Attachment A: **TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

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	*Chris DesRosier, MS* *Deputy Director of Human Services* *360.414.5599.1.6455, desrosierc@co.cowlitz.wa.us* *Which organizations were involved in developing this project suggestion?* *Cowlitz County Health and Human Services Department, Northwest Center for Integrated Health, Department of Behavioral Health and Recovery*
Project Title	Medication Assisted Treatment in primary care settings

Rationale for the Project

Include:

- *Problem statement – why this project is needed.*

Washington State is currently experiencing an opioid abuse and overdose crisis involving prescription opioids and heroin. Approximately 600 individuals die each year from opioid overdose with an increasing proportion of those deaths involving heroin. In 2014 Cowlitz County had the highest per capita rate of opiate related deaths in Washington State. Although Medically Assisted Treatment (MAT) is widely accepted as an evidence based practice for treating substance use disorder, publicly funded treatment providers face a number of barriers to providing MAT, creating an unequal two tiered system of available treatment. Rural communities in Washington state are likely to experience several of the most critical barriers to offering MAT to their Medicaid population, including limited #s of providers that can legally provide MAT, financial barriers related to reimbursable costs or patient ability to pay, and lack of clinical expertise to implement MAT programs. By creating access to MAT in primary care settings, this project will add capacity to existing systems of care and expand access to MAT for Medicaid beneficiaries, reducing some of the disparity in who can access MAT.

- *Supporting research (evidence-based and promising practices) for the value of the proposed project.*[i]
  - *SAMSHA Publications and Resources on MAT*
  - Knudsen, Abraham, and Oser, "Barriers to the implementation of medication-assisted treatment for substance use disorders: The importance of funding policies and medical infrastructure", *Evaluation and Program Planning*, March 2011
- *Relationship to federal objectives for Medicaid*[ii] *with particular attention to how this project benefits Medicaid beneficiaries.*

  Health outcomes will improve if Physicians providing primary care have access to the full array of medications to improve the health of their patients.

  The availability of MAT in the primary care setting coordinated with other publically funded Medicaid treatment & prevention services will enhance service delivery networks by improving client access to services.

Project Description

Which Medicaid Transformation Goals[iii] are supported by this project/intervention? Check box(es)

- Reduce avoidable use of intensive services - X
- Improve population health, focused on prevention – X
- Accelerate transition to value-based payment - X

Which Transformation Project Domain(s) are involved? Check box(es)

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

Describe:

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).

Target population are Medicaid eligible clients with substance use disorder in small cities and rural communities.

- *Relationship to Washington's Medicaid Transformation goals.*
  Access to MAT will decrease the need for acute care such as emergency room visits for overdose or detox if the SUD is addressed in a comprehensive and coordinated system of care.
  Mat is an evidence based practice that will help individuals with SUD better manage their condition.
  Having MAT imbedded at the primary care level will provide the opportunity to streamline the billing procedures s value based purchasing can occur.

- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.*
  - *Establish access to MAT in primary care settings that serve Medicaid clients*
  - *Administer MAT to Medicaid clients => Lower ED visits for SUD related crisis, decrease deaths from SUD*
  - *Lower the ratio of private pay clients with access to MAT vs Medicaid clients*
- *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.*
  This project would link to the Behavioral Health Organization (BHO) system of care.
- *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.*
  Medicaid Primary Care Providers, Hospitals, SUD Providers, Mental Health Providers, Behavior Health Organizations, Federally Qualified Health Centers, Local Public Health and Human Services Departments. At Cowlitz County Health & Human Services we are beginning exploratory conversations with DBHR, Great Rivers BHO stakeholders, and our local Hospital about the possibility of bringing MAT to our county.

Core Investment Components

Describe:

- *Proposed activities and cost estimates ("order of magnitude") for the project.*
  - Create & deploy MAT in Primary Care Expansion Team(s) that will
    - ID & Recruit MCD providers
    - Educate providers and community stakeholders on MAT effectiveness and need
    - Facilitate planning meetings between providers, recovery communities, and other stakeholders that will provide MAT programming and support for MAT recipients
    - Provide TA to MAT providers on program design and implementation
    - Provide professional consultation for MAT prescribers
  - Provide up to two years of Cost Reimbursement Funding for Medicaid providers starting up a MAT program in their primary care setting or some form of incentive payment as a bridge to value based purchasing
  - Transition MAT in Primary Care Providers to value based purchasing contracts with BHOs

Cost estimates not available at this time. A very rough guess is $12 million for the CPAA region, based on one example staffing model from the Northwest Center for Integrated Health.

- *Best estimate (or ballpark if unknown) for:*
  - How many people you expect to serve, on a monthly or annual basis, when fully implemented.
    - Following federal law, 40 prescribing physicians could serve 1,200 patients at any given time and 4,000 patients at any given time in following years
  - How much you expect the program to cost per person served, on a monthly or annual basis.
- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*
  Two years
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*
  Medicaid clients who are Cowlitz County residents travel from Cowlitz County to Vancouver for MAT. The cost of Medicaid transportation for this service costs the state Medicaid transport system roughly $1,000,000 annually. That cost does not include the treatment cost, or more importantly to the social cost to the client and their family.

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*[iv]*.*

Process measures: # of primary care providers engaged in developing MAT services, # of prescribing physicians able to provide MAT, # of TA requests from MAT providers, # of patients receiving MAT

Outcome measures: longer average length of stay in treatment, lower ratio of individuals with private pay insurance receiving MAT vs individuals on Medicaid receiving MAT, fewer hospitalizations related to SUD, fewer deaths from overdose, greater use of primary care and preventative health services by individuals with SUD

- *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation*?

Existing data systems may need to be engineered to produce baseline and follow-up data reports. BHOs are key partners and can help design data collection that also interfaces with the statewide performance measurement

system.

---

[i] The Washington State Institute for Public Policy, http://www.wsipp.gov, has identified "evidence-based" policies that can lead to better outcomes; Behavioral health research reports developed by the Research and Data Administration are available at: https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/decision-support-and-evaluation

[ii] Medicaid objectives as stated in GAO report 15-239, April 2015, http://www.gao.gov/products/GAO-15-239:

- Increase and strengthen coverage of low income individuals.
- Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations.
- Improve health outcomes for Medicaid and low-income populations.
- Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.
- Criteria established for specific demonstrations described through an informational bulletin or State Medicaid Director's Letter – available at: http://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html.

[iii] Transformation goals as stated in Washington's Medicaid Transformation waiver, http://www.hca.wa.gov/hw/Documents/waiverappl.pdf:

- Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington's tribal members.
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends.

[iv] This includes the statewide common measure set for tracking health care quality and cost across multi-payer public and private health delivery systems: http://www.hca.wa.gov/hw/Documents/pmcc_final_core_measure_set_approved_121714.pdf and the subset of 2016 Medicaid contract common performance metrics. It also includes priority measures for critical behavioral health and community support services recommended by the 5732/1519 Steering Committee and reported to the Legislature in "*Service Coordination Organizations – Accountability Measures Implementation Status*", (page 36) at: http://www.hca.wa.gov/documents_legislative/ServiceCoordinationOrgAccountability.pdf.