Washington State Practice Transformation Support Hub Listen Session Report to Stakeholders

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Background

From July – October, 2015, the Washington State Department of Health's Practice Transformation Support Hub (PTSH) hosted 14 listening session events intended to engage with as many stakeholder groups as possible to inform the development of PTSH activities. In total, 196 individuals attended listening sessions; these individuals were from 141 organizations, including community health organizations, physical and behavioral health practice organizations, and others with a vested interest in the health and well-being of Washington. PTSH staff were able to facilitate a dynamic community conversation about the constituent needs and preferences of the provider community in regard to PTSH design.

The goal of PTSH is to ensure that physical and behavioral health practices have access to the training and technical assistance resources needed to:

- Advance clinical community linkage priorities by supporting practice efforts to identify with, connect to, and align with community-based services to strengthen whole-person care;
- Accelerate the uptake of bi-directional behavioral health and primary care clinical integration; and
- Support payment reform progress from volume-based to value-based payment systems.

Aligned with PTSH objectives, this summary report compiles key themes profiled from listening sessions related to four key content areas, including:

- Clinical-community linkages;
- Physical and behavioral/mental health integration;
- Payment reform; and
- Health extension centers.

Reported themes were identified via qualitative data analysis conducted by members of the University of Washington State Innovation Model (SIM) Evaluation team at the request of PTSH. For each content area, reported themes capture:

- *Current state*: a description of how Washington providers currently practice;
- Facilitators: factors identified by participants that have a beneficial impact on practice transformation;
- Challenges and barriers: factors identified by participants that have a negative impact on practice transformation; and
- PTHS intervention ideas: ideas for PTSH intervention identified by participants.

Organized by the four key content area, forthcoming is a high-level review of key findings from the 14 listening sessions hosted by PTSH. Distinct themes identified and coded are represented graphically and followed by highlights of the analysis.

Clinical Community Linkages

Themes Identified:

CURRENT LINKAGES HUB INTERVENTION IDEAS **CHALLENGES & BARRIERS** RESOURCES Access to health IT **INFORMATION & RESOURCES** · Community organizations & initiatives Best practice models applicable to Best practice models Federal designated health IT different settings & populations Content expertise · Informal outreach Centralized information hub Data access Internal Expertise Change fatigue Resource clearing house Policy/Legislation Consumer insight Vetted information · Provider network Coordination between & among · Washington state organizations TRAINING Data sharing Crisis intervention PRACTICE Funding & resources Community member trainings (i.e. train-Assessment/Evaluation the-trainer) Incentives to make referrals Care coordination Overemphasis on clinical care Cross-sector awareness training Collaboration with provider network Primary care provider connections Cultural competency & sensitivity training Relationship management Diversity training Co-located care Community organizations & initiatives Service silos Flexible training options (i.e. in-service; Evidence-based practices Sponsorship online) Formalized referral processes Standardization Practice specific training Health IT Workforce recruitment Identification of high risk clients TECHNICAL ASSISTANCE Provider and staff training Team-based care Health IT support (i.e. analytics, Value-based reimbursements interoperability) Screening techniques Wrap-around services STRONG CLINICAL COMMUNITY LINKAGES

Highlights - Current state of linkages:

- While practices are actively engaged in strategies to develop linkages with community partners, most practices are still in need of stronger clinical-community linkages
- Successful linkages are associated most with increased access to training and technical assistance, particularly the use of health information technologies (health IT), data sharing networks and evidence-based practice
- Community-based resources, provider networks and state and federally designated resources offer important support infrastructure to facilitate care coordination and establish linkages

Key facilitators for strong linkages:

- Relationships among providers and community partners
- Strong organizational leadership
- Strong IT capacity

Key challenges & barriers impeding strong linkages:

- Service silos
- Difficulty collecting and sharing data
- Limited funding and resources, particularly related to staffing and access to IT

- Centralize and curate information and community resources
- Identify and promote best practice models for primary and behavioral health care practice
- Develop a web-based platform to share health indicators on shared patient populations
- Offer trainings related to health IT support and screening techniques

Physical and Behavioral/Mental Health Integration

Themes Identified:

CHALLENGES & BARRIERS HUB INTERVENTION IDEAS CURRENT INTEGRATION Access to care for vulnerable populations INFORMATION & RESOURCES · Community organizations & initiatives Administration Best practice models · Federal designated Best practice models applicable to Data access & sharing · Health IT different settings & populations · Provider learning collaborative Informal outreach Care coordination Reimbursement information Internal expertise Communication & collaboration between Support for team-based care ventures · Provider network & among providers Vetted information & resources · Research organizations Culture change Washington state Data sharing Different practice languages Evidence-based care & best practices Other states · Flexible training options (i.e. in-service; Differing practice models PRACTICE Funding and resources Co-located care HIPPA policies Leadership training Implementation and "scale up" of Patient engagement Care coordination Evidence-based practices integration Practice specific skills training · Limited fully integrated care Knowledge gaps Sensitivity training Medication management Workforce development Health IT Leveraging existing funding Limited metrics · Life care plans Practice size/capacity TECHNICAL ASSISTANCE Policy/Legislation Provider constraints Business model development Report successes Content expertise Time Resource sharing among partners Underdevelopment of provider networks Contracting support Data collection Develop practice standards Staffing models Metrics & reporting Template creation STRATEGIC LEADERSHIP Integrate IT innovations Outreach to practice champions "Scale up" of integration services Transition to value-based payment **FULL PYHSICAL & BEHAVIORAL HEALTH** INTEGRATION

Highlights - Current state of integration:

- The current level of integration in most practices is insufficient to meet the health needs of patients.
- Coordinated care is the dominant integration trend; co-located care is a limited but growing trend
- Fully integrated care is desired but limited across the practice community
- Practices rely on local provider networks, internal provider and staff expertise, and federally designated resources for information and guidance to support current integration efforts

Key facilitators for integration:

- Endorsement of the integrated care model among practice leadership and staff
- Sufficient organization capacity to support integration practice
- Reimbursement structure that supports and incentivizes integration efforts

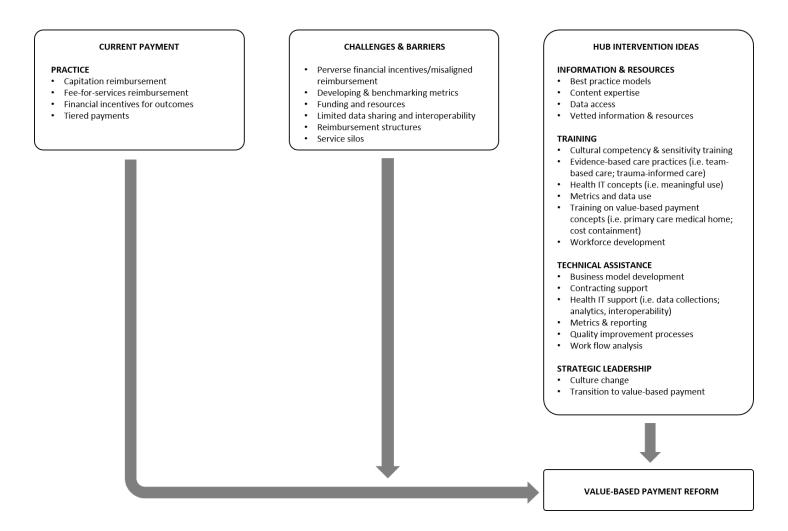
Key challenges and barriers impeding integration:

- Limited number of qualified behavioral health providers and lack of provider "buy-in"
- Difficulty maintaining sustainable funding and resources to support integration efforts
- Knowledge gaps and limited examples around what integration best practice looks like

- Centralize and curate information and community resources
- Identify and promote best practice models for primary and behavioral health care practice
- Offer trainings related to practice management support (i.e. practice standards, staffing models) and other issues related to implementing integration in the practice setting
- Provide strategic leadership as provider organizations work toward integrated care

Payment Reform

Themes Identified:



Highlights - Current state of payment practices:

- Fee-for-service is the dominant form of reimbursement across Washington State primary and behavioral health practices; many providers are not familiar with value-based payment
- Capitation and other different iterations of payment for better outcomes (both clinical and utilization outcomes) are emerging reimbursement practices

Key facilitators for value-based payment reform:

None identified by listening session participants

Key challenges and barriers impeding value-based payment reform:

- Misalignment of reimbursement systems with the principles of value-based payment
- Difficulty developing, benchmarking and tracking metrics connecting performance to payment
- Reimbursement structures are siloed by provider and services type
- Difficulty collecting and sharing data

- Centralize and curate information and community resources
- Identify and promote best practice models for value-based payment reform
- Offer trainings related to practice management support (i.e. business models, analytics) and other issues related to implementing value-based reimbursement in the practice setting
- Provide strategic leadership and provider organizations work toward value-based reform

Health Extension Centers

Themes Identified:

SHARED RESOURCES TECHNICAL ASSISTANCE **FACILITATION & COACHING** TRAINING & FOLICATION ADDRESSING PRIORITY ADVOCACY & INFORMING **HEALTH NEEDS** POLICY Access to grant funding CONTENT-AREA EXPERTISE POSITVE EXPERIENCES TRAINING IDENTIFYING PRIORITIES opportunities Behavioral health Chronic disease Cultural competency ROLF OF EXTENSION integration training management training coaching Align encounter & **AGENTS** · Data availability and Change management Content appropriate Consultation (in-house; reimbursement rates · Deconstruct policy knowledge external) Avoid duplication sharing Cross-training of staff Educate legislators Learning communities Facility plant capacity Data analytics Flexible training options Financial modeling Lobby (i.e. online) Stigma/sensitivity training Health IT Health IT Motivational interviewing Mapping referral & Housing resources On-site expertise Practice improvement reimbursement trends Measurable outcomes Value-based payment Practice management resources Participate in process "Shared language" Standardized metrics Play role of facilitator practices Screening tools Shared outcome: across practices EDUCATION Support specific to Share best practices RAISING AWARENESS Share financial risk primary care providers CHALLENGES Community stakeholder Case examples of lessons engagement · Strengthen transitions of learned/best practice Credibility **TECHNICAL SKILLS** care Educate community (i.e. Connect to resources · Structure of community forums; Grant submission support Crossing systems Cultural competency Interpreter services accountability school-based education; Process improvemen Health IT canacity Sustainable funding Medical condition-specific Relationship brokering phone/email) Transportation resources (on technical side) **FACILITATE ACCESS TO** Resource navigation challenges Subscription to medical System to facilitate care Payment reform Provider constraints SERVICE coordination at regional Reimbursement Avoid duplication Social determinants of level constraints Promote community health Resource allocation resources Standardized measures for value-based purchasing Vision alignment Workflow disruption HEALTH EXTENSION CENTER DELIVERY MODEL SUPPORTS CLINICAL PRACTICES

Highlights - Current state of health extension centers:

Recent Washington State legislation identifies an extension center structure for the delivery of practice transformation support services. No such structure currently exists.

Key facilitators for health extension centers:

None identified by listening session participants

Key challenges and barriers impeding health extension centers:

- Concern that extension centers will duplicate local health department activities
- Concern that extension centers will divert funding away from local health departments
- Skepticism that extension centers will be staffed at a level to provide value to practices within an Accountable Communities of Health (ACH)

- Health extension centers were a venue for many possible interventions mentioned previously in this document. Specific themes related to extension centers include:
 - o Share resources, specifically around data, plant capacity, outcome measures, and best practices
 - o Provide training and education related to PTSH objectives
 - o Provide technical assistance, including both content-area expertise and technical skills

- o Provide facilitation and coaching related to PTSH objectives
- o Identify priorities, raise awareness and facilitate access to services
- o Engage in advocacy and inform policy via health extension center agents
- o Promote health equity