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 – **1-3 pages maximum per project**. Please submit completed templates by January 15, 2016 through the Medicaid Transformation web site E-mail to MedicaidTransformation@hca.wa.gov. Thank you for your interest and support.

Contact Information	Holly Greenwood, Executive Director Washington Rural Health Collaborative Cascade Pacific Action Alliance (Supporter) holly@washingtonruralhealth.org (360)346-2351
Project Title	Group Purchasing of Telemedicine Services

Rationale for the Project

Include:

- *Problem statement – why this project is needed.*
  - It is difficult for a rural facility to establish an effective telemedicine program due to consulting specialists' low willingness to participate
  - The challenge is the small volume of needs across several specialty areas in any one rural locale. It is a challenge for the consulting facility to allocate time to be consistently available for low-volume utilization.
  - The complexity of coordinating 'appointments' and the billing for services discourage specialist participation in telemedicine.
  - The multiple processes for multiple small volume sites are difficult to intercalate with from the tertiary perspective made even worse by the infrequent use of each process.
  - Many transfers to higher level of care occur un-necessarily for access to a specialist which can be accomplished through virtual presence.
  - Un-necessary transfers or patient travel can also be decreased by peer to peer consultation for scenarios which don't lend themselves to virtual presence evaluations.
- *Supporting research (evidence-based and promising practices) for the value of the proposed project.*[i]
  - The value of telemedicine is well established as a means to more quickly and efficiently connect patients to specialty care. Tele-consultation has also been demonstrated to increase the confidence, competence, and skill level of local providers thus decreasing the frequency of referrals.
- *Relationship to federal objectives for Medicaid*[ii] *with particular attention to how this project benefits Medicaid beneficiaries.*
  - Increases access to specialty care in rural communities
  - Decreases un-necessary transfers or travel expense
  - Improves communication between specialists/consultants and PCP
  - Reinforces the PCP as coordinator of care
  - Directly addresses the Triple Aim

Project Description

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).*
    - Medicaid patients in the care of participating rural hospitals and clinics of WRHC and subsequently the hospitals and clinics of CAHN (Critical Access Hospital Network) in the eastern portion of the state.
- *Relationship to Washington's Medicaid Transformation goals.*[iii]
    - Prevent un-necessary transfer to higher level of care,
    - Access to advanced care without the travel,
    - Prevent duplication of services,
    - Further emphasis/support for PCP as focus of care coordination,
    - Collateral advancement of knowledge/confidence of rural PCP,
    - Innovative payment model leveraging pre-purchase access to care that is shared across a large population
    - Opportunity to establish shared processes of care across larger collaborative
    - Scalable thus more efficient and cost effective through a collaborative approach between small and large organizations.
- *Project goals, interventions and outcomes expected during the Demonstration, including relationship to improving health equity /reducing health disparities.*
    - Construct a program bringing together the telemedicine needs of all rural hospitals in the WRHC (Washington Rural Health Collaborative—13 hospitals) and one or more specialty care centers. A telemedicine program can be constructed around the now substantial volume of patients in several specialty areas thus creating the option for block time in specialty schedules into which rural patients can be scheduled.
    - Leveraging a centralized scheduling service will increase efficiencies and allow for correct matching of insurance coverage and receipt of pre-authorizations
    - Once established in the 13 WRHC hospitals the project can be extended to include the CAHN (Critical Access Hospital Network—15 Hospitals) along with additional specialty care centers.
    - Unified shared processes applied across all rural sites will increase the efficiencies for the specialty center(s) as well
- *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.*
    - Linked to Medicaid Transformation initiative #2 in that it will broaden the array of service options available in a rural community and enable individuals to stay close to home and to have their specialty needs attended more promptly thus potentially voiding the need for more intensive care
    - Linked as well to the HCA efforts to establish a clinically relevant Health Information Exchange (HIE)
- *Traditional and non-traditional provider organizations (e.g., health and social service providers, ACH members) who will be involved in project implementation.*

Core Investment Components

Describe:

- *Proposed activities and cost estimates ("order of magnitude") for the project.*
    - Hardware (computers, cameras, medical adaptive tools)—estimated at $25,000 across all sites
    - High-speed internet—estimated annual cost of $100,000 per year across all sites
    - Contract for scheduling/coordination—estimated cost of $400,000 initial year, $60,000 in subsequent years across all sites

- Contracts for specialty services estimated at $10,000 per Tertiary/Specialty facility per year

- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*
  - 18 months for phase I (Initial implementation with 13 WRHC hospitals)
  - 6 months for phase II (inclusion of CAHN)
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*
  - Save cost of travel payments to Medicaid patients, prevent duplicate billing for duplicated services, investment in reinforcing focal point of primary care provider

Project Metrics

The state will monitor implementation of transformation projects at a regional and statewide level with process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps. Initial funding will be weighted more heavily toward implementation and process measures that satisfy reporting objectives, while funds in later years will be outcomes-based.
Describe:

- *Key process and outcome measures assumed applicable to this project based on the Washington State Common Set of Measures and the Medicaid Measure Set.*[iv]
  - Common measures numbers 5, 51, 17, 18, 30, 41, 42
- *Data elements that will be needed for project measurement and how any gaps in data can be addressed.*
  - Will require access to HCA spend data for constituents residing in the rural communities participating in this program.

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[i] The Washington's State Institute for Public Policy, http://www.wsipp.gov, has identified "evidence-based" policies that can lead to better outcomes.

[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] An overview of the development of measures that reflect state priorities is included in the Waiver application http://www.hca.wa.gov/hw/Documents/waiverappl.pdf pages 46-47. This references the Statewide common measure set: http://www.hca.wa.gov/hw/Documents/pmcc_final_core_measure_set_approved_121714.pdf and includes the 2016 Medicaid contract common performance metrics.