

King County ACH Project Planning Discussion

UPDATE AS OF APRIL 18, 2017

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Outcomes for this discussion

1. GB is up to date on project planning & key information from HCA
2. GB agrees on high-level guidance to the community regarding project planning
3. GB takes steps to form a Demonstration Project Committee

Refresher: Transformation Projects



REQUIRED CAPACITY BUILDING

- Regional Health Needs Inventory
- Value-based purchasing task force
- Workforce development task force

REQUIRED PROJECTS

- Physical/ behavioral health integration
- Opioid use as a public health crisis

OPTIONAL PROJECTS

(must choose one from each category)

Care Delivery Redesign

- Care Coordination
- Transitional Care
- Diversion Interventions

Prevention and Health Promotion

- Chronic Disease Prevention/Control
- Maternal and Child Health
- Oral Health Services

Update: Community Learning Sessions

Project	Conveners	Meeting Status	Support Staff
REQUIRED			
Physical & Behavioral Health Integration	PBHI Design Committee	2/21 meeting 5/8 10-12pm	Liz Arjun
Opioid Us as a Public Health Crisis	Heroin and Prescription Opiate Addition Task Force	2/27 meeting, follow-up TBD	Steve Gustaveson
OPTIONAL			
Care Coordination	Foundation for Healthy Generations	4/19 meetings – am & pm	Kirsten Wysen
Transitional Care	Aging and Disability Services Navos Consortium	3/23 meeting	Mary Pat O’Leary
Diversion Interventions	Familiar Faces Steering Committee	5/5 10am – Noon, location TBD	Ingrid McDonald
Chronic Disease Management & Prevention	Center for Multi-Cultural Health, Seattle Children’s Hospital	4/3 meetings am & pm	Mariel Mehdipour Torres
Reproductive, Maternal & Child Health	Best Starts for Kids Stakeholders	TBD	Jen DeYoung
Oral Health	WA State Dental Foundation	3/8 meeting	Glenn Pucket

Reminder: Fund Flow



Funds flow from
Federal Government
to State Government

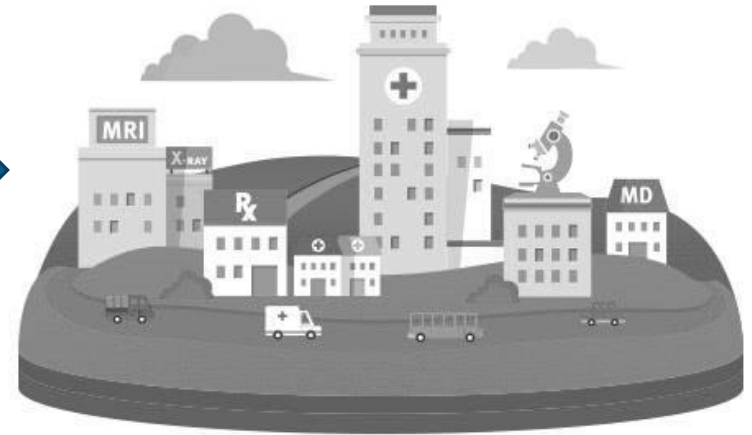
up to \$1.1 billion



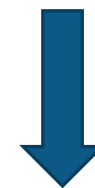
To a fiscal
intermediary



ACH determines if
project milestones
have been met

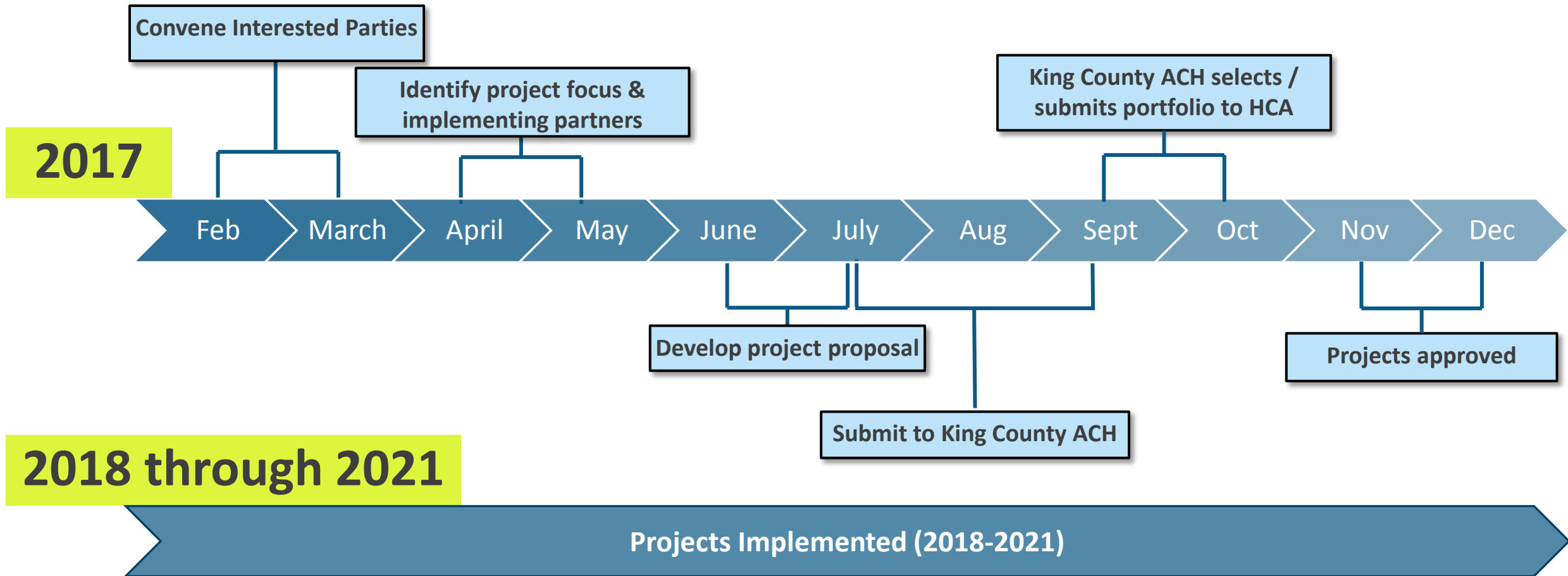


Project partners earn incentive
payments



Pay for planning
Pay for reporting
Pay for outcomes

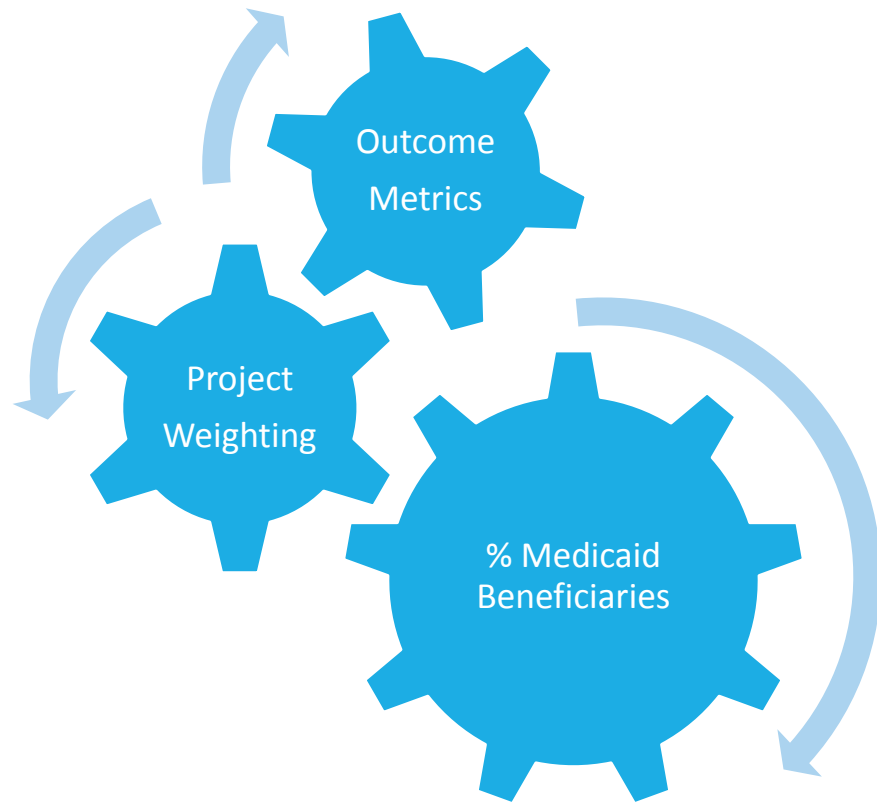
Reminder: Process and Time-line for Projects



Current Message to Community: Projects Check List

- ✓ Projects must be consistent with the objectives, evidence based approaches & metrics outlined in the Tool Kit.
- ✓ Projects must reflect need (RHNI), address relevant workforce challenges & support / accelerate value based purchasing.
- ✓ Projects may not duplicate existing programs, must be feasible with funds available and in alignment with strategic goals of the demonstration.
- ✓ Projects must impact a significant number of Medicaid lives and result in region-wide impact on prescribed outcome measures. (Think large cross-sector collaborations vs. 1,000 points of light).

Mechanics of Project Funding



Key Take Aways:

Funding is performance-based

*Projects need to move the dial **county-wide** on specific outcome metrics*

Regional impacts must contribute to statewide progress on key accountability metrics

When it comes to earning power, all projects are not equal

King County has the highest earning potential of any region in the state

Project Incentive Payments

Project implementing partners will earn *incentive payments* for progress milestones and improvement towards performance metrics targets.

Example 1: Bi-Directional Integration of Physical & Behavioral Health:

- Antidepressant medication management
- Mental health treatment penetration
- Follow-up after hospitalization for mental illness
- Child & adolescents' access to primary care providers
- Etc.

Example 2: Addressing the Opioid Use Public Health Crisis:

- New opioid users that become chronic users
- Non-fatal overdose involving prescription opioids
- Medication-Assisted Therapy with Buprenorphine
- Medication-Assisted Therapy with Methadone
- Etc.

Implementing partners earn a percent of incentive payment based on their contribution to the milestone and will be held accountable.

Statewide Accountability Metrics

1. Mental Health Treatment Penetration
2. Substance Use Disorder Treatment Penetration
3. Psychiatric Hospital Readmission Rate
4. Outpatient Emergency Department Visits per 1000 Member Months
5. Plan All-Cause Readmission Rate (30 days)
6. Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
7. Antidepressant Medication Management
8. Medication Management for People with Asthma (5 – 64 Years)
9. Controlling High Blood Pressure
10. Comprehensive Diabetes Care - Blood Pressure Control
11. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control

Transformation Project Weighting

- 32% Bi-Directional Integration of Care & Primary Care Transformation
- 22% Community-Based Care Coordination
- 13% Transitional Care
- 13% Diversion Interventions
- 8% Chronic Disease Prevention and Control
- 5% Maternal and Child Health
- 4% Addressing the Opioid Use Public Health Crisis
- 3% Access to Oral Health Services

Projected Earning Power by Project Area

The “up to” amount of funding earnable for each project area equals:

Total statewide ACH project funds

x

Project weight

x

Total attributed Medicaid beneficiaries in ACH region

Actual Project Valuation

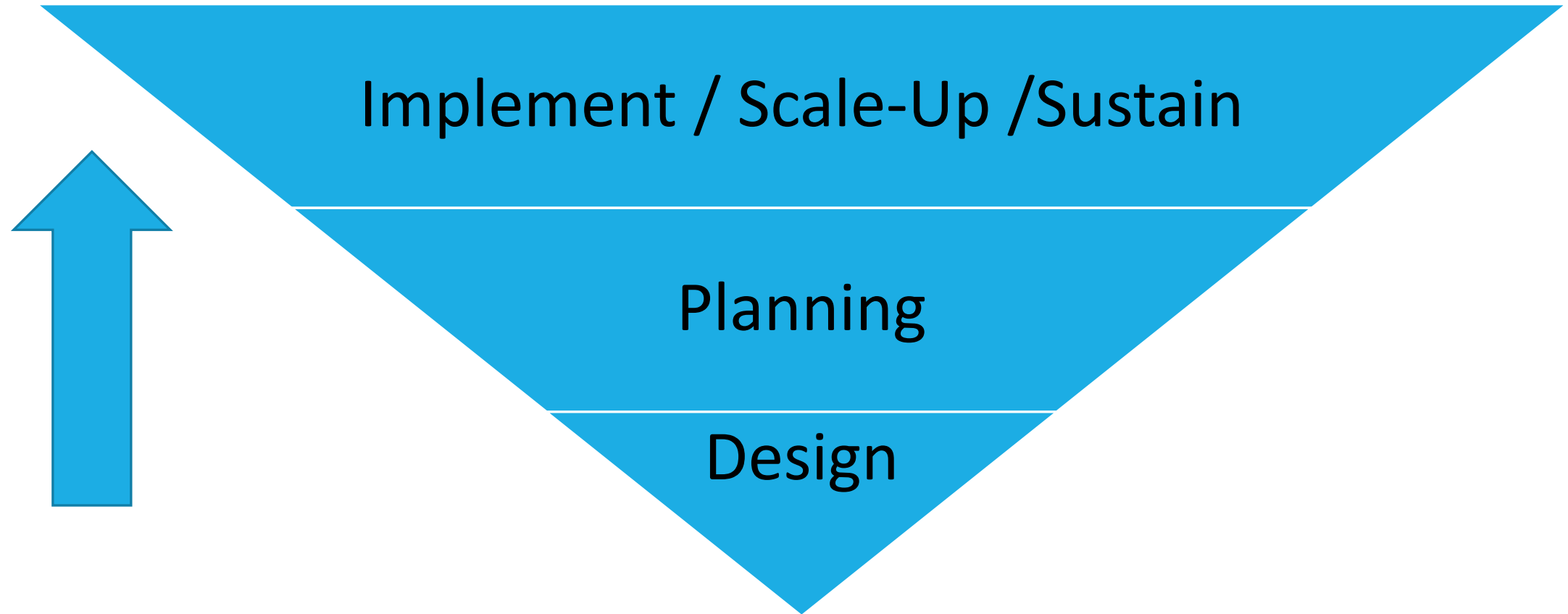
The actual earned incentive payments will reflect:

$$\begin{aligned} & \textit{Total statewide ACH project funds} \\ & \quad \times \\ & \quad \textit{Project weight} \\ & \quad \times \\ & \textit{Total attributed Medicaid beneficiaries in ACH region} \\ & \quad \times \\ & \quad \textit{Project Plan Score} \end{aligned}$$

Project Planning

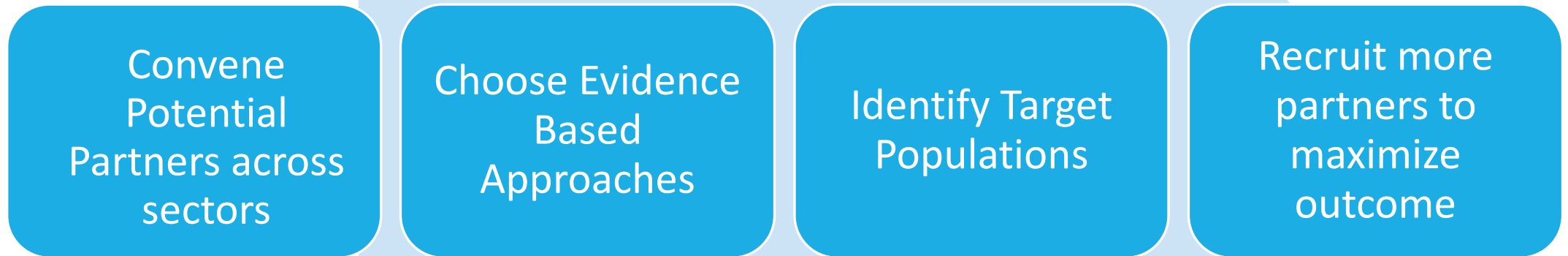
- ✓ How can organizations get involved in projects?
- ✓ What are the key steps to move project planning forward?
- ✓ What steps can we take now / what support is available?
- ✓ What additional support / information will become available in the future?

Levels of Engagement



Project Design – Way Forward

Guided by Project Toolkit...



Foundation: Regional Health Needs Inventory

Work Flow for Project Design

ACTIONABLE NOW

- Support staff reconvene interested parties
- Potential partners decide on whether to jointly pursue project plan
- Small design team develops project approach
- Design team solicits feedback from broader group of interested parties
- Community engagement further informs project approach

COMING SOON

- Project plan template from Health Care Authority
- Project selection criteria from KC ACH GB
- ACH Staff Capacity to support drafting of project plans
- Technical assistance from consultants with Medicaid waiver / DSRIP expertise

Governing Board – Action Steps for Today

1. Agree on interim guidance to community on project planning
2. Form the Demonstration Project Committee

Recommendation:

Project Planning Guidance to Community

- Projects must be large, **cross-sector, system-wide** improvements that are in alignment with evidence based approaches outlined in the Tool Kit
- Projects must reach a significant number of Medicaid beneficiaries necessary to move the dial on specified outcome metrics county-wide
- **KC ACH will approve one project per project area (could be an umbrella approach): work together vs. competing with one another**
- KC ACH may choose not to pursue projects in all eight project areas
- KC ACH will consider how projects interact and complement one another

The Demonstration Project Committee

Purpose

- Develop KC ACH selection strategy
- Develop process for reviewing project plans
- Recommend portfolio of projects

Participants – GB Members or their nominees who:

- Understand values of the KC ACH
- Understand transformation within healthcare system
- Understand healthcare financing & delivery

King County Accountable Community of Health
Regional Health Needs Inventory (RHNI) update
April 17, 2017

This fall, the ACH will be required to submit a project plan template which must include:

Reginal Needs Health Inventory: Description of how the ACH used available data to identify target populations and ensure that project selection responds to community-specific needs, aims to reduce health disparities, and furthers the objectives of the demonstration.

The Regional Health Needs Inventory (RHNI) is the collection (“inventory”) of available data that informs the project selections. We will not be producing a comprehensive report of all available data, as data become rapidly outdated.

As originally conceived, the RHNI consists of: 1) demographic and health data of the general and Medicaid populations; and 2) description of provider capacity (including community services and social supports).

Under the Featured Resources and Tools link of the King County ACH website, is a link to “**explore health data in King County**” which provides links to currently available data.

(<http://www.kingcounty.gov/elected/executive/health-human-services-transformation/ach/resources.aspx>) Notable resources include:

- **Medicaid Transformation Demonstration Toolkit Measures:** An interactive website to help ACH stakeholders quickly identify which performance measures are attached to which demonstration project areas.
- **Healthier Washington Data Dashboard:** Charts and maps by ACH region, county and other geographies on demographics and health characteristics for the Medicaid and overall populations.
- **Health profile of overall population by ACH region:** Charts and maps by ACH region and county on demographic and health characteristics of the overall population.
- **Health profile of joint DSHS/HCA clients by ACH region:** Charts and maps by ACH region on demographics, behavioral health risk factors, disease and disability diagnoses and filled prescription rates among clients served jointly by the WA State Department of Social and Health Services and the WA State Health Care Authority.

These resources, and the many others provided, provide much of the data for justifying project selection.

Like most other ACH regions, what we lack most is data on provider capacity. The King County ACH Performance Measurement workgroup (PMW) is exploring potential strategies and partnerships within and external to King County to collect this data. The PMW invites all interested parties to join in this discussion.

Explore Health Data in King County (as of April 17, 2017)

<http://www.kingcounty.gov/elected/executive/health-human-services-transformation/ach/resources.aspx>

Best Starts for Kids Dashboard	Charts and maps for indicators relevant to King County's Best Starts for Kids initiative	King County	Overall population	Yes	Link
Communities Count: Social & Health Indicators Across King County	Charts, maps and thorough interpretation for >90 indicators across 9 health and social topics in King County. Focus on identifying and explaining health and social disparities.	King County	Overall population	Yes	Link
Community Checkup, WA Health Alliance	Data by ACH region, county, health plan (Commercial, Medicaid plan), medical groups and clinics, and hospitals on the quality of health care in Washington State.	WA State	Commercial and Medicaid insured individuals	Yes	Link
Cross-system outcome measures for adult Medicaid clients	Data by ACH region on 11 cross-system outcome measures (5732-1519) developed for contracts between DSHS/HCA and Area Agencies on Aging, Behavioral Health Organizations and Managed Care Organizations.	WA State	Adult Medicaid clients aged 18-64	No	Link
Health care and community-based service systems by ACH region	Charts and maps by ACH region and county on the capacity of health care providers and community service organizations. Supports the Regional Health Needs Inventory for all ACH regions.	WA State	Health care workforce	No	Link
Health profile of joint DSHS/HCA clients by ACH region	Charts and maps by ACH region on demographics, behavioral health risk factors, disease and disability	WA State	Joint clients of DSHS/HCA	No	Link

	diagnoses and filled prescription rates among clients served jointly by the WA State Department of Social and Health Services and the WA State Health Care Authority.				
Health profile of overall population by ACH region	Charts and maps by ACH region and county on demographic and health characteristics of the overall population. Supports the Regional Health Needs Inventory for all ACH regions.	WA State	Overall population	No	Link
Healthier Washington Data Dashboard	Charts and maps by ACH region, county and other geographies on demographics and health characteristics for the Medicaid and overall populations. Supports the Regional Health Needs Inventory for all ACH regions.	WA State	Overall population and Medicaid insured individuals	No	Link
King County City Health Profiles	Tables, charts and maps on demographics and health for 26 King County cities.	King County	Overall population	Yes	Link
King County Community Health Indicators	Tables, charts and maps for 168 health and determinants of health indicators for the King County population.	King County	Overall population	No	Link
King County Community Health Needs Assessment	A report produced every 3 years that provides King County data on social determinants of health, life expectancy and leading causes of death, chronic illness, access to care, behavioral health, maternal and child health, risk factors, and violence and injury prevention.	King County	Overall population	Yes	Link
King County School District Health Profiles	Tables and charts for physical and mental health indicators for 7 King County school	King County	Overall student population	Yes	Link

districts.

Medicaid Transformation Demonstration Toolkit Measures	An interactive website to help ACH stakeholders quickly identify which performance measures are attached to which demonstration project areas.	WA State	Medicaid population	No	Link
Washington State Health Workforce Sentinel Network	Tables, charts, and maps by ACH region on changes in needed health workforce skills, roles and demand reported by sentinel health care facilities.	WA State	Health care workforce	No	Link
Washington State MONAHRO	Tables, graphs and maps on hospital inpatient care utilization, hospital quality, potentially avoidable hospitalizations, nursing home quality, and a directory of practicing physicians.	WA State	Overall population	No	Link
Washington Tracking Network	Maps and tables for environmental health hazards, population characteristics, and health outcomes. Data available by state, county, and census tract.	WA State	Overall population	Yes	Link