

Medicaid Demonstration Decisions

What will North Central Washington Do as Part of the Medicaid Demonstration?

This handout will:

- Outline the Medicaid 1115 Demonstration (formerly known as the Waiver)
- So that you can provide informed input
- Because the ACH Governing Board must decide which projects to adopt under Initiative 1 of the Demonstration

To inform those choices, the ACH Governing Board is collecting input from partners and community members in each of our counties.

Medicaid Demonstration Project

Through a five-year demonstration, Healthier WA will use up to \$1.5Billion to address three initiatives aimed at transforming Medicaid to improve quality and control costs:

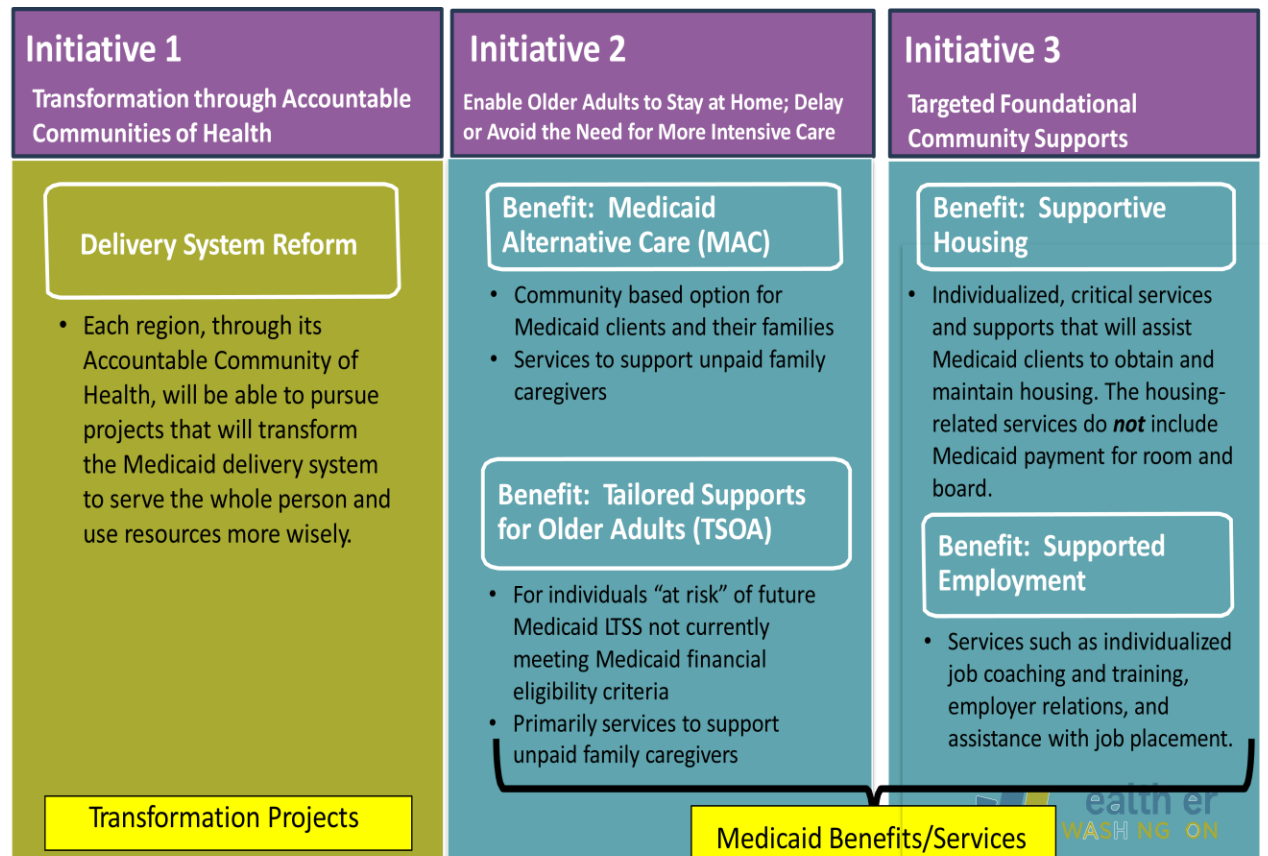
- **Initiative 1: Transformation Through Accountable Communities of Health**
- **Initiative 2: Long-term Services and Supports to Enable Older Adults to Live At Home Longer**
- **Initiative 3: Supportive Housing and Supported Employment**

Of the \$1.5Billion available through the Demonstration, **\$1.125Billion will be available to address Initiative 1.**

NC ACH's Initiative 1 Projects

Substantial funding will be available for those projects, but probably not enough to do all of them well in a sustainable way that will persist after the Demonstration is over. It is NC ACH's policy to push resources out to providers and other community partners, not to build an ACH empire. The ACH's role will include picking projects, planning them along with providers and community partners, and tracking their implementation and results.

We welcome your help to select projects for our region!



The Demonstration Toolkit

- The Demonstration Toolkit outlines requirements and options for Initiative 1
- The Toolkit includes 3 Domains:
 - Domain 1: Health Systems and Community Capacity
Statewide efforts in which ACHs must participate.
 - Domain 2: Care Delivery Redesign
Regional Projects: 1 required, others optional
 - Domain 3: Prevention and Health Promotion
Regional Projects: 1 required, others optional

Every ACH must choose at least one optional project in Domain 2 and one in Domain 3.

Funding Among the Domains

- Overall funding allocations for our region are not yet available from HCA, but it is sensible to expect a few million dollars annually in 2018-2021.
- This is not a grant program. There will be up-front money for start-up, but much of the project funding must be earned by reaching performance targets.
- By far the highest funding priority for ACHs will be given to Domain 2, Care Delivery Redesign.
- This is not surprising – more than anything else, Healthier Washington is about improving care for Medicaid patients.
- Domain 3, Prevention and Health Promotion, is mostly about better care for people who already have opioid addiction or chronic disease – it isn't mostly about primary prevention for people not yet sick.
- There are some options for primary prevention, but these are unlikely to produce cost results within 5 years.

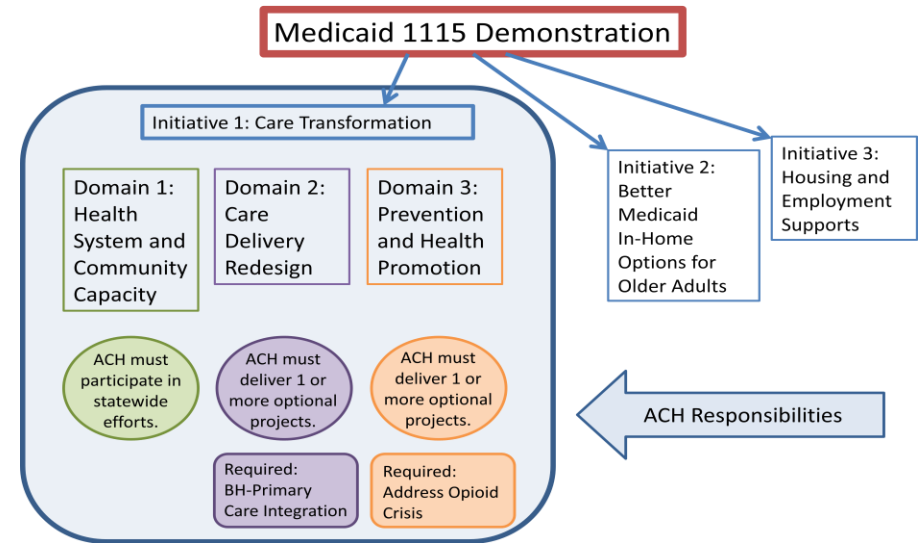
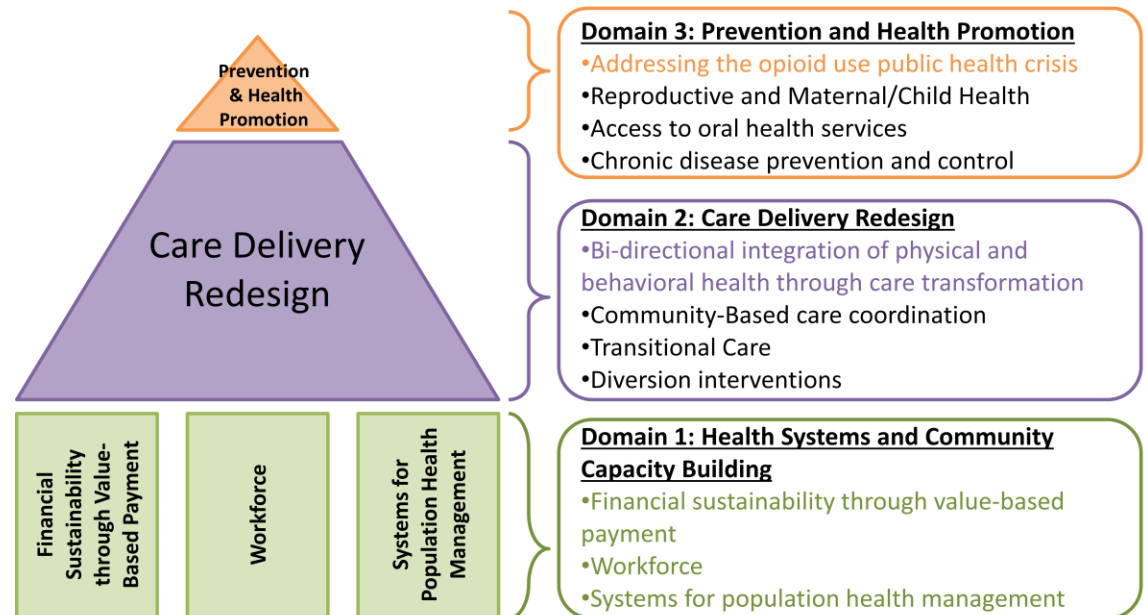
DOMAIN 1: Health Systems and Community Capacity Building

Domain 1 addresses the core health system capacities to be developed and enhanced. Three required focus areas are to be implemented and expanded across the delivery system. Each of these areas will need to be addressed progressively throughout the five-year timeline. State agencies will provide leadership but the ACH will have a role in each focus area.

Focus Areas

- Financial Sustainability through Value Based Payment
- Workforce
- Data Systems for Population Health Management

We don't have to choose specific projects within Domain 1 – the ACH has a role, along with the state, in all three Focus Areas in Domain 1.



Domains 2 and 3 – Project Choices

- In each of these Domains, there is one required project and a few optional projects.
- We must choose at least one of the optional projects in each of these Domains.
- We can choose more than one optional project in each domain if we want, though it may be wiser to focus on a few projects than to attempt several.
- For each Domain, we'll provide summary slides and then a slide explaining each of the projects – required and optional.

Initiative 1 Project Options Summary

Domain 2: Care Delivery Redesign

REQUIRED:

- **Bi-directional integration of physical and behavioral health through care transformation**

OPTIONAL:

- **Community-based care coordination**
- **Transitional care**
- **Diversion interventions**

Domain 3: Prevention and Health Promotion

REQUIRED:

- **Addressing the opioid use public health crisis**

OPTIONAL:

- **Reproductive and maternal/child health**
- **Access to oral health services**
- **Chronic disease prevention and control**

DOMAIN 2

****PROJECT 2A: Bi-Directional Integration of Physical and Behavioral Health through Care Transformation – REQUIRED****

Rationale: This project is meant to produce Medicaid services that better address the social determinants of health and integrate physical and behavioral health care. NC ACH's Whole Person Care Collaborative is expected to be a central vehicle for work in this project.

Approaches

- Promote enhanced primary care models that address whole patient care, including integration of physical and behavioral care.
- Collaboration of Primary Care and Behavioral Health through some combination of the following:
 - Off-site, Enhanced Collaboration;
 - Co-located, Enhanced Collaboration

Important Challenge: Medicaid and Medicare are moving to Value Based Payment and fully capitated care. Provider organizations must undergo major changes to survive under the new system, while surviving in the meantime under the old. An important aspect of this project is to support provider organizations in this transformation.

****PROJECT 2B: Community-Based Care Coordination: Pathways HUB, an Evidence-Based Model - OPTIONAL****

The Pathways HUB model does not replace current providers of care coordination (such as Health Homes) but provides an “air traffic control” function that allows one care coordinator to manage services for each patient, instead of having many coordinators approaching the same patient in an incoherent manner.

- The HUB provides a well tested data system to coordinate and share the information needed by providers and care coordinators.
- The HUB does not provide care coordination; it only coordinates the coordinators and usually pays for care coordination services.
- The HUB can draw on different levels of care coordinators to serve patients with needs of different complexity.

Key Points About the HUB:

- Primary care providers need an efficient way to connect patients with community resources that can help address the social determinants of health. Things like homelessness, transportation and food insecurity. Most providers cannot afford, under Medicaid payment, to hire expanded care teams. The ability to connect a patient through the HUB to community resources (with follow-up by care coordinators) could make this feasible in the real world of primary care. For this reason, the HUB has the potential to enhance the financial sustainability of Whole Person Primary Care.
- An important challenge is to increase training programs for Community Health Workers and other potential care coordinators.

****PROJECT 2C: Transitional Care – OPTIONAL****

Rationale: Transitional services provide opportunities to eliminate avoidable admissions and readmissions. Points of transitions out of intensive services/settings (such as prisons, hospitals and nursing homes) and into the community are critical intervention points in the care continuum.

Approaches:

- Interventions to Reduce Acute Care Transfers
- Transitional Care Model (TCM)
- The Care Transitions Intervention (CTI)
- Care Transitions Interventions in Mental Health

****PROJECT 2D: Diversion Interventions – OPTIONAL****

Rationale: Transitional services provide opportunities to eliminate avoidable admissions and readmissions to hospitals and jails. Points of transitions out of intensive services/settings and into the community are critical intervention points in the care continuum

Approaches:

- ER Diversion
- Community Paramedicine
- Law Enforcement Assisted Diversion (LEAD)
- Options for pts accessing EMS for non-acute conditions

DOMAIN 3

****PROJECT 3A: Addressing the Opioid Use Public Health Crisis – REQUIRED****

Rationale: Opioid use disorder is a devastating and life-threatening chronic medical condition. Access to treatments that support recovery and access to lifesaving medications to reverse overdose needs to be improved.

Examples of Evidence-based Approaches

- AMDG's Interagency Guideline on Prescribing Opioids for Pain
- CDC Guideline for prescribing opioids for chronic pain
- Substance Use during pregnancy: Guidelines for screening and Management
- 2016 Washington State Interagency Opioid Working Plan
- Substance Abuse Prevention and Mental Health Promotion Five-Year Strategic Plan

Project Goals:

1. Prevent Opioid misuse and abuse by improving prescribing practices
2. Expand access to opioid dependence treatment
3. Intervene in opioid overdoses to prevent death
4. Use data to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions

****PROJECT 3B: Reproductive and Maternal/Child Health – OPTIONAL****

Rationale: More than half the births in WA are covered by Medicaid and home visits have been demonstrated to improve maternal and child health.

Evidence-based Approaches

- Home visiting model for pregnant high risk mothers (Nurse Family Partnership, Early Head Start Home-based Model)
- Improve regional well-child visit rates (Bright Futures)
- Improve Preconception Health and Health Care (Leveraging Reproductive Health Pathway with Project 2B)

Project Goal: Support healthy pregnancies, mothers, and children through home visits, increased well-child visit rates, and family planning

****PROJECT 3C: Access to Oral Health Services – OPTIONAL****

Rationale: Oral disease has been referred to as a “silent epidemic” and has been associated with increased risk for serious adverse health outcomes. Some initiatives have focused on oral health needs, but few have been focused on adult oral health services. Most were aimed at children.

Evidence-based Approaches

- Oral Health in Primary Care – integrating oral health screening, assessment, intervention, and referral
- Mobile/Portable Dental Care

Project Goal: Improve dental health and access to oral health services for adults

****PROJECT 3D: Chronic Disease Prevention and Control – OPTIONAL****

Rationale

- Chronic health conditions are prevalent among WA Medicaid beneficiaries, and are continuing to increase
- Disease prevention and effective management are critical to quality of life and longevity
- Right now we often do not do a good job of managing chronic disease, in part because of a lack of effective care coordination.
- This project could be integrated with Project 2A on Whole Person Care and with the Pathways HUB Model (2B).

Evidence-based Approaches

The Chronic Care Model (CCM): identifies the essential elements of a health care system that encourage high-quality chronic disease care. These elements are the community, the health system, self-management support, delivery system design, decision support, and clinical information systems. Evidence-based practices under each element, in combination, foster productive interactions between informed patients, who take an active part in their care, and providers with resources and expertise.

Project Goal: Integrate health systems and community approaches to improve chronic disease management, Prevention and control

Some Projects Interact

In thinking about which projects to select, it is worth noting that some project interact. For example, an effective Pathways HUB would help with diversion (by providing better care coordination that can sometimes prevent homelessness and untreated substance abuse problems that often lead to imprisonment or unnecessary ER visits). An effective HUB would also provide for better transitions from inpatient facilities and prisons into the community. It may make more sense to focus on a few over-arching projects like the HUB and care redesign, rather than picking out narrower projects which will be addressed (at least in part) by broader care system improvements.

Questions?

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Please fill out the survey to help select the projects that will be chosen for the North Central Region.

Survey Link: <https://www.surveymonkey.com/r/SF9JG62>