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 <u>MedicaidTransformation@hca.wa.gov</u> with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

| Contact Information | Rose Ness, (425) 760-3323, Rose.Ness@si4bh.com |
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| | Sound Integration for Behavioral Healthcare |
| Project Title | IMPACT—Evidence-based depression care |
| Rationale for the Project | t la |
| Include: | |
| • The IMPACT model s | upports primary and behavioral health integration by addressing population health, |
| reducing long term healthcare costs, and addressing whole person health | |
| | ce-based program per University of Washington (www.impact-uw.org) |
| • IMPACT model is equal anxiety (www.impac | ally effective with diverse populations including those with comorbid conditions including t-uw.ora) |
| Project Description | |
| Which Medicaid Transfo | rmation Goals ⁱ are supported by this project/intervention? Check box(es) |
| Reduce avoidable use of intensive services | |
| □ Improve population he | alth, focused on prevention |
| □ Accelerate transition t | o value-based payment |
| Ensure Medicaid per-c | apita growth is below national trends |
| Which Transformation P | roject Domain(s) are involved? Check box(es) |
| Health Systems Capacity Building | |
| Care Delivery Redesign | |
| Population Health Imp | rovement – prevention activities |
| Describe: | |
| Washington State M | edicaid expansion population who access primary care |
| | health by focusing on prevention and management of depression and other co-morbid |
| medical conditions. | Emphasizes value-based payment by reducing other costs related to untreated depression. |
| Research from the U | niversity of Washington showed a savings of approximately \$3300 less per patient when |
| | luded (www.Impact-uw.org) |
| • The IMPACT model has proven to be effective with diverse populations. There are initial start up costs for | |
| • | ever there was demonstrated healthcare savings with pharmaceutical supplies, medical |
| inpatient and outpat | |
| Supports Senate Bill 6312 to full integration | |
| Healthcare providers, social service providers including acute care services for medical and/or behavioral health | |
| | ACH orientation promoting familiarity and common language with IMPACT model and it's |
| intended purpose. | |

Core Investment Components

Describe:

- *Proposed activities and cost estimates ("order of magnitude") for the project.*
- Best estimate (or ballpark if unknown) for:
 - Depends on size of healthcare clinic
 - The American Journal of Managed Care. 2008; 14:95-100 cited that the IMPACT program compared with usual primary care is associated with a high probability of lower healthcare costs during a 4 year period.
- Depends on scope of program and organizational goals
- Costs of providing IMPACT is expected to be \$300-500 depending on length of program, number and types of visits, type of care management personnel.

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:

 Healthcare providers who choose to implement IMPACT will implement a patient registry to track depression scores on screening tool. Stepped interventions can be performed if a patient's scores are not improving. Stepped interventions will also be tracked in patient registry to determine impact and outcomes of interventions performed.

ⁱ Transformation goals as stated in Washington's Medicaid Transformation waiver, <u>http://www.hca.wa.gov/hw/Documents/waiverappl.pdf</u>:

- 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.