An Introductory Webinar for the Washington Integrated Care Assessment (WA-ICA) for Primary Care Settings

A Collaboration with the Health Care Authority, all 9 ACHs, and the 5 MCOs

June 16, 2022

The following organizations support the Washington Integrated Care Assessment (WA-ICA): the Health Care Authority; the five MCOs that provide Apple Health coverage – Amerigroup Washington, Community Health Plan of Washington, Coordinated Care, Molina Health Care, UnitedHealthcare; and the nine Accountable Communities of Health - Better Health Together, Cascade Pacific Action Alliance, Elevate Health, Greater Columbia ACH, HealthierHere, North Central ACH, North Sound ACH, Olympic Community of Health, and Southwest ACH

Agenda

- Welcome and Introductions
- Land Acknowledgement
- Why are we transitioning to a new integration assessment?
- History of the effort
- About the WA-ICA
- Q&A with Dr. Henry Chung
- Preparing for what's next
- Closing Q&A


Welcome
Velkomin
Bienvenue
Bienvéni
Bonvenon
Mirëpres
Dobrodošli
Selamat Datang
Hospedar
Swagata
Ongietorri
Acollir
Yokôso
Tervetuloa
Verweklom
Welkom
Benvingut
Toivottaa
Willkommen
Herzlich
Velkommen
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Woezor
Wëllkom
MirëSevini
Dobredojde
EKomoMai
Degemer
Maligayang Pagdating
Uvitani
Koan Nghênh
Ontvangen
Teretulnud
Bonavinuta
Hwangyong Hamnida

Introductions

Today's Presenters

- Tri-Chairs of the WA-ICA Workgroup
  - Colette Rush, RN, BSN, CCM
    - Behavioral Health and Integration Clinical Consultant, Health Care Authority
  - Tory Gildred, LICSW, SUDP
    - Associate Vice President of Behavioral Health, Molina Health Care
  - Susan McLaughlin, PhD*
    - CEO, Healthier Here
- Dr. Henry Chung, M.D.
  - Professor of Psychiatry at Albert Einstein School of Medicine
- Backbone support from HealthierHere
  - Tavish Donahue, Senior Practice Transformation Manager
  - Madelyn McCaslin, Practice Transformation Manager

* Liz Baxter, CEO, North Sound ACH representing ACH perspective for this meeting

Land Acknowledgement

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The ‘Why’

Integration as a Statewide Priority

Reminder! Two large integration initiatives commenced simultaneously

HB 2572 and 1115 Waiver

- Legislation authorized ACHs and directed HCA to implement strategies to transform the delivery system, including integrating physical health and behavioral health at the clinical level
- 1115 Waiver requires all ACHs to do projects around bidirectional integration (2A)

SB 6312

- Legislation directed the state to bring both behavioral health (MH/SUD) and physical health care within the Apple Health (Medicaid) program. Under integrated managed care, services are coordinated through a single health plan optimizing the ability to advance bi-directional clinical integration.

Essential for Delivering Whole Person Care

Given the prevalence of co-occurring physical health, mental health (MH), and substance use disorders (SUDs), bi-directional clinical integration in behavioral and physical health outpatient settings is essential for delivering whole-person, integrated care and improving patient/client outcomes.

While Integration was a priority, efforts to assess and measure integration were disparate and disconnected…

- During the initial Medicaid waiver period (2018-2021) ACHs have assessed for integration using the MeHAF assessment tool (mostly)
- The MeHAF was not developed with Behavioral Health providers in mind and although many Behavioral Health providers have been able to adapt, the tool is not ideal for Behavioral Health providers and is based on out-of-date research
- MCOs have been using a variety of other tools/approaches or have not been assessing for integration at all
- MeHAF data collected by ACHs was not shared with MCOs and was only shared with HCA at a high level

As a result…

- There has been no way to compare data or set benchmarks and improvement goals for integration across the state
- ACHs work with their regional providers and MCOs with their contracted providers, but expectations have not been clear and consistent across the system
  - *Plus- providers are often working with multiple ACHs and multiple MCOs…*
- There has not been a common language around this work and there is potential for significant burden on providers through multiple assessments, different approaches, and different parameters

HCA Perspective

- We thank you for completing this assessment and working to deepen the levels of integration in your practices.
- We are committed to continuing to work with our MCO and ACH partners as we learn how to best support you, and in our collective efforts to advance levels of integration across the state.
- We are committed to aligning this work (advancing bi-directional integration) with other state initiatives, including the Multi-payer Primary Care Transformation Model and other service delivery and payment initiatives, as they emerge.
- We are particularly focused on reducing provider burden wherever possible.

ACH Perspective

- Continue work begun under Medicaid Transformation Project
- An explicit Project focused on Behavioral Health Integration
- Measured integration through use of MeHAF
- The tool is a means to an end, to improve integration of physical and behavioral health services
- Use of WA-ICA will build capacity and expand learning
- Find alignment with HCA and MCOs who share a commitment to advance integration, especially with a lens toward advancing equity
- Reduce burden on provider that cross regions and contract within multiple MCOs

MCO Perspective

- Partnership with HCA and ACHs to continue the work of the Medicaid Transformation Project
- MCO focus on leveraging clinical integration to support providers in advancing equity, and quality outcomes for members
- A tool for practices to use along a clinical integration continuum; understanding practice improvement and movement toward integration is a journey and unique to that practice
- Shared interest in reducing provider burden and using one tool across MCOs, ACHs, and HCA to help drive clinical integration
- Alignment of clinical integration language statewide

History of the WA-ICA Effort

The Washington Integrated Care Assessment (WA-ICA) is a collaboration of the Health Care Authority, all 9 ACHs, and the 5 MCOs

The WA-ICA began to emerge in 2020

- A statewide workgroup with representation from HCA, MCOs, & ACHs began meeting in mid-2020 to create synergy and develop a statewide approach to assessing and supporting integration.

- The collaborative initiative is led by tri-chairs, each chair representing the ACHs, MCOs, and HCA
  - Current tri-chairs are Colette Rush (HCA), Susan McLaughlin (ACHs- HealthierHere), and Tory Gildred (MCOs- Molina)

- The workgroup includes representation from:
  - HCA- Colette Rush and Jennie Harvell (HCA Senior Advisor)
  - All 5 MCOs (Amerigroup, CHPW, Coordinated Care, Molina, United)
  - Appointed reps from the following ACHs: HealthierHere, North Sound, Elevate Health, North Central ACH, Olympic Community of Health

- The workgroup researched available assessment tools and selected and piloted an assessment framework in 2021
  - The 2021 pilot included primary care and behavioral health providers representing SUD, mental health, rural, urban, adult, and pediatric settings

- History of this effort was captured in two reports:
  - Phase 1 Integration Report
  - Phase 2 Integration Report

- The workgroup continues to meet and is overseeing the statewide implementation of the WA-ICA

Selection Process

- The statewide workgroup conducted careful research and analysis of available integration assessment tools and applied a consistent criteria to assess whether each option met the goals of the workgroup (see the phase 1 report for more detail).

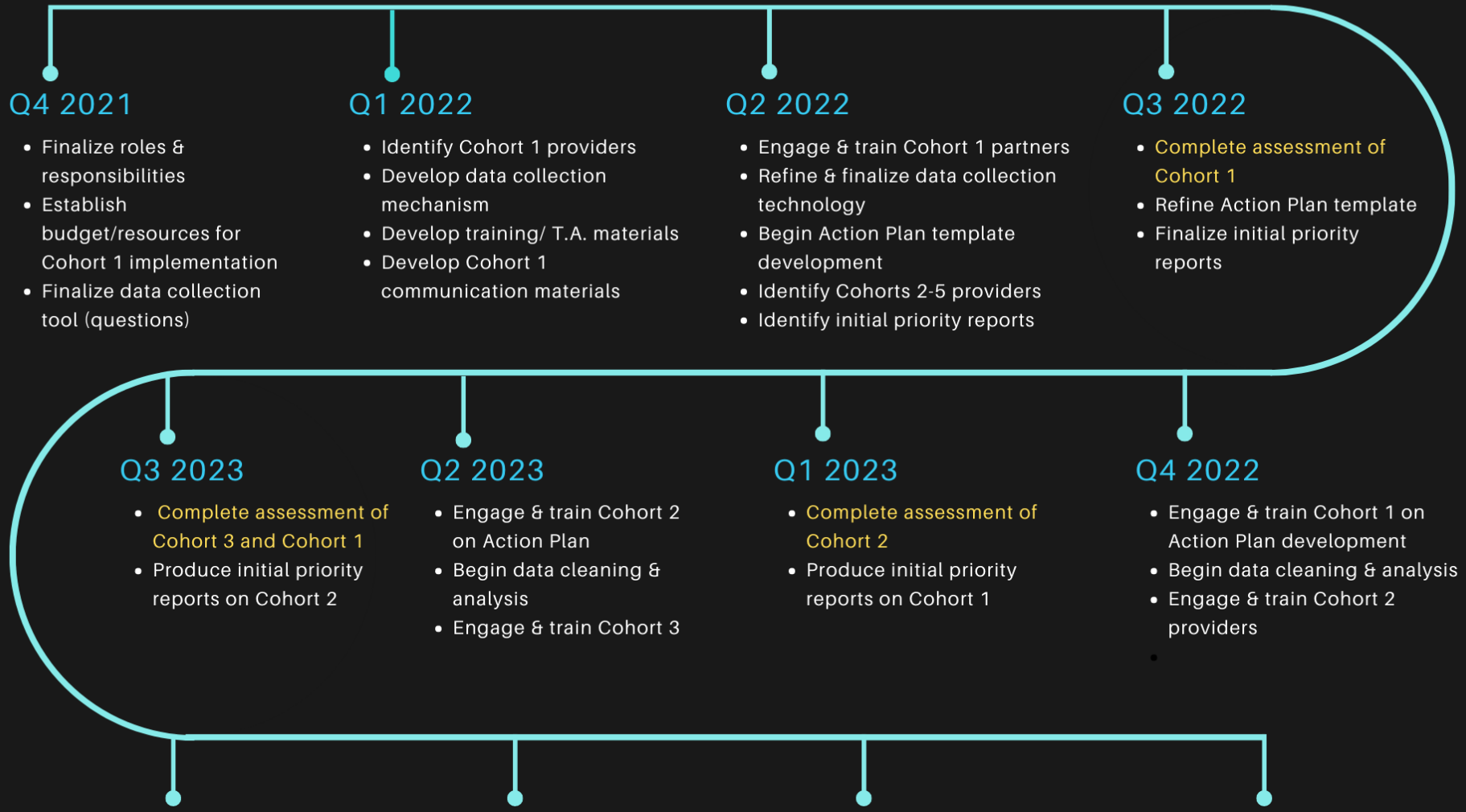
The Selected Tool

- The workgroup ultimately selected two companion tools developed in New York State through its own 1115 Waiver
  - Continuum Based Framework for Behavioral Health Integration into **Primary Care***, and (https://uhfnyc.org/media/filer_public/61/87/618747cf-9f4b-438d-aaf7-6feff91df145/bhi_finalreport.pdf)
  - Continuum Based Framework for General Health Integration into **Behavioral Health*** (https://www.thenationalcouncil.org/wp-content/uploads/2020/08/GHI-Framework-Issue-Brief_FINALFORPUBLICATION_7.24.20.pdf?daf=375ateTbd56)

Evolution into the WA-ICA

- The workgroup worked closely with Dr. Henry Chung, who created the two NYS companion tools, make some minor adaptations to the assessment tools for use in Washington.
  - At the same time, Dr. Chung has also been working with the National Council to adapt his tool into a standardized framework, the comprehensive healthcare integration framework (CHI). More details of that national initiative are available here.
- The workgroup finalized the WA-ICA tools for statewide implementation in early 2022, incorporating feedback from the pilot partners, Dr. Chung, and other key clinical stakeholders.
  - The WA-ICA continues with the two complementary tools for primary care and behavioral health settings as were evaluated via Dr. Chung's research

Washington Integrated Care Assessment (WA-ICA) Roadmap



Q4 2021

- Finalize roles & responsibilities
- Establish budget/resources for Cohort 1 implementation
- Finalize data collection tool (questions)

Q1 2022

- Identify Cohort 1 providers
- Develop data collection mechanism
- Develop training/ T.A. materials
- Develop Cohort 1 communication materials

Q2 2022

- Engage & train Cohort 1 partners
- Refine & finalize data collection technology
- Begin Action Plan template development
- Identify Cohorts 2-5 providers
- Identify initial priority reports

Q3 2022

- Complete assessment of Cohort 1
- Refine Action Plan template
- Finalize initial priority reports

Q4 2022

- Engage & train Cohort 1 on Action Plan development
- Begin data cleaning & analysis
- Engage & train Cohort 2 providers

Q1 2023

- Complete assessment of Cohort 2
- Produce initial priority reports on Cohort 1

Q2 2023

- Engage & train Cohort 2 on Action Plan
- Begin data cleaning & analysis
- Engage & train Cohort 3

Q3 2023

- Complete assessment of Cohort 3 and Cohort 1
- Produce initial priority reports on Cohort 2

Q4 2023

- Engage & train Cohort 4

Q1 2024

- Complete assessment of Cohort 4 and Cohort 2

Q2 2024

- Engage & train Cohort 5
- Train Cohort 4 on Action Plan
- Update Cohort 2 Action Plans
- Clean & analyze data

Q3 2024

- Complete assessment of Cohort 5 and Cohorts 1-4
- Produce data reports on Cohorts 4 and 2

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WA-ICA in the renewal waiver application

- HCA released the renewal waiver application for public comment May 12 – June 13 (closed on Monday)
- The WA-ICA is included in the renewal waiver as one of the initiatives under goal #2, "advancing whole person primary, preventive, and home- and community-based care"
- In the current draft of the renewal waiver application HCA is seeking new federal expenditure authority to support "provider clinical behavioral health integration assessment, technical assistance and coaching, and targeted provider incentives."
- The requested budget to support the WA-ICA in the renewal waiver is approximately $29.9 million over 5-years

About the Washington Integrated Care Assessment (WA-ICA)

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What do we mean by integration?

Integrated Services

- The provision and coordination by the treatment team of appropriately matched interventions for both physical health and behavioral health conditions , along with attention to SDOH, in the setting in which the person is most naturally engaged.

Integratedness

- The degree to which programs or practices are organized to deliver integrated physical and behavioral health prevention and treatment services to individuals or populations, as well as SDOH.
- A measure of both structural components (e.g. staffing) and care processes (e.g. screening) that support the extent to which 'integrated services' in physical or behavioral health settings are directly experienced by people served and delivered by service providers.

Introducing the WA-ICA

Washington State Integrated Care Assessment for Primary Care Settings

Based on the Continuum Based Frameworks for Integration in Behavioral Health and Primary Care Clinics - for Primary Care Settings by Dr. Henry Chung, et al, Montefiore Health System, NY. Used and modified with input from primary author (Chung). (https://uhfnyc.org/media/filer_public/61/87/618747cf-9f4b-438d-aaf7-6feff91df145/bhi_finalreport.pdf)

Washington State Integrated Care Assessment for Behavioral Health Settings

Based on the Continuum Based Frameworks for Integration in Behavioral Health and Primary Care Clinics - for Behavioral Health Settings by Dr. Henry Chung, et al, Montefiore Health System, NY. Used and modified with input from primary author (Chung). (https://www.thenationalcouncil.org/wp-content/uploads/2020/08/GHI-Framework-Issue-Brief_FINALFORPUBLICATION_7.24.20.pdf?daf=375ateTbd56)

1.

1. Screening, referral to care and follow-up

1.1 Screening, initial assessment, follow-up for common behavioral health conditions

1.2 Facilitation of referrals, feedback

2. Evidence- based care for preventive interventions and common behavioral health conditions

2.1 Evidence-based guidelines/treatment protocols

2.2 Use of psychiatric medications

2.3 Access to evidence-based psychotherapy with BH providers

2.

3.

3. Information exchange among providers

3.1 Sharing of treatment information

4. Ongoing care management

4.1 longitudinal clinical monitoring and engagement

4.

5.

5. Self-management support that is adapted to culture, socioeconomic and life experiences of patients

5.1 Use of tools to promote patient activation and recovery with adaptations for literacy, language, local community norms

6.

6. Multidisciplinary team (including patients) to provide care

6.1 Care team

6.2 Systematic multidisciplinary team-based patient care review processes

7.

7. Systematic quality improvement

7.1 Use of quality metrics for program improvement

8.

8. Linkages with community/social services that improve general health and mitigate environmental risk factors

8.1 Linkages to housing, entitlement, other social support services

9.

9. Sustainability

9.1 Build process for billing and outcome reporting to support sustainability of integration efforts

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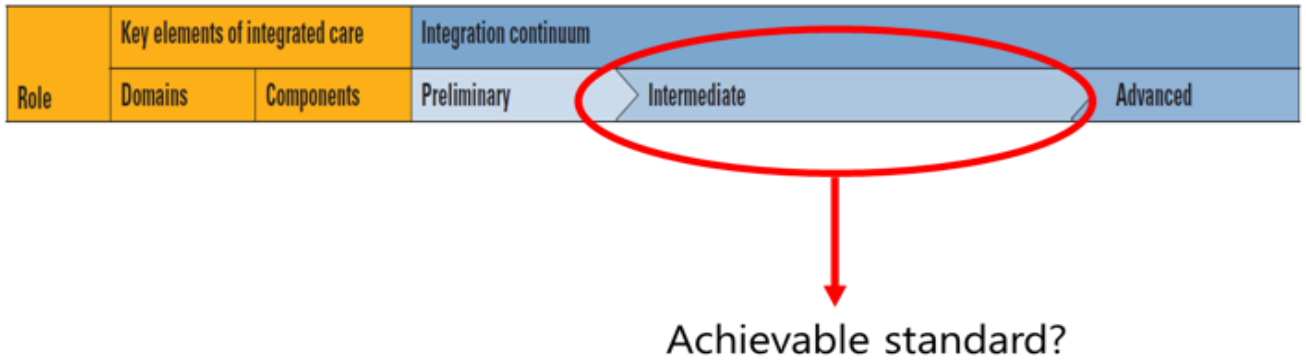
Role	Key Domains of Integrated Care		Preliminary	Intermediate I.	Intermediate II.	Advanced	Self-Assessed Level
Clinical Workflow	1. Screening, referral to care and follow-up (f/u)	1.1 Screening, initial assessment, follow-up for common Behavioral Health (BH) conditions	Patient/clinician identification of those with BH symptoms—not systematic	Systematic BH screening of targeted patient groups (e.g., those with diabetes, CAD), with follow-up for assessment	Systematic BH screening of all patients, with follow-up for assessment and engagement	Analysis of patient population to stratify patients with high-risk BH conditions for proactive assessment and engagement	
		1.2 Facilitation of referrals, feedback	Referral only, to external BH provider(s)/ psychiatrist	Referral to external BH provider(s)/psychiatrist through a written agreement detailing engagement, with feedback strategies	Enhanced referral to internal/co-located BH clinician(s)/psychiatrist, with assurance of "warm handoffs" when needed	Enhanced referral facilitation with feedback via EHR or alternate data-sharing mechanism, and accountability for engagement	
	2. Evidence-based care for preventive interventions and common behavioral health conditions	2.1 Evidence-based guidelines/treatment protocols	None, with limited training on BH disorders and treatment	PCP training on evidence-based guidelines for common behavioral health diagnoses and treatment	Systematic use of evidence-based guidelines for all patients; tools for regular monitoring of symptoms	Systematic tracking of symptom severity; protocols for intensification of treatment when appropriate	
		2.2 Use of psychiatric medications	PCP-initiated, limited ability to refer or receive guidance	PCP-initiated, with referral when necessary to a prescribing BH prescriber/psychiatrist for medication follow-up	PCP-managed, with support of BH prescriber/ psychiatrist as necessary	PCP-managed, with care management supporting adherence between visits and BH prescriber(s)/ psychiatrist support	

Getting familiar with the framework

- The tool should be completed at the practice or site-level and will take around 3-4 hours in total to complete (including assessment team discussion and data entry). It is meant to be completed as an interdisciplinary team
- The category selected for each subdomain should be the one for which a practice is achieving the standards at least 70% of the time
- The continuum builds on itself, when a practice meets the standards of one category, they will likely have met those standards of the previous categories, too
- Most of the evidence-base lies within the intermediate categories
  - Achieving the advanced standards is heavily dependent on the clinical and fiscal capacity of a practice and may not always be achievable. That is ok!



Team composition for practice assessment and transformation

- Senior Clinician Executive
- Clinician Champions (primary care AND behavioral health- if available)
- Nursing and/or Care Management Champion
- Quality Improvement Champion
- Optional: Peer Specialist, Practice Manager, Others?

How to apply the framework to advance along the continuum?

Once a practice assessment is completed…

1. Identify the domains/subdomains where you are not at least in the intermediate 1 or 2 stages
2. Assess which domains/subdomains are most feasible to achieve intermediate 1 or 2 stage over next 3-6 months (no more than 2 to work on)
3. Identify the available resources/incentives to support practice change in those domains
4. Use QI principles including PDSA cycles and quality metric to be measured
5. Repeat # 2-4 when ready to make more progress

- Note: possible priority domains are: screening/referral; care management; self management; sustainability

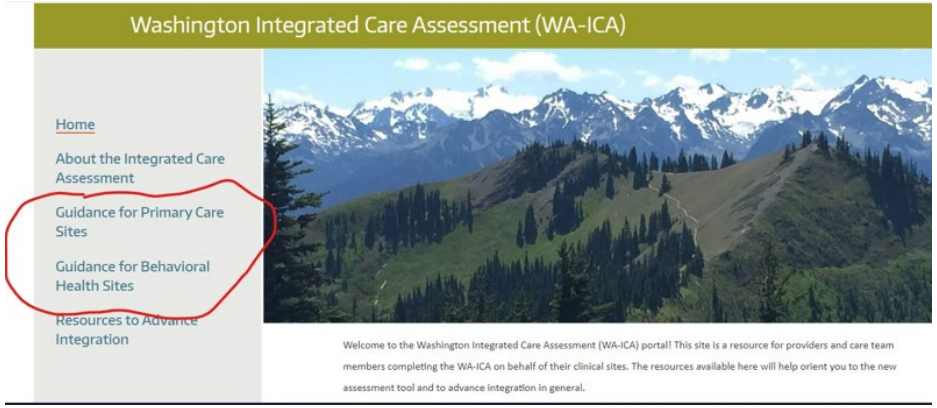
Q & A
with Dr. Henry Chung

Preparing for What's Next

Support Materials

- Comprehensive website for the WA-ICA effort
  - https://waportal.org/partners/home/WA-ICA

- 'Guidance' pages for both practice types include:
  - FAQs
  - Detailed implementation guides
  - Tutorial videos with Dr. Henry Chung walking through both versions of the tool
  - And more!



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How will the WA-ICA data be used?

- Only HealthierHere (contracted to handle data collection and data analysis) will have access to the individual submissions and identified data
- The workgroup has made recommendations for disaggregated, de-identified data reports, which may be grouped by:
  - ACH region
  - Practice type (i.e., primary care, pediatric, mental health, substance use disorder)
  - Payor mix
  - Practice size
- The de-identified summary data reports will be shared with HCA, MCOs, ACHs, and practices
- WA-ICA data reports will be used to identify trends across regions and practice types and set benchmarks
- WA-ICA data will not be used in MCO contracting at this time

Expectations of Cohort 1 Providers

- Review the assessment tool and decide whether your site has capacity to participate in the initial implementation this summer
  - Remember, the WA-ICA is not required but highly encouraged!
- Identify the interdisciplinary team that will complete the assessment
- Review the implementation support materials on the website
- Attend the introductory webinar for your practice type, to learn more and ask questions
- Assign a team lead to document your responses to the assessment and enter them into the online submission portal
- Complete the assessment as a team, identify where you would like to improve in the future
- Team lead enters your responses into the online submission portal by the August 22nd deadline

Resources to Support Cohort 1

- For cohort 1, incentives and financial support for completing the WA-ICA is dependent on 2022 resources available in each ACH region, so it will vary across the state
  - To confirm what may be available in your region please contact your local ACH representative
- For cohort 1, ACHs and MCOs that have been providing training and technical assistance on integration to their regional providers will continue to do so
  - To confirm what may be available in your region please contact your local ACH and/or MCO representatives
- Supporting materials to help your site understand the new WA-ICA and prepare to complete it are available on the website:
  - FAQ
  - Implementation guide
  - Video tutorials with Dr. Henry Chung, the creator of the original framework
- Interactive training opportunities available statewide include:
  - Introductory webinars
  - Office hours

Cohort 1 Submission Period

- July 11th – August 22nd
- Make sure you enter your site's responses in the online portal by 11:59pm on August 22
- Your ACH will be communicating about the opening of the reporting period and providing the link to the online submission portal, as well as sending periodic reminders

Office Hours

- Primary Care office hours
  - June 29 1-2:30pm
  - Registration: https://us02web.zoom.us/meeting/register/tZAscu2orzojG9yr18v6eSmrpKB3GvVwHTOr
- Behavioral Health office hours
  - July 6 1-2:30pm
  - Registration: https://us02web.zoom.us/meeting/register/tZAkcuuqrzspGtQ3d1RGSdRlKoG-oMpznWGc

Questions?

Contact Information

- https://waportal.org/partners/home/WA-ICA

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Thank You
Asante
Shukria
Dhanyavadagalu
Vinaka
Kiitos
Maake
Manana
Dankon
Matondo
Kasih
Terima
Taiku
Tack
Diolch i Chi
Chokrane
Grazie
Mochchakkeram
Khap
Paldies
Tingki
Gratias
Tibi
Obrigado
Kop Khun
Kia Ora
Djiere Dieuf
Eskerrik Asko
Go Raibh Maith Agat
ขอขอบคุณคุณ
Najis Tuke
Salamat
Merci
Danke
Welalin
Hvala
Di Ou Mèsi
Nirringrazzjak
Grazas
Arigato
Gracias
Biyan
Mauruuru
Kam Sah Hammida
Dank Je
Blagodaram
Ngiyabonga
Dziekuje
Juspaxar
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Bedankt
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