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	Elizabeth A. Gilje, FACHE Clariot Healthcare Consulting (206) 817-3927 elizabeth@clariot.us
Project Title	**Reduce Medicaid's Number 1 Healthcare Expense by Creating Statewide Primary Care Provider Network of Women's Medical Homes**

Rationale for the Project

Problem Statement: In Washington State, pregnancy is the number one cost driver of the Medicaid program. More than 50% of all births in Washington are paid for by the Medicaid program and greater than 50% of these births are unintended. Unintended pregnancies cost the Medicaid program $220 million, per year. With a majority of children being born to Medicaid mothers, the cost of maternal and newborn services has reached over $700 million, per year.

6 out of 10 child bearing age women who receive their reproductive services through public family planning providers use these providers as their primary source for all healthcare services. 4 out of 10 child bearing age women consider their public family planning providers to be their only source for healthcare services. The majority of these Medicaid women are routinely auto assigned to a different primary care provider (PCP). The Medicaid program pays capitation to the assigned PCP and yet women prefer to keep seeing their public family planning provider as their only need is for reproductive care services.

Evidence Based: This request is for the Medicaid program to allow public family planning providers to be auto assigned as PCPs to women of child bearing age (15-50), with two or fewer chronic health care conditions, to a Women's Medical Home (WMH). The elimination of PCP duplication alone will produce significant program savings. This addition of WMH PCPs to choose from or to be assigned to will increase patient compliance for current family planning patients. Medicaid women, with so many that feel marginalized when using private health care systems, will be able to continue receiving unbiased, culturally aware, evidence based cutting edge reproductive health care when that is the only healthcare service that these patients would normally be seeking. This is often the only medical office they would visit for health care, anyway, through women's healthcare self-referral.

Public family planning providers who contract with Medicaid as a WMH provide all of the following core services. These are all of the core reproductive services that women of child bearing age require. There should be no requirement for women who only require reproductive services to be auto assigned to anyone other than their reproductive healthcare specialist who they consider to be their primary care provider.

Core women's healthcare services: all 15 current forms of contraception, long acting reversible contraceptives (LARC insertions), emergency contraception, sexually transmitted infection (STI) screening and treatment, sterilization, HIV screening and treatment and HIV preparation and protection, cervical cancer screening, breast cancer screening, non-STI infection screening and treatment, pre conception care and education to increase the number of healthy pregnancies, obesity and BMI testing and counseling, hypertension and blood pressure testing, HPV vaccines, domestic violence screening, adolescent safety training, tobacco use prevention with screening and counseling, alcohol use screening and counseling, depression screening, anxiety screening, substance abuse screening, LGBTQ services, mid-life or menopause testing and services, fasting blood sugar testing, hemoglobin a1c and lipids screening and testing, wellness education, healthy habits, lifestyle counseling, care coordination through pregnancy.

Of the 15 current forms of contraceptives, the average woman will try at least 3. In the U.S., 67% of child bearing women using contraceptives consistently and correctly account for only 5% of all unintended pregnancies. 18% of child bearing women who use contraceptives inconsistently or incorrectly account for another 41% of all unintended pregnancies. The remaining 14% of child bearing women are not using contraception at all or they have gaps of usage of a month or more during any given year, account for the remaining 54% of all unintended pregnancies. Women who receive their contraceptive care at family planning providers have a higher utilization rate of more effective methods.

The use of effective and appropriate contraception for 95% of women with unintended pregnancies would have cost $7 million. Unintended pregnancy rates are highest among women who are poor or low income, age 18 to 24, or a minority.

Federal Objectives: The patient centered WMH goals are in full alignment with the Triple Aim goals. WMH will engage child

bearing age women to become more involved in considering and planning their reproductive lifespan. This plan would include the full scope of reproductive services: from pregnancy prevention, pre pregnancy planning for a healthy pregnancy that can offer the best birth outcomes possible to the other end of the range of reproductive care during post pregnancy. Managing the reproductive lifespan will deliver better care.

The WMH will include care coordination with pregnant patients to facilitate access to prenatal care and to remove the barriers that impede access to vital prenatal care. The care coordination plan will continue post pregnancy to assure that the woman was able to re-evaluate her reproductive lifespan and then access the most highly effective contraceptive method to enable her to meet her plan goals. Care coordination will reduce maternity costs and increase healthier birth outcomes.

A WMH specializes in reproductive health needs of women. Each woman spends almost 40 years of her life either trying to attain or prevent pregnancy. Specialized reproductive care PCPs will improve maternal and infant health. Women's health specialists are uniquely trained to manage these needs and by offering a WMH, women in Medicaid will be more satisfied patients due to the expansion of her PCP choice. Patients will be more engaged overall in their reproductive health additionally reducing cost of care.

Project Description

Which Medicaid Transformation Goals[i] *are supported by this project/intervention? Check box(es)*

- ✓ Improve population health, focused on prevention
- ✓ 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

Target Population: Washington State Medicaid women of child bearing age (15-50). In 2013, there were 432,250 women in Washington in need of Medicaid supported contraceptive services and supplies. Public family planning providers in Washington served 26% (112,400) of all women in need of publicly supported contraceptive services and supplies.

All regions throughout Washington will benefit from the diligent monitoring and education of Women's Medical Home providers. The sub-populations most impacted will be women of child bearing age which consists of more than 50% of the Medicaid population served. These patients trust and respond to their family planning providers.

The goal: Medicaid is over represented with individuals coping with adverse childhood events, which has proven a precursor to the majority of the chronic health conditions and drives the excessive cost of health in the U.S. including the Medicaid program. It is not uncommon for this population to present with mental health issues, substance abuse, at risk of HIV/Aids and Herpes conditions, any of which could be devastating during a pregnancy. Patients that present with obesity, MBI 25%>, are also at a high risk as obesity contributes to asthma, diabetes, cancer and heart disease.

Intervention: To establish a women centered primary care service model, a Women's Medical Home, that focuses specifically on Medicaid women of child bearing age range, 15-50. Engagement with a women's specialized medical home will reduce the rate of unintended pregnancy and improve pregnancy outcomes through specialized care coordination that focuses on reproductive health.

Use of the Health Action Plan (HAP) to implement a Medicaid woman's reproductive life planning program, identifying their parenting interest and timing. By doing so, a woman can match the most effective contraceptive method with her parenting plans and goals. By consciously planning (understand the importance of folic acid and overall nutrition) for pregnancy she will be in the best position for a healthy birth and healthy baby.

Care Coordinators help the patient establish health care goals and then work with them to assume greater levels of responsibility and confidence in managing their own health care.

Outcomes: Reduce both the cost of unintended pregnancy and the high cost of poor birth outcomes. Closer monitoring of consistent and correct use of contraception will increase the return on investment for reproductive dollars spent. Closer monitoring will also reduce the number of unintended pregnancies for Medicaid women thereby minimizing the annual growth per capita cost of Medicaid.

In 2012, Washington Medicaid spent more than $700 million to care for moms and infants. This is the highest cost of all of Medicaid's healthcare expenditures. In order to ensure that Washington's per capita growth of Medicaid expense is below the national trend by 2%, we must address the highest health care cost within Medicaid, specifically pregnancy.

If Medicaid women of reproductive age were to utilize a Women's Medical Home to receive their primary care this would address the majority of their health care needs with a focus on receiving the most effective contraceptive to meet their HAP goals. Our national public investment in family planning services in the year 2010 alone, resulted in $13.6 billion in net savings from helping women avoid unintended pregnancies along with avoiding a wide range of other negative reproductive health

outcomes.
Potential partners, systems, and organizations: All public family planning providers that currently provide primary care and yet are not designated as PCPs.
Links to complementary transformation initiatives*:* This project supports the Washington State Common Measure Set on Health Care Cost and Prevention initiatives – Population Measures: Increase Adolescent Well Care, Reduce Unintended Pregnancy, Reduce Over Use of Avoidable Care

Core Investment Components

Washington currently has a statewide network of public family planning providers. The additional costs for Medicaid member education and to create the designation and an explanation of the auto-assignment program for child bearing age women to Women's Medical Homes to serve up to 432,250 child bearing women. **(ap. $860,000 once)**

Individual family planning providers will have implementation investments to enhance preventive care services from the core set that they provide today. **(ap. $3 million once)**

Reproductive lifespan education and outreach: Create a wrap-around care coordination program to assure that pregnant women can and do access and utilize prenatal care. The WMH model will address the multiple learning styles of adults. They can utilize a health educator or community health worker model with hourly wages between $15 to $18 per hour. Family planning providers' can utilize their current centralized follow-up call centers with increased staffing. They can also utilize patient centered technical assistance and develop telemedicine delivered methods. **($900,000 annually)**

Cost per person served monthly or annually: If the current public family planning provider child bearing age Medicaid women (112,400) were reached it would cost $10-$12 per person annually. **(ap. $1,120,000 once)**
If 20% of these newly eligible women (23,000) were reached each year. **(ap. $460,000 annually)**

Timeframe to full implementation: The provider designation and member campaign, implementation of new services, and development of an online, smart phone or computerized tool, may take up to a year to reach full implementation. Overall, all activities could begin to be implemented within 3 months upon receipt of funding.

ROI and ROI timeline: With the current 7 times return on investment in publicly funded family planning services and a cost savings realized at two years with LARC use which has been studied extensively, this project will have a significant cost savings within one year of project launch.

Long acting reversible contraceptives (LARC) – implants and intrauterine devices – are the most effective methods of preventing unintended pregnancy. In an analysis of the cost of immediate post pregnancy and post abortion IUD insertions compared to planned IUD insertions at the time of a follow-up visit, immediate post-abortion IUD insertion saves $1,956 over 1 year and $4,296 over 5 years when public health insurance and social program costs are taken into account, and $810 over 5 years when only direct medical costs are considered. Post pregnancy IUD and LARC insertions have yet to be measured and would be added to our initial list of key metrics. In addition, for every 1,000 women, more than 400 pregnancies, 180 deliveries, and 160 abortions are averted when IUDs are placed immediately post abortion. The ROI on post pregnancy LARC will be studied during this project and key statistics will be added.

Project Metrics

Each project will require clearly defined outcomes that relate to the goals and specific process steps.
Wherever possible describe:

Process measures:

- Develop data set of average reproductive lifespan planning goals
- Development and dissemination of health education materials and activities
- Increased provision of effective contraceptive methods, for women not intending to become pregnant and post pregnancy

Outcome measures:

- Increased use of most effective contraception with decreased unintended pregnancies
- Decreased Medicaid spending

[i] 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.