

Transformation Project Suggestion

Project Title: Integrating Public Health and Primary Care Data Sharing Medicaid Waiver Pilot Project

Contact Information:

Mary Quinlan, Director Community Services
Mary Bridge Children's Hospital
PO Box 5299, Mailstop 11125-1-CA
Tacoma, WA, 98415-0299
253-403-1354; mary.quinlan@multicare.org

Rationale for the Project:

1. *Problem statement:* There is a lack of integration between public health agencies and primary care systems. According to a 2012 Institute of Medicine (IOM) report, integrating public health and primary care is one way to mitigate and transform health disparities and promote population health especially in relation to maternal and child health programs. Further, the IOM states that data sharing and analysis across systems is key to this integration.

There are many social determinants of health in our community to include poverty, housing, maternal child health outcomes and food security. Addressing each of these issues could be a large undertaking, and we are best positioned to first address improving maternal child health outcomes and food security. Improving the overall well-being of mothers, infants and children and increasing household food security are key objectives of the Healthy People 2020 initiative. We propose to address these core social determinants of health (SDOH) using a lifecourse perspective for the caregiver and infant (0-15 months). Our objective is to work closely with our primary care providers, WIC Clinics and project stakeholders on a system redesign that includes data sharing to improve care delivery and population health for infants in the WIC program. WIC information captured in the Department of Health database that could potentially be shared with primary care providers in a system re-design to include: Patient height and weight, nutritional status and instructions, hemoglobin levels, breastfeeding status, extensive social needs assessment and subsequent community referrals. Sharing of this critical data would reduce duplication of efforts, enhance continuity of care and lead to better health outcomes for this population.

This approach will create efficiencies, benefit primary care outcomes, and also improve WIC enrollment and participation if the programs shared data or had closer collaboration with primary care. Effective care coordination models deliver improved quality and costs savings and MultiCare as a leading healthcare system in the South Puget Sound can offer seamless care to their patients. This pilot project will explore the feasibility and best practices of sharing data that is captured through our WIC program so we can avoid gaps and duplication in patient care delivery.

2. *Supporting research:* The Institute of Medicine (IOM) has suggested that the integration of public health and primary care might mitigate and transform health disparities especially in relation to maternal and child health programs (Institute of Medicine, 2012). One of the most important principles discussed in this report is the "collaborative use of sharing data and analyses across systems", and there is an overall recommendation to address these data sharing needs at the local and regional level between healthcare systems and public health programs.
 - During the first 15 months of life there is an enormous amount of behavioral and developmental screening that is recommended by the American Academy of Pediatrics.¹
 - It is known that missing scheduled well child visits puts children at a greater risk of being admitted to the hospital for ambulatory care sensitive conditions.² A few examples of these conditions are: asthma, gastroenteritis and cellulitis.
 - Parents of children in food insecure homes were 1.56 times more likely to report child health as fair or poor, 1.99 times more likely to report their own health as fair or poor, 2.76 times more likely to have a positive depression screen, children are 1.17 times more likely to have had a hospitalization and 1.6 times more likely to have a developmental risk.³
 - On a population basis, using the best available estimates, the impacts of various domains on early deaths in the United States distribute roughly as follows: genetic predispositions, about 30 percent; social circumstances, 15 percent; environmental exposures, 5 percent; behavioral patterns, 40 percent; and shortfalls in medical care, 10 percent. Cumulatively 60% of determinants of health may be related to socio-behavioral factors.⁴

- In 2011, WIC totaled 9 million participants with a \$7.2 billion dollar budget. That equated to \$47 per participant (after formula company subsidies) and a value per participant of \$59 (108 million total).⁵
 - According to 2010 data from the Tacoma-Pierce County Health Department, infant mortality in WA State was at 5.3 per 1000 total live births. Pierce County's infant mortality rate is at 6.1 per 1000 total live births. This rate is 15% above the State total
 - It has also been found that infant mortality among African Americans was lower when mothers were enrolled prenatally in WIC, 9.6 vs. 21.0 per 1000 births.⁶
3. *Relationship to federal objectives for Medicaid with particular attention to how this project benefits Medicaid beneficiaries:* Through data sharing and collaborative efforts between public health and primary care, this initiative aligns with the federal objectives to reduce Medicaid program costs, improve utilization of health services, and increase health care quality.

Project Description:

Which Medicaid Transformation Goals are supported by this project/intervention?

- Reduce avoidable use of intensive services
- Improve population health, focused on prevention
- Accelerate transition to value-based payment
- Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved?

- Health Systems Capacity Building
- Care Delivery Redesign
- Population Health Improvement—prevention activities

1) Region(s) and Sub-population(s) impacted by the project and Target Population

In 2015 at MHS the current rate of infants and toddlers receiving all 6 well child care visits between 0 and 15 months is approximately 63%, which is below the Health Care Effectiveness Data and Information Set 90th percentile for Medicaid HMO patients at 74.5%. There were 2,590 children eligible for all 6 well child care visits in this age range. Of this group 51% (1317) were Medicaid, 61% of whom completed all 6 recommended well child care visits. MultiCare Health System is in a unique position to participate in this service transformation as MHS operates 11 WIC Clinics in Pierce County. In 2015, 23,483 unduplicated clients were served in these sites. Of those, 25% (N= 5,871) are infants (defined as 0-12 months). On any given month, roughly 21% of enrolled infants are not actively participating in WIC. Pierce County Medicaid clients eligible for WIC, but not receiving services = 39% (N= 9,371) (November 2014 data). This % represents all ages (Pregnant women and children 0- 5 years). These numbers highlight the opportunity for improved engagement in this population as it relates compliance with recommended service schedules and support.

A. *Relationship to Washington's Medicaid Transformation goals:* Medicaid beneficiaries in our target population are eligible for a number of public health services, to include WIC Nutrition Services. This project would meet the goal to "Improve population health, with a focus on the prevention" recognizing "care should be coordinated and whole-person centered".

B. *Project goals:*

Goal: Address maternal child health outcomes as a key social determinants of health (SDOH) using a lifecourse perspective on the 1-15 month caregiver and child.

a. Objective: Primary Care/WIC clinic system redesign and population health for Medicaid infants on WIC 0-15 months

b. Activities:

Year 1: 1) Create a steering committee of project leads and stakeholders to include representatives from MultiCare, University of Washington, Tacoma, Tacoma Pierce County Health Department, Perinatal Collaborative, a WIC parent and a provider. 2) Address feasibility of data sharing between WIC and Primary

Care: Identify facilitators and barriers, design platform in EPIC for access to WIC data for primary care providers, design platform for WIC professionals to monitor and remind parent/child to complete their 6 required well-child Primary Care visits. 2) Hold two focus groups with WIC clients to discuss maternal child health outcomes and food security as Social Determinants of Health

Year 2: Design and pilot data sharing activity in select MultiCare WIC clinics. Study best ways to enhance electronic communication with WIC clients for prompts and Kids Care Connect surveys that address specific areas of SDOH such as through e-surveys/resource connections etc.

- C. *Potential partners:* If this project is selected, we will engage the following partners in our efforts to implement this data sharing initiative: Tacoma Pierce County Health Department (coordinating agency for local ACH), Perinatal Collaborative of Pierce County, SNAP_Ed programs, Maternity Support Services, WIC clinics, WA State Department of Health, MultiCare Connected Care (Accountable Care Organization) and Coordinated Integrated Network (CIN) of medical providers.

Core Investment Component(s): We anticipate that this will be a multiyear project where we will need to engage the WIC program stakeholders include WA Dept of Health staff, WIC Clients, and other key stakeholders in planning discussions. The potential return on investment is substantial this project will create efficiencies through data sharing and, benefit primary care outcomes.

Year 1) - MultiCare Project Lead - Mary Quinlan, MS (in-kind 5% FTE)

Project Coordinator Staff: 10% time per week X 52 weeks = 208 hrs per year @ \$25 per hr = \$5,200 plus benefits at 37% \$1,924 = \$7,124

University of Washington, Tacoma Campus Lead – Robin Evans-Agnew, PhD – 5% (in kind)

MultiCare Provider: Jared Capouya, MD – 5% (in-kind)

Planning Meeting related costs – Year 1 - 8 planning sessions - \$100 per session = \$800

Focus group costs - \$250 each (food and room rental costs) = \$500

Year 2) - Data sharing feasibility with 3 WIC Clinics (staff time same as year 1)

Funds are needed to support EPIC Analyst time to create best practice alerts and plan potential integration with Kids Care Connect system integration (\$8,844). The hourly rate for this type of work is \$55.65 plus benefit costs (37%) = \$76.24 per hr.

Total hrs estimated above = 116 X \$76.24 = \$8,844 (\$2,211 per quarter)

Implementing this pilot data sharing in three of our WIC clinics will benefit approximately 3,240 clients (27%) per month. This is based on serving 12,000 WIC clients per month through our 11 WIC Clinics.

Project Metrics: Our process will include: Data sharing strategic plan/ implementation committee comprised of patient/WIC/healthcare provider/community stakeholder (PNPC) (year 1) up to 6 e-communication tools for use in conjunction with each well child visit (may include surveys on food security/ housing security/economic security social support/ other resources needed), implementation committee meetings, patient satisfaction surveys

Outcomes:

Well child visits (compare WIC visits to well child visits required over the 0-15 month time frame)

Infant mortality (baseline, year 1 and end of year 2)

Height/weight (baseline, year 1 and end of year 2)

References

1. Policy Statement-2016 Recommendations for Preventative Pediatric Health Care. *Pediatrics*. 2016;137(1):25-27.
2. Tom JO, Mangione-Smith R, Grossman DC, Solomon C, Tseng CW. Well-Child Visits and Risk of Ambulatory Sensitive Hospitalizations. *Am J Manage Care*. 2013;19(5):354-60.
3. Hager ER, Quigg AM, Black MM, Coleman SM, Heeren T, Rose-Jacobs R, Cook JT, et al. Development and Validity of a 2-item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics*. 2010;126:e26-e32.
4. McGinnis JM, Williams-Russo P, Knickman JR. The Case For More Active Policy Attention To Health Promotion. *Health Affairs*. 2002;21(2):78-93.
5. United States Government Accountability Office Report to Congressional Requestors: WIC. Improved Oversight of Income Eligibility Determination Needed. 2013;GAO 13-290.
6. Khanani I, Elam J, Hearn R, Jones C, Maeru N. The Impact of Prenatal WIC Participation on Infant Mortality and Racial Disparities. *Am J Public Health*. 2010;100:S204-9.