

# SW-WA Early Warning System: An Introduction & Overview



Facilitator:

Tabitha Jensen

Early Adopter Project Manager &  
Regional Health Alliance Project Manager

# Greetings!

---

- Panel Introduction
- Formation of Early Warning System
- Draft Early Warning Indicators
- Regional Health Alliance EWS Responsibilities
- Steps to Launch
- Future of EWS
- Q&A

# EWS Breakout Group Panel

- Craig Pridemore, Columbia River Mental Health
- DeDe Sieler, Clark County
- Isabel Jones, Health Care Authority
- Julie Lindberg, Molina Healthcare
- Laurel Lee, Regional Health Alliance (ACH)
- Melanie Maiorino – Behavioral Health Ombuds
- Nicoleta Alb, Sea Mar Community Health Center
- Tamara Cissell, Skamania County

# Formation of Early Warning System

- Local Decision-Making
  - Agreement to become “Early Adopters” by Clark & Skamania Counties – binding letter in May 2015
  - Strong county involvement in implementation process from start to finish
- MCOs at Risk
  - Washington State Health Care Authority (HCA) will contract with MCOs at financial risk for full scope of Medicaid physical and behavioral health services
  - Counties no longer at financial risk for provision of behavioral health services

# Formation of Early Warning System (cont.)

- Monitoring of Early Adopter Implementation
  - HCA and Counties agreed to create an Early Warning System that allowed a feedback loop and triage process to identify and resolve system issues as they arise
  - A Steering Committee was created consisting of diverse stakeholder representatives to monitor process

# Diverse Steering Committee Representation

- 1 X Each Fully Integrated Managed Care Organizations
- Behavioral Health Administrative Service Organization
- 1 x Each county (Clark & Skamania)
- Consumer representative (or family member)
- Physical Health Provider
  - Emergency and/or Primary Care
- Behavioral Health Provider
  - Chemical Dependency & Mental Health
  - Ensure Adult & Youth systems are equitably represented
- Accountable Community of Health Entity
- Criminal Justice
- Children's Administration
- Foster Care MCO
- Cowlitz Tribe

# Draft Early Warning Indicators

- 1. Delay or decrease in provider payments for BH and PH
- 2. An increase in proportion of claims with errors or denials
- 3. Spikes in Emergency Department use
- 4. Spikes in jail use (behavioral health-related)
- 5. Spikes in use of Western State hospital beds
  - What is the true measure?
- 6. Spikes in grievances or Ombuds complaints
  - Categorize types (e.g. access, dignity & respect, etc.)
- 7. Drops in numbers of Medicaid enrollees seeking treatment
- 8. Extended wait time for CD inpatient treatment
- 9. Extended wait times for outpatient BH and PH care
- 10. Consumers frequently being shifted between different providers due to client choice – access and level of care issues
- 11. Spikes in crisis calls
- 12. Behavioral health access to care challenges foster and foster-to-adopt youth
- 13. Rx - increases or decreases in number or type of medications on formulary, volume of prior authorizations, number of denials.

# Early Warning System @ RHA

- On January 21, 2016, the Regional Health Alliance (SW-WA's Accountable Community of Health entity) passed a motion to manage the SW-WA Early Warning System effective April 1<sup>st</sup>
- SW-WA Early Adopter Implementation Team will transition oversight of Steering Committee to RHA effective April 1<sup>st</sup>
- RHA is responsible for ensuring that EWS is operational on April 1, 2016



# Early Warning System @ RHA (cont.)

- EWS Steering Committee will continue to provide oversight post-April 1<sup>st</sup>
- EWIs are governed by Steering Committee
  - RHA is responsible for management and operation of EWS
  - Community Steering Committee determines EWIs
  - EWS = neutral & community-based

# Steps to Launch on April 1<sup>st</sup>

- RHA managing build-out of interim database for EWS metrics management
- Draft EWS Early Warning Indicators to be finalized by mid-March 2016
- Data collection methods and reporting assignments are on track for beta-test EWS launch in mid-to-late March 2016

# EWS Version 1.0 Assumptions

- The 1.0 version of the EWS will not be automated and will require manual collection and entry into a centralized repository
- Majority of EWIs reported by MCOs and HCA
  - Minimal impact on providers
- Initial data warehousing and analysis will be very rudimentary
  - Human intervention required for all imports and exports
- Sophisticated data warehousing will develop over time

# What's Next?

- EWS Steering Committee to pivot from planning to governance
- Mid and Long-Term Questions
  - Community transparency – how to report out?
  - Build-out of robust healthcare analytics systems
    - Claims data
    - Predictive modeling
    - Qualitative measures (surveys, focus groups)
  - Commingling of regional epidemiological data

# Evolution of EWS

- Prior State –Forming, Planning, Visioning
- Current State – Norming, Operationalizing
- April 1<sup>st</sup> State – Monitoring, Alerting
- Future State – Evaluating, Informing

**Early Warning System will likely pivot to become a regional health systems evaluation mechanism after an appropriate period of time**

# Panel Q&A



# Additional Questions?

---

**Tabitha Jensen**

Phone: 206.902.7996

Email: [tabitha@novitassolutionsnw.com](mailto:tabitha@novitassolutionsnw.com)

**Thank you!**