Prevention Framework Prioritized Sequence of Recommended Actions

Recognize SHCIP Foundational Building Blocks with the Prevention Enhancement will be implemented to build the needed infrastructure to support the actions recommended below

GOAL **The People of Washington will be healthy at every stage of life**	**Proposed Measures** 1. NQF 0028 – Tobacco Use: Screening and Cessation Intervention 2. NQF 2152 – Unhealthy Alcohol Use: Screening & Brief Intervention 3. NQF 0421 – Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up 4. NQF 0024 – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents 5. NQF 0018 – Controlling High Blood Pressure 6. Number of administrative claims for screening/preventative services
Priority: Prevention and Management of Chronic Disease and Behavioral Health Issues **Short Term Focus:** Cardiovascular Disease and Diabetes **Long Term Focus:** Healthy Eating, Active Living, Obesity Prevention **Short Term Focus:** Mental Illness, Substance Abuse/Use (tobacco) **Long Term Focus:** Adverse Childhood Experiences	

In Washington State, collaborative efforts among public health, health care and systems which influence social determinants of health will:

Objective 1
Reduce the prevalence and incidence of preventable health conditions at all stages of life through effective primary prevention and screening

Strategies	Actions	Short Term 1 year	Medium Term 1-2 yrs	Long Term 2-5 yrs	Primary Accountability to Action		
					Health Care	Public Health	Other Systems
Reorient health and other systems to improve health, quality, reduce cost and improve experiences for both people and providers	Amplify a Health in All Policies approach across State agencies and within communities	X	X	X	X	X	X
	Any practice transformation support training development and activities prioritize: • PCMH recognition support and technical assistance • USPTF screenings • SBIRT with inclusion of Tobacco • ABCs and BMI screening– (USPTF) • Connections with supportive services		X		X	X	
	ACH and existing local collaboratives support primary care/hospital partnerships focused on screening/prevention practice transformation (Priorities to be selected/ phased in approach) • PCMH recognition • SBIRT with inclusion of Tobacco (USPSTF Recommendation)		X		X	X	X

	• Hypertension control (USPSTF Recommendation) • Trauma informed care						
	Work with insurance companies to increase providers/systems awareness of key USPSTF A and B recommendations being addressed at a state wide level	X			X	X	X
	Adopt non-medical risk factor mechanisms for clinical systems to assess and refer to non-medical supports (housing, food/nutrition assistance, etc.)	X	X	X	X	X	X
	Work in partnership with clinical and hospital providers, public health and other community systems to identify resources and mechanisms for referral	X	X	X	X	X	X
	Where possible utilize EMTs in multi-disciplinary Community Health Teams for community/place based prevention screenings	X			X	X	X
	Community and service providers implement and spread / create trauma informed environments		X		X	X	X
Reform payment and benefit design to incentivize prevention and health improvement	Submit a Medicaid Demonstration Waiver (Section 1115) and/or Medicaid State Plan Amendment to create flexible funding opportunities to enable increased prevention focused activities, allow referral to non-licensed providers, incorporate supportive services not currently available, such as supportive housing, etc.	X	X		X		
	Create a sustainable innovative finance toolkit at the state and community level to address and fund regional prevention focused projects, that includes social impact bonds and pay for performance models	X	X	X	X	X	X
	Develop a mechanism for shared savings operations and distribution amongst health care, public health and other contributing sectors		X				
	Implement incentives for high rates of evidence based preventive screenings		X				
	Require coverage of Diabetes Prevention Program and Chronic Disease Self-Management and incentivize high rates of participation		X		X	X	
	Standardize billing pattern and processes between insurance carriers, i.e. create a standard billing code for case management of Medicaid eligible patients to be a PMPM instead of a FFS payment or carve out		X		X		

	Provide a stipend for free or low cost access to HIT technical assistance to operationalize population level measures		X		X	X	X
	A portion of ACO enabled cost-reduction savings for a designated population of patients, could be set aside to invest in community-prevention initiatives aimed at improving community environments		X		X	X	X
Foster and engage people, communities and systems in health promotion activities that enable them to exercise control over their health and environments	Create and Implement a Statewide Health Literacy campaign with initial focus on essential health benefits.	X	X	X	X	X	X
	Community Health Teams are built, in place and sustained to foster health promotion activities in their communities. Activities to include (but not limited to): Outreach and Education Diabetes Prevention Program Chronic Disease Self-Management Parent education and support		X		X	X	X
	Provide training and technical assistance to implement Mental Health First Aid across the state across all sectors.	X			X	X	X
	Encourage and reward use of mobile technology/innovation to encourage uptake on preventive services		X		X	X	X
	Expand capacity to promote parental skill development through partnering with clinical providers, i.e. Reach out and Read and Home Visiting	X	X	X	X	X	
	Implement a statewide *warm line* for breastfeeding support	X			X	X	

Prevention Framework Prioritized Sequence of Recommended Actions

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GOAL **The People of Washington will be healthy at every stage of life**	**Measures** • Proportion of individuals with one or more chronic conditions whose health care is being well managed • Rates of avoidable hospitalizations for individuals with chronic conditions • Rates of avoidable hospital readmissions for individuals with chronic conditions • Proportion of individuals with depression, mental illness, or chemical dependency participating in a treatment program • Rates of avoidable emergency room usage for individuals with chronic conditions • Ratings by individuals of their experience with the care they have received • Use of palliative care vs. treatment at end of life • Ratings by individuals with chronic conditions of their health and ability to function • Number of supported housing units available to assist the transition of persons with complex health conditions living homeless into long term housing • Activation (patient engagement) level of individuals with chronic conditions • Total cost of care for individuals with chronic conditions, risk adjusted • Percentage of Medicaid enrollees age 18 and older discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge
Priority: Prevention and Management of Chronic Disease and Behavioral Health Issues **Short Term Focus:** Cardiovascular Disease and Diabetes **Long Term Focus:** Healthy Eating, Active Living, Obesity Prevention **Short Term Focus:** Mental Illness, Substance Abuse/Use (tobacco) **Long Term Focus:** Adverse Childhood Experiences	

Objective 2
Increase the number of people with improved physical and behavioral health outcomes through engagement in an integrated system with adequate supports and coordination

Strategies	Actions	Short Term 1 year	Medium Term 1-2 yrs	Long Term 2-5 yrs	Primary Accountability to Action		
					Health Care	Public Health	Other Systems
Reorient health and other systems to improve health, quality, reduce cost and improve experiences for both people and providers	Amplify a Health in All Policies approach across State agencies and within communities	X			X	X	X
	Assure co-location of physical and behavioral health services is available, so the whole persons health can be addressed						
	Strengthen WA Health Information Exchange and work to remove barriers to access.(build on the foundation of other systems that exist, i.e.PRISM)	X	X	X	X	X	X

Prevention Framework Prioritized Sequence of Recommended Actions

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	Support health – housing partnerships. Scale and spread use of CHW based models in affordable housing communities	X	X	X	X	X	X
	Where possible, utilize Community Health Teams and/or EMTs for hospital discharge after visits	X			X	X	
Reform payment and benefit design to incentivize prevention and health improvement	Submit a Medicaid Demonstration Waiver (Section 1115) and/or Medicaid State Plan Amendment to create flexible funding opportunities to enable increased prevention focused activities, allow referral to non-licensed providers, incorporate supportive services not currently available, such as supportive housing, etc.	X			X	X	X
	Primary care practices and behavioral health providers will receive flexible adequate payment to support coordination of care. (Should be tied to evidence of collaboration)		X		X	X	X
	Primary care practices will receive adequate payment to develop a plan of care for people with chronic conditions.						
	Create a sustainable innovative finance toolkit at the state and community level to address and fund regional prevention focused projects, that includes social impact bonds and pay for performance models	X			X	X	X
	Require all insurance plans in Washington to cover proactive case management of people with chronic mental health conditions						
	Develop a mechanism for shared savings operations and distribution amongst health care, public health and other contributing sectors		X				
	Provide support for evidence based supportive housing and employment opportunities						
Foster and engage people, communities and systems in health promotion activities that enable them to exercise control over their health and environments	Create and Implement a Statewide Health Literacy campaign						
	Community Health Teams are sustained and in place foster health promotion activities in their communities. Activities to include (but not limited to): Outreach and Education Diabetes Prevention Program Chronic Disease Self-Management Parent education and support						
	Provide training and technical assistance to implement Mental Health First Aid across the state	X	X	X	X	X	X
	Implement SHAPE (Local activity) Shape Health Action Plan for Empowerment. Mentors to increase physical activity for those with mental illness						

	Encourage and reward use of mobile technology/innovation to encourage management of behavioral and physical health conditions	X	X	X	X	X	X
	ACH leverage public health partners to promote awareness of maternal depression						

Prevention Framework Prioritized Sequence of Recommended Actions

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GOAL
The People of Washington will be healthy at every stage of life

Priority: Prevention and Management of Chronic Disease and Behavioral Health Issues
Short Term Focus: Cardiovascular Disease and Diabetes
Long Term Focus: Healthy Eating, Active Living, Obesity Prevention
Short Term Focus: Mental Illness, Substance Abuse/Use (tobacco)
Long Term Focus: Adverse Childhood Experiences

Measures

- Increase the number of Washington schools serving nutritious, Washington grown foods to children by 15% by 2017
- Increase the access of Washington children and families, particularly to low income families, to fresh fruits and vegetables in farmers markets and farm stands by 15% from the 2014 baseline by 2017
- # of childcare, clinics hospitals and worksites adopted breastfeeding policies – Baby friendly Hospitals
- Inclusion of nutrition and physical activity standards in state regulations of child care. (Goal is to have 47 components of standards for infant feeding, nutrition, physical activity and screen time – WA included 12.8%)
- Number of Housing Authorities with tobacco free policies

Objective 3
Increase sustainable healthy physical and social environments that promote health and health equity

Strategies	Actions	Short Term 1 year	Medium Term 1-2 yrs	Long Term 2-5 yrs	Primary Accountability to Action		
					Health Care	Public Health	Other Systems
Reorient health and other systems to improve health, quality, reduce cost and improve experiences for both people and providers	Amplify a Health in All Policies approach across State agencies and within communities.	X			X	X	X
	Prevention Framework Partnership members adopt healthy worksite policies and spread to constituency. ACHs facilitate activities for their communities to adopt policies as well. Tobacco free campuses Breast feeding policies Healthy food guidelines Mental Health First Aid	X	X		X	X	X
	Implement Breastfeeding Friendly WA voluntary recognition program for hospitals and community health clinics		X		X	X	X
	Adopt and promote smoke free environments in health care providers, business, colleges, parks, and housing authorities (including supportive housing)				X		X
	Tobacco cessation in Supportive Housing: Supportive Housing providers, shelters and mental health agencies bring tobacco cessation assistance to population receiving services						

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Reform payment and benefit design to incentivize prevention and health improvement	Develop a mechanism for shared savings operations and distribution amongst health care, public health and other contributing sectors	X			X	X	X
	Create an innovative finance toolkit for communities seeking to address and fund regional projects.	X			X	X	X
	Approve policy that directs a portion of Tobacco Mater Settlement Dollars to prevention efforts		X		X	X	X
	Establish sugar sweetened beverage tax with revenue directed towards obesity prevention		X	X	X	X	X
Foster and engage people, communities and systems in health promotion activities that enable them to exercise control over their health and environments	Community Health Teams are sustained and in place foster health promotion activities in their communities. Activities to include (but not limited to): Outreach and Education Diabetes Prevention Program Chronic Disease Self-Management Parent education and support	X	X	X	X	X	X
	Foster relationship with unions to increase understanding and support of the benefits of healthy worksite policies	X			X	X	X
	Provide training and technical assistance to implement Mental Health First Aid across the state	x	X	X	X	X	X
	Accountable Communities of Health and other local initiatives prioritize implementation of programs and policies that focus on initiatives that build a community culture of healthy eating and active living, such as safe streets to schools, community planning activities that address food deserts, etc.	X	X				
	Promote and encourage collaboration of farmers markets across the region accepting SNAP	X				X	X
	Establish a community fund for people to attend physical activity classes who could not otherwise afford it	X			X	X	X