

Q&A with quarterly webinar panel

How does Healthier Washington define population health?

Answer:

[HCA Director Dorothy Teeter] When you come together with different sectors you find there are terms that everybody uses that have a slightly different meaning depending on who you are and where you sit. One way to look at this is, when we're looking at the Medicaid population of 1.9 million people, we are trying to engage on both improving the services they receive but also improving the health of that population through various health improvement activities. Another way to look at it is the whole population of the state of Washington. In that case you're focusing more on things like health risk factors, environmental health issues, the more public health focus. The difference between those two is that your levers may be different.

The fundamental difference, when you're in a health care delivery system talking about health improvement, you're really talking about each individual we see. From a population health perspective to a public health perspective they're looking not only at the individuals and how they make up the population, but the overall picture. At the end of the day, it's the denominator that matters, which is the population you're trying to impact. Whether it's a county, a region, a population of diabetic patients, the denominator is what matters because that's where you can start to measure improvement over time.

How is the ACH evolving while still being responsive to community priorities?

Answer:

[Better Health Together Director Alison Carl White] At Better Health Together we are fortunate because the Medicaid Demonstration aligns perfectly with our priority areas. Our biggest challenge is, in a region without a large number of providers, how to move forward on all of these priority areas and Demonstration efforts at the same time. We haven't seen any resistance or lack of focus as we've moved through the process. There's just been great alignment to take advantage of this once-in-a-generation opportunity provided for our region. There's just great momentum and very little concern in our region that the Demonstration will distract from our broader community goals.

[Olympic Community of Health Director Elya Moore] The way that we're approaching this is by asking 'where is the opportunity for transformation within our delivery system --community, clinical, wellness system?' We take that regional health needs assessment and we overlay that with the opportunities brought to bear by the Medicaid Demonstration project. Anything that's not in that bucket, and there are things we would like to do that are not in that bucket, that is still the ongoing work of the Olympic Community of Health.

What are the milestones the ACHs will be looking at in the next year?

Answer:

[Office of Medicaid Transformation Director Marc Provence] For the remainder of 2017, ACHs will be completing a two-phase certification process. The certifications will help ensure they will be successful in bringing forward their project portfolios. We will look for the ACHs to bring to us their project plan by the end of the fall. The HCA and an independent assessor will evaluate the project plans, make sure all the right ingredients are there and that they have the maximum potential for success so they can launch projects in early 2018. We will then move from process oriented milestones to outcome oriented milestones. It is important that by the end of the Demonstration we are able to show to the federal government and to ourselves that these innovations are sustainable beyond the five years of the Demonstration.

How are ACHs engaging other sectors of their communities? How can people get involved?

Answer:

[Elya Moore] No doubt this will take an all hands on deck approach. We are calling for letters of intent for optional projects under the Medicaid Demonstration. We have a community committee that is ready to review those ideas. All of our materials are online and all of our meetings are open to the public. We have a newsletter system so you can receive information as it becomes available.

I really encourage people to go to the website of your ACH; most of us have newsletters, so sign up to receive that information. At the Olympic Community of Health we hold partner meetings quarterly or at least every six months, and are always looking for opportunities to speak to your boards and your constituents about what we're doing. The only way this is going to work is if everyone is in this together.

[Alison Carl White] I think every ACH stands open to further engagement. Better Health Together over the last six to eight months has been hosting community strategy meetings as part of our social determinants of health and our population health strategy mapping. With a really sincere effort to not have folks come to us but to have our teams go out. So our reach has been broader with those who are connected to health but not integrated into the community health system.

What does "bi-directional integration of care" mean? What are the two directions being integrated?

Answer:

Today, benefits for Medicaid clients are split between a BHO for behavioral health needs, and a managed care organization (MCO) for medical needs. There is no single point of accountability for the client. Washington State is taking a whole-person approach to care, so that physical and behavioral health needs will be addressed in one system through an integrated network of providers, offering better coordinated care for patients and more seamless access to the services they need.