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	Winfried Danke, Executive Director CHOICE Regional Health Network, (360) 539-7576 dankew@crhn.org Team Co-Leads: *Michael O'Neill, Cowlitz County Health & Human Services, oneillm@co.cowlitz.wa.us, 360-430-0546; Kat Latet, Community Health Plan of Washington, kat.latet@chpw.org* Proposal Lead: *Chris Hawkins, Thurston County Public Health & Social Services, hawkinc@co.thurston.wa.us, 360-867-2513* Organizations associated with this project development: *Cascade Pacific Action Alliance, Child and Adolescent Clinic Cowlitz County, Community Health Plan of Washington, Coordinated Care, Cowlitz County Health & Human Services, Grays Harbor Public Health & Social Services, LifeLong, Mason County Public Health, Mason General Hospital and Family Clinics, Northwest Venture Philanthropy, Ocean Beach Hospital, Providence Health & Services, SeaMar Community Health Services, Summit Pacific Medical Center, Thurston County Public Health & Social Services, other CDSMP Providers in the region*
Project Title	*Chronic Disease Self-Management Program Service Expansion*

Rationale for the Project

- *Problem statement – why this project is needed.*

A wide array of chronic health conditions affect the population of SW Washington counties and are among the leading causes of death. Type 2 Diabetes alone affects from 8 to 16% of the population, depending on the county. Those living with chronic health conditions, such as asthma, cancer, depression, and heart disease can self-manage improvements to their health and prevent complications by learning simple strategies through a participative process with a supportive group. The Chronic Disease Self-Management (CDSM) Program is proven to improve health outcomes and is already present in several health care providers' services across the region, but not at a scale to serve the need of the approximately 600,000 population of the CPAA region. Funding the program through a region-wide system that does not rely on individual health care benefits or local per patient fees would increase predictability and reliability of the service.

- *Supporting research (evidence-based and promising practices) for the value of the proposed project.*[i]

There is extensive study of the CDSM program's effectiveness.[1] Stanford University School of Medicine Patient Education Research Center, the developers of the program, state, "Subjects who took the Program, when compared to those who did not, demonstrated significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations. They also spent fewer days in the hospital, and there was also a trend toward fewer outpatient

[1]See http://patienteducation.stanford.edu/bibliog.html

visits and hospitalizations."

- *Relationship to federal objectives for Medicaid*[ii] *with particular attention to how this project benefits Medicaid beneficiaries.*

Chronic Disease Self-Management would impact the following federal objectives:

- 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.

There would be reduced health care costs and improved health outcomes on multiple chronic health conditions as complications and treatment needs for these conditions are reduced by self-management.

Project Description

Which Medicaid Transformation Goals[iii] *are supported by this project/intervention?*

- ✓ Reduce avoidable use of intensive services
- ✓ Improve population health, focused on prevention
- ✓ Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved?

- ✓ Health Systems Capacity Building
- ✓ 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).*

Adults living with chronic health conditions, numbering in excess of 50,000 region-wide.

- *Relationship to Washington's Medicaid Transformation goals.*

Better care, improved health outcomes, and lower cost are all associated with CDSMP projects.

- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.*

Goals: Expand the availability of Chronic Disease Self-Management for adults throughout the region, especially in those areas that currently lack the service.

Interventions: Chronic Disease Self-Management Program (and possibly related self-management modules, e.g., chronic pain or diabetes self-management)

Outcomes: significant improvements in exercise, self-reported general health, health distress, fatigue, disability, among other positive results

- *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.*
- *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.*

There are several existing providers of CDSMP in the CPAA region, many of whom could expand their reach if more resources were available: Grays Harbor County Public Health and Social Services Department, Group Health Cooperative, Healthy Commuities Foundation, Mason General Hospital, Olympic Area Agency on Aging, Public Hospital District #3 of Pacific County, Sea Mar Community Health Centers

Core Investment Components

Describe:

- *Proposed activities and cost estimates ("order of magnitude") for the project. All are for Year 1, thereafter would be less annually (because some start-up costs, training for example, are substantial)*
  License additional CDSM providers in areas not currently served: $2,500
  Provide master training in the region: $20,000
  Purchase stock of supplies for workshops: $11,000
  Staff time: 150-200 hours x 6 educator staff for training, organizing and conducting workshops: $40,000
  [Over two-year period, would be $50,000/yr]
- *Best estimate (or ballpark if unknown) for:*
  - How many people you expect to serve, on a monthly or annual basis, when fully implemented.
    200/yr across the CPAA region, through two new sites and expansion of existing
  - How much you expect the program to cost per person served, on a monthly or annual basis.
    $254 per person served
- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*
  At least 8 months to 1 year.
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*
  - Cost to savings ratio is 1:4 (see Stanford PERC at webaddress in note #1), so after a one year start-up period, the program would begin to generate benefits on that proportion. So for 200 people per year, the return would be a savings of $200,000 on a $50,000 investment.

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*[iv].
  Process: # of people served; # of volunteer CDSMP leaders; # of licensed organizations (coverage); fidelity
  Outcomes: increased physical activity, improved communication with health care provider, improved self-reported general health
- *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation*?
  Data on existing CDSM programs would be compiled to track increased availability of the service. Population-level disease incidence would be compiled. Specific clinical settings could be engaged to aggregate disease outcome data (morbidity and mortality) for those living with chronic conditions, which could then be examined in comparison to post-CDSM outcomes for the same patient panel.

[i] The Washington State Institute for Public Policy, http://www.wsipp.gov, has identified "evidence-based" policies that can lead to better outcomes; Behavioral health research reports developed by the Research and Data Administration are available at: https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/decision-support-and-evaluation

[ii] 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.

[iii] 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.

[iv] 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.