understand (and endorse) the Authority's plan to offer specific types of these services through Initiative 3 of the Medicaid Transformation Waiver, we encourage HCA to

incorporate supported housing and supported living into the project menu for Transformation (Initiative 1) projects as well when they meet the announced criteria.

Thank you very much for your consideration of our comments. We look forward to continuing to work with HCA and individual ACHs. If you have questions, please feel free to contact us.

Sincerely,

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