

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	<p><i>Stacy Torrance Washington Dental Service Foundaiton 206.729.5494, storrance@deltadentalwa.com</i></p> <p><i>Which organizations were involved in developing this project suggestion?</i></p>
Project Title	<i>Development of a Statewide Surveillance and Quality Assurance System</i>
Rationale for the Project	
<p><i>Include:</i></p> <ul style="list-style-type: none"> • <i>Problem statement – why this project is needed.</i> • <i>Supporting research (evidence-based and promising practices) for the value of the proposed project.ⁱ</i> • <i>Relationship to federal objectives for Medicaidⁱⁱ with particular attention to how this project benefits Medicaid beneficiaries.</i> <p>Washington facts:</p> <ul style="list-style-type: none"> • 51 percent of third grade children have received sealants (Smile Survey, 2010). • Less the 25 percent of high-need schools have sealant programs (Pew, 2015). <p>Who is delivering sealants in Washington schools?</p> <ul style="list-style-type: none"> • Independent hygienists operate school sealant programs. Programs service children in second and third grade, but are less likely to service sixth graders as recommended by the CDC because they find older children are more difficult to collect signed consent forms from and middle schools students move throughout classrooms during the day - making it challenging for programs to pull students from class. • FQHCs deliver more comprehensive oral health services in schools. These services include sealants, but are not the sole focus of the program. These programs do not target second and sixth graders as recommended by the CDC. They primarily operate in high schools, after the ideal “tooth-sealing-age.” <p>It is unknown how many school sealant programs operate in Washington schools.</p> <p>Problems with our current situation:</p> <ul style="list-style-type: none"> • There is no centralized system for collecting data on programs. All we have is the Smile Survey to estimate the percent of children with sealants in the state every 5 years. • There is no statewide list of school sealant programs or schools served. • There is no system to track or understand the frequency or quality of services being provided in schools or to track the students who have received sealants, still needs sealants or have additional treatment needs. • There is no system to assess program quality. 	

- School may not know how to select quality programs to provide services to their students.
- There is limited capacity at the state level to help with this work.
- The WAC “requires” programs to submit data to local health jurisdictions, there is no oversight of the WAC.

Project Description

Which Medicaid Transformation Goalsⁱⁱⁱ 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).*

Statewide – could start with a focused effort in one county...

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

Health Systems Capacity Building

- Build system infrastructure at the state level to support the development and implementation of high quality school based sealants programs across the state.

Care Delivery Redesign

- Reduce barriers to accessing care – bring care to children where they spend most of their time, at school.
- Can support care coordination and case management

Population Health Improvement – prevention activities

- School sealant programs are a population health improvement strategy and can be placed in schools to reach the highest risk populations. A strong surveillance system and quality assurance measures are key in a successful school sealant program approach.

How can a data system help us?

- Data surveillance is important for informing policy and targeting resources to focus our work in areas of greatest need.
- Helps to evaluate and improve program effectiveness and efficiency by capturing the oral health status of participating children, the types and numbers of services delivered in schools, and the costs and logistics of programs (personnel, equipment, materials and travel). Programs can collect data on costs to allocate resources more efficiently.
- Helps improve program quality by computing cost per child receiving sealants, sealant retention rates, number of averted caries, and number of children sealed per chair-hour.

- Helps justify programs by collecting information on cost and impact. Such data has been used in other states to obtain state funding.
- A surveillance system would allow us to track kids over time and as they move in and out of schools. We would know who has sealants, who still needs sealants and who needs additional treatment – all of this would help increase the reach and effectiveness of programs.
- Sealants and school sealant programs are gaining attention nationally and Washington is not positioned to be a leader in this work. (*Health Care Quality Child Core Set Measures required CMS, EPSDT*)

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

Goal: Increase the number of children receiving sealants and reduce decay experience among children.

Intervention: Implement a surveillance and quality assurance program to track, monitor and improve the quality of school based sealant programs.

Outcomes:

- Development of statewide school sealant surveillance system.
- Implementations of system

- *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.*

Core Investment Components
<p><i>Describe:</i></p> <ul style="list-style-type: none"> • <i>Proposed activities and cost estimates (“order of magnitude”) for the project.</i> <ul style="list-style-type: none"> ○ Purchase data collection program – 50k ○ Staff time for surveillance oversight and quality assurance testing - .5 FTE – 30k • <i>Best estimate (or ballpark if unknown) for:</i> <ul style="list-style-type: none"> ○ How many people you expect to serve, on a monthly or annual basis, when fully implemented. <ul style="list-style-type: none"> ▪ 100,000 – 150,000 children/yr ○ How much you expect the program to cost per person served, on a monthly or annual basis. <ul style="list-style-type: none"> ▪ Costs does not increase significantly per person served, once the system is in place, costs will be low. • <i>How long it will take to fully implement the project within a region where you expect it will have to be phased in.</i> <ul style="list-style-type: none"> ▪ 1 year • <i>The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.</i> <p>A surveillance and quality assurance system would help school sealant programs to be efficient and high functioning. This system would contribute to the cost savings of school sealant programs which is estimated on the low end to save \$280m.</p>
Project Metrics
<p><i>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.</i></p> <p><i>Wherever possible describe:</i></p> <ul style="list-style-type: none"> • <i>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}.</i> <ul style="list-style-type: none"> ○ Surveillance data collection tool in place ○ School sealant programs trained in use of data collection tool ○ School sealant programs submit data ○ School sealant program strengths and weaknesses identified and shared or addressed through technical assistance to improve program performance. • <i>If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation?</i>

ⁱThe 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>:

Development of Washington State Medicaid Transformation Projects List – December 2015

- 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.