



COMMUNITY HEALTH PLAN
of Washington™

Southwest Washington

Early Adopter Event

February 22, 2016



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Today's Agenda

- Intro to **CHPW**
- Implementation **status**
 - **Consumer** perspective
 - **Provider** perspective
 - **Community** perspective

Introduction to CHPW



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Mission

Our **Mission** is to deliver accessible managed care services that meet the needs and improve the health of our communities, and to make managed care participation beneficial for community-responsive providers.

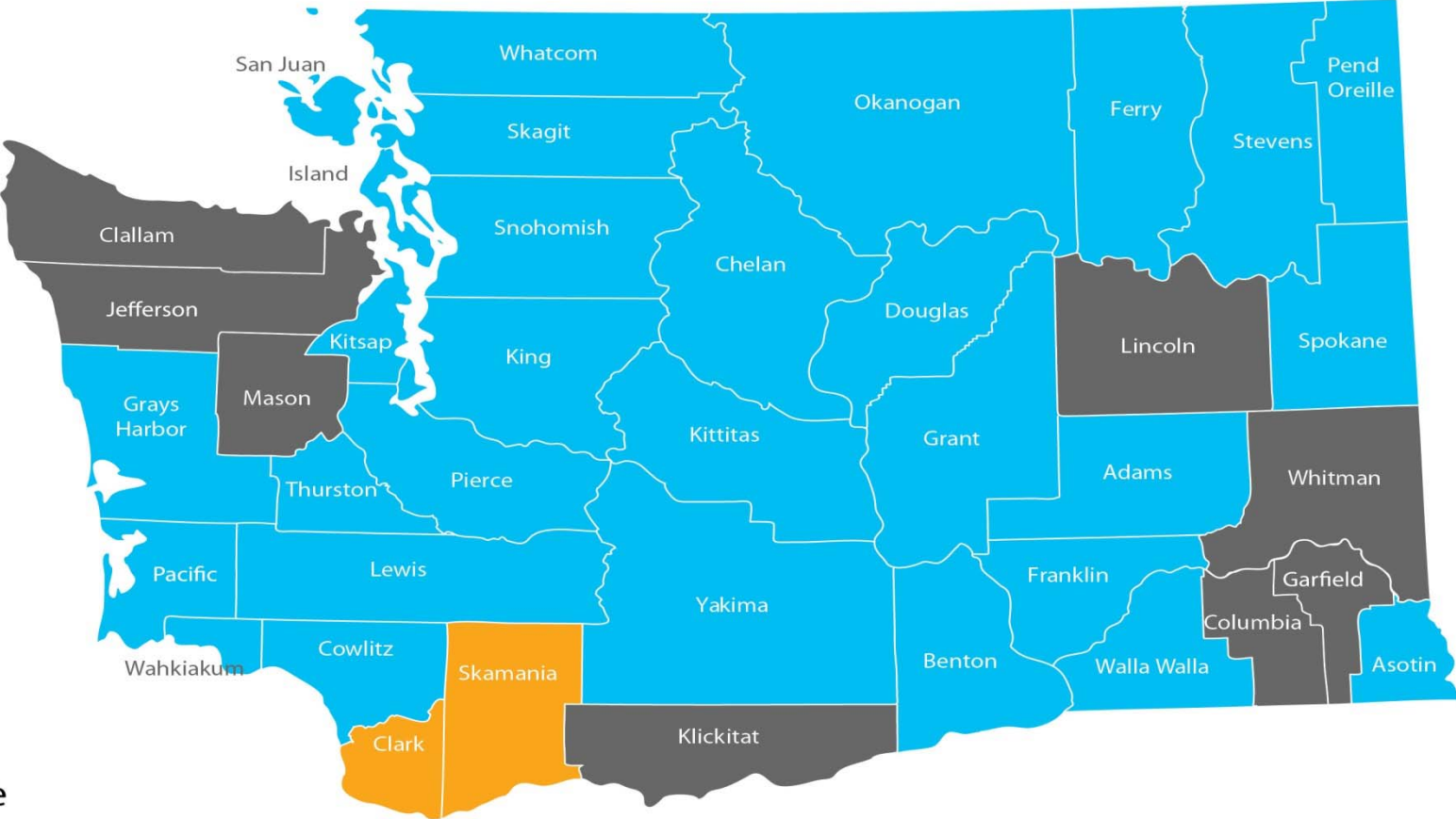


History

- **Not-for-profit, Washington-based**
- **Founded 1992 by Washington's CHCs**
- **NCQA-accredited**



Footprint – statewide



- Apple
- Southwest Region

Footprint – Southwest WA

- 16,400 members
- Regional delivery system*
 - 10 hospitals
 - 170+ PCPs and 1,280+ Specialists

*Delivery system includes bordering counties

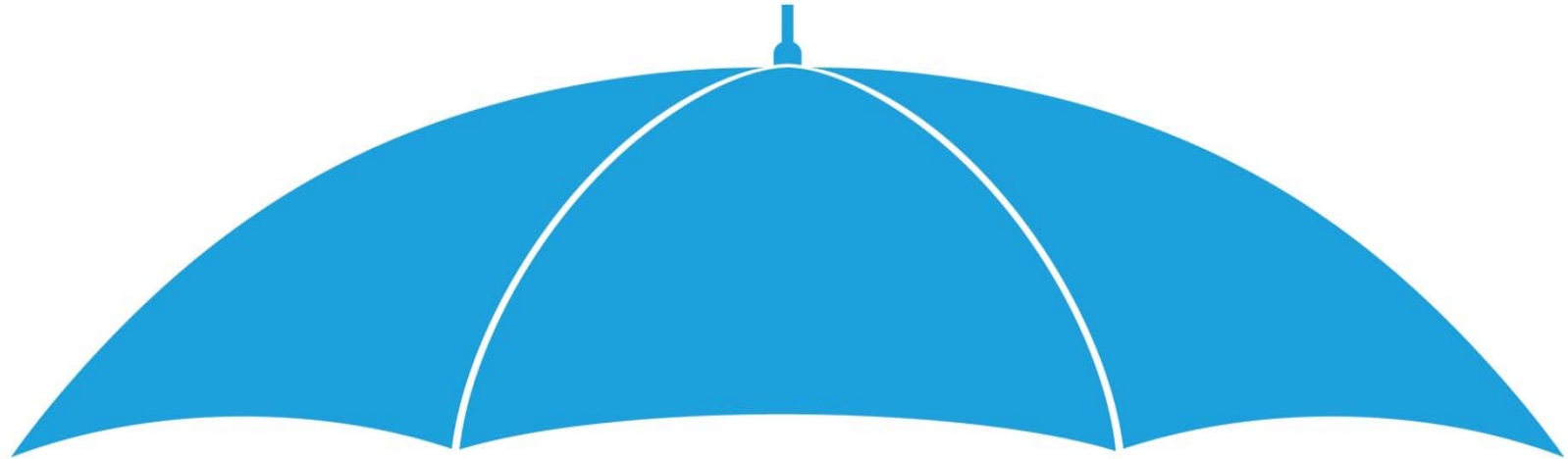


Fully Integrated Managed Care

provided by



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medical



mental health



substance abuse

Partnership with UW Psychiatry

- National leader
- Mental Health Integration Program (MHIP)

Mental Disorders Are*:

- Common
- Disabling
- Overlap with medical
- Higher expense, poorer outcomes
- Reduced life expectancy from medical conditions



* Multiple investigators, references available by request.

Exhibit 11. Prevalence of CDPS Major Categories 2001-2005

CDPS Category	Years
	5
Cardiovascular	47.9%
Psychiatric	48.4%
Skeletal & Connective	40.5%
Central Nervous System	30.2%
Pulmonary	39.9%
Gastrointestinal	33.5%
Diabetes	20.2%
Skin	27.0%
Renal	17.9%
Substance Abuse	12.5%
Cancer	6.1%

Psychiatric conditions
common among US
adult Medicaid
recipients

Kronick, Bella,
Kilmer, 2009



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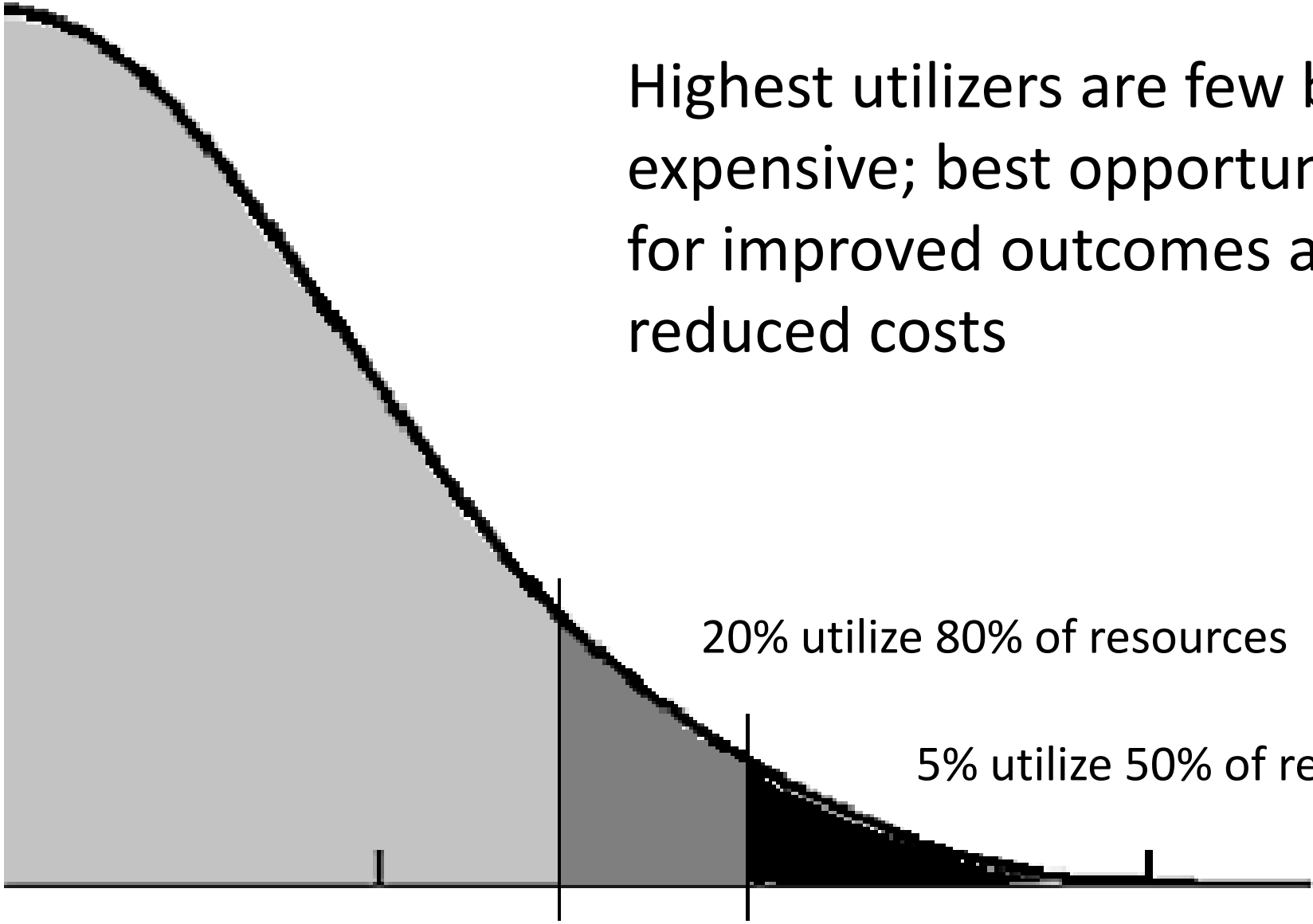
Overlap with medical conditions common – especially among the most expensive

Exhibit 7: Frequency of Diagnostic Dyads by Cost among Medicaid-only Beneficiaries with Disabilities, 2002, CDPS + Rx Data*

Diagnosis 1	Diagnosis 2	Frequency among all beneficiaries	Frequency among most expensive 5%
Psychiatric	Cardiovascular	24.5%	40.4%
Psychiatric	Central Nervous System	18.9%	39.8%
Cardiovascular	Pulmonary	12.5%	34.3%
Cardiovascular	Central Nervous System	13.1%	32.9%
Psychiatric	Pulmonary	11.2%	28.6%
Cardiovascular	Gastrointestinal	10.2%	27.8%
Central Nervous System	Pulmonary	7.0%	26.2%
Cardiovascular	Renal	7.1%	24.6%
Pulmonary	Gastrointestinal	5.9%	24.2%
Psychiatric	Gastrointestinal	9.5%	24.0%

Kronick, Bella, Kilmer, 2009

Highest utilizers are few but expensive; best opportunity for improved outcomes and reduced costs



20% utilize 80% of resources

5% utilize 50% of resources



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Goals for System Improvements

- Person centered, Holistic
- Coordinated
- Population Based
- Measurement Based



Getting There ... Together

- Collaborate with providers/stakeholders
- Build on strengths/progress already achieved
- Data driven



Implementation Status



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FIMC System of Care

Consumer Advisory Board/BH Advisory Board
Regional Health Alliance/Accountable Community of Health

Early Warning System
Steering Committee



Continuum

- BH ASO
- Hospitals
- Speciality
- Peer Supports

Person Centered Collaboration • Population-based Care
Measurement-Based Treatment to Target • Evidence-Based Care
Accountable Care

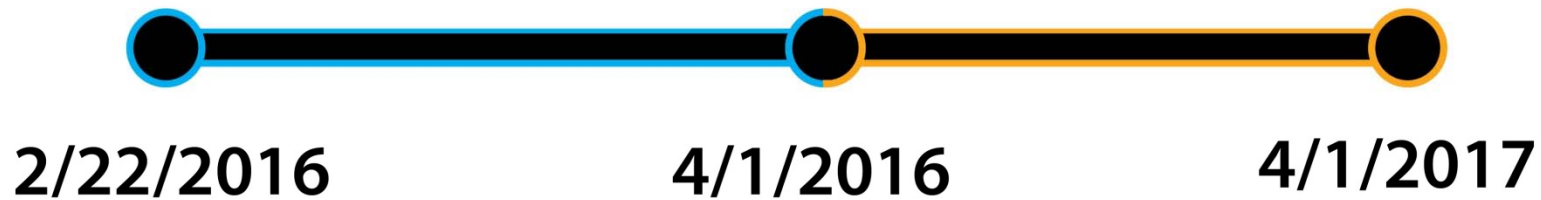
Local Office – Stone Mill Center



Timeline

Implementation

Innovation



Continuity of Service


Collaboration

- Provider groups
- Consumer groups
- HCA
- Southwest Washington Behavioral Health
- Clark & Skamania Counties
- Molina
- Beacon (BH-ASO)

Continuity of Care

- **Same coverage**: medical, mental health, substance abuse
- **Same service-level expectations**: GAIN-SS, EBP coding/tracking, etc.

Access to Care

- Network adequacy 
- Continuous monitoring

Provider Workshop

March 1st and 2nd

- Prior authorization
- Claim submission
- Payment
- Grievance/appeal submission

Measures of Success



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Operational Success

- **Bi-directional integration**
- **Improved coordination**

Triple Aim

Aim 1: Improved patient experience

Aim 2: Improved population health

Aim 3: Reduced cost