Regional Health Needs Inventory June 2017 Update

King County ACH Governing Board

King County

Public Health – Seattle & King County

Department of Community & Human Services

To discuss today

1 The King County ACH Performance Measurement Work Group
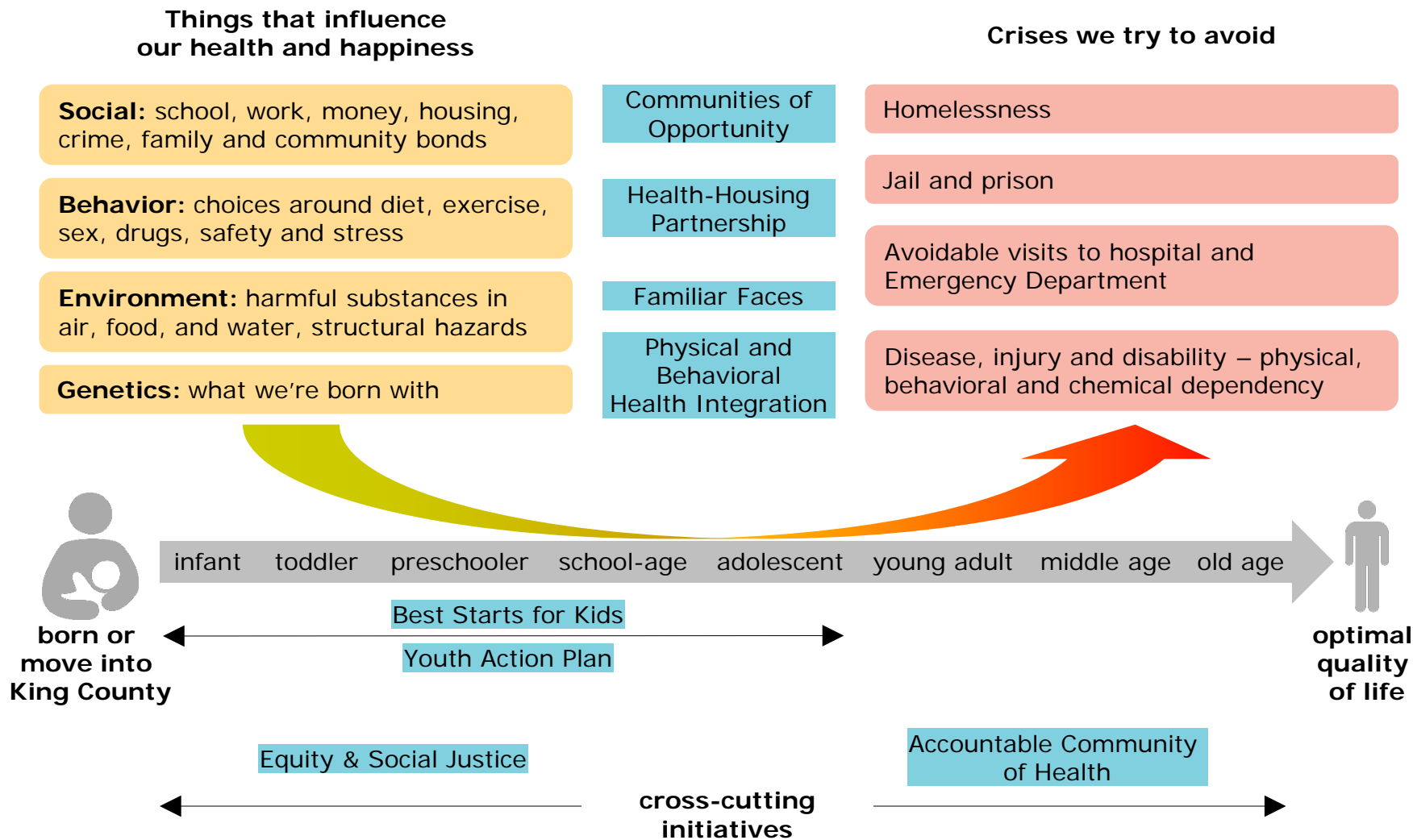
2 King County Medicaid population

3 Data and analytics: Strengths and opportunities

4 The path forward

History of the Performance Measurement Work Group

In King County, many initiatives work across sectors to improve health and well-being throughout the life course

Things that influence our health and happiness

Crises we try to avoid

Social: school, work, money, housing, crime, family and community bonds

Behavior: choices around diet, exercise, sex, drugs, safety and stress

Environment: harmful substances in air, food, and water, structural hazards

Genetics: what we're born with

Communities of Opportunity

Health-Housing Partnership

Familiar Faces

Physical and Behavioral Health Integration

Homelessness

Jail and prison

Avoidable visits to hospital and Emergency Department

Disease, injury and disability – physical, behavioral and chemical dependency

infant   toddler   preschooler   school-age   adolescent   young adult   middle age   old age

born or move into King County

optimal quality of life

Best Starts for Kids

Youth Action Plan

Equity & Social Justice

cross-cutting initiatives

Accountable Community of Health

Data fragmentation limits our collective ability to improve health & well-being

data fragmentation

Agency A   **Agency B**

Agency C   **Agency D**
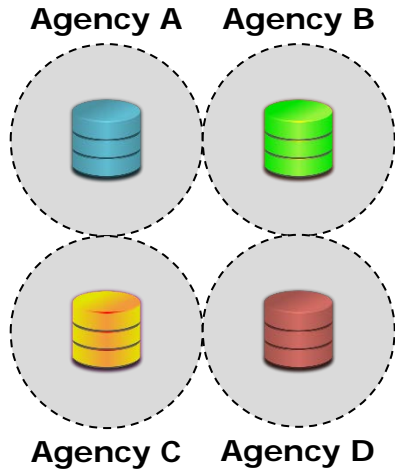
data systems are program specific and largely do not talk with each other

impact on health & human services providers

impact on analysts

Providers struggle to:
- Provide whole person care
- Avoid care gaps and overlaps
- Alert other providers to significant events
- See impact of social determinants of health
- Understand full context of health

Analysts struggle to:
- Provide actionable and timely information
- Accurately identify disparities
- Measure meaningful progress
- Avoid duplication of work

Performance Measurement Work Group – Data to action

History

Established in June 2015 to meet data, information and evaluation needs of King County ACH

Value statement

- Providing the right people the right information at the right time can promote evidence-based decision making for health policy and programs

- By making available a current, fuller picture of health and well-being at the individual and community level, decision makers will be better able to both gauge and make progress towards our collective goals

Short-term goals

Improved data sharing

Improved data linkage

Improved data dissemination
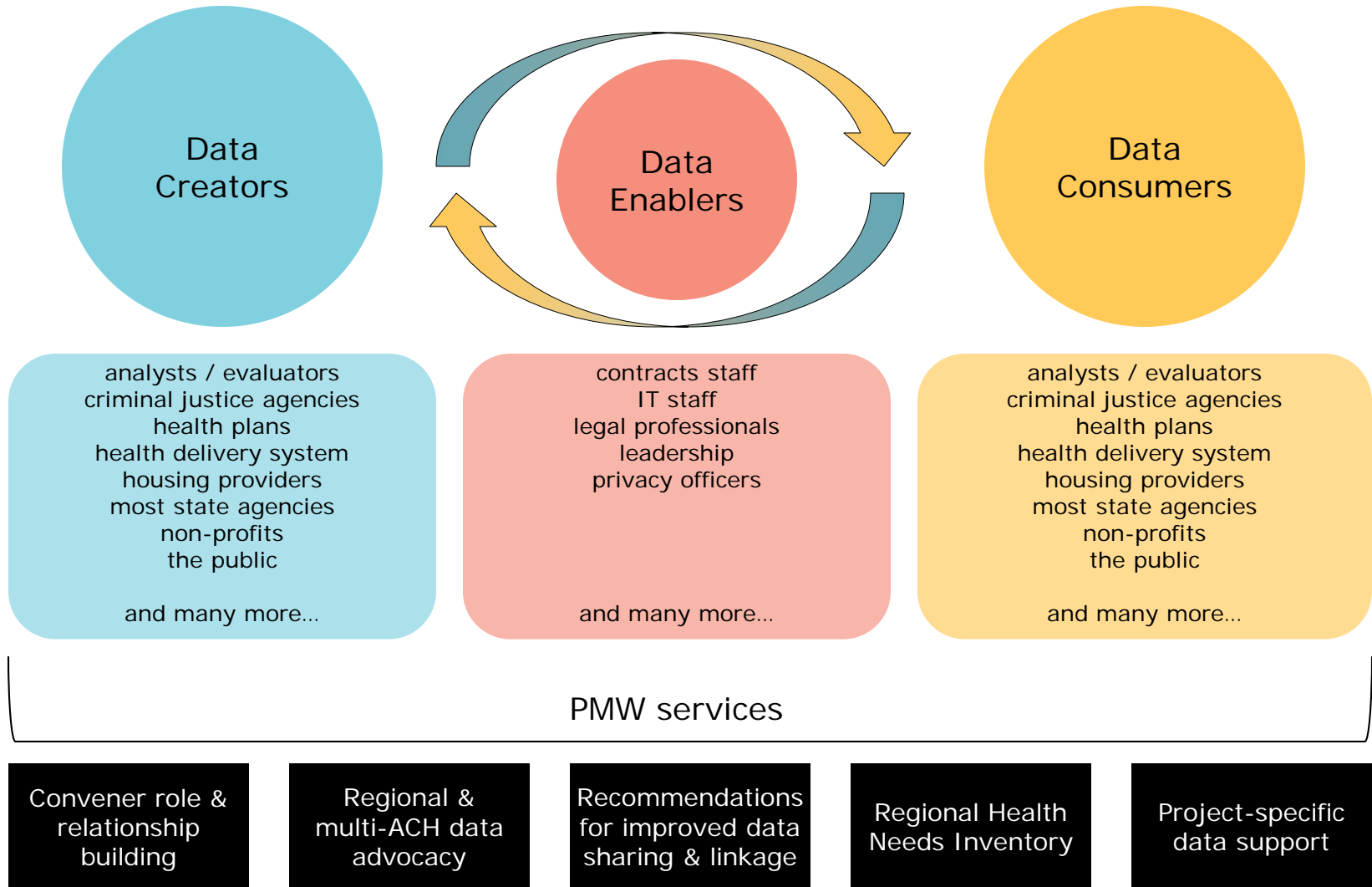
Data to action

Long-term goals

Improved social determinants of health - where we live, learn work and play

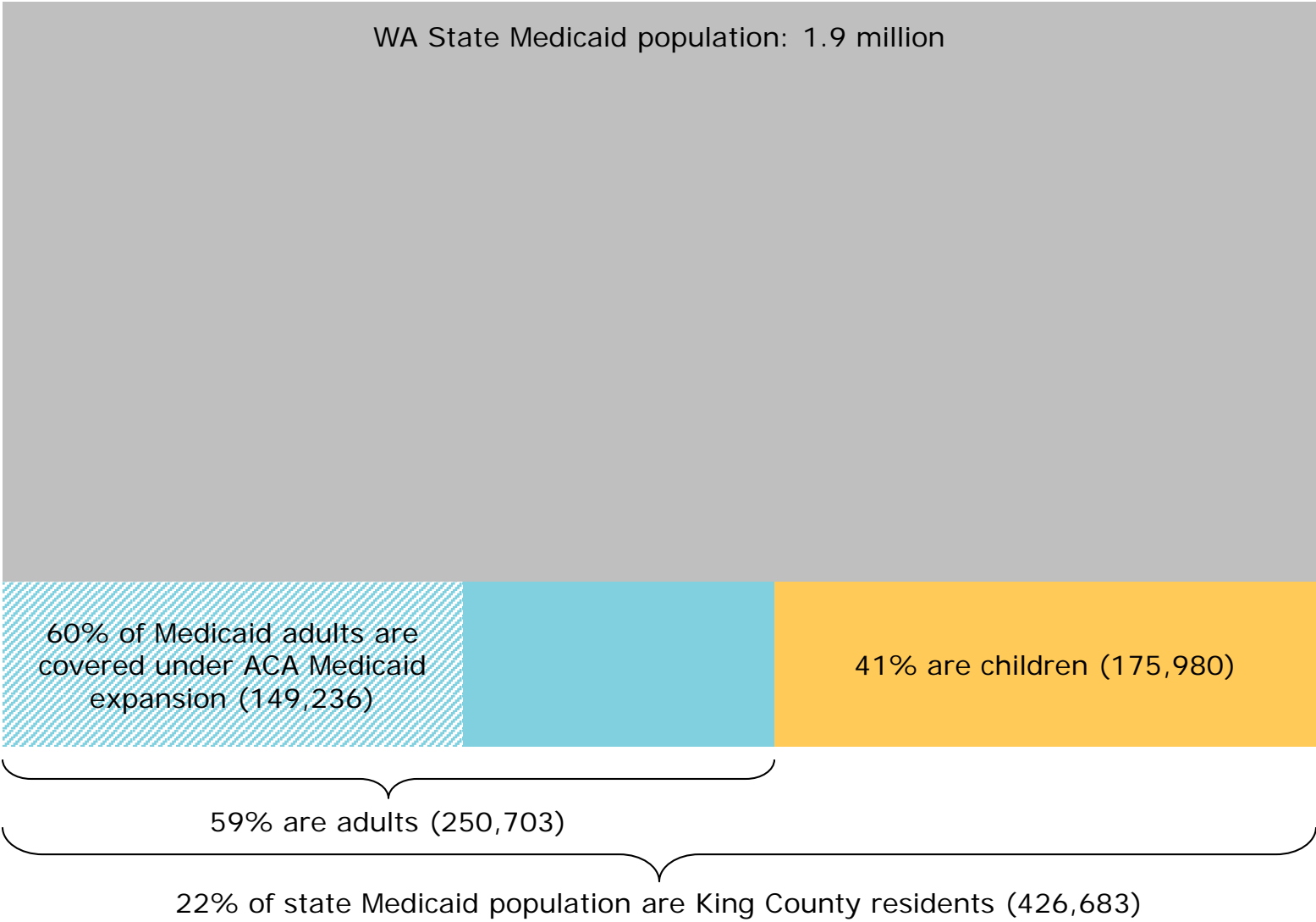Triple Aim - better health & care at lower costs

Equity & social justice

PMW's multi-disciplinary approach to addressing data fragmentation

Data Creators

analysts / evaluators
criminal justice agencies
health plans
health delivery system
housing providers
most state agencies
non-profits
the public

and many more...

Data Enablers

contracts staff
IT staff
legal professionals
leadership
privacy officers

and many more...

Data Consumers

analysts / evaluators
criminal justice agencies
health plans
health delivery system
housing providers
most state agencies
non-profits
the public

and many more...

PMW services

| Convener role & relationship building | Regional & multi-ACH data advocacy | Recommendations for improved data sharing & linkage | Regional Health Needs Inventory | Project-specific data support |

Data creators, enablers and consumers theme adapted from *Toward a Structure for Classifying a Data Ecosystem*, Seeder A., Smart Chicago, 2014,
http://www.smartchicagocollaborative.org/toward-a-structure-for-classifying-a-data-ecosystem/

King County Medicaid population

1 in 5 King County residents is a Medicaid member

WA State Medicaid population: 1.9 million

60% of Medicaid adults are covered under ACA Medicaid expansion (149,236)

41% are children (175,980)

59% are adults (250,703)

22% of state Medicaid population are King County residents (426,683)

Medicaid enrollment counts as of April 2017, WA State Health Care Authority

Data and analytics: Strengths and opportunities

Building a dynamic Regional Health Needs Inventory

A needs assessment required of all ACHs to guide the selection, planning, targeting and implementation of Medicaid demonstration projects

Current priority data gaps for demonstration project planning

	Question	Data need	Status update
1	Who is providing care to Medicaid members, how much care, and what types of care?	Medicaid unique clients and claims by billing provider, service type and primary diagnosis	AIM team and DSHS-RDA are working to address this request, but timeline is still to be determined
2	Which Medicaid members have greatest room for improvement on performance measures?	Current/baseline data on pay for performance metrics for each project area, broken down by demographics	AIM team and DSHS-RDA are working to address this request, but timeline is still to be determined
3	Which major Medicaid providers have greatest room for improvement on performance measures?	Current/baseline data on pay for performance metrics for each project area, broken down by hospital, clinic and/or medical group	Some of these data are available on Community Checkup, but many clinics are suppressed given small numbers of cases

Overlapping target populations and multiple data perspectives

Total Medicaid population

- Oral health
- Physical & behavioral health integration AND chronic disease
- Maternal & child health
- Diversion
- Care coordination
- Transitional care
- Opioids
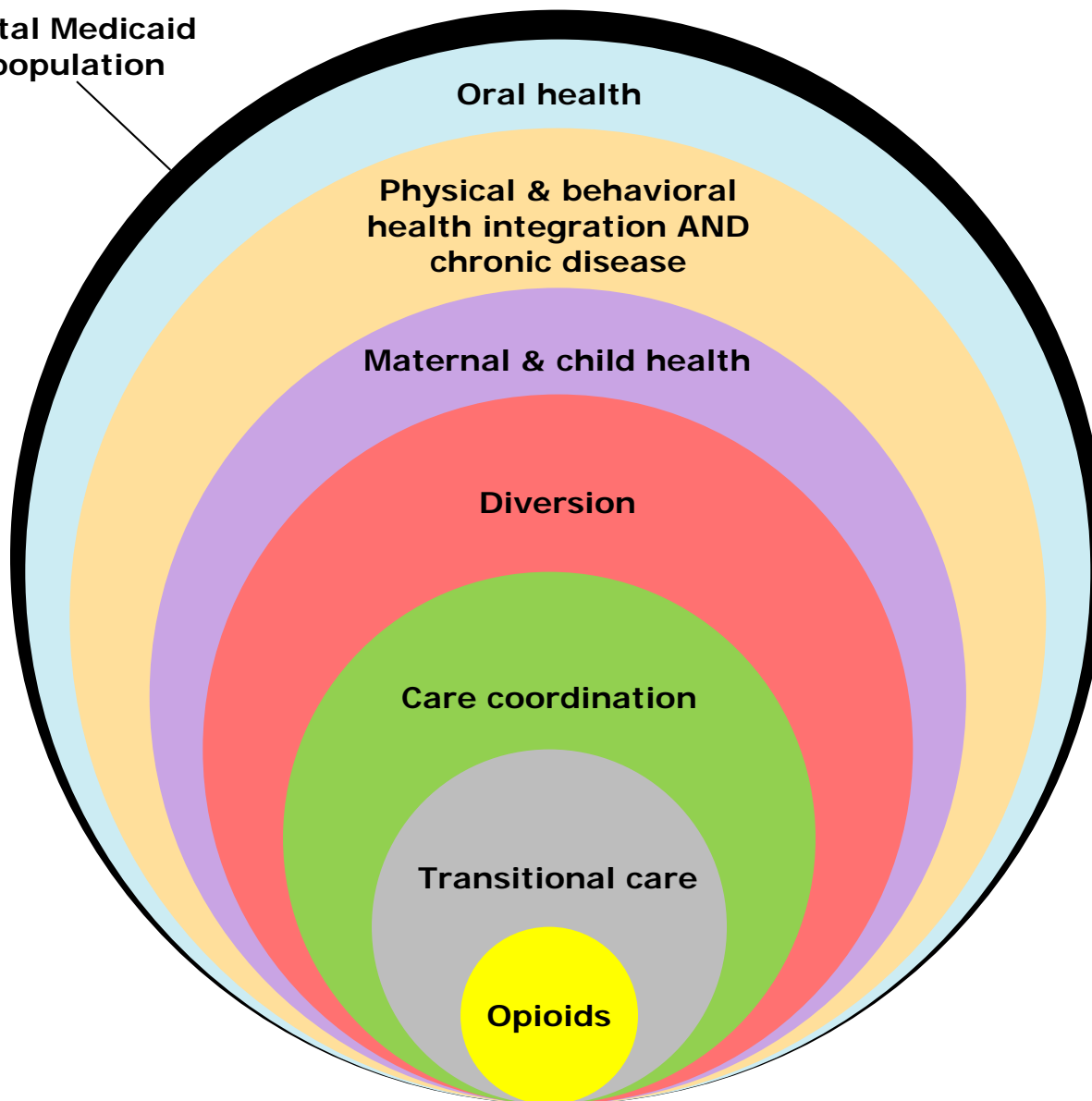
Data perspectives include...

- Community members
- Community-based organizations
- Data privacy officers
- Health and human service providers
- Health insurance plans
- IT professionals
- Population health
- State health and human services agencies

The path forward

Aligning PMW scope of work with Medicaid demonstration

1 Continued need for PMW to convene local partners and build trusting relationships to improve data sharing, linkage and dissemination

2 Provide cross-cutting and tailored data support for planning Medicaid demonstration projects

3 Facilitate multi-stakeholder guidance on how to invest wisely in building data and analytics capacity that meets multiple needs and reflects overlapping target populations
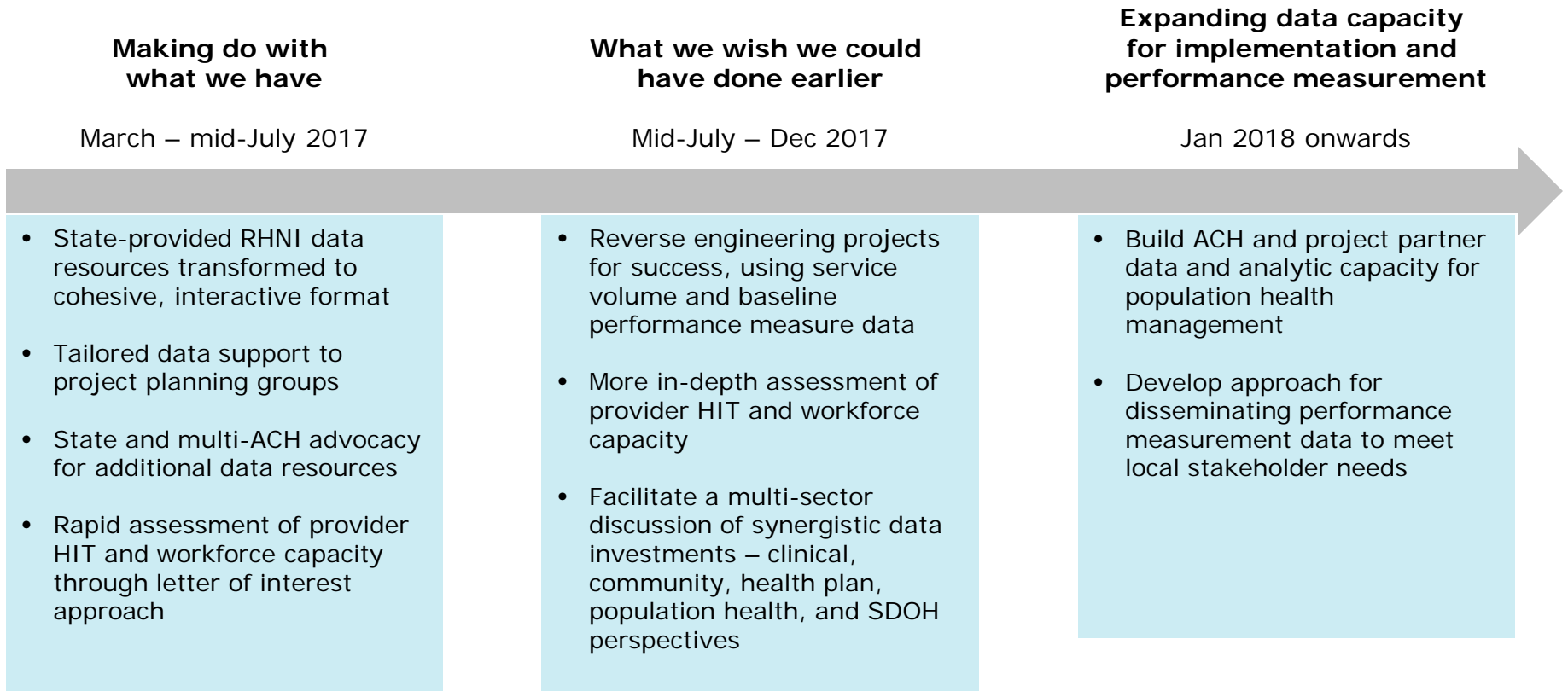
4 Provide cross-cutting and tailored data support for performance measurement of Medicaid demonstration projects

5 Continued need for regional and multi-ACH advocacy to improve data sharing, linkage and dissemination in King County and beyond

Note: This slide is for discussion only, it has not been approved by the Performance Measurement Work Group nor any other ACH committee.

Towards a *realistic* timeline for data activities to support Medicaid demonstration

Making do with what we have	**What we wish we could have done earlier**	**Expanding data capacity for implementation and performance measurement**
March – mid-July 2017	Mid-July – Dec 2017	Jan 2018 onwards
• State-provided RHNI data resources transformed to cohesive, interactive format • Tailored data support to project planning groups • State and multi-ACH advocacy for additional data resources • Rapid assessment of provider HIT and workforce capacity through letter of interest approach	• Reverse engineering projects for success, using service volume and baseline performance measure data • More in-depth assessment of provider HIT and workforce capacity • Facilitate a multi-sector discussion of synergistic data investments – clinical, community, health plan, population health, and SDOH perspectives	• Build ACH and project partner data and analytic capacity for population health management • Develop approach for disseminating performance measurement data to meet local stakeholder needs

Note: This timeline is for reaction and discussion only, it has not been approved by the Performance Measurement Work Group nor any other ACH committee.

For more information…

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Explore the PMW: www.kingcounty.gov/pmw

Explore Regional Health Needs Inventory: https://goo.gl/j5eJav

King County Accountable Community of Health

Medicaid Demonstration Project Planning DRAFT

Project	Community Learning Sessions	Design Team	Support Staff
REQUIRED			
Physical & Behavior Health Integration	2/21 Learning Session 5/8 Learning Session	Yes – recruiting from existing Design Committee	Liz Arjun Elizabeth.Arjun@Kingcounty.gov Data: Debra Srebnik
Opioid Use as a Public Health Crisis	2/27 Learning session Design group meeting weekly	Yes – subgroup from existing Heroin and Opioid Task Force	Steve Gustaveson Steve.Gustaveson2@kingcounty.gov Data: Julia Hood Laurie Sylla
Care Coordination	4/19 Learning Sessions	Forming now	Betsy Jones Betsy.Jones@kingcounty.gov Data: Domin Chan
Diversion	5/5 Learning Session	Yes –- subgroup of Familiar Faces Steering Committee for jail related pieces, EMS subgroup	Travis Erickson – Jail / EMS Travis.Erickson@kingcounty.gov Data: Genevieve Rowe
Transitional Care	3/23 Learning Session	Yes - starting with by sub-issue discussions re: - *Hospitals* - *SMI* - *Jail Population*	Kirsten Wysen – hospitals Kirsten.Wysen@kingcounty.gov Data: Domin Chan
Chronic Disease Management & Prevention	4/3 Learning Sessions	Yes	Mariel Mehdipour Torres Mariel.TorresMehdipour@kingcounty.gov Data: Eli Kern
Reproductive, Maternal & Child Health	6/6 scheduled	Yes – Reproductive Health Council for RH Discussing with BSK partners for MCH	Lee Che Leong – RH LCLEONG@kingcounty.gov Data: Aley Joseph
Oral Health	3/8 Learning Sessions	WDSF leading	Lee Che Leong LCLEONG@kingcounty.gov Data: Eli Kern

To learn more about the projects visit: www.kingcounty.gov/ach *Click on link to project planning meetings and sign up to receive updates and information.*

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