

## 2008 Fact Sheet: HRSA projects and initiatives

### PROVIDERONE

The most significant computer project over two decades, ProviderOne will replace the current Medicaid Management Information System later this year as the computer system that pays Medicaid providers, hospitals and nursing homes some \$70 million a week for services in communities around the state. Over the next three years, ProviderOne also will assume payer responsibilities for other health and social service programs, becoming the main provider payment system for the Department of Social and Health Services (DSHS).

### HEALTH-CARE NAVIGATORS

This year, the Health and Recovery Services Administration (HRSA) will launch a pilot project using patient navigators that will cross cultural and ethnic lines to help minority Medicaid clients use the health-care system more effectively. Navigators have been used elsewhere by hospitals and health plans to reduce health-care disparities and improve outcomes. This is believed to be the first Medicaid use of navigators.

### CHRONIC CARE MANAGEMENT

HRSA is building on its pioneering experience with integrated services and disease management to put together both statewide and local pilots that target more effective intervention and higher quality care for clients with chronic conditions. The chronic care management pilots use predictive modeling software to more effectively identify clients who can benefit from more intensive treatments and management of their conditions, slowing the erosion that can dramatically increase the cost of care.

### MEDICAID INTEGRATION

DSHS is in its third year of a Snohomish County pilot project that is integrating a handful of services through the coordination of a single managed care health plan. The project – the Washington Medicaid Integration Partnership (WMIP) – integrates medical care, mental health services, chemical dependency treatment and long-term care in a managed-care model. Although all of the services are Medicaid-funded, they have traditionally been administered through different sections and staff within DSHS.

### MEDICAL HOMES PILOT

HRSA is working with two other state health partners – the Health Care Authority and the Department of Health – to develop a collaborative model to encourage and expand the concept of medical homes in health care. Medical homes provide a variety of benefits and bring families together in a health-care setting that is based on experience with each family member's health-care history.

### PAY FOR PERFORMANCE

The 2007 Legislature mandated DSHS to work with other state agencies on a five-year plan to implement pay-for-performance changes that would enhance improved health care outcomes. A workgroup is meeting with external stakeholders in a process that includes good feedback from providers (Washington State Medical Association, hospitals and pediatricians), as well as local health departments and the advocacy community.

### CHILDREN'S MENTAL HEALTH COVERAGE

The Children's Division and HRSA are lead players in implementing landmark legislation that set out a series of state goals in improving health care for children, especially in the area of mental health. The law integrates the Medicaid pharmacy benefits, sets higher quality standards, and will improve foster care.

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## PREFERRED DRUG LIST

In January 2004, Washington's Medicaid program joined with the state's Health Care Authority and Department of Labor and Industry to pioneer the concept of a preferred drug list, a concept that now is shared by a half dozen state agencies involved in health care. A state Pharmacy and Therapeutic Committee today administers a state preferred drug list, steering prescribers and clients in the direction of safe, effective medication that can also help control pharmaceutical costs. State Medical Directors have formed their own working group, which in 2007 devised opioid dosing guidelines to help primary care providers avoid overuse and abuse of narcotics in the administration of pain treatments.

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## HEALTH TECHNOLOGY ASSESSMENT PROGRAM

In January 2007, Washington's Medicaid program joined with other state agencies to pioneer Washington's Health Technology Assessment (HTA) program. The primary goals of HTA are to make: health care safer by relying on scientific evidence and a committee of practicing clinicians; coverage decisions of state agencies more consistent; state purchased health care more cost effective; and, the coverage decision process more open and inclusive by sharing information, holding public meetings, and publishing decision criteria and outcomes.

## ANTI-PSYCHOTICS AND NARCOTICS

HRSA's Chief Medical Officer has initiated several projects aimed at reducing dependence on narcotics and exploring ways to avoid unnecessary use of psychiatric drugs, especially in children. A project to share clients' prescription histories with providers cut deeply into the practice of "doctor shopping," and in just three months the number of narcotic prescriptions and narcotic costs for the 320 clients in the group declined by 25 percent. Today, the program continues to reduce medical expenses and emergency room use, supporting local providers with much needed information to guide care. Both of these initiatives benefited from the strong involvement by the provider community. These efforts also helped rebuild the Patients Requiring Coordination (PRC) program, which limits over-utilizing clients to a single provider, pharmacy and hospital (for non-emergent care). The office computerized its screening for faster responses and placement of clients, changes that allowed PRC to increase its caseload from about 200 clients to more than 2,000 participants.

## INTEGRATION OF MENTAL HEALTH, MEDICAL AND CHEMICAL DEPENDENCY

HRSA's 2005 reorganization by Secretary Arnold-Williams was a springboard to integrating three major Medicaid programs that operated in the past as separate silos. Today, programs like the Washington Medicaid Integration Partnership are common features of HRSA. A project to put better prescription information in the hands of physicians led to a Web-centered "tool box" that helps practitioners recognize the co-occurring disorders that often accompany medical problems. The information includes tip sheets and hard information about responding to these additional needs. In addition, the Division of Alcohol and Substance Abuse used federal funding to put drug counselors in emergency rooms around the state, helping identify substance and alcohol abuse linked to trauma cases and referring them for treatment.

## MEDICAL SUPPLIES COST CONTAINMENT

Better data analysis and faster response led to major improvements in the area of Durable Medical Equipment (DME), which had defied earlier attempts to tame a suppliers' market. The key proved to be cracking down on provider verification of patients' needs. A review of oral nutrition cases showed that 80 percent of the nutrition claims were not supported by medically necessary diagnoses. In short, Enteral nutrition ("meals in a can") had become a convenience item rather than a medically necessary service. Working with the community (providers, suppliers and manufacturers), Washington Medicaid established an evidence-based care guideline that has reduced utilization and expenses in this and other areas of DME without diminishing care.

## INTERPRETER/TRANSPORTATION BROKERS

Washington State's Medicaid program provides transportation to and from providers for clients who need that service, and we are one of a handful of states who help providers arrange interpreter services. Both areas were cost problems in the past but the regional broker system devised by HRSA has dramatically controlled expenditures since its adoption.