

## **Health Innovation Leadership Network**

### **Quarterly Meeting | January 21, 2016**

#### **Summary**

The fourth quarterly meeting shared successes and learning from the first year of the Healthier Washington initiative and discussed what we can look forward to in the year ahead. The accelerator committees also provided updates on the work of their focus areas.

#### **Opening remarks**

Co-chair Dorothy Teeter, Director, State Health Care Authority

- We're closing out the first year of our Healthier Washington grant, which means that the planning year has completed and our first operational year will begin February 1.
- We are trying hard to incorporate all of your valuable feedback from previous meetings, into our future agendas—many members have asked where the conversations on oral health are in relation to whole person care, so today we will spotlight that area with informative presentations.
- Impressed with membership response and progress of accelerator committees.

Co-chair Rick Cooper, CEO, The Everett Clinic

- We should be proud of the unique and successful private-public sector collaboration this group is partaking in and we should all be looking forward to the learnings that the various other states in our country are gaining from participating in the innovations grant.
- Center for Medicare and Medicaid Innovation is closely watching our work around Accountable Communities of Health, paying for value, integrating physical and behavioral health services, and our analytics and measurement work. They're impressed with what we've shared about your engagement and work.
- A perfect example of collaboration efforts taking place among various agencies and organizations is the March 1 conference that will bring together purchasers of care to highlight the importance of value-based purchasing. It is critical that purchasers of care lead this change in the market and that financing will drive behavior.

#### **Oral Health Spotlight**

*Diane Lowry Oakes, Washington Dental Service Foundation*

- Oral health is very connected with the work that everyone is doing and there are opportunities with health care transformation to weave oral health into primary care, for example: the correlation between poor oral health and diabetes diagnosis.
- There's momentum gathering in our state, and nationally, on oral health integration, and collaboration and partnerships are important to ensure the momentum keeps going. There is a system that we can build together that focuses on helping to get people access to

dental care, but that also engages the health care delivery systems and the medical community.

*Peter Adler, Molina Healthcare of Washington*

- One of Molina’s 2016 priorities includes oral health—“no body part left behind”—oral health is a key component of integrated care.
- Due to the low reimbursement rate for dentists, most of them will not accept Medicaid. Many Medicaid patients cannot get in to see dentists so they go to the emergency rooms to receive oral care. There is enough money in the current system to pay for better oral health. The money needs to go to dentists, and not to the emergency rooms that are currently treating patients.

*Kristen West, Empire Health Foundation*

- Dental Emergencies Needing Treatment (DENT), an oral health initiative, seeks to reduce the number of Medicaid patients accessing the ER for urgent or emergent dental care. DENT uses the “fair share” method, which means that dentists will participate in the program as long as they know other dentists in the area are also participating. Based on analyzing current statistical data, DENT has shown to be a successful program by expanding the provider network and getting patients into clinics for treatment.

## **Quarterly Update**

Healthier Washington Coordinator Nathan Johnson announced that we have received favorable feedback on the Operations Plan submitted December 1 to the Centers for Medicare and Medicaid (CMS) —a true testament of the Healthier Washington team’s hard work and dedication.

Healthier Washington is currently engaging with CMS on the Medicaid waiver application and answering their questions about purchasing and service delivery. We plan on reporting the status and outcome of these discussions, and hope to reach an agreement with CMS by April.

Some recent successes:

- Eight of nine prospective ACHs are designated. The ninth is expected to be designated by the end of the month.
- The Accountable Care Program has been launched for public employees, with more than 10,000 people enrolling.
- Molina and Community Health Plan of Washington are the two organizations that will deliver fully integrated managed care in Southwest Washington beginning April 1.
- The Washington Health Alliance released a statewide community checkup based on the state common measure set.

## **Accelerator Committees**

We had nearly 200 people express interest in joining these committees. We put together committees of leaders who have necessary expertise and have the potential to work across sectors and to work together in different ways; kickoff meetings occurred in mid-December and early January.

Work forward will include the identification of an action pathway, which includes identification of objectives, barriers to achieving those objectives, specific actions to overcome barriers and achieve goals, and measures of success. We hope all committees will be taking action and implementing their plans by summer. Committee champions provided updates:

*Collective Responsibility*, Kathleen Paul & David Wertheimer

- Purpose is to promote the concept of shared accountability and collective impact and achieving health system transformation in Washington.
- First meeting helped to define what collective responsibility really means when applied to Healthier Washington and what needs to be accomplished. Determined the importance of storytelling as a vital tool to help get data and key messages across to audiences.

*Communities and Equity*, Antony Chiang & Winfried Danke

- First meeting identified a number of themes: being data driven (where do health disparities exist, insurance enrollment data), connecting the idea of health disparities and health equity with the global waiver, connecting children in foster care with a larger system of health care, looking at undocumented population in Washington, and figure out where people are doing things right (bright spots) and replicate those actions across the state.

*Clinical Engagement*, Hugh Straley & Johnese Spisso

- Members would like to take action by building on some of the strong, existing practices around the transformation efforts that are going on in the state, and collaborations that are currently in place to ensure alignment and opportunities. The committee will begin with a short survey, which members will take, and this will allow the committee to best invest their time and resources.

*Rural Health Innovation*, Nicole Bell & Andre Fresco

- First meeting contained introductions and decision to have a half-day meeting with all the committee members where they would like to define the state of health needs in rural Washington to turn them into problem statements, group them and prioritize them. The problem statements will allow them to triage and define the actionable work.

*Integrated Physical and Behavioral Health*, Teresita Batayola & Joe Roszak

- Members have put together a definition library relating to the committee's purpose and have created a readiness assessment tool to help narrow down the work they would like to accomplish. They would also like to promote an understanding of the integration model to help others navigate the changing system.