



**Healthier Washington**  
**Senate Ways & Means Committee**

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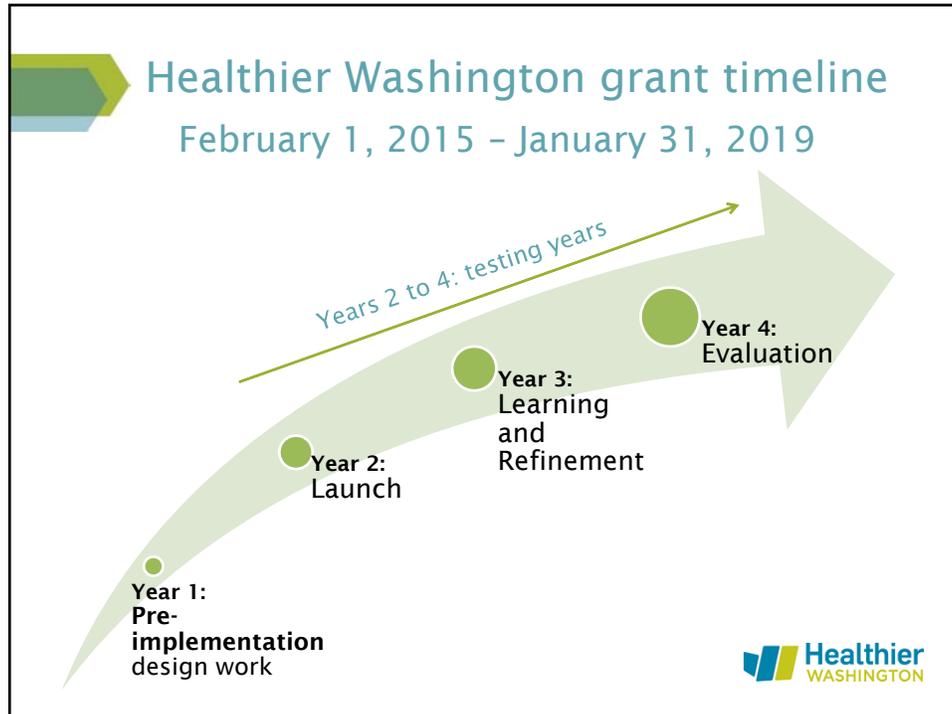


## The plan for a Healthier Washington

<p><b>Build healthier communities through a collaborative regional approach</b></p> <ul style="list-style-type: none"><li>· Fund and support Accountable Communities of Health</li><li>· Use data to drive community decisions and identify community health gaps and disparities.</li></ul>	<p><b>Ensure health care focuses on the whole person</b></p> <ul style="list-style-type: none"><li>· Integrate physical and behavioral health care in regions starting in 2016 with statewide integration by 2020.</li><li>· Spread and sustain effective clinical models of integration</li><li>· Build health information infrastructure to ensure integrated care management</li></ul>	<p><b>Improve how we pay for services</b></p> <ul style="list-style-type: none"><li>· Define, collect and report common statewide performance measures</li><li>· Move toward value-based models for Apple Health and public employees.</li><li>· By 2020, 80% of state health purchasing will be value based</li></ul>
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Funding tools: State Innovation Model grant, state funding, potential federal waiver  
Legislative support: HB 2572, SB 6312



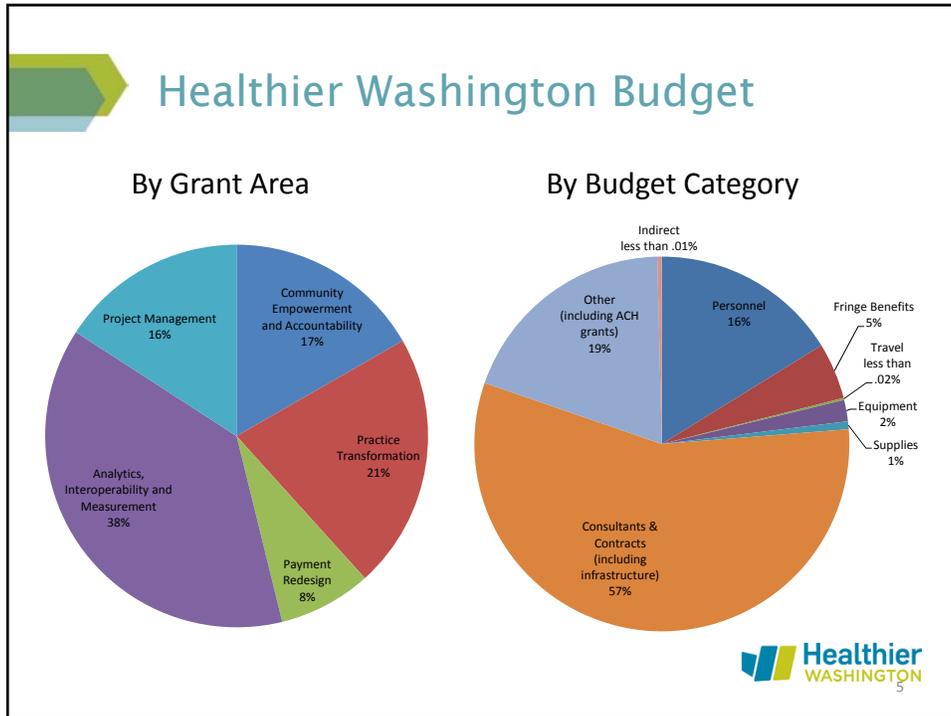


## Healthier Washington

### *Current Status*

- 2SHB 2572 – State Health Care Innovation Plan
  - Statewide performance measures adopted;
  - Two pilot ACHs announced;
  - All-payer claims database planning and design moving forward – further refinements being pursued this session.
- 2SSB 6312 – Pathway to integrated physical and behavioral health by 2020
  - Letters of intent for Early Adopter regions to adopt fully integrated physical and behavioral health in 2016.
- Washington State awarded four-year \$65 million grant from the Center of Medicare and Medicaid Innovation (CMMI)

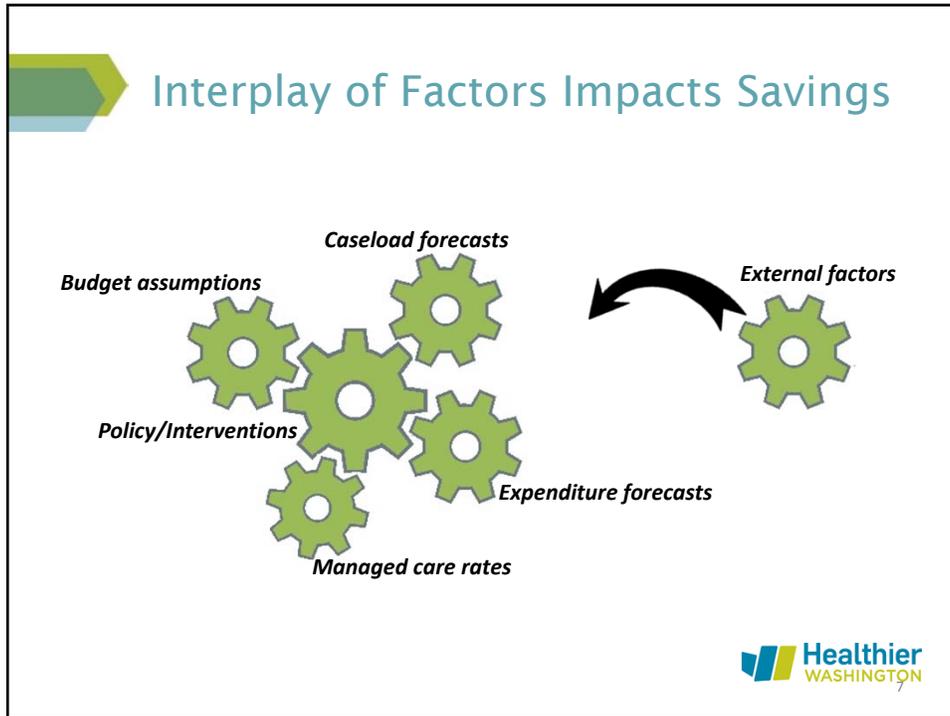
**Healthier**  
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## What are “Other” expenses?

ACH Grants	\$7,200,000
“Big data” platform technology	1,200,000
ETL (extract/translate/load) tools (analytics)	640,000
Business intelligence software	680,000
Expanded Behavioral Risk Factor Surveillance System (BRFSS)	1,638,683
Facilities Setup (one-time)	78,000
Centralized Multi-Agency Infrastructure Costs (ongoing)	<u>1,128,800</u>
<b>Total</b>	<b>\$12,565,483</b>





## WSIPP Review of Evidence-Based Practices – Integrated Physical/Behavioral Health Care

National surveys find that, one year after onset of major depression, 79% of persons remain depressed. For people who received collaborative care in the studies cited below, only 59% reported depression after one year.

Intervention Collaborative Care Model	Outcomes measured	No. of effect sizes	Treatment N	Effect Size*	Benefit to Cost Ratio
Collaborative Care for Anxiety	Anxiety	4	689	-0.459	\$32.36
Collaborative Care for Depression **	Depression	48	7,158	-0.277	\$11.01
	Suicidal ideation	2	981	-0.229	
Collaborative Care for Depression w/Comorbid Medical Condition	Depression	11	1,049	-.352	\$5.71
	Blood pressure	4	326	-0.369	
	Blood sugar	3	279	-0.254	

\* Results are statistically significant.  
 Source: WSIPP - [http://www.wsipp.wa.gov/ReportFile/1546/Wsipp\\_Collaborative-Primary-Care-Preliminary-Findings-for-Depression-and-Anxiety\\_Preliminary-Report.pdf](http://www.wsipp.wa.gov/ReportFile/1546/Wsipp_Collaborative-Primary-Care-Preliminary-Findings-for-Depression-and-Anxiety_Preliminary-Report.pdf) (updated Dec 2014)





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Thank you!