

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**.

Please email completed templates by **January 15, 2016**, to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	<i>Identify point person, telephone number, e-mail address:</i> Diane Patterson, Vice President/Chief Clinical Officer, Yakima Valley Memorial Health, (509) 575-8012, DianePatterson@yvmh.org <i>Which organizations were involved in developing this project suggestion?</i> Greater Columbia Accountable Community of Health
Project Title	<i>Title of the project/intervention:</i> Workforce Development
Rationale for the Project	
<p><i>Include:</i></p> <ul style="list-style-type: none"> • Problem statement – why this project is needed: Compared to the population in Washington State, the population in Yakima County (247,687) is more likely to be rural, Hispanic (48% compared to 11.2%), non-citizen (11.8% compared to 7.1%), Limited English Proficient (16.7% compared to 7.9%), unemployed (10.1% compared to 6.5%), receiving food stamps (20.6% compared to 12.5%) and TANF (20.2% compared to 10.9%), uninsured (25.8% compared to 16.1%), and below poverty level (22.3% compared to 13.6%). It also has a lower percentage of high school graduates (73.9% compared to 90.1%). (U.S. Census Bureau, 2014). Yakima County is a Medically Underserved Area for all populations, a Primary Care HPSA for the migrant seasonal farmworker population, a Dental Health HPSA for low income and migrant farmworker populations, and a Mental Health HPSA for all populations. (U.S. Department of Health and Human Services, 2014[2]). Many of these determinants of health are associated with unequal access to, and quality of, health care and education, which leads to disparities in health outcomes for underserved populations. Today’s primary care workforce is struggling to meet current demand for services—and the unmet needs are expected to intensify as a result of demographic changes and coverage expansions due to the Affordable Care Act and a decline in the primary care physician workforce.¹ • Supporting research (evidence-based and promising practices) for the value of the proposed project. State legislators address the primary care workforce shortages in various ways including regulating and licensing health professions, analyzing and data collection on workforce supply and distribution, identifying shortage areas and resource gaps, establishing loan repayment programs and other incentives to encourage practice in underserved areas, defining the services a provider can deliver, and establishing reimbursement policies (e.g., enhanced Medicaid reimbursement for primary care services). Federal and state policy-makers have adopted policies and programs— including payment reforms, expanded use of non-physician providers, and expanded training opportunities—to increase the numbers and practice locations of primary care providers to respond to changing population needs.² Nursing Workforce Development programs, known as Title VIII (Public Health Service Act [142 U.S.C. 296 et seq.]), are the cornerstone of sustaining a robust nursing workforce, qualified to meet our nation’s increasing health care needs. Title VIII funding expands educational funding for nursing education to prepare registered nurses (RNs) to provide care for America’s most vulnerable populations. These programs are administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), the federal agency charged with improving access to health care by strengthening the health care workforce, 	

¹<http://www.ncsl.org/documents/health/PCWorkforceTK13.pdf>

²<http://www.ncsl.org/documents/health/PCWorkforceTK13.pdf>

building healthy communities and achieving health equity. HRSA awards prepare nurses to practice in rural and medically underserved communities.³ The U.S. Department of Health and Human Services (HHS) has \$320 million in grants aimed at improving and expanding the primary care workforce and providing education, training and support for low-income people who want to pursue a career in health professions.⁴

- *Relationship to federal objectives for Medicaid with particular attention to how this project benefits Medicaid beneficiaries. The project will: 1) increase access to, stabilize, and strengthen the healthcare workforce available to serve Medicaid and low-income populations; 2) improve health outcomes for Medicaid and low-income populations through an increased workforce to serve this population; and 3) increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.*

Project Description
<p><i>Which Medicaid Transformation Goals are supported by this project/intervention? Check box(es)</i></p> <p><input checked="" type="checkbox"/> Reduce avoidable use of intensive services</p> <p><input checked="" type="checkbox"/> Improve population health, focused on prevention</p> <p><input checked="" type="checkbox"/> Accelerate transition to value-based payment</p> <p><input checked="" type="checkbox"/> Ensure Medicaid per-capita growth is below national trends</p> <p><i>Which Transformation Project Domain(s) are involved? Check box(es)</i></p> <p><input checked="" type="checkbox"/> Health Systems Capacity Building</p> <p><input checked="" type="checkbox"/> Care Delivery Redesign</p> <p><input checked="" type="checkbox"/> Population Health Improvement – prevention activities</p> <p><i>Describe:</i></p> <ul style="list-style-type: none"> • <i>Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders). The project will impact Medicaid and dual eligible beneficiaries in Yakima County.</i> • <i>Relationship to Washington’s Medicaid Transformation goals. The project will: 1) Reduce avoidable use of intensive services and settings 2) Accelerate the transition to value-based payment (payment model 2, encounter-based to value-based) as Federally Qualified Health Centers, Rural Health Clinics, and Critical Access Hospitals will increase their workforce in a medically underserved area; and 3) Ensure that Medicaid per-capita cost growth is two percentage points below national trends as the benefit to cost ratio for workforce development is xx.</i> • <i>Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity/reducing health disparities. The project goal is to improve and expand a diverse, culturally competent healthcare workforce that works in a medically underserved area and serves a large Medicaid population; to provide education, training and support for low-income people who want to pursue a career in health professions; and to provide upward mobility of existing healthcare workers in</i>

³<http://advocacy.aone.org/title-viii-celebrating-50-years-nursing-workforce-development-programs-0>

⁴ HHS, “HHS Announces \$320 million to expand primary care workforce” (Washington, D.C., HHS, Sept. 27, 2010), www.hhs.gov/news/press/2010pres/09/20100927e.html.

Yakima County.

- *Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3. N/A*
- *Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project. **The project will engage business, community- and faith-based, consumer, education, faith-based, food system, health care provider, hospital, housing, local government, philanthropy, public health, social services, transportation, and tribal organizations in Yakima County.***

Core Investment Components

Describe:

- *Proposed activities and cost estimates (“order of magnitude”) for the project. **Proposed activities include increasing access to and upward mobility in health professions, analyzing and data collection on workforce supply and distribution, identifying shortage areas and resource gaps, establishing scholarships and tuition reimbursement programs and incentives to encourage workforce development. The current cost estimate is \$247,685 per year.***
- *Best estimate (or ballpark if unknown) for:*
 - *How many people you expect to serve, on a monthly or annual basis, when fully implemented. **Yakima Valley Memorial Hospital will serve approximately 1,045 nursing interns, medical/dental residents and other existing health profession workers beneficiaries per year.***
 - *How much you expect the program to cost per person served, on a monthly or annual basis. **Yakima Valley Memorial Hospital currently spends \$247,685 each year in tuition reimbursement for workforce development.***
- *How long it will take to fully implement the project within a region where you expect it will have to be phased in. N/A*
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline. **The WSIPP estimates that workforce development benefits minus costs (net present value) is \$xxx per participant per year, so the estimated ROI is \$xxxx per year (1,045 participants x \$xxx per participant.)**⁵*

Project Metrics

The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.

Wherever possible describe:

- *Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf> pages 46-47. **Process measures will include the number of people trained in healthcare professions and the number of people who receive advanced certifications or degrees in their chosen health field. Outcome measures will include the projected supply of healthcare professionals and the development of a health professions pipeline to recruit, educate, and train a culturally competent workforce.***

⁵ <http://www.wsipp.wa.gov/BenefitCost?topicId=10>

- *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation? **County-level benchmark performance data are available for the Washington State Common Measure Set for Health Care Quality and Cost.***