

Healthier Washington Quarterly Webinar Achieving the Triple Aim: Evaluating Core Components of Healthier Washington

February 13, 2017

SCHOOL OF PUBLIC HEALTH • UNIVERSITY of WASHINGTON

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Healthier WASHINGTON

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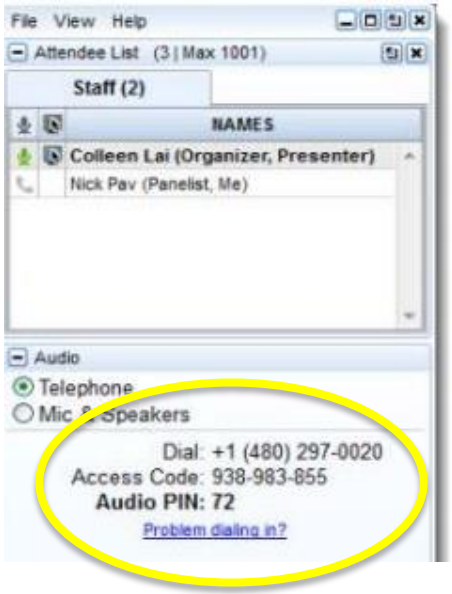

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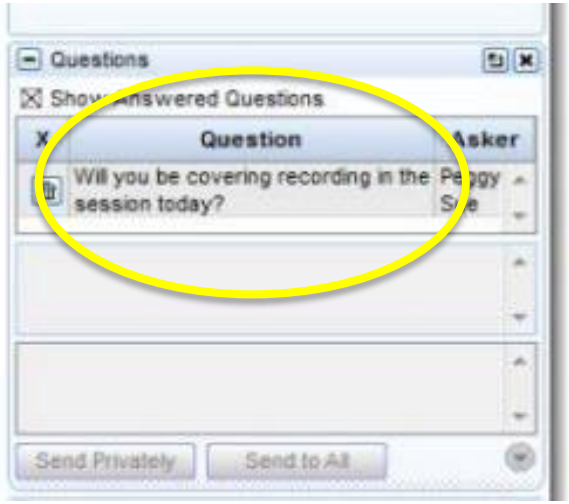
Please use the "Questions" section in the webinar panel to submit any questions or concerns you may have. Our panelists will answer questions at the end of the presentation.



Today's agenda

- Measuring achievement of the Triple Aim
- Overall SIM Impact Evaluation
- Practice Transformation Support Hub Evaluation
- Paying for Value: Payment Models Evaluation
- Questions and answers

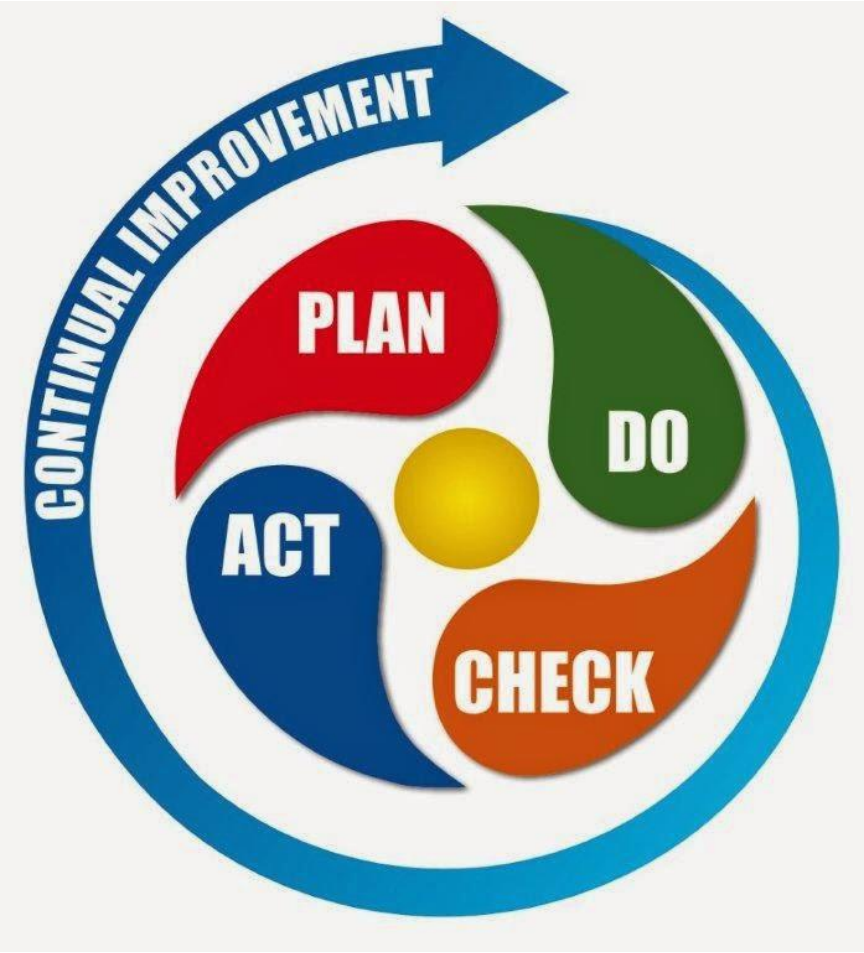
Today's presenters

- Dorothy Teeter, Director, Health Care Authority (HCA)
- Doug Conrad, Professor Emeritus of Health Services, University of Washington (UW)
- David Grembowski, Professor and Director, PhD Program in Health Services, UW
- Tao Sheng Kwan-Gett, Senior Lecturer in Health Services and Associate Director, Online Executive MPH Program, UW

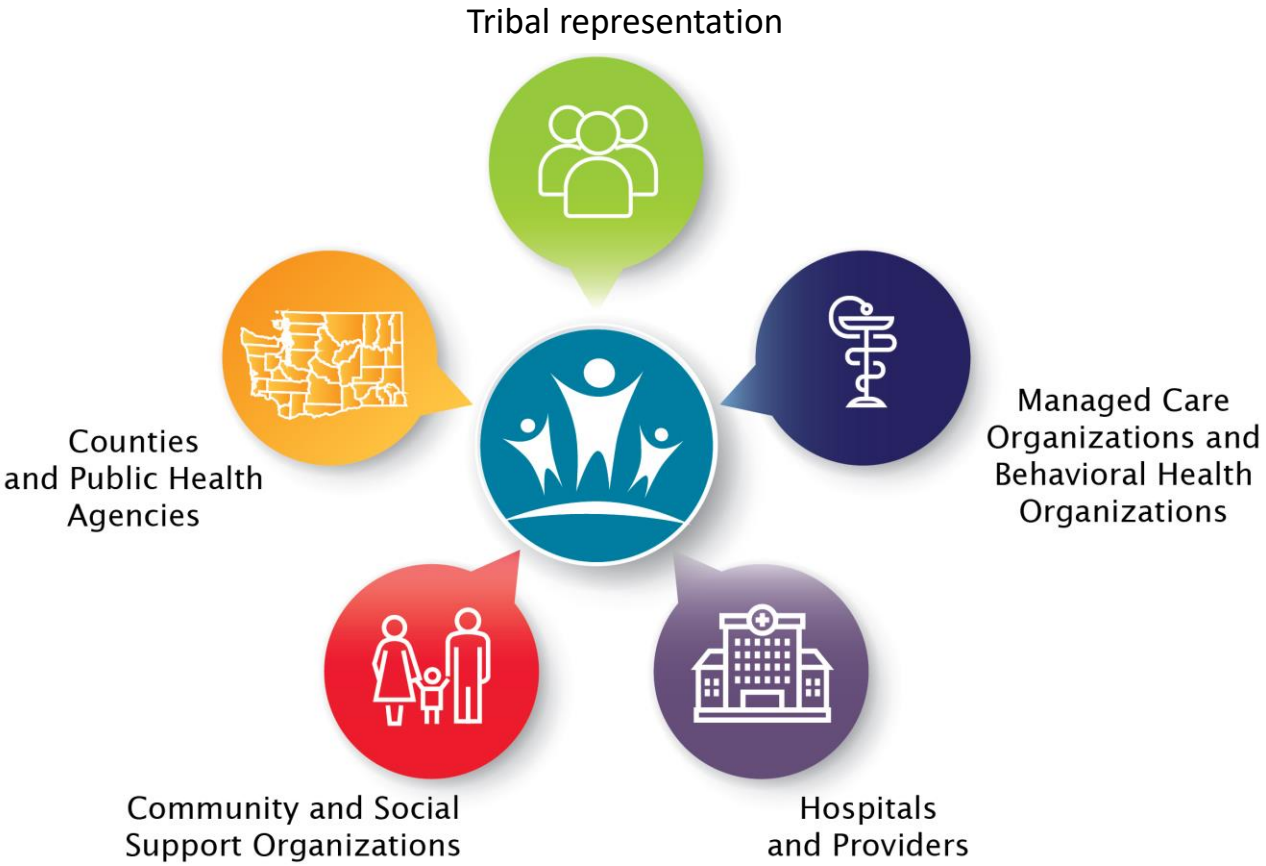
Moderator: Laura Kate Zaichkin, Deputy Chief Policy Officer, HCA

A healthier Washington

Evaluation as an innovation tool



Evaluation as an innovation tool



Evaluation as innovation tool

Scope for evaluations

Evaluation of the overall SIM impact and

- Practice Transformation Support Hub
- Payment redesign strategies

Center for Community Health and Evaluation

GroupHealth RESEARCH INSTITUTE

Formative evaluation of Accountable Communities of Health

Washington State Department of Social & Health Services

Transforming lives

Evaluating the integration of payment & delivery of physical and behavioral health

Evaluating the overall impact

General approach for overall SIM impact evaluation

The RE-AIM framework		
Reach		Percent of target population that receives program
Effectiveness as intended		Success rate when program is implemented
Adoption		Percent of settings that adopt the program
Implementation		Extent the program implemented as intended
Maintenance		Extent the program is sustained over time

Assessing the overall SIM impact

What is the effect of the Washington State Innovation Model on:

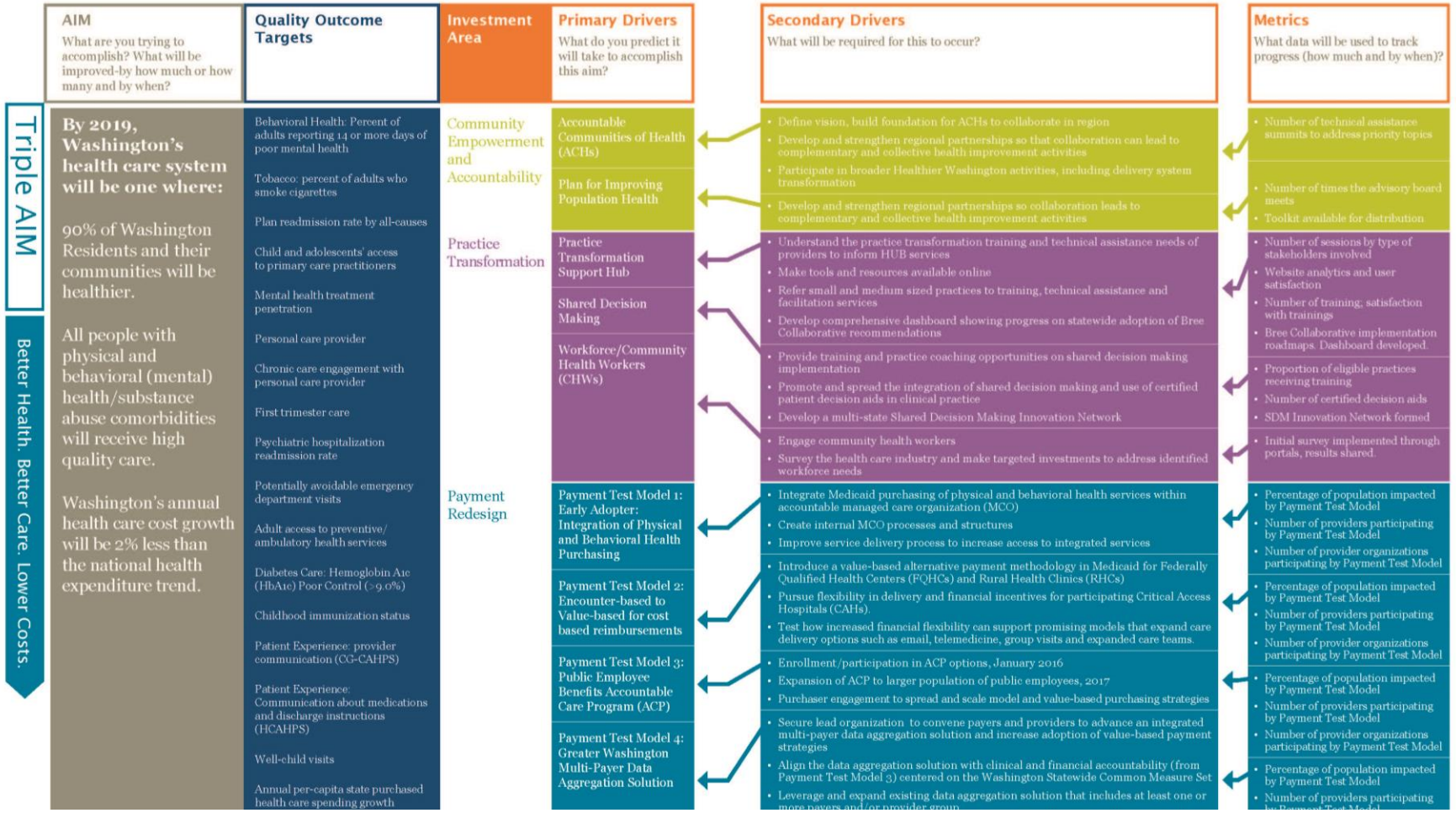
- Population health
- Health equity across population groups

- Quality of care, particularly for those persons living with physical and behavioral health comorbidities

- Annual growth of health care costs per capita

The Triple Aim
Better Health
Better Care
Lower Costs

Metrics and driver diagram



Metrics and driver diagram

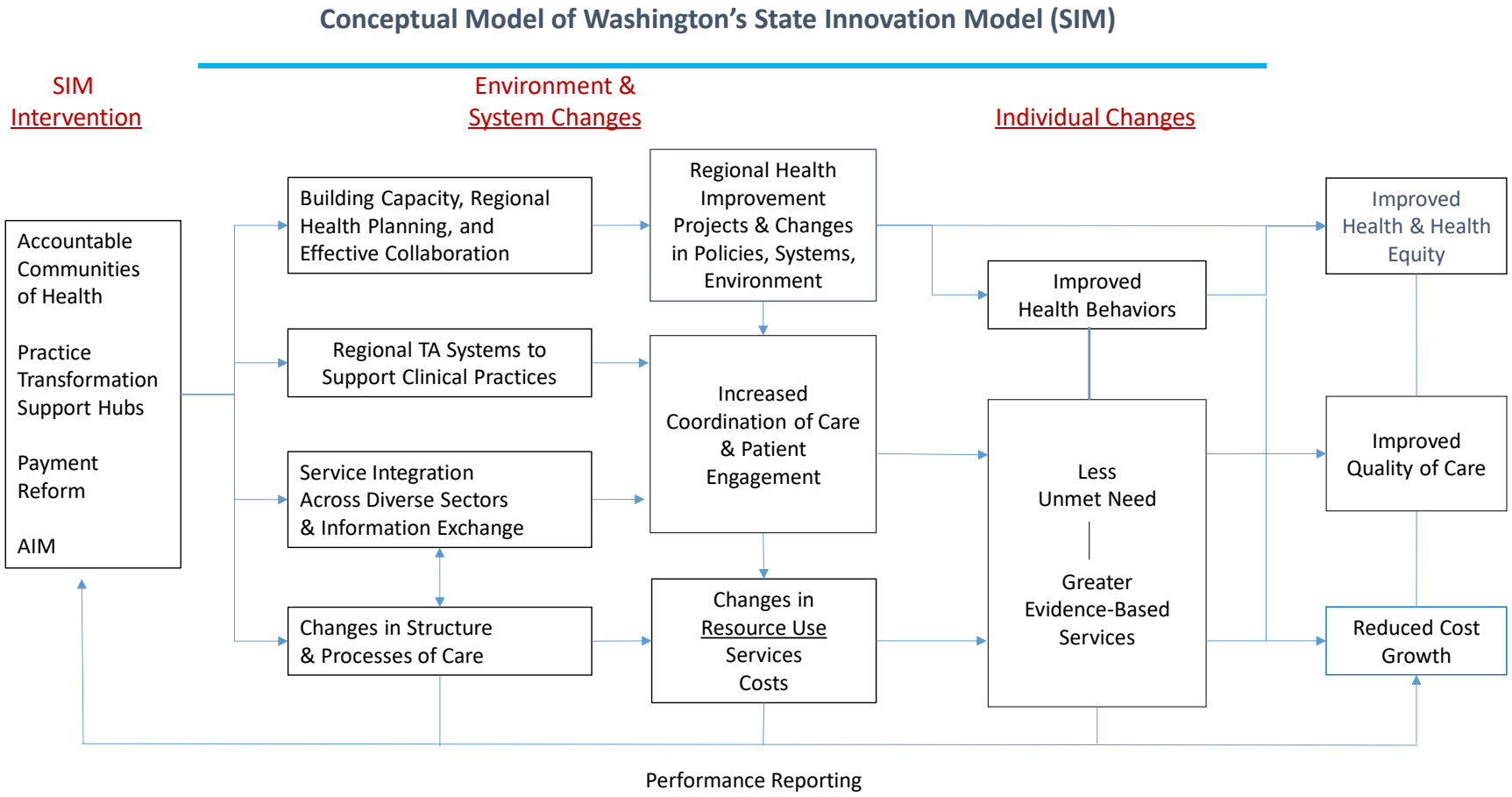
- Community Empowerment and Accountability
- Practice Transformation
- Payment Redesign

Primary drivers

Secondary drivers

Metrics

Conceptual model



Mixed methods

- Impact Evaluation
  - Quasi-experimental study designs and statistical analysis to estimate SIM impacts on population health, quality of care, and cost growth in Washington
- Process Evaluation
  - Qualitative key informant interviews, content analysis of program documents
  - Quantitative tracking of SIM implementation
- Triangulation

Timeline

- SIM years: 2016 – 2018
- Impact evaluation, study period:
  - 2016
  - 2017
- Process evaluation, study period:
  - 2016
  - 2017
  - 2018

Impact evaluation: selected outcome measures

- Population health
  - Adult mental health status
  - Mortality
- Quality of health care
  - Mental health service penetration
  - Childhood immunizations
- Cost growth
  - Medicaid spending per participant
  - Public employee/dependent spending per person

Practice Transformation Support Hub's Evaluation

Evaluation questions

Hub objectives

- Stimulate and accelerate the uptake of integrated and bidirectional behavioral health and primary care.
- Support progress toward value-based payment systems.
- Improve population health by strengthening clinical practice alignment with community-based services for whole person care.

Evaluation questions

- What Hub activities advanced bi-directional behavioral health and primary care clinical integration?
- What Hub activities advanced transition from volume-based to value-based payment systems?
- What Hub activities advanced clinical community linkages?

Evaluation questions

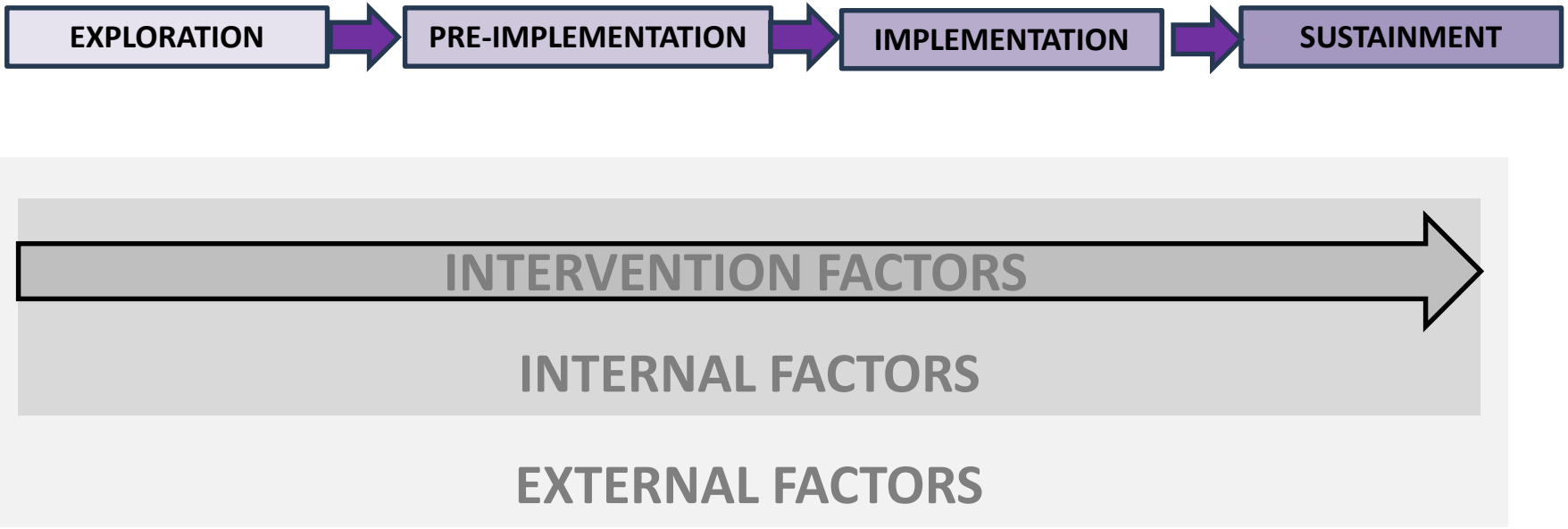
Hub activities and resources

- Web-based Resource Portal that provides a clearinghouse of curated resources and training.
- A Regional Health Connector network.
- Practice coaching, facilitation, and training services.

Evaluation questions

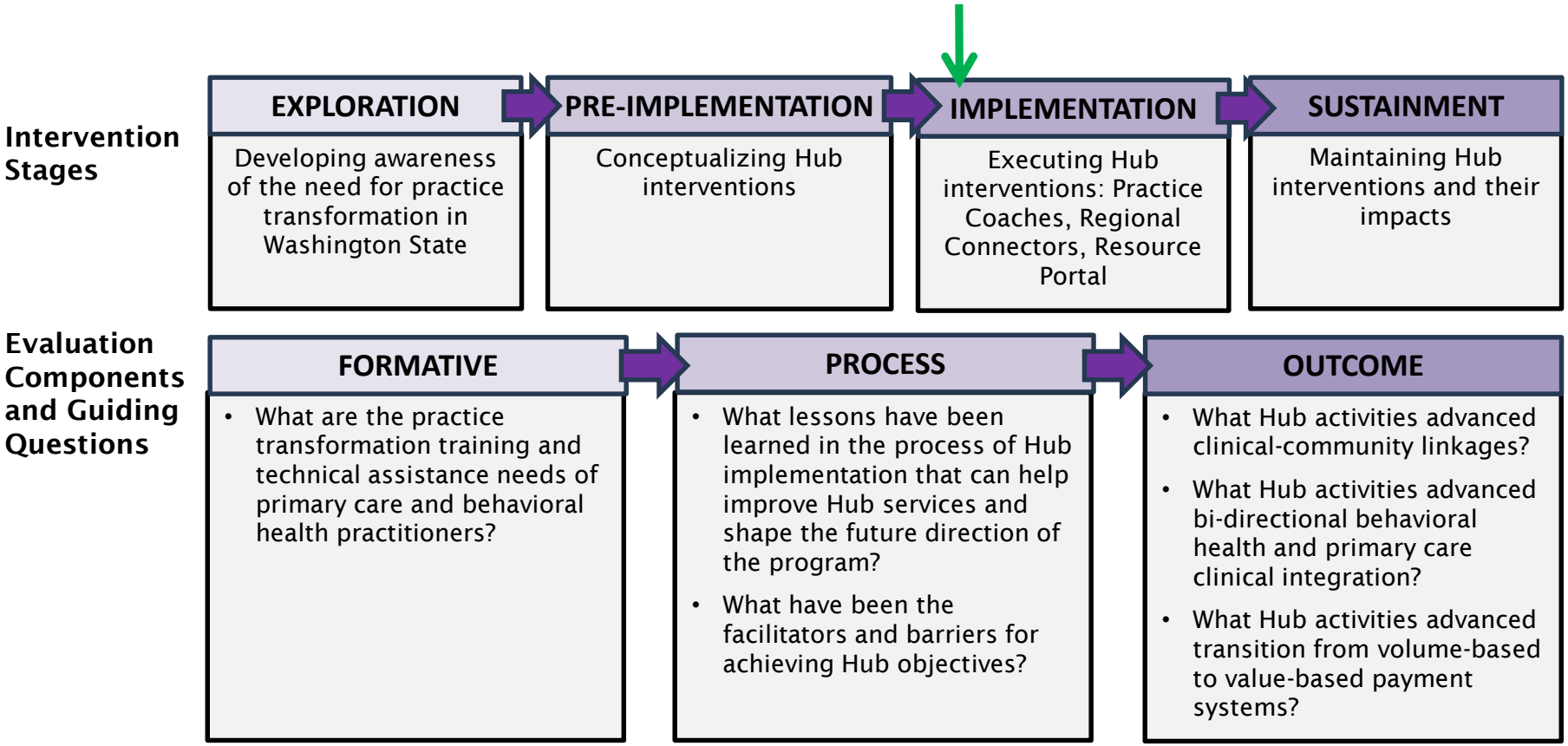
- What lessons have been learned in the process of Hub implementation that can help improve Hub services and shape the future direction of the program?
- What have been the success factors (facilitators) and barriers for achieving the Hub objectives?

Evaluation framework

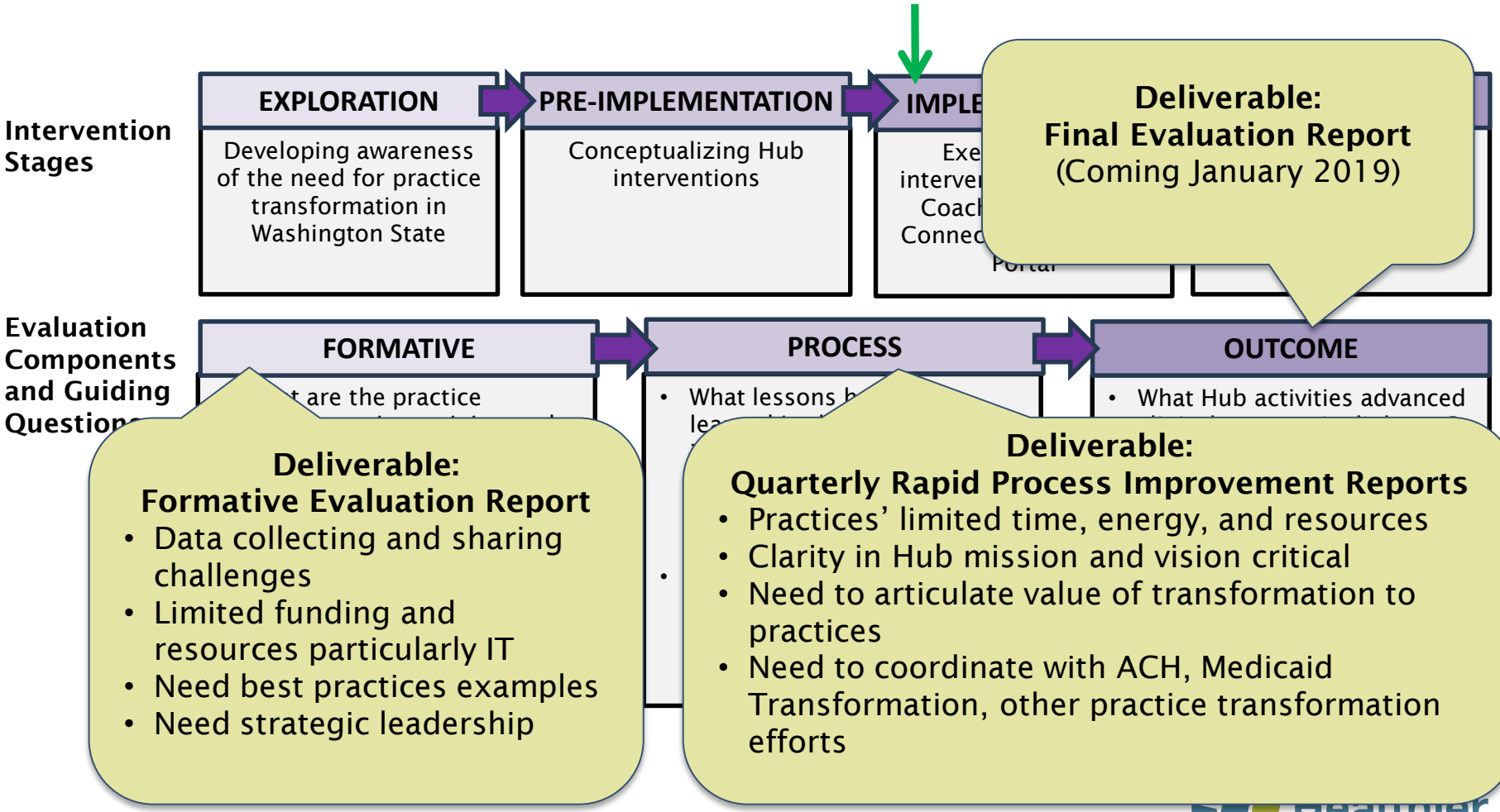


Implementation stages adapted from Arons
Intervention, Internal, External factors adapted from Greenhalgh

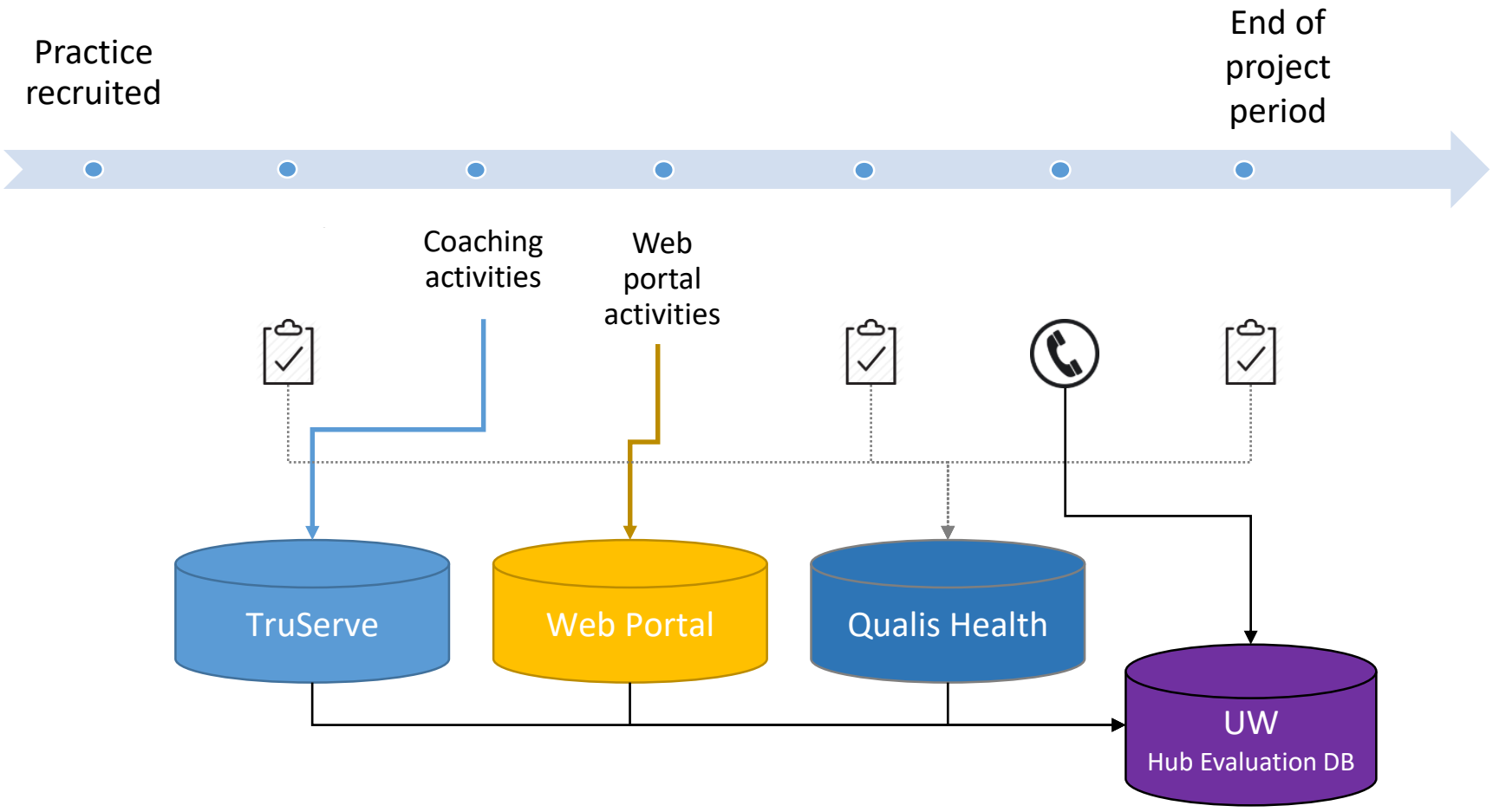
Hub intervention stages and evaluation components



Hub intervention stages and evaluation components



Measuring a practice's progress in meeting Hub objectives



Paying for Value: Payment Model Evaluations

Paying for Value (Model Test 2): Shifting from encounter-based to value-based

Two versions of payment redesign are being developed:

1) Ambulatory care value-based payment (VBP) models for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
2) Value-based payment redesign for critical access hospitals (CAHs)

Examples of key evaluation metrics:

- ❑ Total cost of care per member month
- ❑ HEDIS clinical quality metrics
- ❑ Population health and screening measures

Paying for Value (Model Test 3): High-value, accountable care

- Two Accountable Care Networks in place for Public Employee Benefit members:
  - Puget Sound High Value Network
  - UW Medicine Accountable Care Network
- Value-based payment redesign is reflected in a contract with upside gains and downside financial risks based on quality performance metrics (linked to subset of Statewide Set of Common Measures)

Examples of key evaluation metrics:

- ❑ Total cost of care per member month
- ❑ Preventive measures and screenings
- ❑ Care of chronic conditions

Paying for Value (Model Test 4): Addressing population health via data

Intends to speed adoption of value-based purchasing by increasing providers' access to patient clinical and utilization data across multiple payers

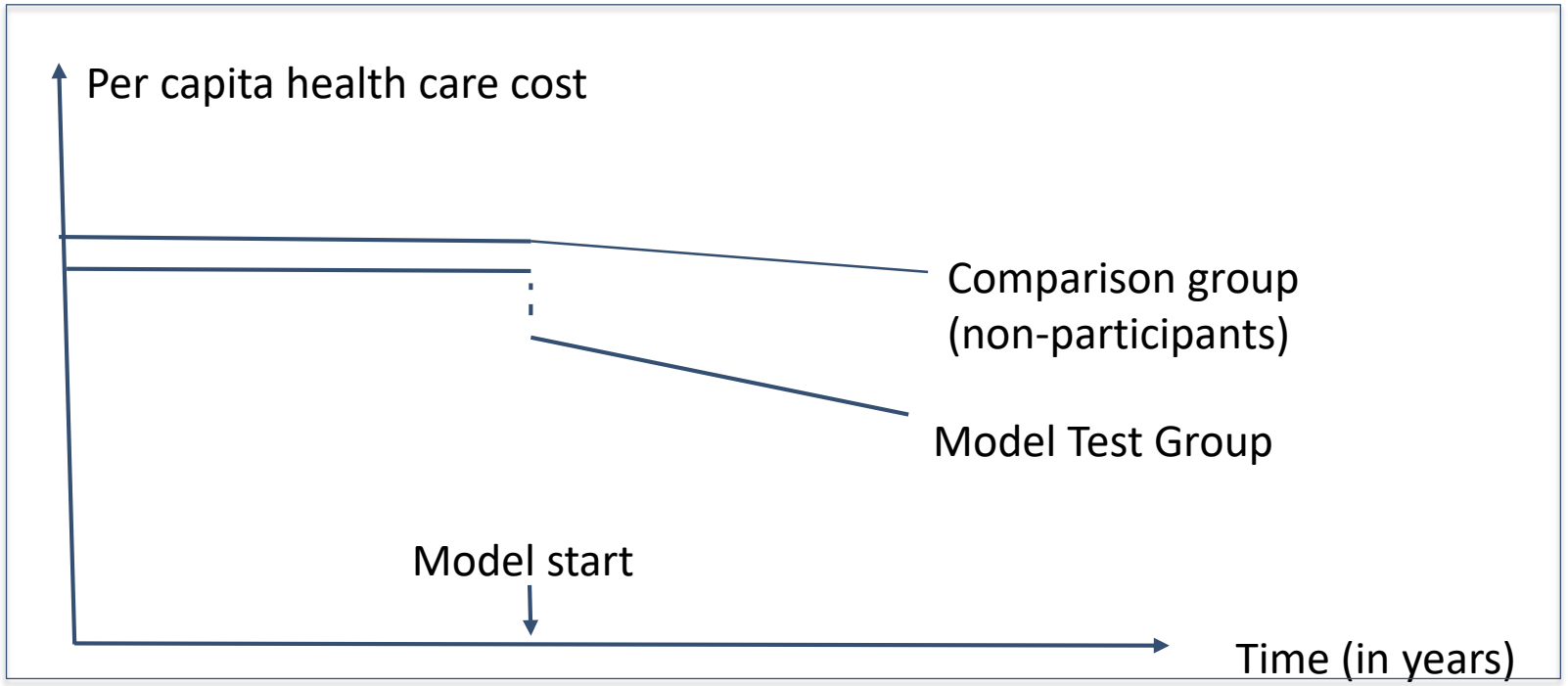
- Key innovation is integrating electronic health records (clinical) and claims/encounter (utilization and financial) data into provider work flows.
- In January executed contracts with two pilot provider networks: one rural and one urban-based.

Examples of key evaluation metrics:

- ❑ Total cost of care per member month
- ❑ Population health measures
- ❑ Clinical quality (children & adolescents; adults)

General payment model evaluation design

Our UW SIM Evaluation Team will assess the effect of each model, by comparing performance over time in the intervention (model test) group to a similar "control group" of non-participants (e.g., on cost):



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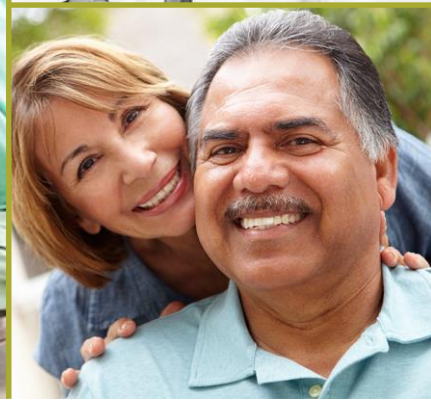

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