

## Working Together for a Healthier Washington

Dorothy Frost Teeter, Director Health Care Authority Pay for Performance Summit March 3, 2015





## Achieving the triple aim of better health, better care, lower costs

we ultim. Consistently measure Integrate performance to behavioral and Matis the ultimate improve quality and physical health lower costs services Build Develop value-Healthier Accountable based payment Lower costs Communities strategies people and of Health **WASHINGTON** better health communities (ACHs) Multi-sector, \$ Costs ₹ reward quality, linked services =Value achieve better health. Promote people's Support Quality health care at involvement clinical practice the right place and time in their health transformation Care focuses on the decisions whole person.

## The plan for a Healthier Washington

#### Build healthier communities through a collaborative regional approach

- Fund and support
   Accountable
   Communities of Health.
- Use data to drive community decisions and identify community health disparities.

## Ensure health care focuses on the whole person

- Integrate physical and behavioral health care in regions as early as 2016, with statewide integration by 2020.
- Spread and sustain effective clinical models of integration.
- Make clinical and claims data available to securely share patient health information.

# Improve care delivery through the way we purchase services

- Measure, improve and report common statewide performance measures.
- As purchaser for Apple Health and state employees, drive market toward valuebased models.

Implementation tools: State Innovation Models grant, state funding, potential federal waiver, philanthropic support

Legislative support: HB 2572, SB 6312



## Strategy 1: Improve how we pay for services



## Four payment redesign models

- Model Test 1: Early Adopter of Medicaid Integration
   Test how integrated Medicaid financing for physical and behavioral health accelerates delivery of whole-person care
- Model Test 2: Encounter-based to Value-based
   Test value-based payments in Medicaid for federally qualified health centers
   and rural health clinics; pursue new flexibility in delivery and financial
   incentives for participating Critical Access Hospitals
- Model Test 3: Puget Sound PEB and Multi-Purchaser
   Through existing PEB partners and volunteering purchasers, test new accountable network, benefit design, and payment approaches
- Model Test 4: Greater Washington Multi-Payer
   Test integrated finance and delivery through a multi-payer network with a capacity to coordinate, share risk and engage a sizeable population



## Strategy 2: Ensure health care focuses on the whole person



### Integrate physical, behavioral health

"Governor Jay Inslee has articulated a vision of full integration of mental health, chemical dependency and physical health care to improve health, advance care quality and control costs."

Office of the Governor, November 2013 statement, A New Approach to Behavioral Health Purchasing

- Senate Bill 6312 integrates state purchasing of physical health, mental health, chemical dependency in Medicaid via managed care by 2020
- Shared savings incentives (payments targeted at 10 percent of savings realized by state) in Early Adopter regions in April 2016





## Practice Transformation Support Hub

Support care teams across the state to effectively coordinate care, increase capacity, and adapt to valuebased reimbursement strategies.

- Help providers and health systems adapt to being paid for value (TCOC).
- Help care teams integrate physical and behavioral health care service delivery.
- Support effective community-based clinical linkages with care teams.
- Help care teams integrate new types of work force members.



Strategy 3: Build healthier communities through a collaborative regional approach



#### Accountable Communities of Health

"Regionally governed, public-private collaborative tailored by region to align actions and initiatives of a diverse coalition of players in order to achieve healthy communities and populations."

—State Health Care Innovation Plan





#### No single sector can do it alone

- No single sector or organization in a community can create transformative, lasting change in health and health care alone
- Accountable Communities of Health (ACHs) will:
  - Facilitate collaborative decision-making across multiple sectors and systems
  - Engage in state-community partnership to achieve transformative results





#### Regional Service Areas

#### A common regional purchasing approach:

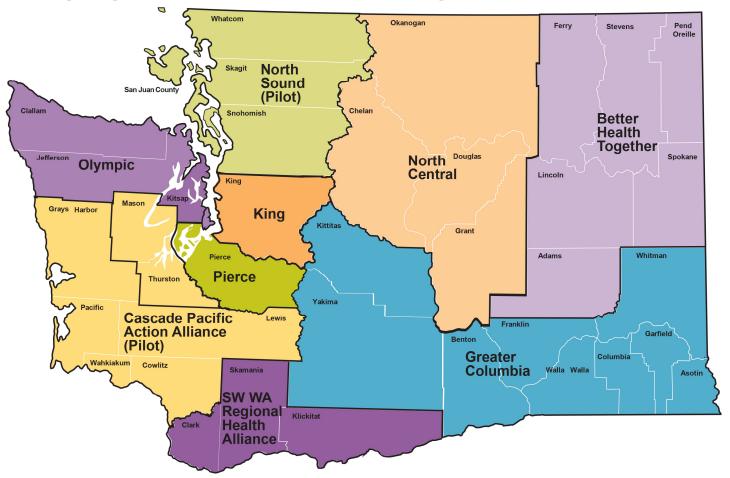
- · Recognizes that health and health care are local.
- Starting with Medicaid.
- Promotes shared accountability within each region for the health and well-being of its residents.
- Aligned with Accountable Communities of Health





## ACH boundaries and pilot ACHs

Aligning sectors, resources, and strategies around community and state priorities



#### **Pilots:**

#### Cascade Pacific:

 Backbone Support – CHOICE Regional Health Network

#### North Sound ACH:

 Backbone Support – Whatcom Alliance for Health Advancement



None of this can happen without some key foundational elements



#### Measurement and transparency

- Common performance measures required in HB 2572.
- "Starter set" completed and approved December 2014.
- Leverage measures to statewide reporting on cost and quality performance.
- Must be transparent for consumers, providers, and purchasers to ensure improved quality and informed decision making.





Prevention	Acute care	Chronic illness
<ul> <li>Adult screenings</li> <li>Behavioral health/depression</li> <li>Childhood: Early and adolescents</li> <li>Immunizations</li> <li>Nutrition/physical activity/obesity</li> <li>Obstetrics</li> <li>Oral health</li> <li>Safety/accident prevention</li> <li>Tobacco cessation</li> <li>Utilization</li> </ul>	<ul> <li>Avoidance of overuse</li> <li>Behavioral health</li> <li>Cardiac</li> <li>Cost and utilization</li> <li>Readmissions/care transitions</li> <li>Obstetrics</li> <li>Patient experience</li> <li>Patient safety</li> <li>Pediatric</li> <li>Potentially avoidable care</li> <li>Stroke</li> </ul>	<ul> <li>Asthma</li> <li>Care coordination</li> <li>Depression</li> <li>Diabetes</li> <li>Drug and alcohol use</li> <li>Functional status</li> <li>Hypertension and cardiovascular disease</li> <li>Medications</li> </ul>



### Data-driven decision-making

- Enhance information exchange so our providers can access clinical data at point of service.
- Bolster analytic capacity at state level to support informed purchasing.
- Essential to evaluate and monitor the grant, and for health care improvement that is sustainable beyond the life of the grant.



### Public-private accelerator network

Appointed

The Health
Innovation
Leadership
Network will
provide crossagency and
cross-sector
leadership to
advance the aims
of Healthier
Washington

#### **Healthier Washington Innovation Model Governance Structure**



**Governor Jav Inslee** 

#### **Health Innovation Leadership Network**

- Health Care Authority (Coordinating Agency)
- · Department of Health
- Department of Social & Health Services
- Department of Commerce
- Department of Early Learning
- Department of Labor & Industries
- · Governor's Health Policy Office
- · Health Benefit Exchange
- Office of Financial Management
- Office of the Insurance Commissioner
- Office of Superintendent of Public Instruction
- State Board of Community & Technical Colleges
- Private and Public Partners
- Consumer Representatives

#### **Health Care Authority**

- Executive Sponsor Dorothy Teeter
- Healthier Washington Project Director

#### **Department of Social** and Health Services

• Secretary Kevin Quigley

#### rtment of Social Department of Health

Secretary John Wiesman

Core Project Team • Interagency Change Network

Key Consultant and Partner Pool Joint Legislative Committee on Health Care Oversight

**Advisory Committees** 

