

Seattle City Council Housing, Health, Energy and Worker's Rights Committee

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March 7, 2019

Agenda

- Overview of HealthierHere and the Opportunity
- HealthierHere's Transformation Portfolio
- 2019 Investment Strategy
- Questions & Discussion

Overview of HealthierHere and the Opportunity

HealthierHere is a Non-Profit Organization

Dedicated to improving the health and well being of people in King County, through innovative, cross sector collaborations. We work...

in partnership and collaboration with providers and community organizations

on behalf of people here, especially the most vulnerable

to catalyze and test new and better ways to respond to health and social problems

so that the system can work better for everyone



Organizational Overview: A Regional Partnership

- 26-member, cross-sector, multi-stakeholder board
- Multidisciplinary backbone staff
- Contracted Accountable Community of Health (ACH) for the King County region
- Initial funding through Healthier Washington; long-term through grants, community support, and philanthropic investment

Medical Providers
Behavioral Health Providers
Hospitals
Tribes
Community Organizations
Payers / MCOs
City & County Government
Foundations
Advocates
Consumers

What are Accountable Communities of Health?

ACHs act as “change agents” for the Healthier Washington Initiative / Waiver:

9 regional multi-sector coalitions,
aligned with Medicaid regional
service areas

Responsible for developing
and overseeing Medicaid
Transformation Project to
improve health and health equity
in their region



HealthierHere's Aim: A System that Works Better for Everyone



People in King County receive **better, more equitable care** and enjoy improved quality of life.



Providers get support to **improve outcomes** and **transition to value-based payment**

Improved Outcomes at Lower Costs



Community Organizations receive support to **address social determinants of health**

Medicaid Transformation Project: Three Initiatives



Transformation
thru Accountable
Communities of
Health
Up to \$1.1 Billion

Long-term Services
and Support
\$175 Million

Foundational
Community Support
Services
\$200 Million

HealthierHere Funds Flow



Funds flow from Federal Government to State Government to a Fiscal Intermediary



This is Pay-for-Performance at the Systems Level

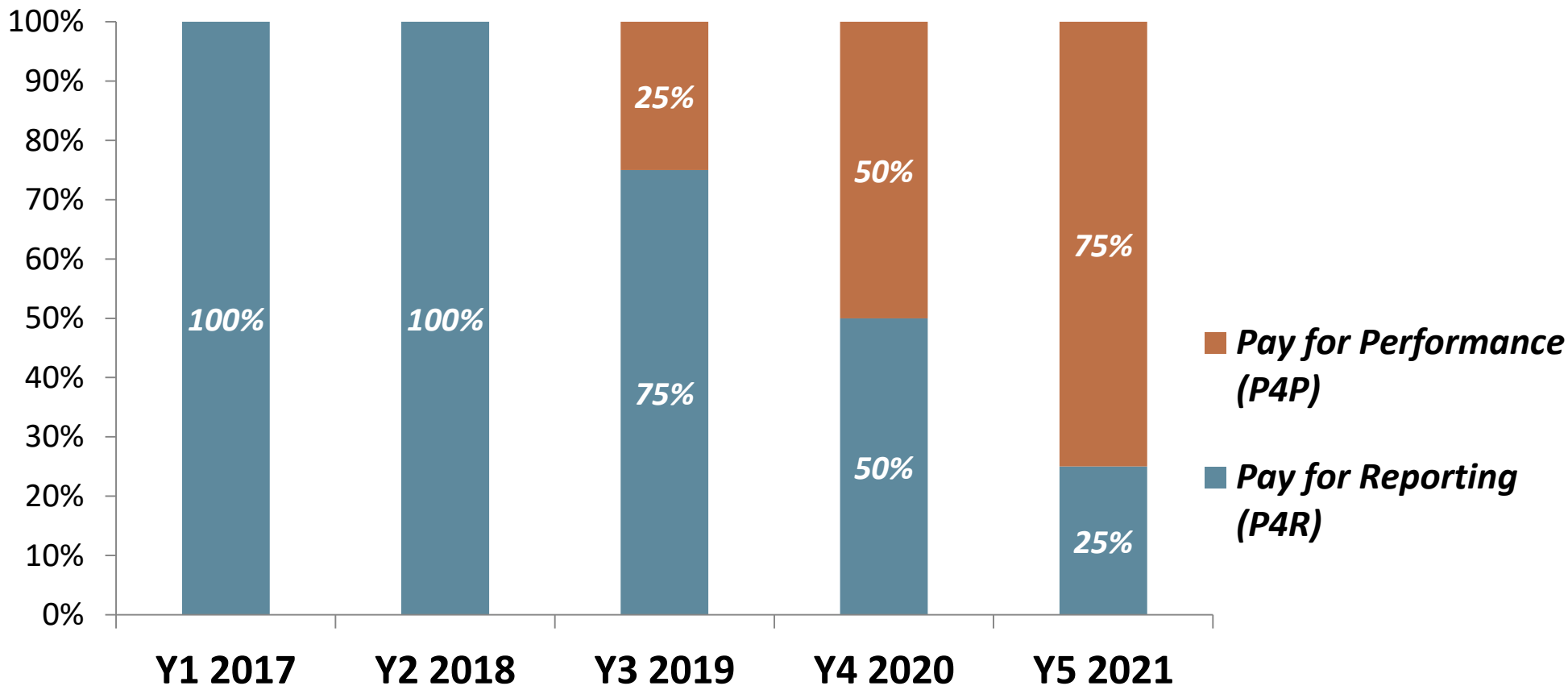
HCA measures whether milestones have been met



HealthierHere uses earned incentives to invest in innovations

HealthierHere has a Pay-for-Performance Contract with HCA

Starting in 2019, an increasing portion of Medicaid Transformation Funding is tied to our region's performance on a set of 19 metrics



Pay-for-Performance Metrics

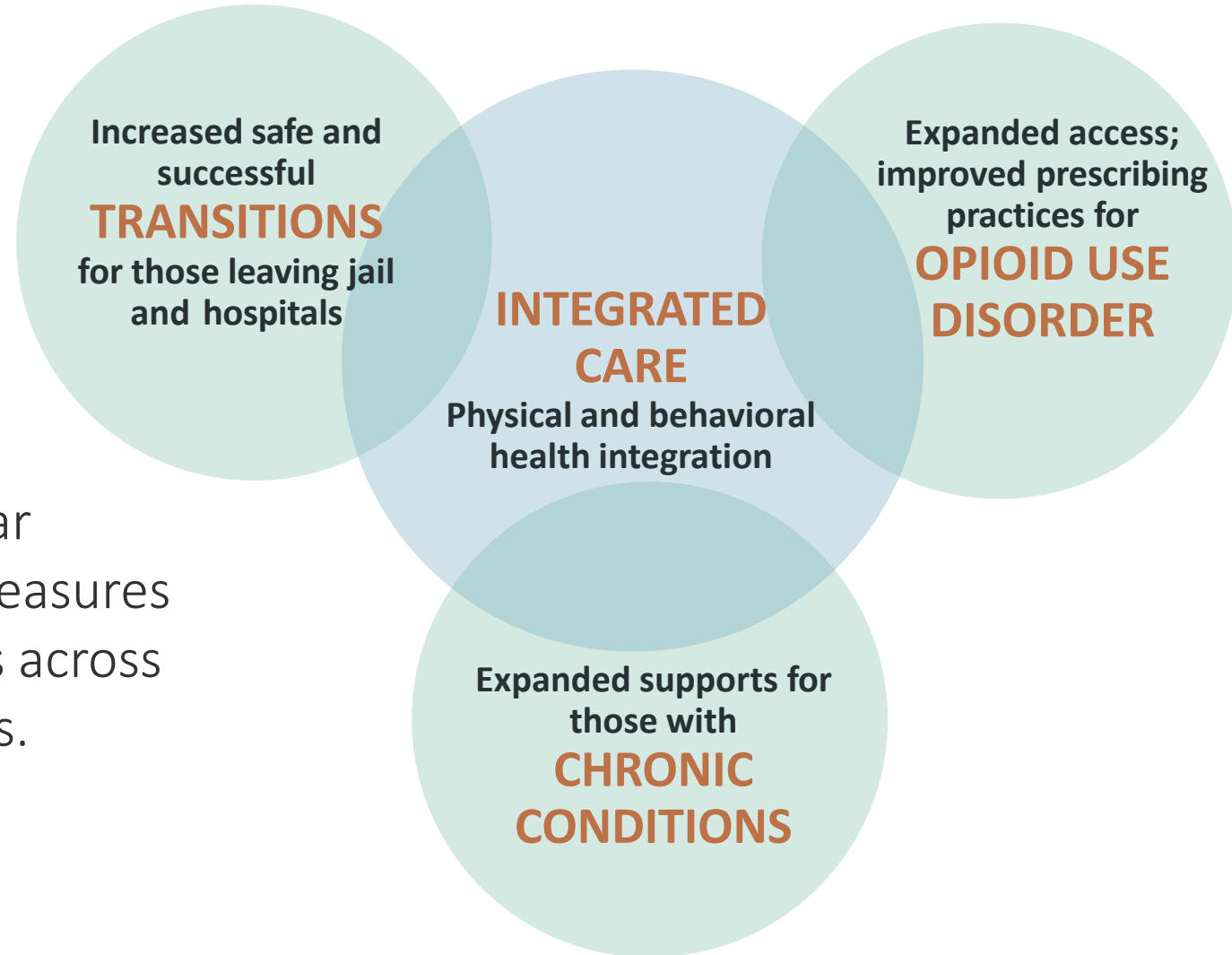
Measure	Ages	Bi-directional integration (56%)	Transitional care (23%)	Opioid use (7%)	Chronic disease (14%)
All-cause ED visit rate	All ages	■	■	■	■
Acute hospital utilization ¹	18+	■	■	■	■
Follow up ED visit for chemical dependency	13+	■	■		
Follow-up ED visit for mental illness ²	6+	■	■		
Follow-up hospitalization for mental illness ²	6+	■	■		
All-cause hospital readmission rate ³	18-64	■	■		
Child and adolescent access to primary care	1-19	■			■
Diabetes care: Eye exam	18-75	■			■
Diabetes care: Hemoglobin A1c testing	18-75	■			■
Diabetes care: Kidney screening	18-75	■			■
Asthma medication management	5-64	■			■
Percent homeless	All ages		■		
Mental health treatment penetration	6+	■			
Antidepressant medication management	18+	■			
Patients on high-dose chronic opioid therapy	All ages			■	
Patients with concurrent opioids & sedatives prescriptions	All ages			■	
Statin therapy for heart disease ⁴	21-75				■
SUD treatment penetration	12+	■			
SUD treatment penetration - opioid use disorder	18+			■	

HealthierHere's Transformation Portfolio

Focus on Practice Change: Innovation Targets

The Goal:

Improve year-over-year county-wide health measures for Medicaid enrollees across four innovation targets.

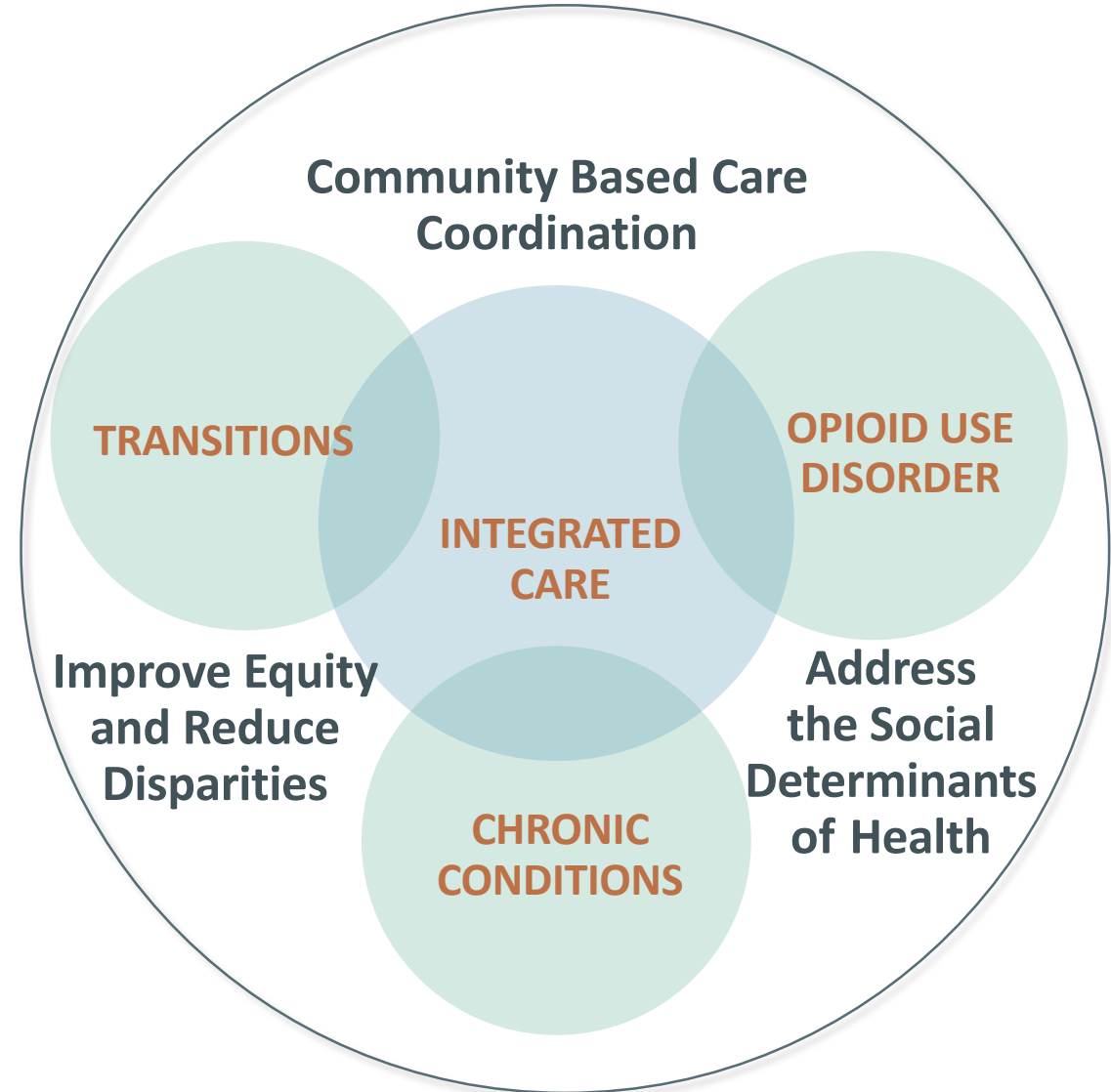


Social Equity Framework

Shift the focus from what works for organizations to what works for people and populations

“Did you get the care/service you need?”

“Did it help you?”



Innovation Target: Physical and Behavioral Health Integration



Goal: Improve access to services through enhanced screening, identification and treatment regardless of where a person receives care

Levers

Shared Care Plans

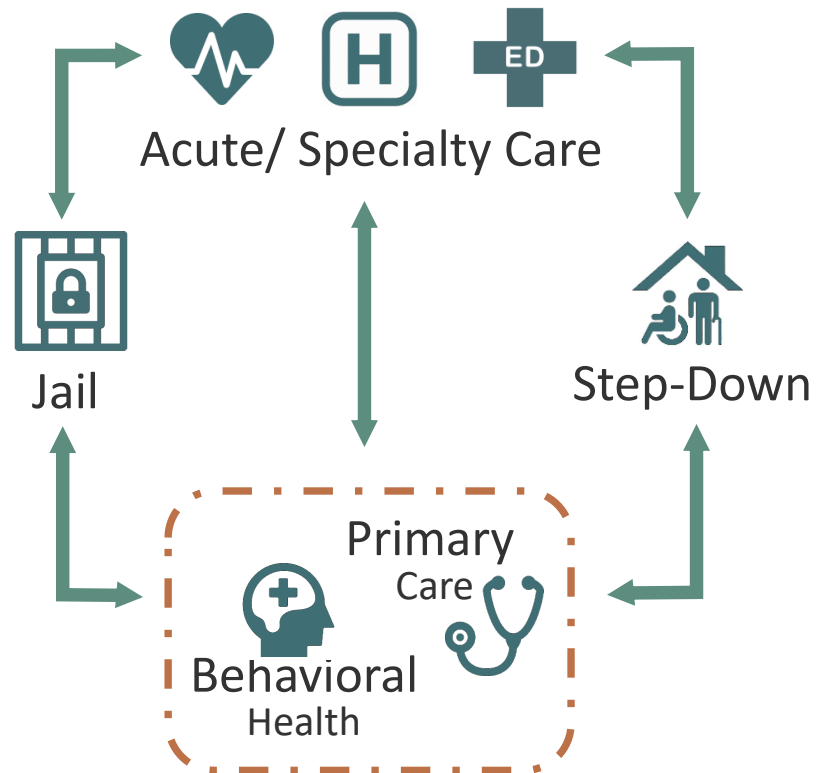
Enhanced Screening

Evidence-based Best Practices

Interoperable Data Systems

Enhanced Care Coordination

Innovation Target: Safe and Successful Transitions



Goal: Improve transitional care services to reduce avoidable rehospitalization and ensure people get the right care in the right place

Levers

Enhanced Care Coordination

Peer Support Specialists

Linkages to Community Based Organizations

Interoperable Data Systems

Innovation Target: Prevent and Manage Chronic Conditions



Cardiovascular

Diabetes

Asthma

COPD (Lung Disease)

Goal: Integrate health systems and community approaches to improve chronic disease prevention and management

Levers

Self-Management Support

Population Health Management (*Registries*)

Team-Based Care

Community Health Workers (*CHWs*)

Shared Care Plan

Innovation Target: Reduced Opioid Use

Prevention



Treatment and Recovery Support for People with Opioid Use Disorder

Goal: Reduce opioid-related disease and death through strategies that target prevention, treatment, and recovery supports

Levers

Improved Prescribing Practices

Increased Access to Evidence-Based Treatment
(*e.g., Medication Assisted Treatment*)

Overdose Prevention

Recovery Coaches for Long-term Stabilization

Long-term: What Success Looks Like



Meaningful mechanisms for community and consumer voice that help drive decision-making for healthcare



Care teams that are representative, culturally competent and respectful of individuals and community.



Computer systems that talk to each other to improve Community/Clinical connections



Payment models that compensate providers for keeping people healthy (*rather than #'s of procedures*) and Community-Based Organizations for contributing to better outcomes

Community Partner Engagement

- Engage community-based organizations that provide services address Social Determinant needs (i.e., housing, food security, transportation, employment, etc.)
 - *9 Information Sessions + 2 Webinars*
 - *98 Community Interest Forms*
- Assess community organizational readiness and alignment with HealthierHere values and goals
- Select a cohort of community-based organizations to work with HealthierHere and clinical partners in support of transformation portfolio and metrics
 - *Build capacity*
 - *Develop Clinical-Community linkages*

Community Building and Consumer Engagement

- One-third of Governing Board is community, consumer, tribes, and community-based organizations
- Community and Consumer Voice Committee – Formal Committee of the Board
 - *Open monthly meeting for community members and Medicaid beneficiaries to advise HealthierHere and make recommendations to the Governing Board related to consumer voice*
- Small Grants Program
 - *To community-based organizations to conduct surveys and focus groups of Medicaid beneficiaries to solicit consumer voice*
 - *22 organizations received funding ranging from \$3,750 - \$18,755 (total = \$154,472)*
 - *908 people surveyed in 11 different languages*
- Community and consumer involvement in committees

Workforce Development

- Ensure current workforce has the skills necessary to practice differently
 - *HealthierHere to support training, technical assistance, practice coaching, etc.*
- Build capacity in the areas of Care Coordination, Community Health Workers, and Peer Support Specialists
- Align with other initiatives, local and statewide, to develop strategies for healthcare workforce recruitment and retention
 - *Pathways to healthcare careers*
 - *Up scale positions once employed*

HealthierHere's 2019 Investment Strategy

Building an Investment Strategy



Roles of HealthierHere in Transformation

Convening

Convene partners and stakeholders around specific topic areas

Examples:

- Learning Collaboratives
- Shared Care Plans
- SDOH Screening
- Data governance

Investing

Invest in strategies that lead to a transformed system

Examples:

- Training and TA
- Non-licensed direct service staff capacity
- Clinical Information Exchange
- Optimizing PreManage

Policy

Participate in local and statewide policy making related to transformation goals

Examples:

- Participate in defining managed care contract requirements
- Work with HCA to obtain 90/10 funding to support providers' connectivity to HIE
- Participate in removing regulatory barriers to integration

Sustainability

Identify mechanisms to sustain MTP investments and strategies

Examples:

- Work with MCOs, providers, and HCA to identify VBP approaches that support care models
- Identify alternative or additional funding sources to implement and sustain MTP investments

2019 Investment Categories

Strengthen
Foundational System
Infrastructure and
Capacities

Support providers in developing the systems, tools, and skills that are necessary to implement population health

Co-Design System-
Wide Tools to Enable
Integrated Community
& Clinical Care

Convene clinical and community partners to co-develop blueprints for system-wide integrated care

Catalyze & Test Cross-
Sector Innovations to
Improve Outcomes

Provide seed funding for focused tests of innovation to improve outcomes for specific metrics and/or specific populations

Available Waiver Resources

HealthierHere Total Available Budget: \$97M

	DY1-2017		DY2-2018		DY3-2019		DY4-2020		DY5-2021		5-year total	
Project Management and Administration	15%	3.40	15%	5.44	15%	2.90	15%	2.06	15%	0.79	15%	14.59
Project Costs												
Project Engagement, Participation & Implementation	55%	12.47	35%	12.68	35%	6.77	25%	3.44	15%	0.79	37%	36.15
Provider Performance & Quality Incentive Payments	0%	0.00	30%	10.87	30%	5.81	40%	5.50	50%	2.64	26%	24.82
	55%	12.47	65%	23.55	65%	12.58	65%	8.93	65%	3.44	63%	60.97
Domain 1												
Administration	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00
Financial Stability Through VBP	0%	0.00	0%	0.00	0%	0.00	4%	0.55	5%	0.26	1%	0.81
Population Health Management	20%	4.53	8%	2.72	5%	0.97	3%	0.41	3%	0.16	9%	8.79
Workforce	5%	1.13	5%	1.81	5%	0.97	3%	0.41	2%	0.11	5%	4.43
	25%	5.67	13%	4.53	10%	1.94	10%	1.37	10%	0.53	14%	14.03
ACH-Defined												
Social Equity and Wellness Fund	0%	0.00	5%	1.81	5%	0.97	10%	1.37	10%	0.53	5%	4.68
Reserve	5%	1.13	3%	0.91	5%	0.97	0%	0.00	0%	0.00	3%	3.01
	5%	1.13	8%	2.72	10%	1.94	10%	1.37	10%	0.53	8%	7.69
	100%	22.67	100%	36.24	100%	19.35	100%	13.74	100%	5.29	100%	97.29
Average P4R	N/A		100%		100%		100%		100%		100%	
Average P4P	N/A		N/A		29%		33%		35%		33%	
Project Plan Score	100%											

Updated Project Budget \$97M includes:

Project Funds (\$83M)

- Project Incentives: \$75M
- Social Equity and Wellness Fund: \$5M
- Reserves: \$3M

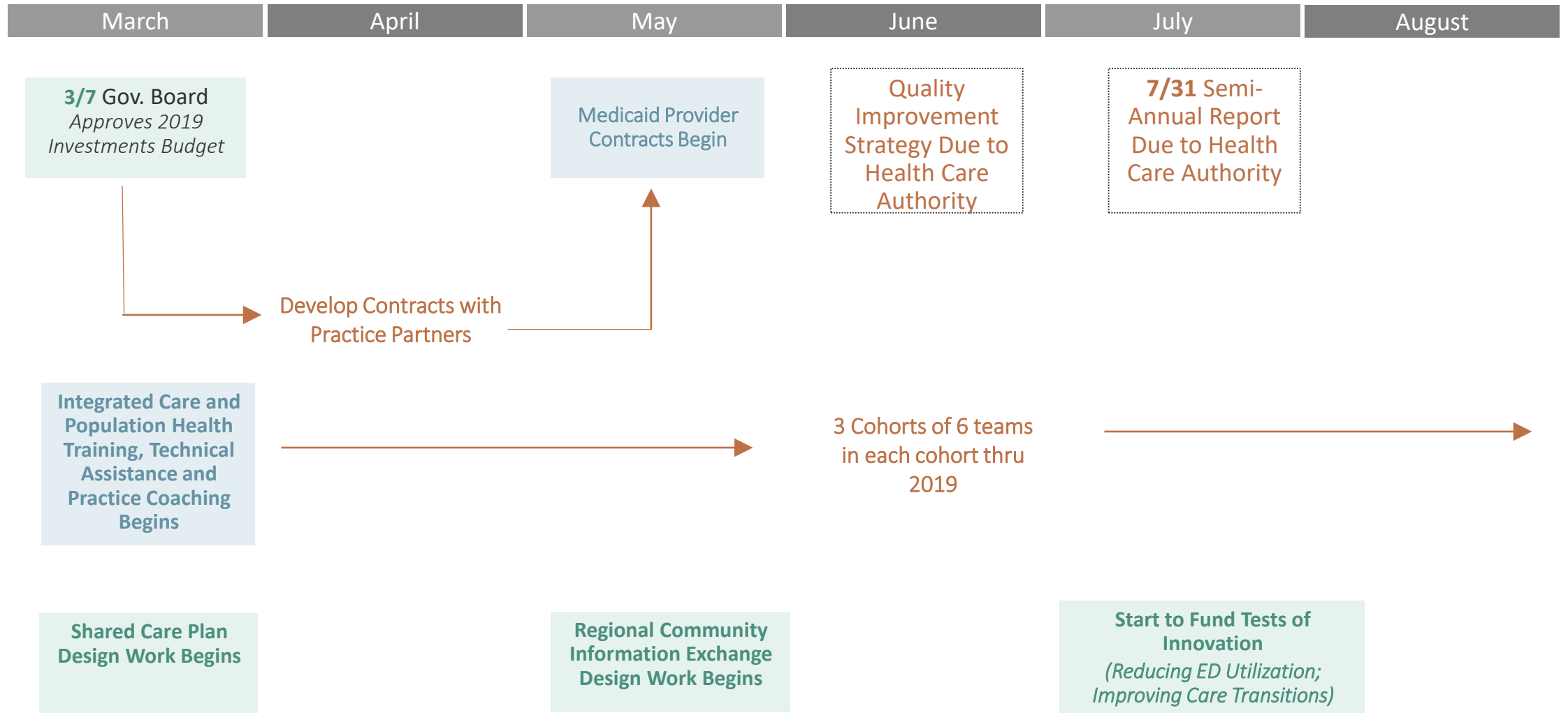
Administration (\$15M)

Project Incentives by Provider Type: \$75M

Project Incentives Only	Systems	Projects	MTP Total
Medicaid Providers	\$9,207,625	\$30,485,324	\$39,692,950
Community Based Organizations	\$2,721,941	\$25,607,673	\$28,329,614
Tribes	\$963,991	\$4,877,652	\$5,841,643
HealthierHere TA	\$1,141,227	\$ -	\$1,141,227
TOTAL PROJECT INCENTIVES	\$14,034,784	\$60,970,649	\$75,005,433

Note: Allocations between Systems and Projects may be revisited based on investment decisions. Changes would require board approval.

2019 Upcoming Milestones and Deliverables



Questions and Discussion