



BI-DIRECTIONAL CARE INTEGRATION WORK GROUP MEETING

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FEBRUARY 27, 2018

Welcome and Introduction

Introduce yourself: Name and Organization

WELCOME

Agenda

- ✓ Review Previous Meeting
- ✓ Programmatic Updates
- ✓ Assessment Update
- ✓ Milestone 2: Review Domain 1 Strategies
- ✓ Project 2A Logic Model Framework
- ✓ Next Steps

Outcomes From Last Meeting

1. Assessment questions finalized after feedback
 - A pre-survey letter will be sent one week before
2. Target populations – will review in between meetings
 - Adults/children w/ or at-risk for behavioral health conditions
 - Dx w/ mental illness (depression, anxiety, PTSD) and/or low behavioral health needs
 - Dx w/ SUD treatment need: alcohol use disorder, opioid use disorder, tobacco use disorder
 - Dx w/ SMI (bi-polar disease, schizophrenia) and/or high behavioral health needs
 - Co-occurring chronic illnesses: obesity, diabetes, CVD, asthma
3. Integrated project portfolio
 - How other project elements fit into integrated care

ACH Project Plan Scores

Project Plan Scores						
	Section 1		Section 2		Total Score	
ACH	Initial	Final	Initial	Final	Initial	Final
Better Health Together (BHT)	82.92%	100%	93.16%	100%	90.09%	100%
Cascade Pacific Action Alliance (CPAA)	94.17%	100%	91.40%	100%	92.23%	100%
Greater Columbia (GCACH)	94.58%	100%	72.76%	100%	79.31%	100%
HealthierHere⁵	96.67%	100%	95.53%	100%	95.87%	100%
North Central (NCACH)	88.33%	100%	87.54%	100%	87.78%	100%
North Sound (NS ACH)	82.92%	100%	77.50%	100%	79.13%	100%
Olympic (OCH)	76.67%	100%	77.19%	100%	77.04%	100%
Pierce County (PCACH)	73.75%	100%	87.63%	100%	83.47%	100%
SWACH⁶	88.33%	100%	88.68%	100%	88.58%	100%
Average	86.48%	100%	85.71%	100%	85.94%	100%

Funds Distribution

- 100% on project plan
- First installment of funding may distributed in March - May
- Continue to expand providers in the financial portal
 - Instruction letter will be sent in the next week to potential partnering providers
 - Does not guarantee payment

Year 1 Funds Distribution

		DEMONSTRATION YEAR 1								
ACH	Client Count	Client Count	ACH Project Plan Score	ACH Project Plan Bonus	ACH Project Incentives (funded by DSHP)	ACH Project Incentives (funded by IGT)	BHI Incentives (Actual and Potential)	Enhanced Integration Valuation Incentives	Bonus Pool	Total
Estimated Payment Date					March 2018	May 2018	May 2018	March 2018	March 2018	
Better Health Together	175,052	11%	100%	0%	\$8,629,990	\$7,209,119	\$3,320,749	\$0	\$0	\$19,159,858
Cascade Pacific Action Alliance	165,422	10%	100%	10%	\$7,845,446	\$6,553,744	\$0	\$0	\$1,455,842	\$15,855,032
Greater Columbia ACH	227,331	14%	100%	0%	\$10,983,624	\$9,175,242	\$4,073,566	\$0	\$0	\$24,232,433
HealthierHere ²	358,022	22%	100%	0%	\$17,259,981	\$14,418,238	\$5,955,517	\$0	\$0	\$37,633,735
North Central ACH	82,531	5%	100%	10%	\$3,922,723	\$3,276,872	\$0	\$2,312,792	\$1,455,842	\$10,968,229
North Sound ACH	245,308	15%	100%	20%	\$11,768,169	\$9,830,617	\$4,332,435	\$0	\$1,941,123	\$27,872,343
Olympic Community of Health	73,719	4%	100%	10%	\$3,138,178	\$2,621,498	\$0	\$0	\$1,455,842	\$7,215,518
Pierce County ACH	203,383	12%	100%	0%	\$9,414,535	\$7,864,493	\$3,728,715	\$0	\$0	\$21,007,743
SWACH ³	115,708	7%	100%	0%	\$5,491,812	\$4,587,621	\$0	\$8,675,674	\$0	\$18,755,108
Total	1,646,476	100%	--	--	\$78,454,459	\$65,537,444	\$21,410,982	\$10,988,466	\$6,308,649	\$182,700,000

¹ Client counts are based on November 2017 Medicaid enrollment. ² Formerly known as King County ACH. ³ Formerly known as Southwest Washington ACH

P4R Update by HCA (draft)

P4R Metric List (Pending Approval) for Providers Traditionally Reimbursed by Medicaid

All Projects - Examples

- Practice/clinic site is actively sharing information (via HIE) to coordinate care
- Providers are trained on project selected evidence-based approach(es)
- Providers who are trained actively implementing evidence-based approach(es)
- Medicaid Providers are defined as clinic/practice sites who provide physical and behavioral health services paid by Medicaid.

Community Based and Social Organizations All Projects - Examples

- Organization site is actively sharing information (via HIE) to coordinate care
- Organization staff trained on project selected evidence-based approach(es)
- Organization staff implementation of project selected evidence-based approach(es)

Washington Medicaid Transformation

Transformation through Accountable Communities of Health*, 2017-2021

For more information visit the [Healthier Washington website](#)

Key Medicaid Transformation Activities



2017
Year 1

Washington contracts with the Centers for Medicare & Medicaid Services (CMS) to find new ways to make communities healthier by partnering with Accountable Communities of Health (ACHs) on Medicaid Transformation projects.

The [nine ACHs](#) pass two levels of certification and each receive \$6 million for planning regional health projects.

ACHs submit Project Plans for the projects they will support in Years 2 through 5.

Provide input to ACHs at meetings, workgroups, councils, and through surveys.

Stay in touch by [signing up for news](#), or emailing medicaidtransformation@hca.wa.gov to join the Feedback Network (include your name and email address).

2018
Year 2

ACHs earn money for reporting information related to their projects (called Pay-for-Reporting, or P4R).

FEBRUARY

ACH Project Plan scores finalized and approval status determined.

HCA releases the Measurement Guide for public review. It shows how the state will measure improvements in making communities healthier, and how ACHs and partners can earn funds for performance.

JULY

ACHs submit first semi-annual report, in which they describe project progress to date. This includes defining the communities they will focus on, and specific steps they will take to make them healthier.

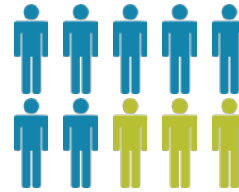
OCTOBER

ACHs submit Implementation Plans describing how they will carry out their projects.

If you are a health or social service provider, ask your ACH about becoming a partnering provider.

Sign up for your ACH's email list to stay in touch with their progress and ways to be involved.

Help your ACH with their Project and Implementation Plans.



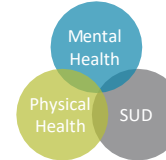
2019
Year 3

In addition to reporting on project milestones, ACHs begin earning money based on how well their projects are helping communities (P4P).

JULY

ACHs will participate in a mid-point assessment to identify areas of improvement to ensure successful implementation of projects.

Work with your ACH to support, improve, and strengthen projects.



2020
Year 4

JANUARY

Washington moves to [Integrated Managed Care](#), a model that coordinates physical health, mental health, and drug and alcohol treatment to provide whole-person care under one health plan.

Help your ACH by working on projects, attending meetings, and contributing to reports.



2021
Year 5

DECEMBER

Although Washington's contract with CMS ends, Medicaid Transformation continues. ACHs have the programs and partnerships in place, and communities are reporting measurable progress. Washington's Medicaid program is proving the value of rewarding high-quality, whole-person care.

Continue to help make your communities healthier by working with your ACH to improve health care for all Washingtonians.

How to Get Involved

ACHs will submit reports twice per year (in January and July) about how they are doing on their projects.

* Transformation through Accountable Communities of Health is one of the three initiatives of the Medicaid Transformation Demonstration. The Demonstration is an agreement with the federal government, allowing Washington to test innovative ways of improving health care.



State Capacity Assessment

- Pre-survey letter going out soon
- Electronic survey is being distributed March 5th
- Available online at www.cpaawa.org
- Closes March 26th

CPAA/P-TCPI Meeting

- Building on each others behavioral health integration activities
- P-TCPI champions/staff will help w/ outreach and communication
- Developing a learning collaborative event w/ the AIMS Center
 - Implementing collaborative care
 - In-person or webinar event held late spring early summer
 - Year long Bi-directional Training starting Fall 2018

Milestone 2: Domain 1 Strategies

- Financial Sustainability

Strategy	Potential Cost
Incentivize physicians to move away from FFS and adopt VBP contracts	TBD
Incentivize the number of quality metrics included in VBP contracts	TBD
Incentivize contracts/MOUs between primary care and behavioral health agencies	TBD
Coordinate with the AIMS Center to support partnering organizations to use the AIMS Center Financial Modeling Workbook	TBD
Support partnering organizations in billing for Behavioral Health Integration (BHI), Chronic Care Management (CCM), and the Collaborative Care Model (CoCM) using new billing codes (G0502, G0503, G0504, G0507, G0511, G0512)	TBD
Startup costs for partnering organizations to build integrated care program (training costs described below)	TBD

Milestone 2: Domain 1 Strategies

- Workforce

Training/Technical Assistance	
Strategy	Potential Cost
AIMS Center Bi-Directional Training	\$9,619 per participating team
AIMS Center Problem Solving Treatment (PST) Training and Certification	\$1,900 per clinician
AIMS Center Patient Activation Training and Certification	\$1,300 per participant
UW Psychiatry & Behavioral Sciences: Integrated Care Training Program	-
Pediatric – Transforming Clinical Practice Initiative resources	-
Qualis Health Coaching	-
Develop Learning Collaborative for Integrated Care	-
Partnership Access Line: Child Psychiatric Consultation Program Primary Care Providers	Free

Milestone 2: Domain 1 Strategies

- Workforce cont.

Workforce Capacity	
Strategy	Potential Cost
Behavioral Health Clinician	~\$75,000/year
Psych ARNP	~\$115,000/year
Registered Nurse	~\$50,000/year
Psychiatric consultation	.3 FTE = ~\$60,000
Primary care consultation	?
Telemedicine	TBD
Tele psychiatry	TBD
Recruitment incentives for underserved/rural areas with multi-year commitments	TBD
Work with partners to develop a residency program for integrated care	TBD
Explore an increase in residency rotations in rural health clinics	TBD

Milestone 2: Domain 1 Strategies

- Systems for Population Health Management

Strategy	Potential Cost
AIMS Center Caseload Tracker (patient registry)	1-50 users: \$2,400 per year 51-100 users: \$4,000 per year 101+ users: based on # of users
AIMS Center Care Management Tracking System (CMTS)	Free?
EHR System Enhancements	TBD
EHR Custom Patient Registry Builds	TBD
HIE expansion to coordinate care	

Logic Model - DRAFT

- Review draft logic model document
- What needs clarification?
- Logic model may form base for implementation plans

Summary and Next Steps

- Next steps
 - Finalize Domain 1 strategies
 - Continue developing logic model
 - Providers begin to think about LOI/RFP
 - What else would you like covered in the work group meetings?
 - Did this webinar work well? Next meeting in-person or webinar?