

Washington State's 5-year Health Care Innovation Plan Impacts to Clark County

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WHERE ARE WE GOING?

Draft Vision

All people in Washington achieve and maintain better health*



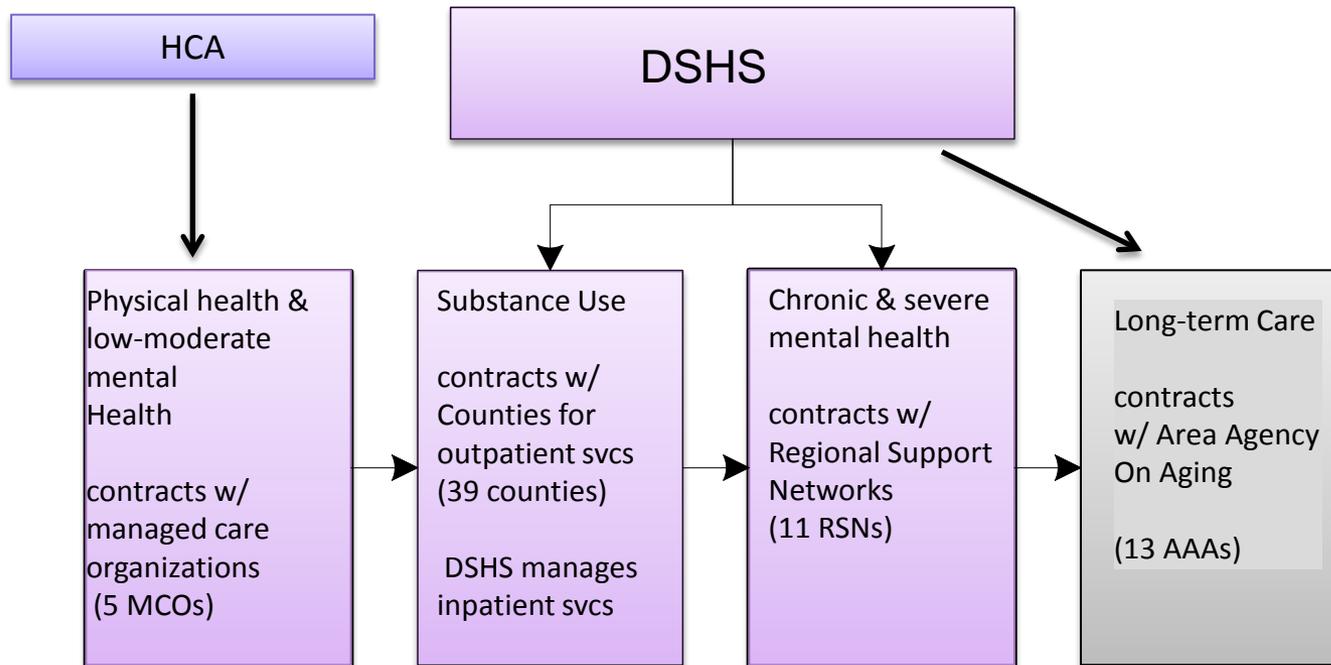
Draft Broad Aim

By 2019, the people of Washington state will be healthier because our state has collectively shifted from a costly, disconnected non-system for health care to aligned health approaches focused on achievable targets for better care, lower costs, prevention and reduction of disparities.*

Current Medicaid Contracting System

Healthcare Authority (HCA)

Department of Social & Health Services (DSHS)



Problems with current system

- Payment in Washington tends to be fee for service, incentivizes volume not value
- Care delivery is highly fragmented in most areas of the state
- Population health approaches and community resources are not connected with care delivery

The Washington Way

Bring is all together: Physical & Behavioral Health Solutions

- Restructure Medicaid procurement on a phased basis to better support integrated physical, mental health and substance use/abuse treatment & support services
- Strengthen Washington's Accountable Communities of Health infrastructure to support both integration, and upstream prevention

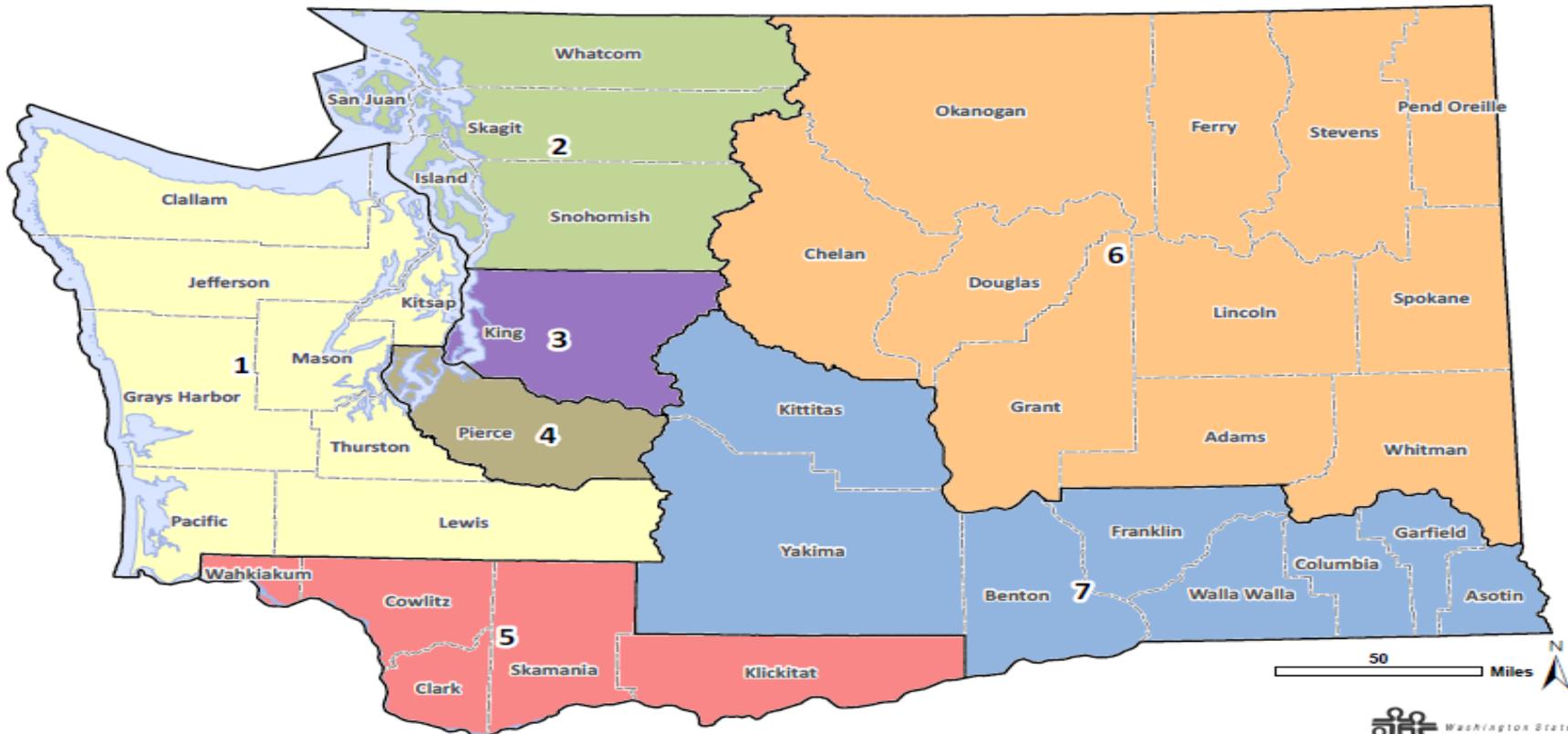
The Washington Way

Coordinate and integrate the delivery system with community services, social services and public health

- Create 7-9 regional service areas
- Medicaid procurement moves to these 7-9 regions
 - Accountable Community of Health organization within each region Better cross sector alignment on statewide priorities
 - Local solutions thrive
- Regional Extension Center “spoke” within each region
- Key state community service supports better aligned with regions over time
- Transformation trust fund supports innovation

7-9 Regional Service Area (7 Regions)

Health Home Network Coverage Areas
Effective October 8, 2012



Health Home Network Coverage Areas
 1
 2
 3
 4
 5
 6
 7
 County boundary

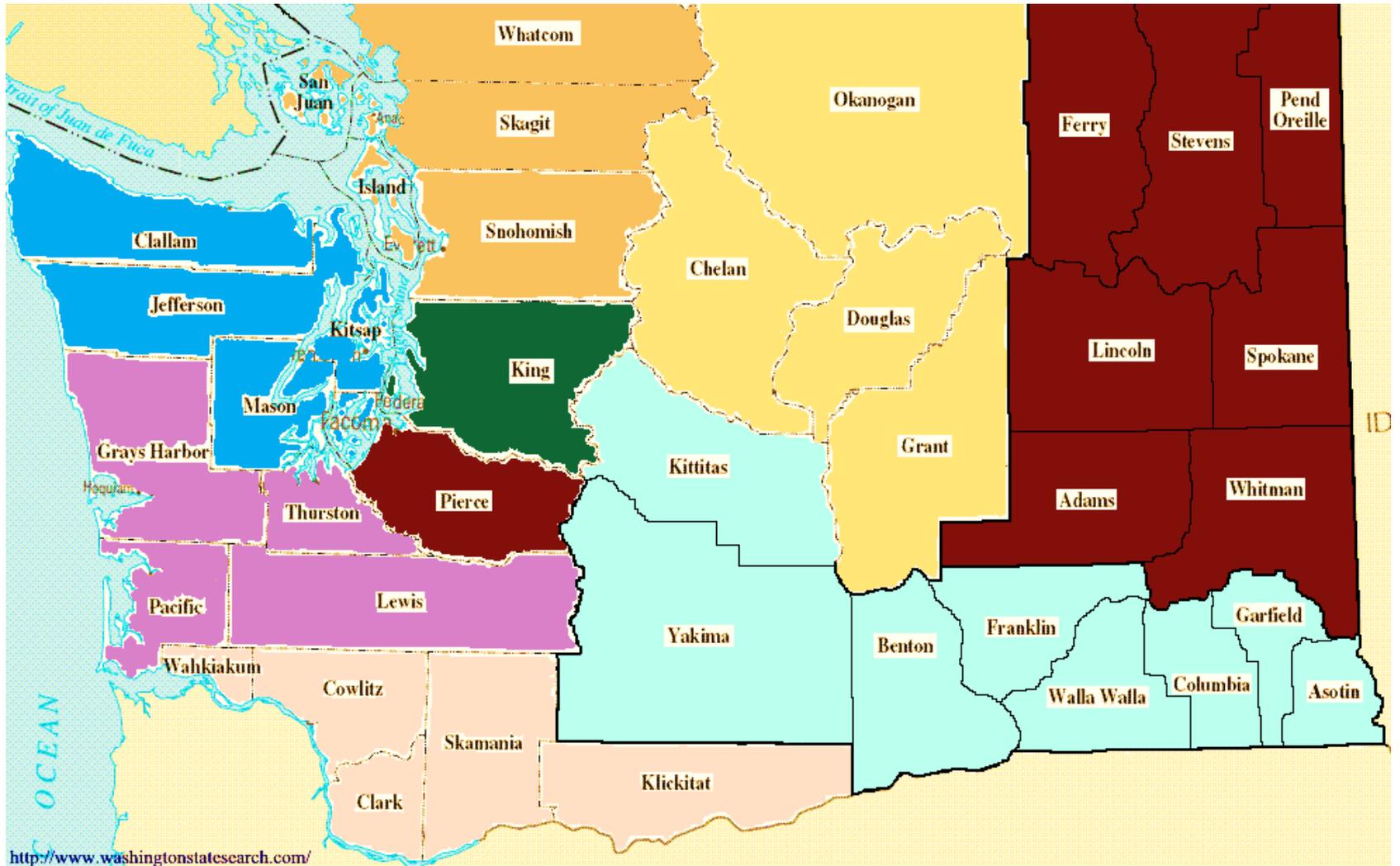
Sources: Health Home Network Coverage Areas: Health Care Authority, DSHS Aging and Disability Services Administration. Counties: 2010 TIGER/Line shapefile.



RDA Research & Data Analysis Division

Map Created: October 11, 2012

7-9 Regional Service Area (9 Regions)



Accountable Communities of Health

The Washington Way

- Philosophy and structure that recognizes the value of collective action and shared responsibility to achieve health
- ACHs are formal entities – regionally governed, public private partnership organizations. Can be non-profit or quasi-government organizations

Accountable Communities of Health

The Washington Way

ACH accountabilities :

- Develop a region wide health needs assessment, set common agenda
- Act as the facilitator of learning and continuous quality
- Fund manager and broker for aligned community initiatives
- “Home” for shared services

Structure, governance and development of ACH model – still many opportunities to shape, public health a key partner

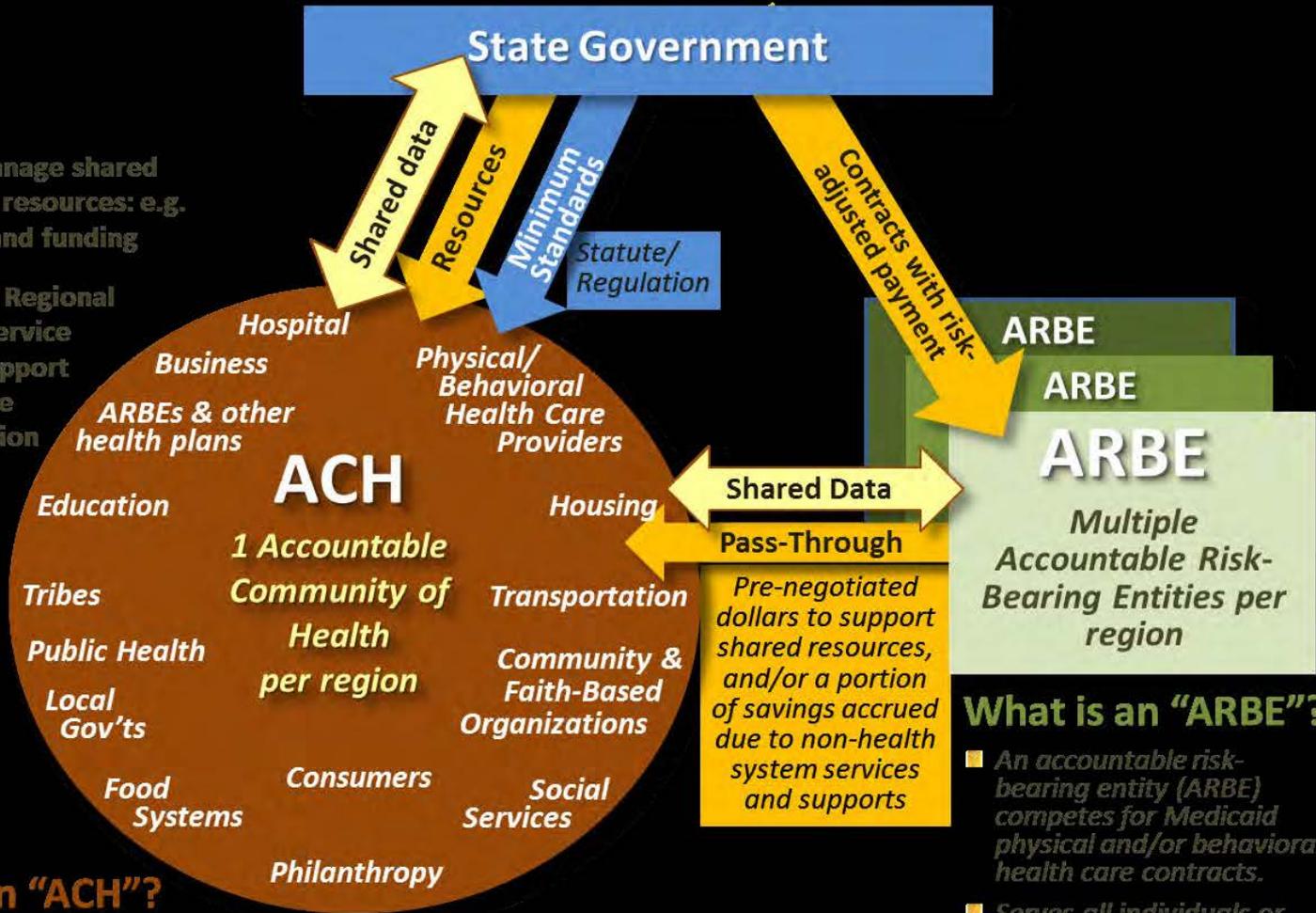
Medicaid Procurement

State has developed proposed timeline with a phased in approach to move towards integration of Medicaid funds.

- Jan 2015 – First phase: initiate RFP to create a behavioral health organization for mental health and substance use funds. RFP will also go out for healthy options for physical health. Regions can be early innovators & apply for integration of all Medicaid funds. Contracts in place January 2016.
- 2019 – Full purchasing integration of physical/behavioral health care.

New Integrated Regional Approach: Medicaid Financing & Delivery Re-Engineering

- ACH will manage shared community resources: e.g. workforce and funding
- ACH houses Regional Extension Service Agent to support local practice transformation
- 4 Levels of ACH Readiness*
*See Appendix C



What is an "ACH"?

- Locally governed, public-private partnership organizations bringing together and supporting communities, sectors, and systems—including health and social service providers, risk-bearing entities, counties, public health and tribes. ACHs link, align and act on achieving community health improvement goals and encourage cross-sector resource sharing.

SWWA Regional Health Alliance

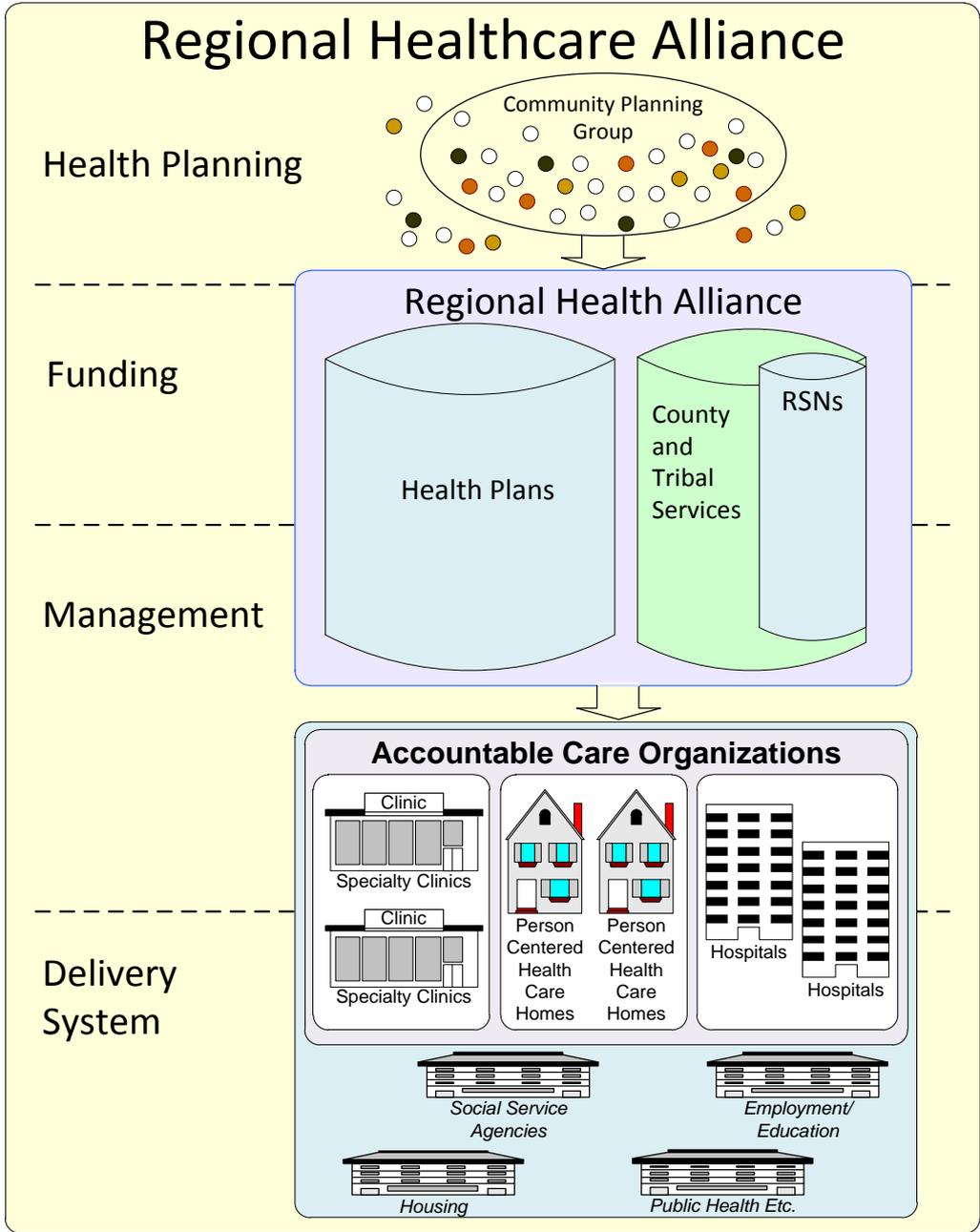
SWWA Regional Health Alliance (RHA)

“The communities of Southwest Washington came together and formed a 501c3 creating the Southwest Washington Regional Health Alliance, a public-private partnership that is being designed to promote the health of our region’s residents, with a focus on at-risk, vulnerable populations.”

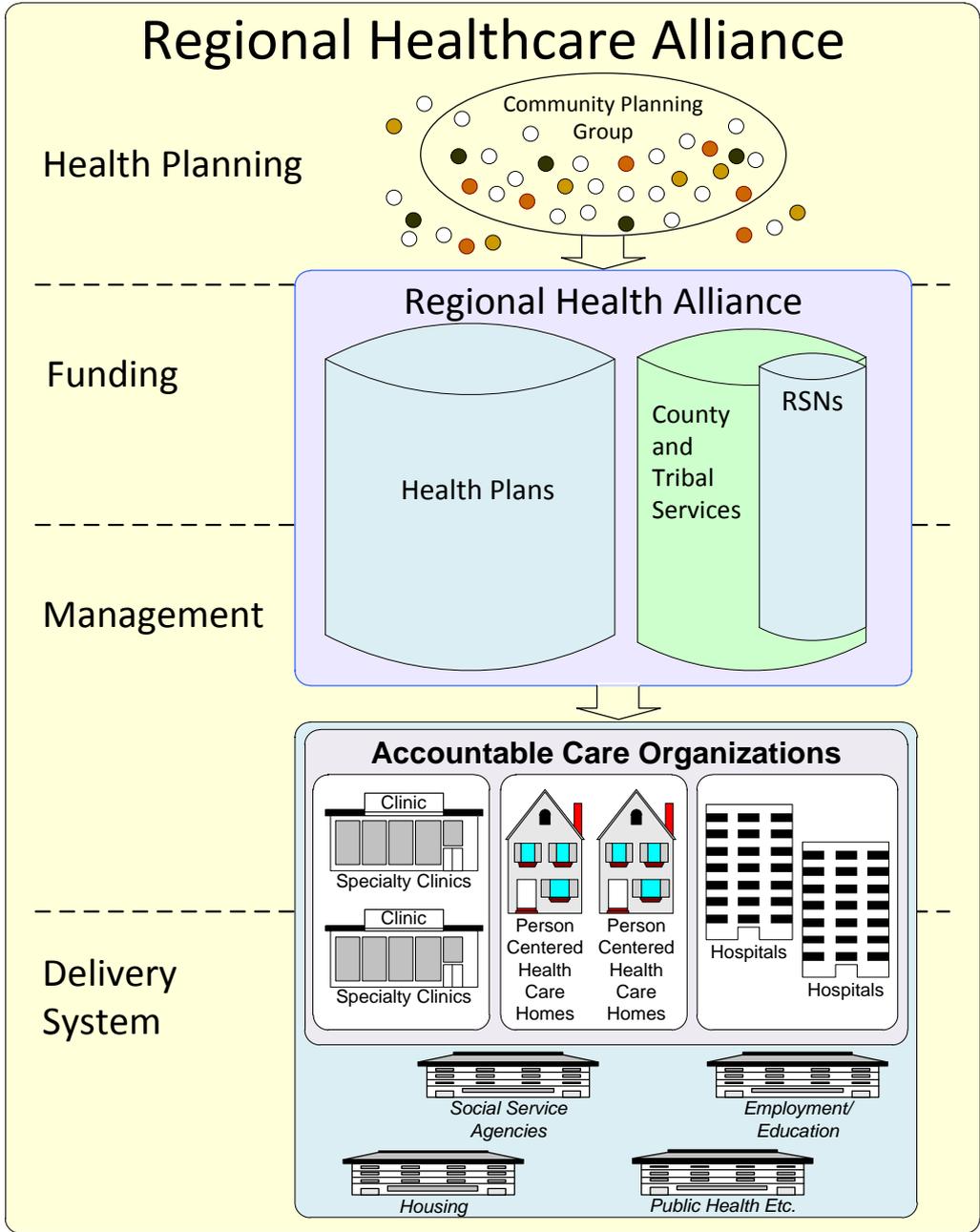
(Healthcare Reform the Southwest Washington Way - Implementing a Regional Approach to Healthcare Integration in Southwest Washington)

- The aim of this effort is to achieve:
 - Better Health
 - Better Care
 - Reduced Cost
- ...for the citizens of SW WA, with an emphasis on the at-risk, vulnerable residents of our communities

- Two-Part Idea started Sept 2010:
 - A Regional Health Alliance to organize the payors/funders to create a supportive payment and regulatory system
 - In order to support organizing the delivery system into accountable systems of care



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RHA Partners

- SeaMar, Free Clinic of SWWA, Cowlitz Family Health Center & North Shore Medical Clinic
- 4 County Public Health
- 4 County Human Services
- SW Area Aging and Disability
- Legacy, Kaiser Permanente, PeaceHealth, Providence
- Medicaid Health plans
- Cowlitz Indian Tribe
- Clark College and Lower Columbia College
- ESD 112
- Consumer representatives and advocates
- Behavioral Health providers
- Social Service providers

RHA Board of Directors

President-Duane Rogers- Kaiser Permanente

Vice President-Jon Hersen-Legacy Health Systems

Secretary-Vanessa Gaston, Clark County

Treasurer-Cindy Robertson – NorthShore Medical Group

Steve Kutz- Cowlitz Tribe Health & Human Services

Carlos Carreon- Cowlitz County

Kirby Richards– Skamania County

Sue Cameron- Wahkiakum County

Kevin Kussman- Clark College

Ma'ata Latu- Coordinated Care Corporation

Alan Melnick-Clark County

Regina Badger – Columbia United Providers

Dian Cooper – Cowlitz Family Health Center

David Kelly – SWWA Area Agency on Aging & Disability

Sarah Cave – PeaceHealth

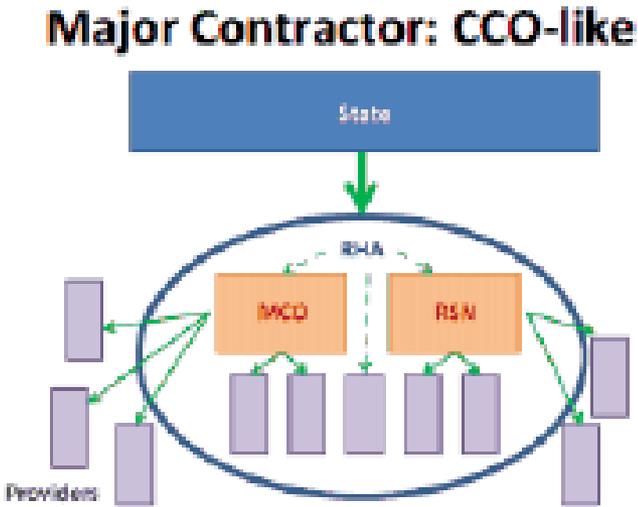
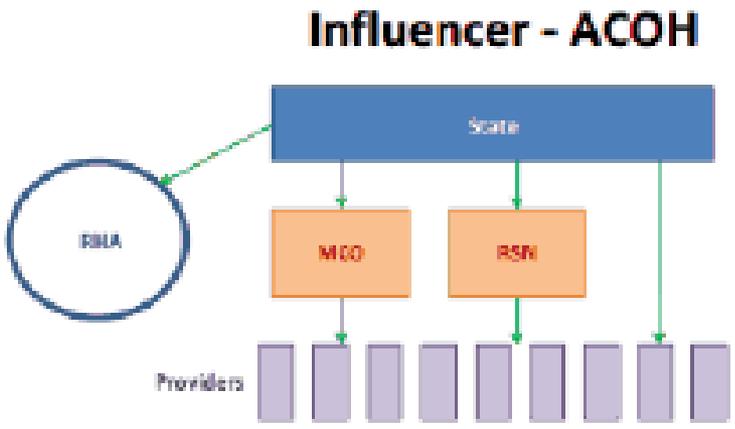
RHA's Role in SHCIP Plan

- Exploring whether the RHA can apply for the integrated Medicaid contract to create a Coordinated Care Organization similar to the models in Oregon. RHA would need to create a reserve because it would become a risk bearing entity for the Medicaid funds.

and/or

- RHA applies to become the ACH for the SWWA Region.

ACH vs. CCO



RHA Comparison

Risk Bearing Entity (CCO)

- Private non-profit (CCO) bears the risk. No one entity bears all the risk.
- Local control over the system (counties and other community partners share in governance).

Accountable Community of Health

- Private non-profit (ACH) is advisory
- Health Plans bear the risk
- State (HCA) provides oversight

Impacts to Clark County Government

Impacts to Department of Community Services (DCS)

DCS currently contracts with DSHS to deliver outpatient substance use services.

- 2014 will receive \$2,065,041
- 2015 estimated to receive \$1,715,558 (final year of funds)

Impacts to DCS & County:

- Loss of funds that will impact DCS's ability to pay County indirects
- Potentially could cause staff layoffs (*DCS has been working to prepare for these changes through workforce planning*)
- DCS is and will continue to work closely with regional partners to form an ACH.

Counties serving as Risk Bearing Entities

- The Medicaid procurement poses a challenge for Counties. The plan is to integrate substance use funds with mental health making this a risk bearing contract. Currently, DCS doesn't have a risk bearing contract with DSHS for substance use.
- SWBH is planning to submit a proposal for these integrated funds for the SWWA Region.
- Clark County Commissioner needs to decide if they want to continue to be the risk bearing entity for the RSN before SWBH begins their planning process.

What's a RSN?

- Health Plan that plans, coordinates, funds, monitors and authorizes publicly-funded mental health services RCW 71.05 & 71.24.
- Current funding sources include a Prepaid Inpatient Health Plan (Medicaid), State also allocates to RSNs state-only (general fund) dollars to fund non-Medicaid services. RSN receive federal mental health block grant dollars to fund services such as consumer-run services & supportive employment.
- RSNs contract with local community mental health service providers for a full range of mental health crisis, inpatient, outpatient & support services.
- RSNs, as health plans, are under the authority of counties in most areas across the state therefore counties serve as the risk bearing entity. **The RCW reads that each county entering into an agreement to create a RSN shall bear a share of the cost of mental health services.**

Questions??