



Washington State Health Care Innovation A Five-Year Plan

*Eastern Washington Tribal
Discussion*

October 28, 2013

Introductions



- **Karen Merrikin**, Contracted Project Director, State Healthcare Innovation Planning
- **Available by teleconference:**
 - Karol Dixon - HCA Tribal Program Manager
 - HCA/DSHS Health Care Policy staff

Today's Objectives →

- Review State Health Care Innovation planning aims and *proposed* innovations
- Hear about Tribal health systems improvement planning
- Share ideas on opportunities for SHCIP connections; alignment; refinements
- Confirm next steps

SHCIP Background



Context:

- Planning grant; not a testing grant
- Possible second-round of Testing Grants in 2014
- CMMI core goals:
 - multi-payer delivery system and payment redesign to reach 80% of all Washingtonians in 5 years
 - 3 year return-on-investment from broad but targeted strategies

Timeline - CMMI Extended Planning Grant:

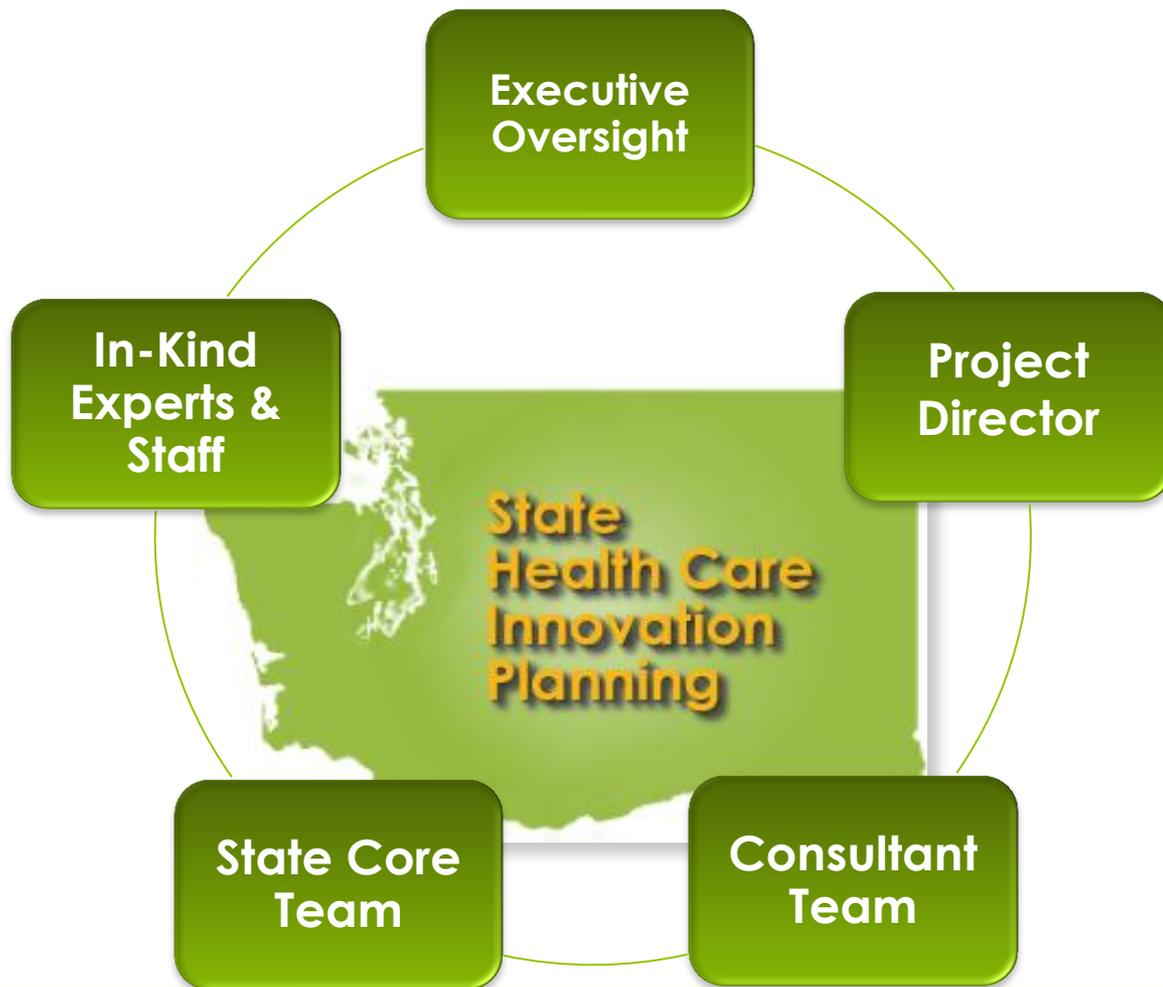
- Draft Plan available October 31
- Feedback on Draft Plan through mid-November
- Revised plan due to CMMI by December 31

Aims for Transformation →



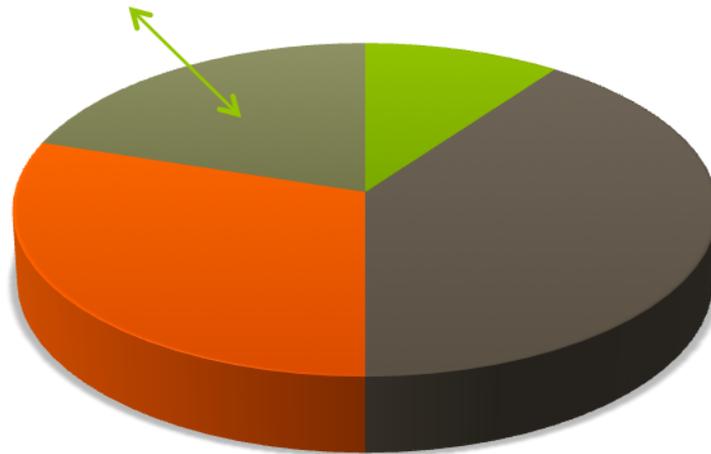
- Healthy people and communities
- Better care
- Affordable care

730 Members of the SHCIP Feedback Network



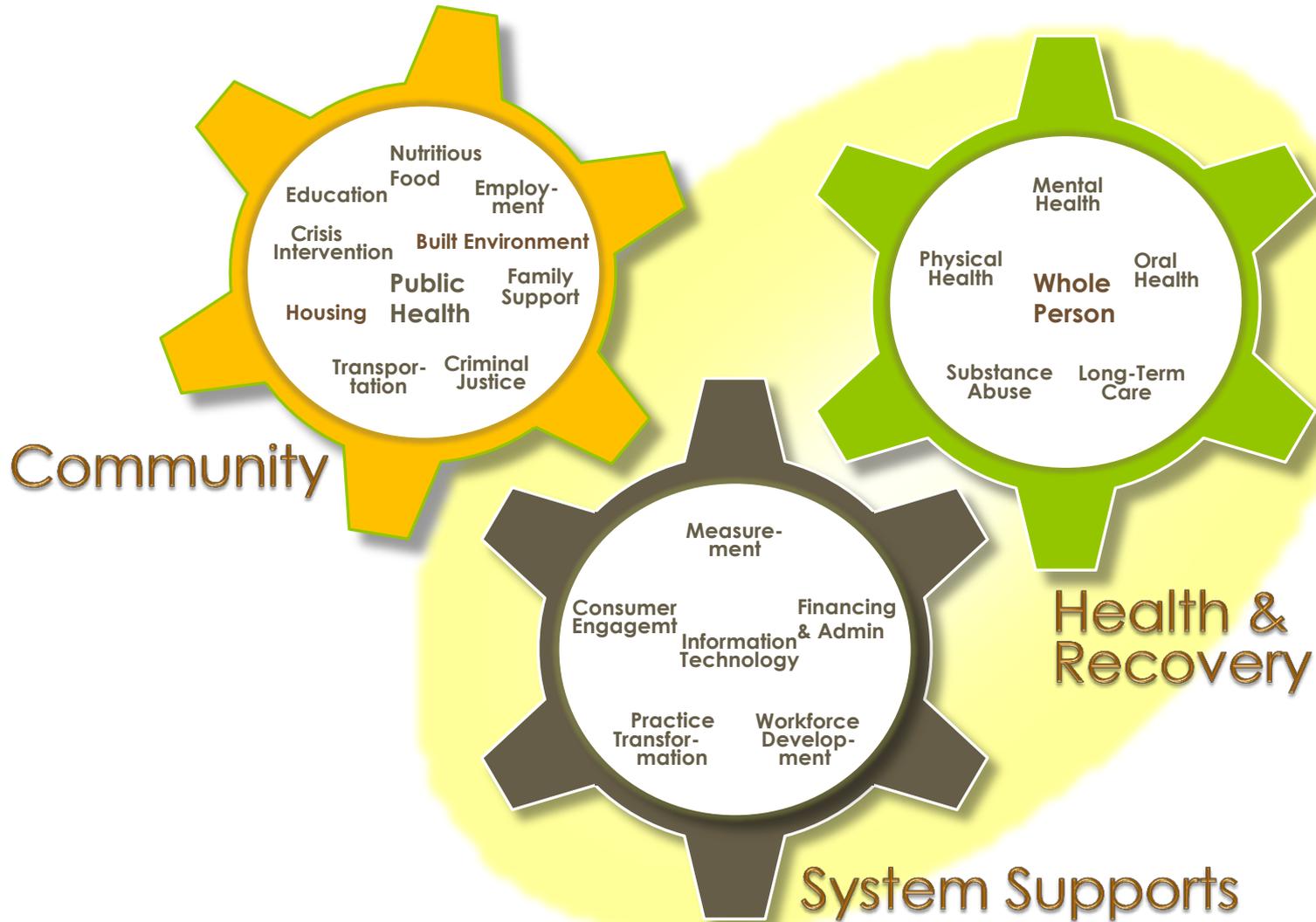
The Washington Way: Focus on Health

Health Care – 20% of what matters for healthier people



- Physical Environment
- Socioeconomic
- Health Behaviors
- Medical Care

The Big Picture



The Washington Way: Getting the Cogs to Move in Alignment



Coordinate and integrate the delivery system with community services, social services and public health

- Define 7-9 regional service areas
- Medicaid procurement moves to these 7-9 regions
- Accountable Community of Health organization within each region
- Better cross sector alignment on statewide priorities
- Local solutions thrive
- Regional Extension Center “spoke” within each region
- Key state community service supports better aligned with regions over time
- Transformation trust fund supports innovation

Guiding principles

- Care is patient centered, equitable, based on evidence*, with a heavy focus on prevention
- Payments are based on quality outcomes and value, not volume
- A core measure set is used by all payers and purchasers across the community
- Delivery system and payer performance is measured, and results are transparent and available to employers/purchasers and consumers
- A person's care is seamless and integrated with community resources, social services and public health
- Workforce is effectively trained and efficiently meets demand
- Consumers are engaged in their health and the health of the community
- Health disparities systematically addressed and health equity promoted

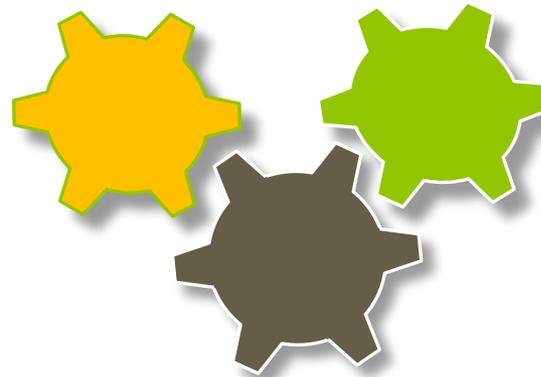
Healthy Communities

Today:

Health and wellness efforts are not coordinated or integrated, although many communities are taking action as first movers.

Vision: Across the state -

Bring organizations together with common goals for improved health at the local level, and capacity to address local priorities



Accountable Communities of Health →

- **DEFINITION:** Locally governed, public-private partnership organizations bringing together and supporting communities, sectors, and systems—including health and social service providers, risk-bearing entities, counties, public health and tribes. ACHs link, align and act on achieving community health improvement goals and encourage cross-sector resource sharing.
- Philosophy and structure recognize the value of collective action and shared responsibility to achieve health
- These are NOT the same as Oregon's CCOS!!!

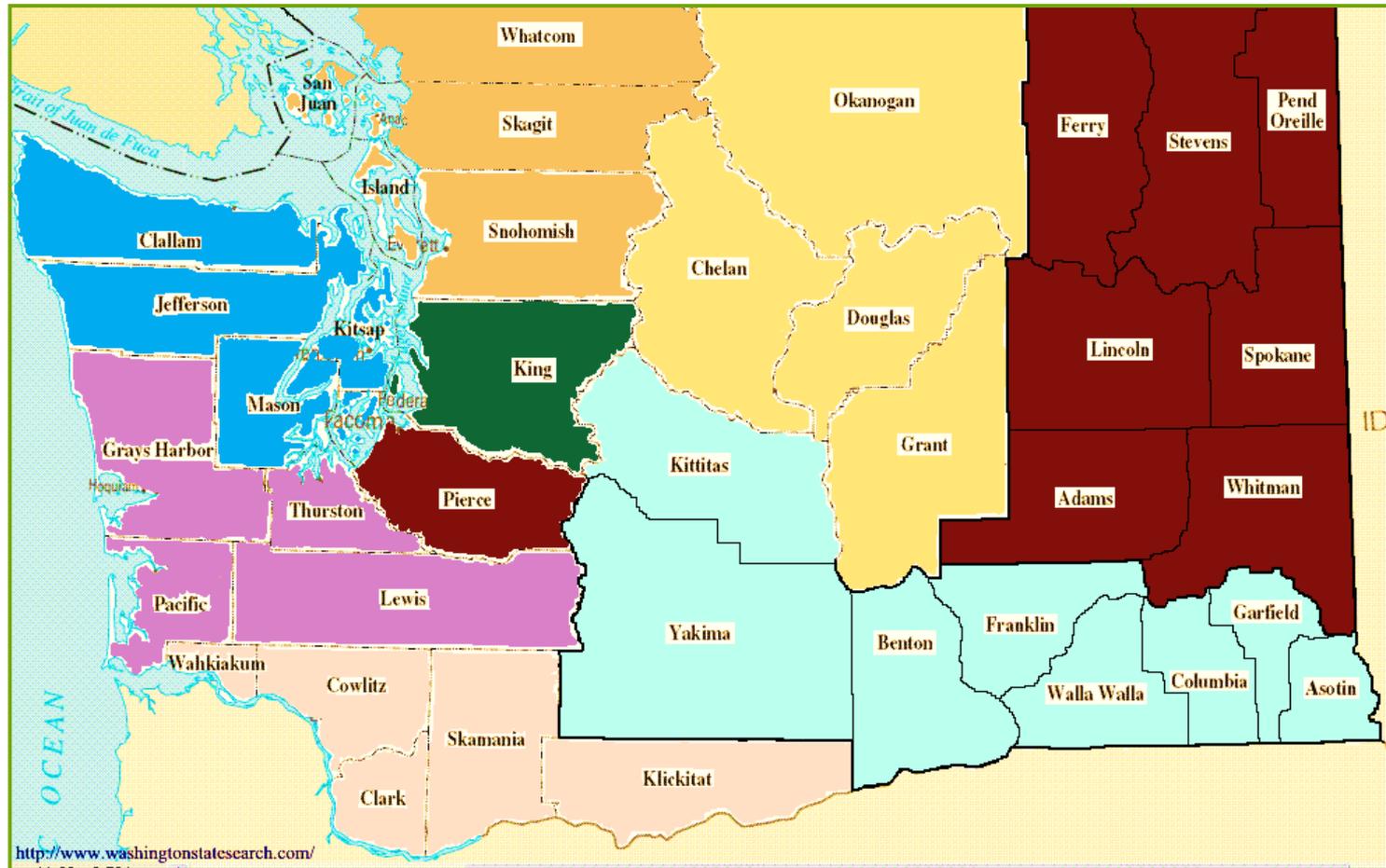
Accountable Communities of Health

Washington's ACH accountabilities

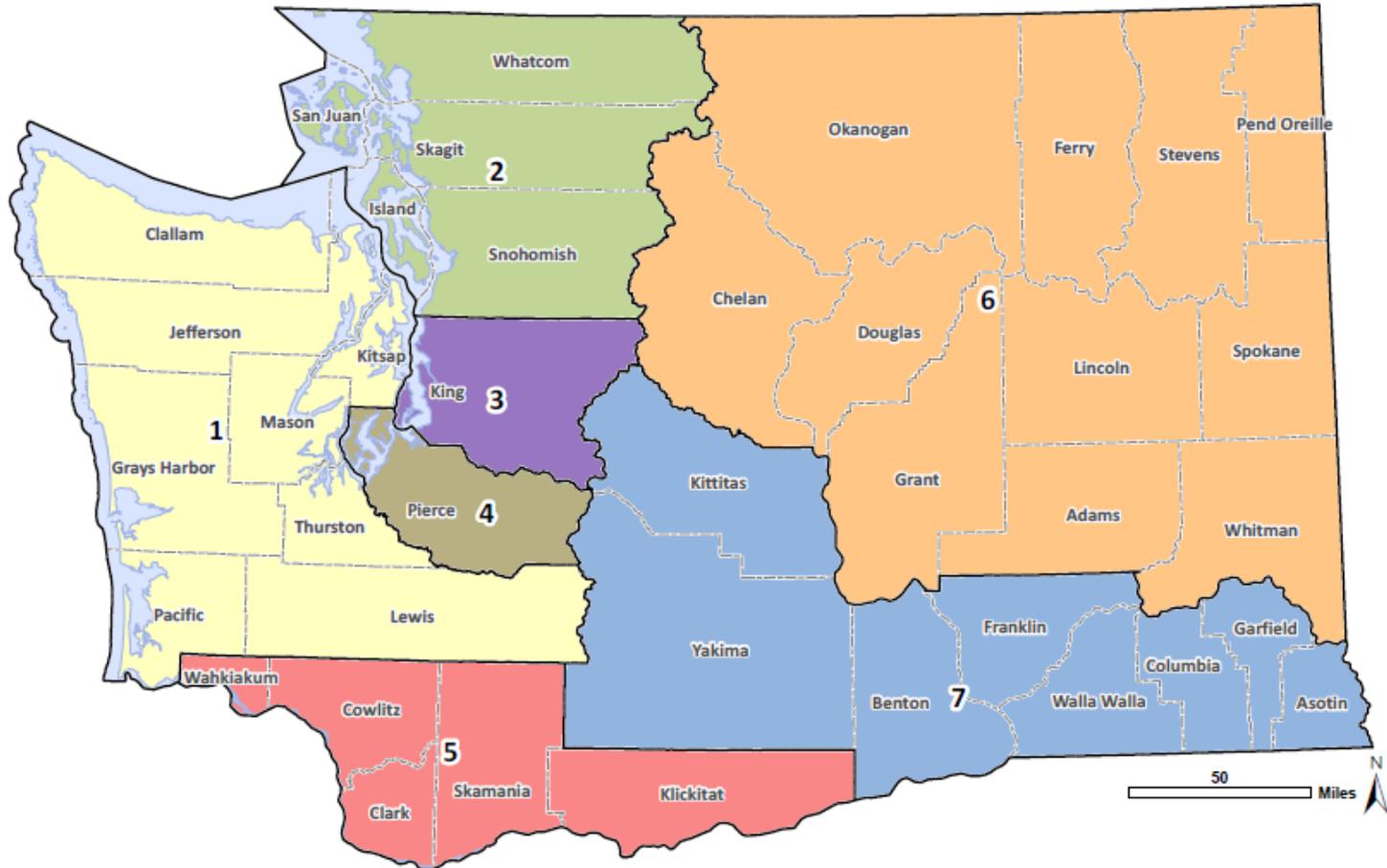
- Develop a region wide health needs assessment, set common agenda
- Act as the facilitator of learning and continuous quality improvement
- Fund manager and broker for aligned community initiatives
- “Home” for shared services

Structure, governance and development of ACH model – still many opportunities to shape, public health a key partner

Regional Service Areas (9 region option)



Regional Service Areas (7 region option)



Health Home Network Coverage Areas



Sources: Health Home Network Coverage Areas: Health Care Authority, DSHS Aging and Disability Services Administration. Counties: 2010 TIGER/Line shapefile.

Your Thoughts? →

Opportunities, comments, thoughts on:

- Accountable Communities of Health – is there a role for a “Tribal ACH?”
- Alignment of *sample* regional service maps with Tribal boundaries

The Washington Way:

Change how care is delivered and connected to communities by:

- Aligning financial incentives
- Using common measures and driving transparency
- Enabling practice transformation
- Strengthening our health information infrastructure
- Modernizing our workforce
- Providing people with access to tools and resources for health and wellness
- Creating greater local accountability

The Washington Way: The Innovation Plan – Health and Recovery

Achieve greater accountability for improved health outcomes and total cost of care

- Foster strong and efficient primary care
- Support effective care management and care transitions
- Move care to less costly settings and methods
- Reduce unwarranted variation and waste
- Better integrate physical and behavioral health care and social supports
- Support evidence based practice and effective use of technology
- Emphasize prevention and effective management of chronic illness

The Washington Way: The Innovation Plan – System Supports

Enhance data and information infrastructure

- Build out of all payer claims database
- Common statewide performance measures, sensitive to rural/urban and populations served
- Expanded health information exchange & shared care planning capabilities
- Elimination or reduction of payment/administrative silos
- Innovations in “geomapping” and “hotspotting” to enable community focus on health inequities; target strategies and tactics; and measure progress over time

The Washington Way: The Innovation Plan – System Supports

Primary Health Regional Extension System

- Hub – convener, coordinator, clearinghouse
- Spokes within regions – local support for practice transformation and community priorities

Workforce Development & Support

- Primary care loan repayment
- Career ladder support
- Community health workers, peer supports
- Telehealth services

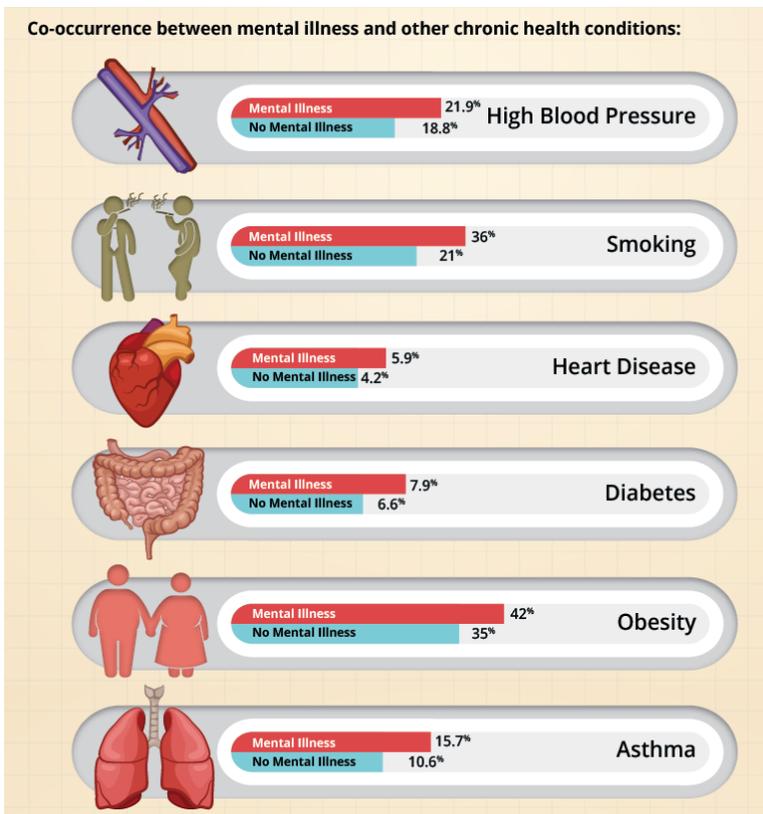
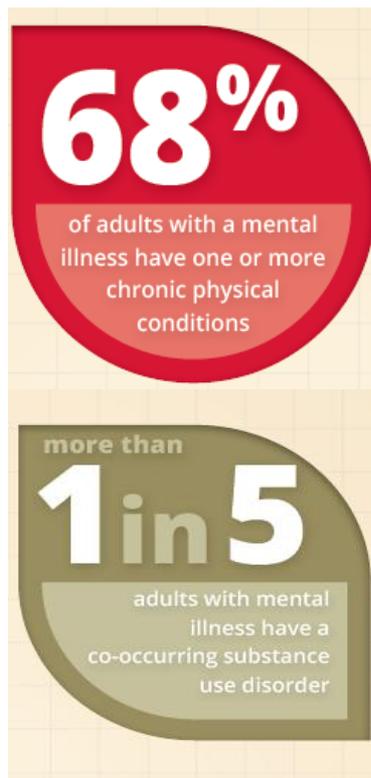
The Washington Way: The Innovation Plan – System Supports

Individuals and Families Activation and Engagement

- Community Health Workers – health education, connectors to clinical and community resources
- Tools and resources to help individuals make informed, shared decisions about care with providers
- Robust wellness programs as part of benefits and linked to community resources

The Washington Way:

Bringing it all together: Physical and Behavioral Health Solutions



http://www.integration.samhsa.gov/about-us/Integration_Infographic_8.5x30_final.pdf

The Washington Way:

Bringing it all together: Physical and Behavioral Health Solutions

Integrated Physical and Behavioral Health Care:

A practice team of primary care and behavioral health clinicians working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care (*AHRQ lexicon definition*)

The Washington Way:

Bringing it all together: Physical and Behavioral Health Solutions

“The evidence for integrated mental health care is now so extensive that researchers and policy makers urge that efforts be shifted from studying the approach to helping healthcare organizations implement it.”

- University of Washington AIMs Center

We agree

The Washington Way:

Bringing it all together: Physical and Behavioral Health Solutions

1. Strengthen Washington's ACH infrastructure to support integration and upstream prevention
2. Spread and sustain effective models of integrated physical and behavioral health care
 - Practice transformation support and resources
 - Workforce capacity and flexibility
 - Shared clinical information
 - Outcome based payments to providers
 - Streamlined/coordinated assessment tools
3. Restructure Medicaid purchasing to better support integrated physical /behavioral health care & support services

Your Thoughts?



Opportunities, comments, guidance on:

- **Tribal centric behavioral health planning** – where could SHCIP leverage workgroup recommendations? Or vice versa?
- **Exemplary models of integrated care delivery and community supports in I/T/U clinics** – which programs could be replicated, reinforced, expanded to spread best practices? How do they fit in the SHCIP?
- **Suggestions** for thinking about unique characteristics of 29 Tribes? Are there refinements to the SHCIP needed to specifically address AI/AN people?

Next Steps →

Draft Plan will be available October 31:

http://www.hca.wa.gov/shcip/Pages/resources_and_documents.aspx

Continue to contribute:

- Stay informed via the SHCIP website:
<http://www.hca.wa.gov/shcip/Pages/default.aspx>
- Share your thoughts by emailing the SHCIP Help Desk: simquestions@hca.wa.gov
- Share your thoughts during monthly HCA Tribal Affairs meetings