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	*Wanda Johns*
	Which organizations were involved in developing this project suggestion? N/A
Project Title	*Prescription Picture Cards*

Rationale for the Project

Include:
- *Problem statement – why this project is needed.*
- *Many Medicaid eligible individuals have low or limited English proficiency. Prescriptions are a combination of English, Latin, and Math. Using pictures/illustrations to depict dosage, frequency, time of day the medication should be taken, whether the medicine should be taken with a meal or on an empty stomach. Handwritten prescriptions by doctors are at best difficult to decipher, this picture summary is a good check and balance for the patient/pharmacist and doctor to ensure matching and understanding. Medication mistakes are common and costly. If each doctor could provide a prescription summary complete with graphics for all Medicaid patients, we could prevent medication errors, and subsequent costs for treating such errors.*
- *I have no evidence to support my assertion. People have been communicating with pictures for a very long time.*
- *Relationship to federal objectives for Medicaid[i] with particular attention to how this project benefits Medicaid beneficiaries.*
- *This will prevent medication errors, and prevent costs related to such errors. A simple software program could be used to generate the prescription summary with graphics.*
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Project Description

Which Medicaid Transformation Goals[ii] are supported by this project/intervention? Check box(es)
- ☐ Reduce avoidable use of intensive services
- ☐ Improve population health, focused on prevention
- ☐ Accelerate transition to value-based payment
- ☐ Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)
- ☐ Health Systems Capacity Building
- ☐ Care Delivery Redesign
- ☐ Population Health Improvement – prevention activities

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).*
- *The sub-populations that would be most impacted by this project include people with limited English proficiency, learning disorders, and various other groups.*
- *Relationship to Washington's Medicaid Transformation goals.*
- *This simple strategy could reduce medication errors and save lives.*

- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.*
- *This is a good way to reduce language barriers, and more specifically written language barriers. This can be particularly useful for populations whose first language is not English, such as refugees, immigrants, individuals with learning disabilities and more.*
- *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.*
- *I'm not aware of any links to complementary transformation initiatives.*
- *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.*
- *Prescribers*

Core Investment Components

Describe:
- *Proposed activities and cost estimates ("order of magnitude") for the project.*
- *Best estimate (or ballpark if unknown) for:*
  - How many people you expect to serve, on a monthly or annual basis, when fully implemented.
  - 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.*
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*

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

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[i] 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.

[ii] 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.

[iii] 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.