



Healthier Washington Quarterly Webinar

Achieving the Triple Aim: Evaluating Core Components of Healthier Washington

February 13, 2017



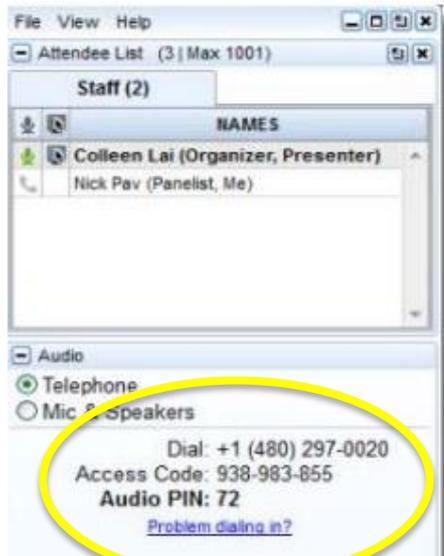
SCHOOL OF PUBLIC HEALTH • UNIVERSITY *of* WASHINGTON
excellent science, shared passion, enduring impact



Before we get started, let's make sure we are all connected

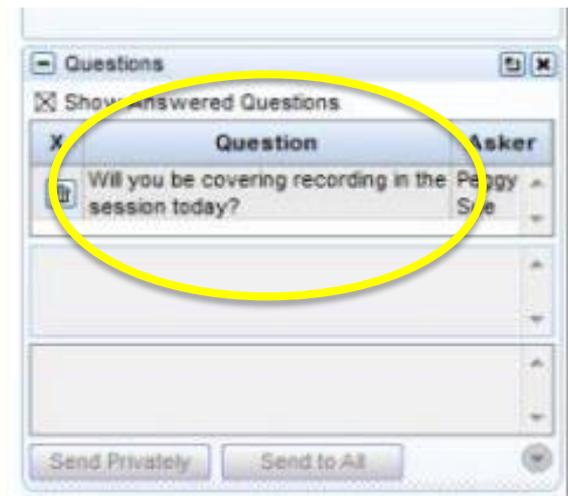
Audio options

- Mic & Speakers
- Telephone: Use your phone to dial the number in the "Audio" section of the webinar panel. When prompted, enter your access code and audio pin.



Have questions?

Please use the "Questions" section in the webinar panel to submit any questions or concerns you may have. Our panelists will answer questions at the end of the presentation.





Today's agenda

- Measuring achievement of the Triple Aim
- Overall SIM Impact Evaluation
- Practice Transformation Support Hub Evaluation
- Paying for Value: Payment Models Evaluation
- Questions and answers





Today's presenters

- Dorothy Teeter, Director, Health Care Authority (HCA)
- Doug Conrad, Professor Emeritus of Health Services, University of Washington (UW)
- David Grembowski, Professor and Director, PhD Program in Health Services, UW
- Tao Sheng Kwan-Gett, Senior Lecturer in Health Services and Associate Director, Online Executive MPH Program, UW

Moderator: Laura Kate Zaichkin, Deputy Chief Policy Officer, HCA



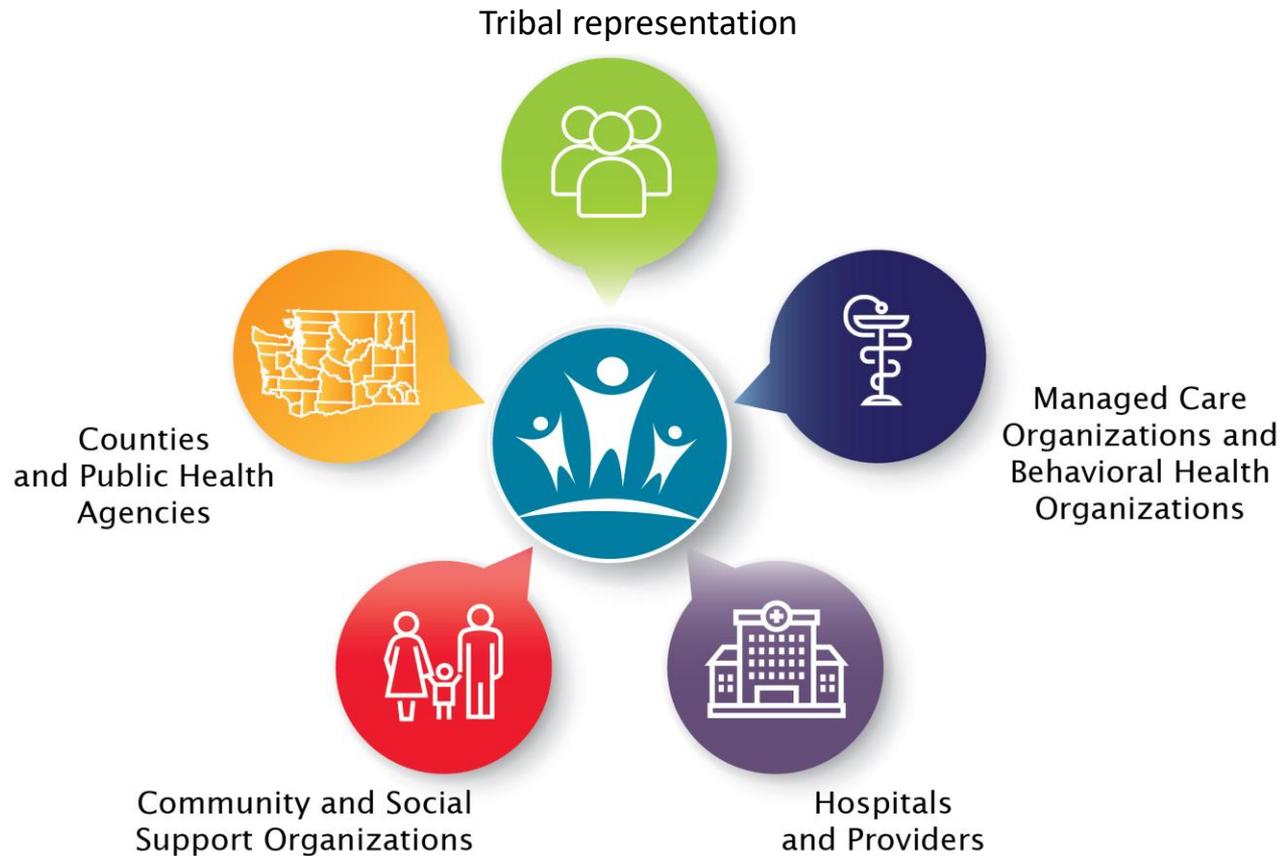
A healthier Washington



Evaluation as an innovation tool



Evaluation as an innovation tool



Evaluation as innovation tool



Scope for evaluations



Evaluation of the overall SIM impact and

- Practice Transformation Support Hub
- Payment redesign strategies

Center for Community Health and Evaluation



Formative evaluation of
Accountable Communities of Health



Washington State
Department of Social
& Health Services

Transforming lives

Evaluating the
integration of
payment & delivery
of physical and
behavioral health



Evaluating the overall impact



General approach for overall SIM impact evaluation

The RE-AIM framework

Reach	Percent of target population that receives program
Effectiveness as intended	Success rate when program is implemented
Adoption	Percent of settings that adopt the program
Implementation	Extent the program implemented as intended
Maintenance	Extent the program is sustained over time





Assessing the overall SIM impact

What is the effect of the Washington State Innovation Model on:

- Population health
- Health equity across population groups

- Quality of care, particularly for those persons living with physical and behavioral health comorbidities

- Annual growth of health care costs per capita

The Triple Aim

Better Health

Better Care

Lower Costs



Metrics and driver diagram

Triple AIM

Better Health. Better Care. Lower Costs.

AIM What are you trying to accomplish? What will be improved-by how much or how many and by when?	Quality Outcome Targets	Investment Area	Primary Drivers What do you predict it will take to accomplish this aim?	Secondary Drivers What will be required for this to occur?	Metrics What data will be used to track progress (how much and by when)?			
<p>By 2019, Washington's health care system will be one where:</p> <p>90% of Washington Residents and their communities will be healthier.</p> <p>All people with physical and behavioral (mental) health/substance abuse comorbidities will receive high quality care.</p> <p>Washington's annual health care cost growth will be 2% less than the national health expenditure trend.</p>	<p>Behavioral Health: Percent of adults reporting 14 or more days of poor mental health</p> <p>Tobacco: percent of adults who smoke cigarettes</p> <p>Plan readmission rate by all-causes</p> <p>Child and adolescents' access to primary care practitioners</p> <p>Mental health treatment penetration</p> <p>Personal care provider</p> <p>Chronic care engagement with personal care provider</p> <p>First trimester care</p> <p>Psychiatric hospitalization readmission rate</p> <p>Potentially avoidable emergency department visits</p> <p>Adult access to preventive/ambulatory health services</p> <p>Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)</p> <p>Childhood immunization status</p> <p>Patient Experience: provider communication (CG-CAHPS)</p> <p>Patient Experience: Communication about medications and discharge instructions (HCAHPS)</p> <p>Well-child visits</p> <p>Annual per-capita state purchased health care spending growth</p>	Community Empowerment and Accountability	Accountable Communities of Health (ACHs)	<ul style="list-style-type: none"> Define vision, build foundation for ACHs to collaborate in region Develop and strengthen regional partnerships so that collaboration can lead to complementary and collective health improvement activities Participate in broader Healthier Washington activities, including delivery system transformation 	<ul style="list-style-type: none"> Number of technical assistance summits to address priority topics 			
			Plan for Improving Population Health	<ul style="list-style-type: none"> Develop and strengthen regional partnerships so collaboration leads to complementary and collective health improvement activities 	<ul style="list-style-type: none"> Number of times the advisory board meets Toolkit available for distribution 			
			Practice Transformation Support Hub	<ul style="list-style-type: none"> Understand the practice transformation training and technical assistance needs of providers to inform HUB services Make tools and resources available online Refer small and medium sized practices to training, technical assistance and facilitation services 	<ul style="list-style-type: none"> Number of sessions by type of stakeholders involved Website analytics and user satisfaction 			
			Shared Decision Making	<ul style="list-style-type: none"> Develop comprehensive dashboard showing progress on statewide adoption of Bree Collaborative recommendations 	<ul style="list-style-type: none"> Number of training; satisfaction with trainings Bree Collaborative implementation roadmaps. Dashboard developed. 			
		Practice Transformation	Personal care provider	Workforce/Community Health Workers (CHWs)	<ul style="list-style-type: none"> Provide training and practice coaching opportunities on shared decision making implementation Promote and spread the integration of shared decision making and use of certified patient decision aids in clinical practice Develop a multi-state Shared Decision Making Innovation Network 	<ul style="list-style-type: none"> Proportion of eligible practices receiving training Number of certified decision aids SDM Innovation Network formed 		
					<ul style="list-style-type: none"> Engage community health workers Survey the health care industry and make targeted investments to address identified workforce needs 	<ul style="list-style-type: none"> Initial survey implemented through portals, results shared. 		
					Payment Redesign	Payment Test Model 1: Early Adopter: Integration of Physical and Behavioral Health Purchasing	<ul style="list-style-type: none"> Integrate Medicaid purchasing of physical and behavioral health services within accountable managed care organization (MCO) Create internal MCO processes and structures Improve service delivery process to increase access to integrated services 	<ul style="list-style-type: none"> Percentage of population impacted by Payment Test Model Number of providers participating by Payment Test Model Number of provider organizations participating by Payment Test Model
						Payment Test Model 2: Encounter-based to Value-based for cost based reimbursements	<ul style="list-style-type: none"> Introduce a value-based alternative payment methodology in Medicaid for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) Pursue flexibility in delivery and financial incentives for participating Critical Access Hospitals (CAHs). Test how increased financial flexibility can support promising models that expand care delivery options such as email, telemedicine, group visits and expanded care teams. 	<ul style="list-style-type: none"> Percentage of population impacted by Payment Test Model Number of providers participating by Payment Test Model Number of provider organizations participating by Payment Test Model
		Payment Test Model 3: Public Employee Benefits Accountable Care Program (ACP)	<ul style="list-style-type: none"> Enrollment/participation in ACP options, January 2016 Expansion of ACP to larger population of public employees, 2017 Purchaser engagement to spread and scale model and value-based purchasing strategies 	<ul style="list-style-type: none"> Percentage of population impacted by Payment Test Model Number of providers participating by Payment Test Model Number of provider organizations participating by Payment Test Model 				
		Payment Test Model 4: Greater Washington Multi-Payer Data Aggregation Solution	<ul style="list-style-type: none"> Secure lead organization to convene payers and providers to advance an integrated multi-payer data aggregation solution and increase adoption of value-based payment strategies Align the data aggregation solution with clinical and financial accountability (from Payment Test Model 3) centered on the Washington Statewide Common Measure Set Leverage and expand existing data aggregation solution that includes at least one or more payers and/or provider group. 	<ul style="list-style-type: none"> Percentage of population impacted by Payment Test Model Number of providers participating by Payment Test Model 				



Metrics and driver diagram



- Community Empowerment and Accountability
- Practice Transformation
- Payment Redesign

Primary drivers

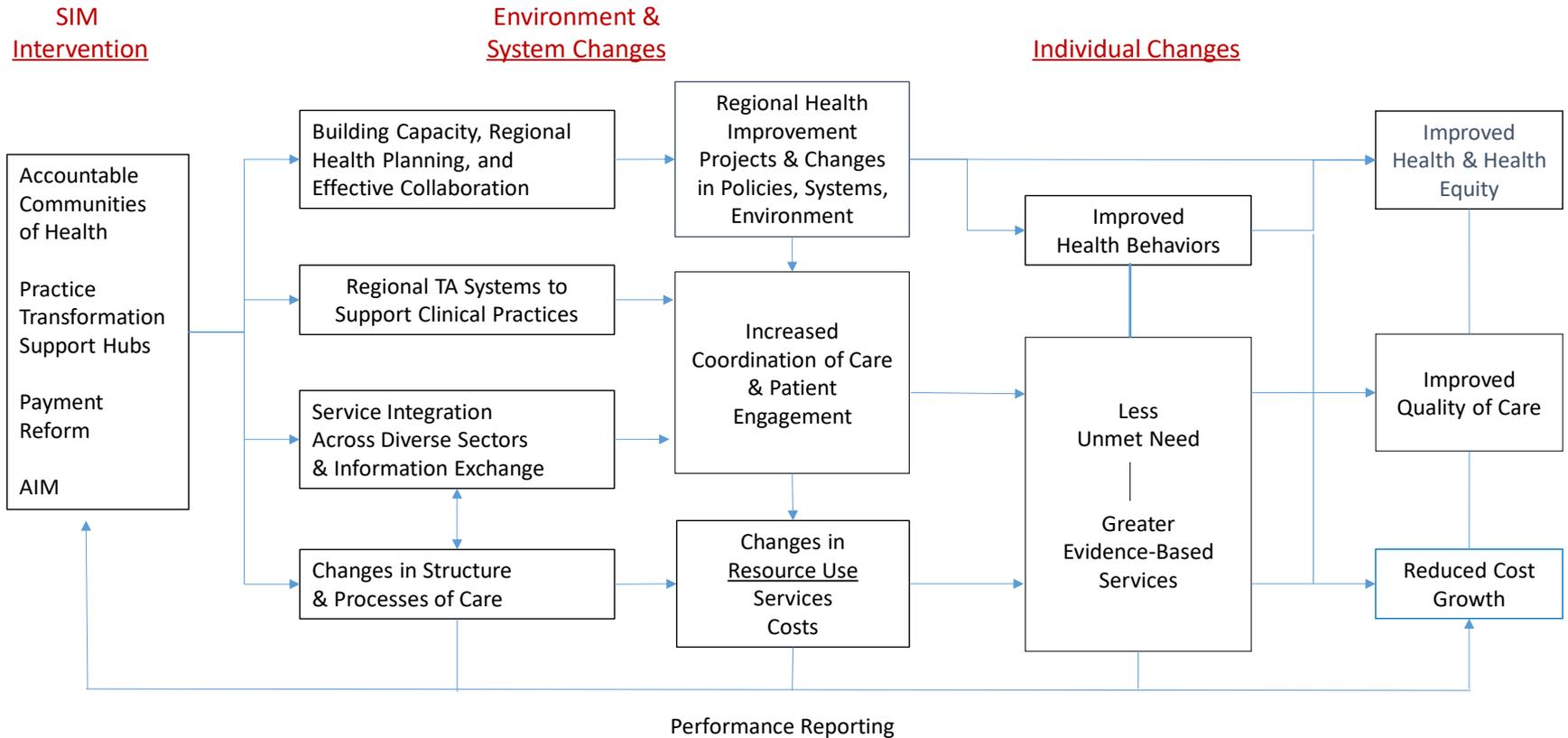
Secondary drivers

Metrics



Conceptual model

Conceptual Model of Washington's State Innovation Model (SIM)





Mixed methods

- Impact Evaluation
 - Quasi-experimental study designs and statistical analysis to estimate SIM impacts on population health, quality of care, and cost growth in Washington
- Process Evaluation
 - Qualitative key informant interviews, content analysis of program documents
 - Quantitative tracking of SIM implementation
- Triangulation





Timeline

- SIM years: 2016 – 2018
- Impact evaluation, study period:
 - 2016
 - 2017
- Process evaluation, study period:
 - 2016
 - 2017
 - 2018





Impact evaluation: selected outcome measures

- Population health
 - Adult mental health status
 - Mortality
- Quality of health care
 - Mental health service penetration
 - Childhood immunizations
- Cost growth
 - Medicaid spending per participant
 - Public employee/dependent spending per person



Practice Transformation Support Hub's Evaluation



Evaluation questions

Hub objectives

- Stimulate and accelerate the uptake of integrated and bidirectional behavioral health and primary care.
- Support progress toward value-based payment systems.
- Improve population health by strengthening clinical practice alignment with community-based services for whole person care.

Evaluation questions

- What Hub activities advanced bi-directional behavioral health and primary care clinical integration?
- What Hub activities advanced transition from volume-based to value-based payment systems?
- What Hub activities advanced clinical community linkages?





Evaluation questions

Hub activities and resources

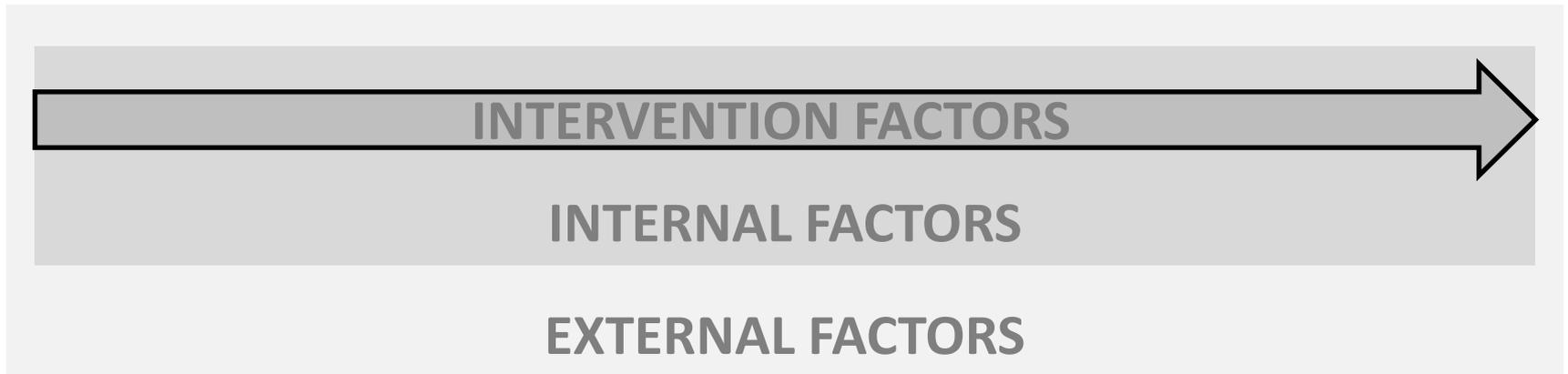
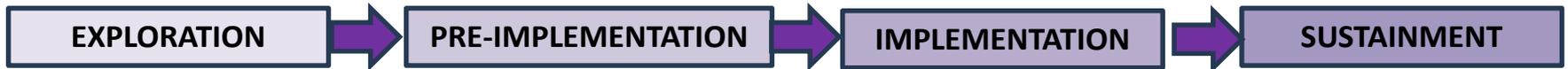
- Web-based Resource Portal that provides a clearinghouse of curated resources and training.
- A Regional Health Connector network.
- Practice coaching, facilitation, and training services.

Evaluation questions

- What lessons have been learned in the process of Hub implementation that can help improve Hub services and shape the future direction of the program?
- What have been the success factors (facilitators) and barriers for achieving the Hub objectives?



Evaluation framework

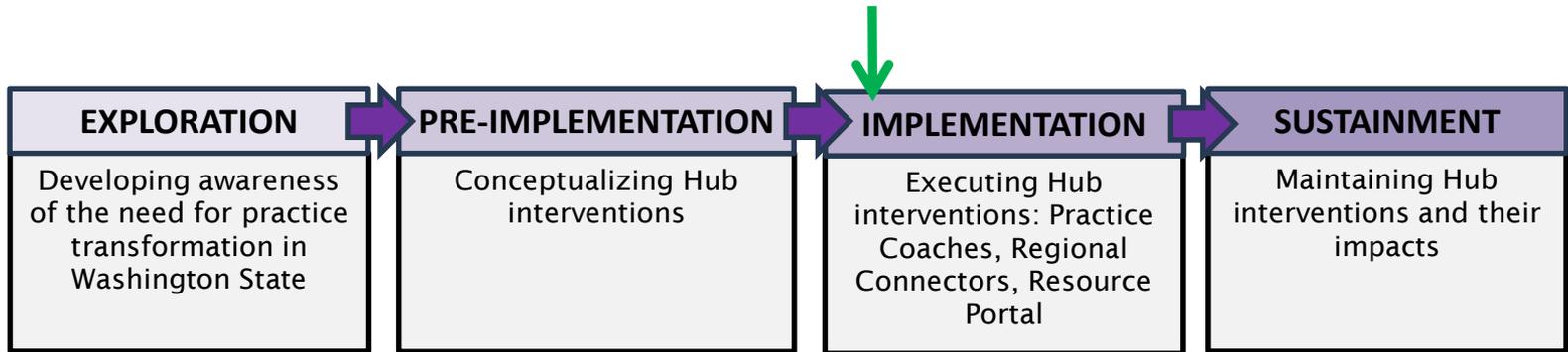


Implementation stages adapted from Arons
Intervention, Internal, External factors adapted from
Greenhalgh

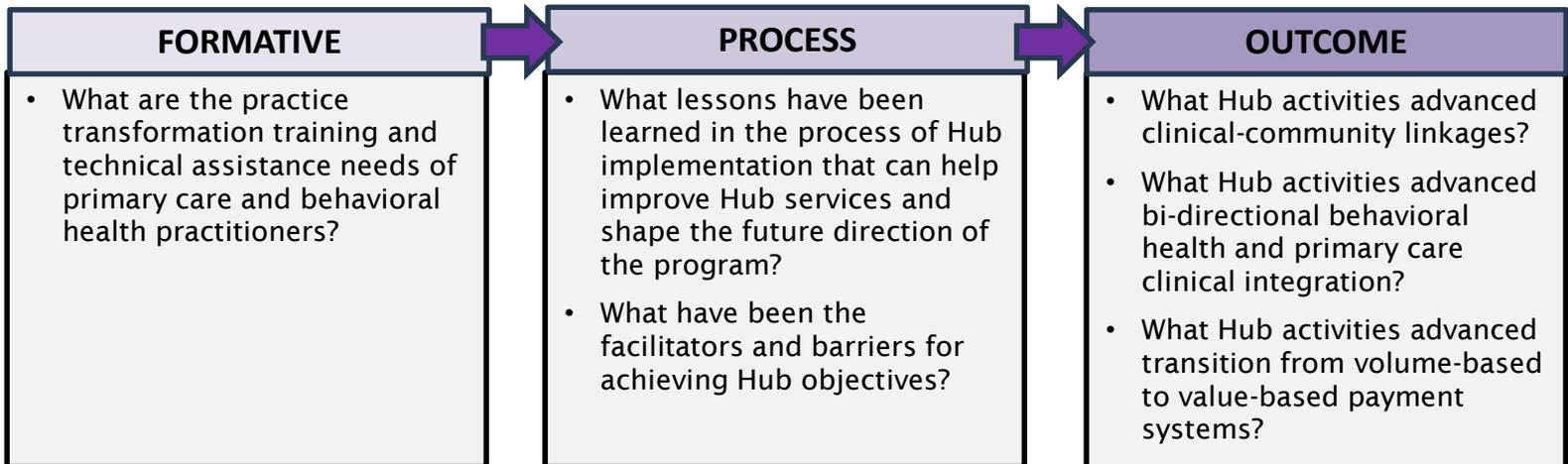


Hub intervention stages and evaluation components

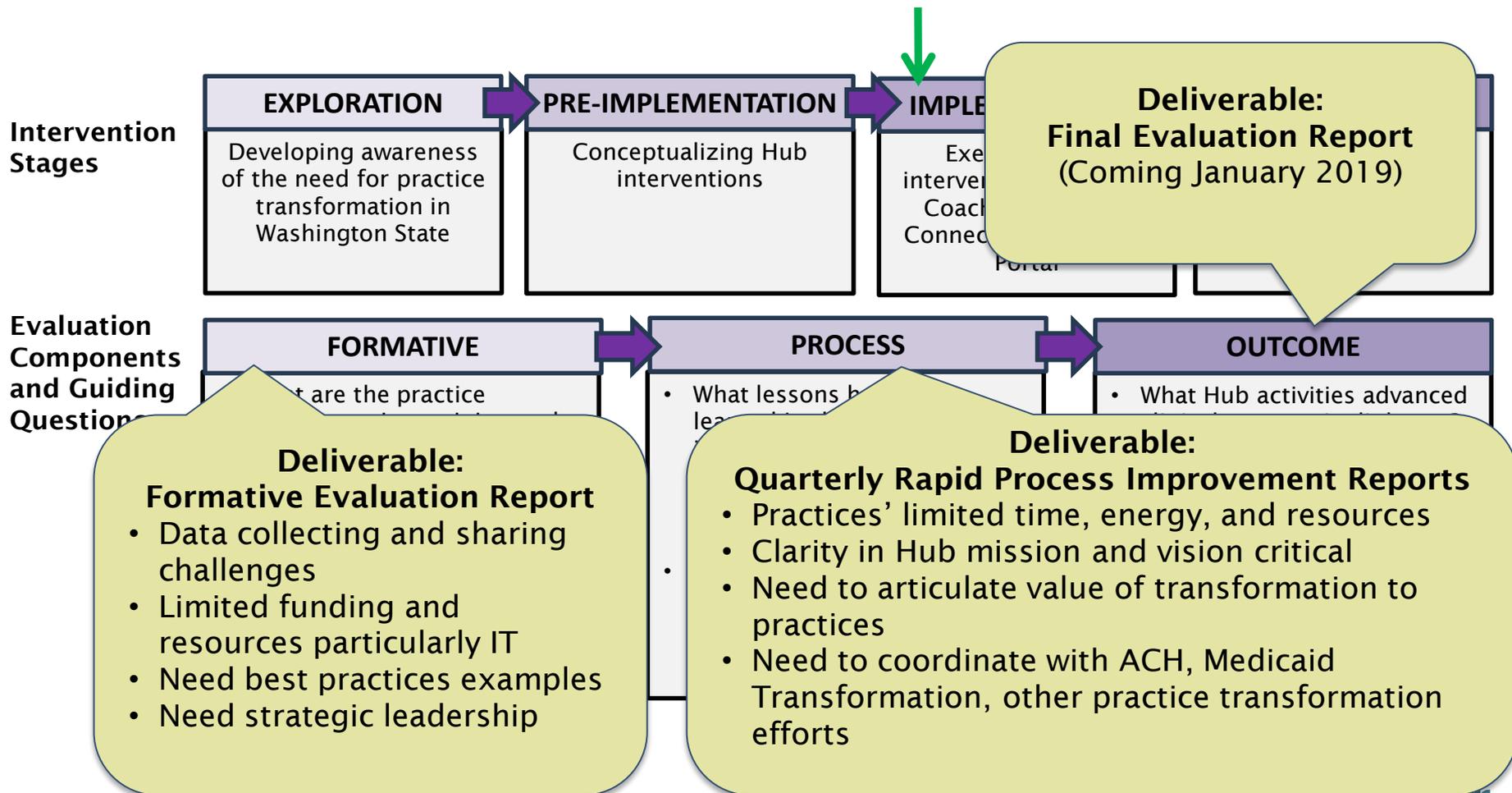
Intervention Stages



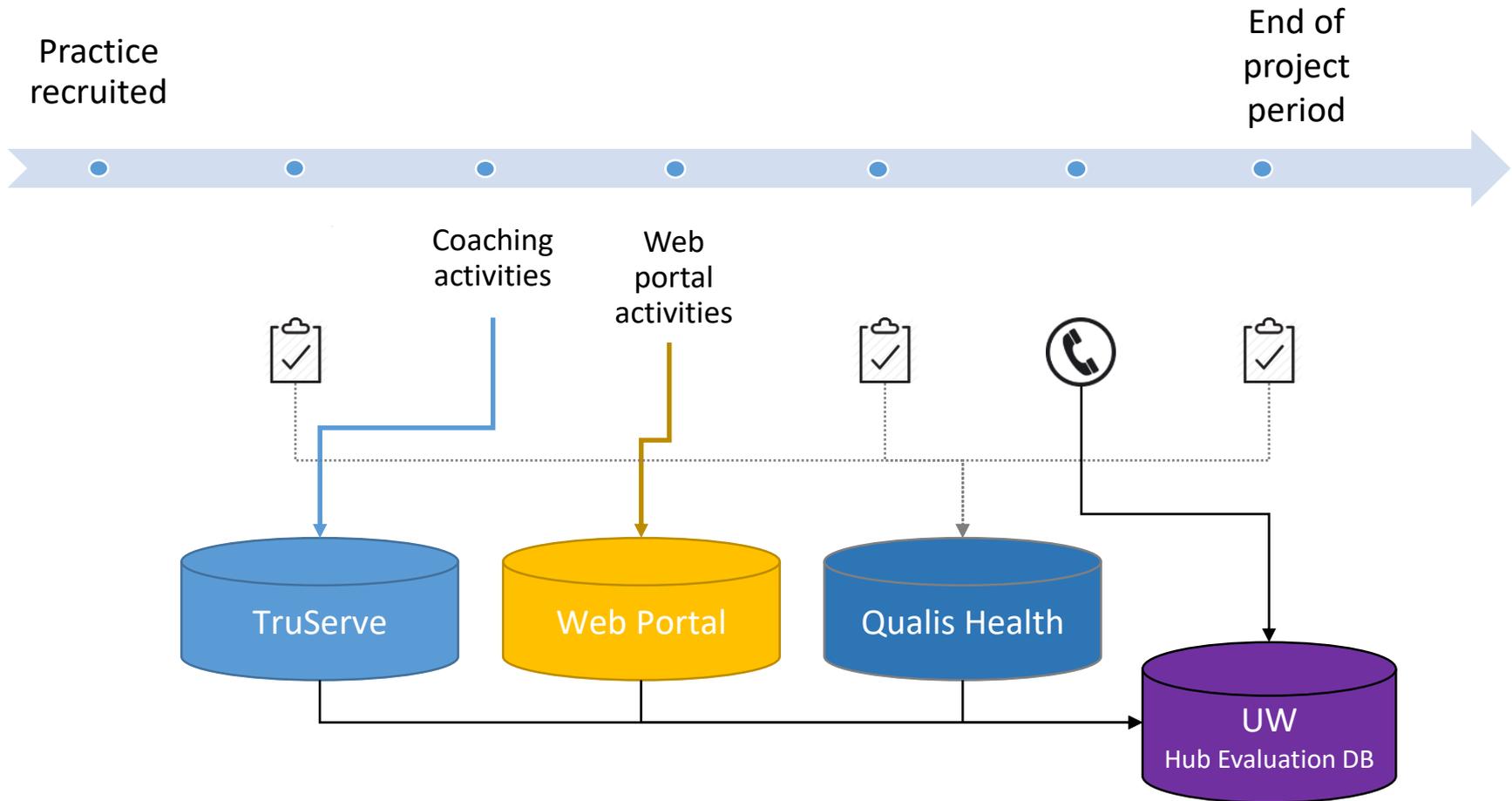
Evaluation Components and Guiding Questions



Hub intervention stages and evaluation components



Measuring a practice's progress in meeting Hub objectives



Paying for Value: Payment Model Evaluations



Paying for Value (Model Test 2): Shifting from encounter-based to value-based

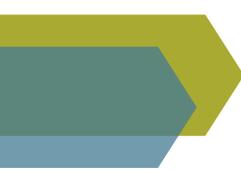
Two versions of payment redesign are being developed:

- 1) Ambulatory care value-based payment (VBP) models for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
- 2) Value-based payment redesign for critical access hospitals (CAHs)

Examples of key evaluation metrics:

- Total cost of care per member month
- HEDIS clinical quality metrics
- Population health and screening measures





Paying for Value (Model Test 3): High-value, accountable care

- Two Accountable Care Networks in place for Public Employee Benefit members:
 - Puget Sound High Value Network
 - UW Medicine Accountable Care Network
- Value-based payment redesign is reflected in a contract with upside gains and downside financial risks based on quality performance metrics (linked to subset of Statewide Set of Common Measures)

Examples of key evaluation metrics:

- Total cost of care per member month
- Preventive measures and screenings
- Care of chronic conditions





Paying for Value (Model Test 4): Addressing population health via data

Intends to speed adoption of value-based purchasing by increasing providers' access to patient clinical and utilization data across multiple payers

- Key innovation is integrating electronic health records (clinical) and claims/encounter (utilization and financial) data into provider work flows.
- In January executed contracts with two pilot provider networks: one rural and one urban-based.

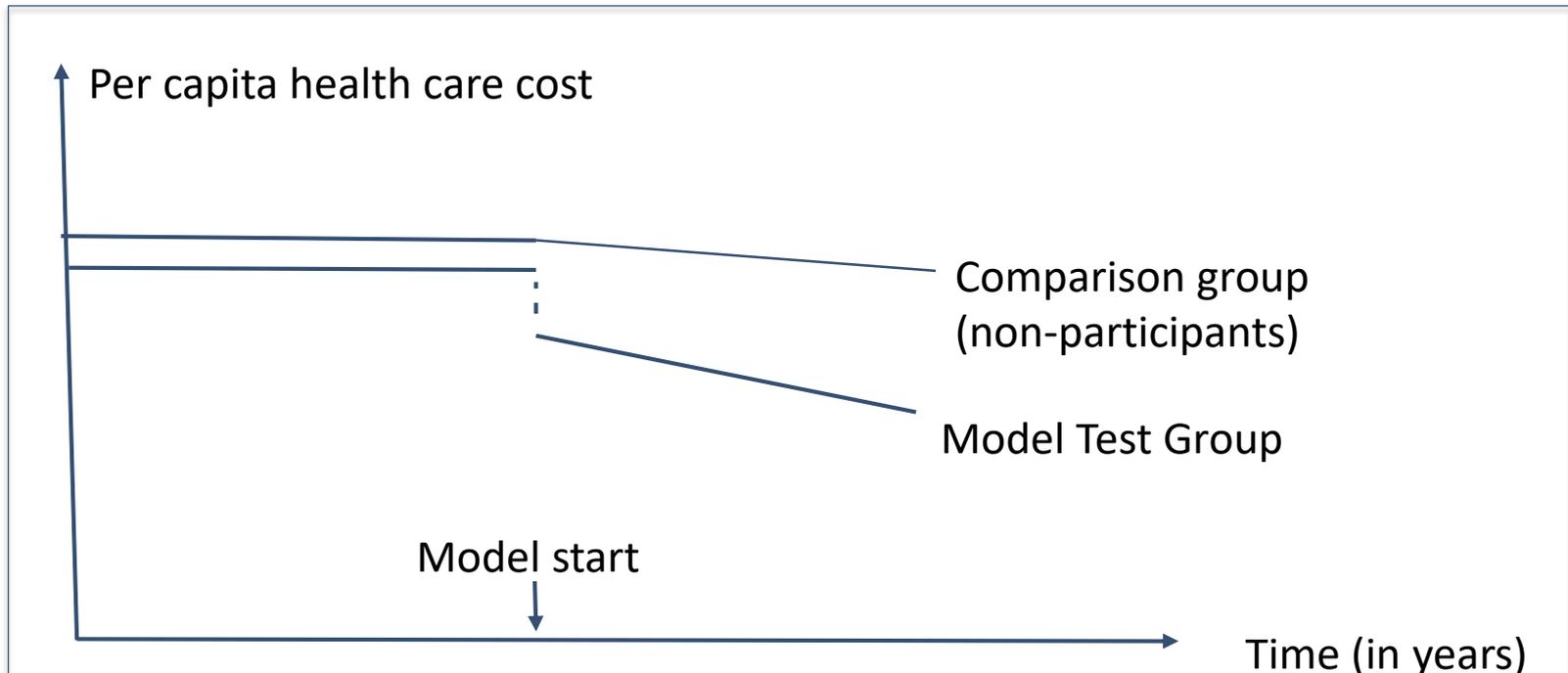
Examples of key evaluation metrics:

- Total cost of care per member month
- Population health measures
- Clinical quality (children & adolescents; adults)



General payment model evaluation design

Our UW SIM Evaluation Team will assess the effect of each model, by comparing performance over time in the intervention (model test) group to a similar “control group” of non-participants (e.g., on cost):



Have questions?

Please use the “Questions” section in the webinar panel to engage with our panelists.

- Dorothy Teeter, Director, Health Care Authority (HCA)
- Doug Conrad, Professor Emeritus of Health Services, University of Washington (UW)
- David Grembowski, Professor and Director, PhD Program in Health Services, UW
- Tao Sheng Kwan-Gett, Senior Lecturer in Health Services and Associate Director, Online Executive MPH Program, UW

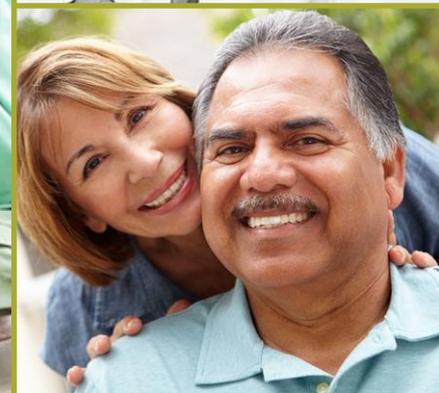


**Join the Healthier
Washington Feedback
Network:**
healthierwa@hca.wa.gov

Learn more:
www.hca.wa.gov/hw

Questions:
healthierwa@hca.wa.gov

**Follow us on Facebook and Twitter
and join the conversation:
#HealthierWA**



The Healthier Washington initiative is supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.