Building a Prevention Framework

Public Health - Health Care Delivery System Partnership

June 26, 2014

Meeting Objectives

- Provide an update on the Washington State Round 2 SIM Grant Application
- Provide an opportunity for additional dialogue on the Prevention Framework Elements
- Provide an update on Data Group activities
- Discuss the proposal of the future of the Public Health – Health Care Delivery System Partnership and agree to a plan for moving forward

Meeting Agenda

- Introductions/Roll Call
- Review agenda and purpose of the meeting and outcomes
- Review materials
- Provide status of the grant
  - Public comment period
  - Relay understanding of the requirements of the population health plan
- Review the Prevention Framework Elements

Meeting Agenda

- Review the Prevention Framework Building Block Enhancement recommendations
- Review the recommended prioritized sequence of recommended action strategies
- Review the Data Group recommendations
- Proposal for the group moving forward
- Meeting on July 21
  - Discuss presentation to John Wiesman and Dorothy Teeter
  - Planning group volunteers?

CMMI SIM Round 2 Testing Grant

- Must address three focus areas
  1. Improving population health
  2. Transforming health care delivery
  3. Decreasing per capita total health care spending
- Due
  - July 21, 2014
- Announcement date
  - October 31, 2014
- Grant time period
  - January 1, 2015 — December 31, 2018
- Amount of funds
  - $20 million to $100 million per state for up to 12 states

CMMI SIM Round 2 Testing Grant

REQUIREMENTS

- Plan for population health
- Health Care Delivery System Transformation Plan
- Payment and/or Service Delivery Model
- Leveraging regulatory authority
- Health information technology
- Stakeholder engagement
- Quality measure alignment
- Monitoring and evaluation plan
- Budget
- Operational plan

Moving Forward

- The grant application will:
  - State that a plan to complete the Plan for Population Health Improvement
  - Incorporate key elements of the Prevention Framework, such as the goal, objectives and strategies
- Complete the Plan for Population Health Improvement by February 2016

Moving Forward

- Provide support structures to complete the Plan for Population Health Improvement
  - Recommend continuation in some form of the Public Health-Health Care Delivery System Partnership
  - Key Actions of the Partnership
    - Assist in development and implementation of the Plan for Population Health (Prevention Framework)
    - Participate in learning collaboratives that include initiatives with public health, health care and other sectors

Blueprint: Framework Elements

- Vision
- Principles
- Goal
- Priority and Initial Focus Areas
- Objectives
- Strategies
- Actions steps
  - Recommendations
- Measures

Prevention Framework Elements

VISION

- The people of Washington embrace and sustain a culture of health

GOAL

- The people of Washington will have improved health at every stage of life

PRINCIPLES

- Alignment, Balance, Collective Action, Health, Health Equity, Participation, Quality

Priority and Initial Focus Areas

PRIORITY

- Prevention and management of chronic disease and behavioral health issues, while addressing root causes

INITIAL FOCUS AREAS

- Cardiovascular disease and diabetes
- Healthy eating, active living, tobacco free living and obesity prevention
- Mental illness, substance abuse/use (opioids)
- Trauma informed practices (e.g., Adverse Childhood Experiences or ACES)

Objectives

OBJECTIVE 1

By December 31st, 2018, Washington State will increase the proportion of the population who receive evidence based clinical and community preventive services that lead to a reduction in preventable health conditions

OBJECTIVE 2

By December 31st, 2018, Washington State will increase the proportion of the population with better physical and behavioral health outcomes by engaging individuals, families, and communities in a responsive system that supports social and health needs

OBJECTIVE 3

By December 31st, 2018, Washington State will increase the number of communities with improved social and physical environments that encourage healthy behaviors, promote health and health equity

OBJECTIVE 4

By December 31st, 2018, Washington State will increase the number of integrated efforts between public health, the health care delivery system and systems that influence social determinants of health to lower costs, improve health, improve the experience of care and contribute to the evidence base

Measures Work

- Convened specific workgroup to focus on identifying measures for the Prevention Framework (four calls)
- Compiled a crosswalk of Washington (and national) measure sets to inform our selection
- Developed initial measure recommendations per objective
- Measures workgroup members nominated as part of Core Measure Set Subgroup

Measures Work Next Steps

- Workgroup is providing feedback on the suggested measures by June 30th
- Full group will receive preliminary list of measures for feedback
- Multiple audiences and uses for the measures
  - Incorporate into the CMMI SIM Round 2 Grant Application
  - Provide as recommendations to the Core Performance Measure Coordinating Committee and Sub-groups (directly to HCA/ Washington Health Alliance and PHHCDS member participants)
  - Keep purpose of core measure set in mind as well as the broader lens of our work, beyond clinical focus
- Future work will focus on how to make the objectives SMART with the suggested measures

Strategies

- Engage and influence health and other systems to improve health, quality, reduce cost and improve experiences for both people and providers
- Align funding and resources to incentivize prevention and health improvement
- Foster and engage people, communities and systems in health promotion activities that enable them to exercise control over their health and environments

SHCIP Building Blocks

Value-based Purchasing Improve Chronic Illness

Build Healthy Communities

- Quality/Price Transparency
- Person and Family Engagement
- Regionalize Transformation
- Accountable Communities of Health
- Leveraging State Data
- Practice Transformation Support
- Workforce Capacity

Building Block 1

QUALITY/PRICE TRANSPARENCY

- To achieve value based payment, the state must have transparent, accessible data and accurate measurements
  - Patients can make informed choices
  - Purchasers can identify value
  - Providers can highlight their performance

Building Block 1

PREVENTION ENHANCEMENTS

- Prevention Framework Partnership provides recommendations for prevention performance measures
- Price and quality data will be available at an ACH level to support population health improvement, including demographic and geographic variations to help identify where further attention to prevention and health promotion may be needed
- In partnership with the state, the ACH will be held accountable for improvement of population health increasingly overtime
- ACH criteria and process will be standardized with prevention and population health as a key component
- Performance management system should encompass an overall eye to improving the health of the population with a focus on underrepresented populations and geography
- Adopt the PCMH and/or PMHH recognition; should incorporate a community centered approach

Building Block 2

PERSON AND FAMILY ENGAGEMENT

- Create and support resources, tools, and wellness programs for patients to make informed decisions and be proactive about their own health
- Share decision-making
- Initial focus will be on maternity care

Building Block 2

PREVENTION ENHANCEMENTS

- Assure engagement strategies (including materials and other tools) are culturally appropriate and responsive, trauma-informed, and informed by evidence to the extent possible
- Encourage clinical and community partnerships that promote health education, access to coverage and care, and the use of recommended clinical preventive services and screenings
- Support the delivery of preventive services and health promotion in community settings, where appropriate, to support greater reach, engagement, and cost-effectiveness
- Build and support a statewide health literacy campaign
- Build payment pathways for prevention-oriented health outreach and engagement activities, utilizing flexible payment methods through contracting, legislative/budget, and/or waiver request
- PCMH and/or PMHH recognition will be standardized across Washington State (not sure if we are making this a requirement)

Building Block 2

PREVENTION ENHANCEMENTS

- Shared decision-making aids should be in alignment with the focus areas of the Prevention Framework; decision aids prioritized to mental illness, CVD, diabetes, etc.
- Recognize and act on social determinants and allow flexibility for local policy makers to act
- Connect individuals and primary care providers to community resources so everyone is aligned, engaged, and participating in plan
- Supporting the ability for individuals and families to make the easy choice the healthy choice by supporting communities in developing healthy social and physical environments

Building Block 3

REGIONALIZE TRANSFORMATION

- Health care is local
- 7 to 9 designated regional service areas
  - Accountable Communities of Health (ACHs)
  - Transformation Support Regional Extension Service Agents
  - Multiple Accountable Risk Bearing Entities (ARBEs)

Building Block 3

PREVENTION ENHANCEMENTS

- Once regions are established, the Executive Management Advisory Council (EMAC) agency members commit to aligning (where possible) their regional services and programs
  - The regional risk bearing entities should utilize information from the Regional Health Improvement Plan to inform the benefit design of the regional contracts
- Use regional approach to better elevate effective local best practices
- Local needs and priorities from the Community Health Improvement Plan must be tied to the risk bearing entity contracts

Building Block 4

ACCOUNTABLE COMMUNITIES OF HEALTH

- Locally governed public-private collaboratives
- Partner in Medicaid purchasing
- Develop a region-wide health assessment and regional health improvement plan
- Drive accountability for results
- Act as a forum for harmonizing payment models, performance measures and investments
- Health coordination and workforce development

Building Block 4

PREVENTION ENHANCEMENTS

- Utilize flexible payment methods through contracting, legislative/budget and/or waiver request to support the financing of community prevention and clinical/community linkages. Create innovative social investment tools to finance prevention strategies with longer-term return on investment.
- Incentivize the implementation of the Prevention Framework's priorities via the ACH structure, in addition to locally driven priorities as expressed in regional health improvement plans
- State, tribal, regional and local entities integrate health criteria into decision making, where appropriate, across multiple sectors

Building Block 5

LEVERAGING STATE DATA

- Partnering with University of Washington and local public health to develop data toolbox
- Improving the state's data pool and analytic capability
- Mapping of data by census tract to illustrate prevalence, hot spots, and regional trends

Building Block 5

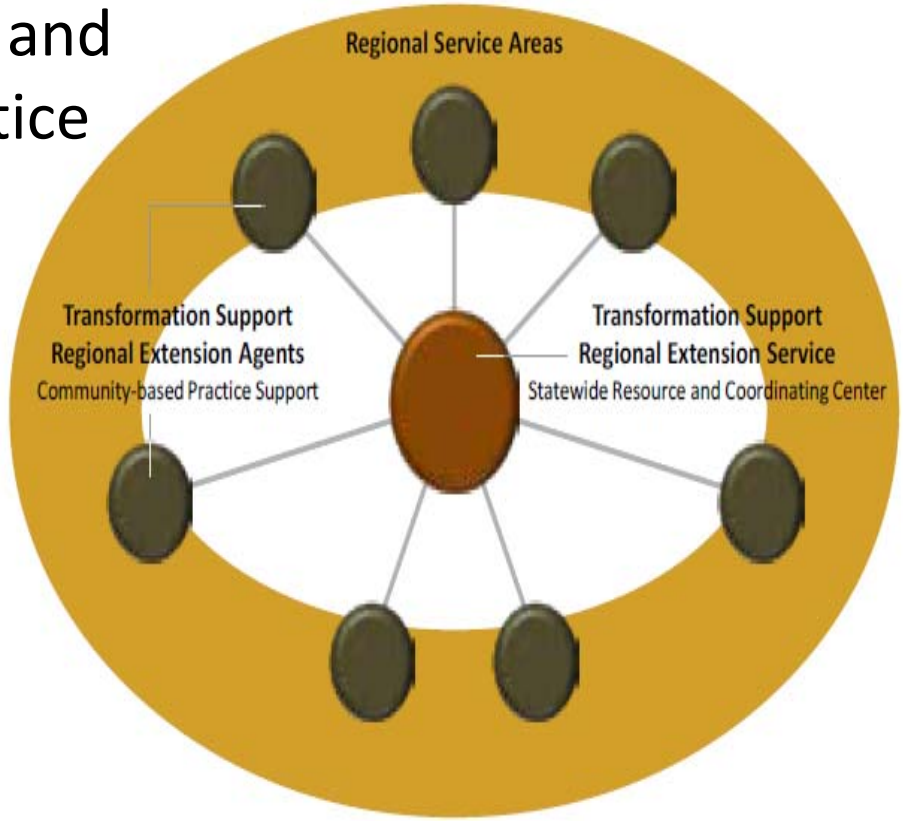
PREVENTION ENHANCEMENTS

- EMAC utilizes data to align resources, state-wide data discussions and better coordinate efforts
- Include measure(s) relevant to the prevention framework priority areas, including measures of relevant community attributes and policies
- Within Washington's developing clinical data repository, it should prioritize the inclusion of a capability to seamlessly transition care and services among a variety of providers across the spectrum of social support and health services, enabling clinical community linkages
- Assure mechanisms for aggregating data from individual cases so that the data can be used to promote population-level policy and system change

Building Block 6

PRACTICE TRANSFORMATION SUPPORT

- Transformation Support Regional Extension Service will serve as a convener
- Hub will host supports and resources around practice transformation
- Spokes will provide regional data and serve as test sites



Building Block 6

PREVENTION ENHANCEMENTS

- Create a Washington Transformation Support Regional Extension Service (RES or Innovation Center) to expand the extension system beyond clinical transformation
- The RES at the state level will serve as a backbone support structure for additional transformation efforts beyond clinical
- Learning collaboratives, peer-to-peer networks, population health, CHNA, community based policies
- Technical assistance and support
- Interpret and deploy
- Data and analytics
- Resources and best practices
- PCMH recognition support and tech assistance
- Academic learning clearinghouses
- The Community Health Teams hosted at the ACH (acting as the spoke of the RES) will prioritize population health improvements
- Transformation support and efforts should connect with experts on prevention initiatives (AHA, ACF, etc.)

Building Block 7

WORKFORCE CAPACITY

- Incentivize current workforce to learn new skills
- Community Health Workers
- Team-based and coordinated care
- Telehealth and telemonitoring

Building Block 7

PREVENTION ENHANCEMENTS

- Utilize flexible payment methods through contracting, legislative/budget, and/or waiver request to better enable different types of providers and non-traditional health workers
- CHW will be an essential part of the community health team
- Prioritize development of definition of a CHW, their scope of work, training standards, and financing models. This includes defining CHW qualifications that will allow Washington to take advantage of the new Center for Medicaid Services ruling allowing non-licensed providers to bill Medicaid.
- Utilize CHT and CHW to expand community linkage between clinical and non-clinical setting
- Capacity building and assessment efforts should also address workforce shortages
- Increased training and understanding of population health should be included in academic medical schools

Key Actions (Interventions)

- State, tribal, regional and local entities integrate health criteria into decision-making, where appropriate, across multiple sectors
- Develop and implement locally tailored multidisciplinary Community Health Teams in order to bridge the clinical care system with community supports, social services, and public health. Teams may include Community Health Workers, Community Health Representatives, public health nurses, nutritionists, peer support specialists, social workers and other disciplines per local design and needs

Key Actions (Interventions)

- Develop and implement health literacy campaign/ efforts (initial focus on essential health benefits and access to clinical preventive services
- Identify, design and create flexible payment methodologies that can be used across systems
- Identify, design and implement mechanisms for shared savings that can be shared across systems
- Adopt and promote tools for clinical systems to assess non-medical risk factors and provide mechanisms for referral and linkage to support services (such as housing, employment, literacy, and other services that address social needs which impact health outcomes and costs)

Key Actions (Interventions)

- Implement and support learning collaboratives that include public health, health care delivery system, mental health/substance abuse system, tribes and other sectors. Initial collaboratives will align with Prevention Framework priority and focus areas. Suggested initial topics:
  - USPTF Screening recommendations (increased use and systems to support their use)
  - Screening Brief Intervention Referral Treatment (SBIRT) with inclusion of tobacco
  - Hypertension and diabetes
  - Trauma informed practices

Key Actions (Interventions)

- Identify and implement collaborations between the health and housing sectors, and evaluate outcomes and return on investment of various types of partnerships along the housing-health continuum from payer and societal perspectives
  - This could include but not be limited to supporting partnerships between affordable housing providers/public housing authorities, and the health sector to test CHWs and other housing based interventions to promote heath and wellness and improve heath outcomes
- Adopt healthy worksite policies
  - Within the ACHs, public heath will facilitate adoption of policies such as tobacco free campuses, effective breast-feeding policies and healthy food guidelines

EMAC Recommendations

1. Fully implement Executive Order 13-06 in all state agencies
   www.governor.wa.gov/office/execorders/documents/13-06.pdf
1. Re-visit school tobacco policies to assure they cover e-cigarettes and marijuana (OSPI)
2. Require high needs schools to offer breakfast after the bell (via a phased-in approach) in order to increase food access and thus prevent negative health outcomes (OSPI)
3. Establish a Patient Centered Health Home /Medical Home recognition program with a community centered approach. Recognition program to be based on national certification programs. (HCA)
4. Create a subsidized small business micro-loan program to start up neighborhood produce stands to sell fresh vegetables and fruits (Commerce)
5. Accelerate development of a CHW Task Force as called for in the SHCIP (HCA)
6. Align the WA State EMAC member agency regions with the regional service areas to be determined after the Joint Adult Behavioral Health Task Force recommendations come forward in September 2014
7. EMAC will seek to find intentional alignment of funding, resources and data to support a common agenda of building healthy communities and populations
8. Forward the Prevention Framework suggested performance measures to the Core Performance Measures Steering Committee as recommendations for the prevention measures
9. Include seed funding for a Prevention/Wellness trust as part of the State Innovation Model grant to provide incentives for cross-sector work on the identified prevention priorities
10. Provide funding for robust measurement – including Behavioral Risk Factor Surveillance Survey with sub county data (EMAC)
11. Create a way to easily 'mash up' data from different agencies – e.g. see maps of health indicators with layers for education, housing, crime, air quality (EMAC)
12. Integrate commerce web based annual reporting into the recently completed data base (DSHS and 3 largest housing providers) to support an on-going database and workable data sharing arrangements would greatly enhance the effectiveness of housing-based health partnerships. (EMAC)

July 21 Meeting

TENTATIVE AGENDA THOUGHTS

- Lunch/Celebration
- Update on grant and next steps
- Welcome John Wiesman and Dorothy Teeter

Partnership members will speak to the items below and will solicit discussion

- Process
  - What did people get from this process
  - Learning, etc.
- Prevention Framework Elements
- EMAC recommendations
- Building Blocks Prevention Enhancements
- Go First strategies
- Measurements
- Commitments (will communicate prior to the meeting)
- Discussion and dialogue

Closing

Questions?

Comments?