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	*Identify point person, telephone number, e-mail address:* **Carol Vanevenhoven, Oncology Care Line Senior Director, Yakima Valley Memorial Hospital, (509) 574-3448, CarolVanevenhoven@yvmh.org** *Which organizations were involved in developing this project suggestion?* **Greater Columbia Accountable Community of Health**
Project Title	*Title of the project/intervention:* **Care coordination for Medicaid and dual eligible beneficiaries with cancer**

Rationale for the Project

Include:

- *Problem statement – why this project is needed.* **Walsh et al. state "cancer is a complex condition that often requires multiple interventions provided by a variety of health professionals over prolonged periods of time… a lack of coordinated care can lead to fragmented care, patients getting 'lost' in the system and failing to access appropriate services, as well as more unplanned health utilization."[1]**
- *Supporting research (evidence-based and promising practices) for the value of the proposed project.* **The Washington State Institute for Public Policy (WSIPP) has identified "patient-centered medical homes [which include coordinated care] for high-risk populations" as an evidence-based policy that can lead to better outcomes.[2]**
- *Relationship to federal objectives for Medicaid with particular attention to how this project benefits Medicaid beneficiaries.* **The project will: 1) increase and strengthen coverage of low-income individuals as it will provide coordinated care for Medicaid and dual eligible beneficiaries with cancer; 2) increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations as it will coordinate care for Medicaid and dual eligible beneficiaries with cancer across providers; 3) improve health outcomes for Medicaid and low-income populations as coordinated care improves satisfaction with care for patients with cancer;[3] and 4) increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks as coordinated care reduces cost of care for patients with cancer.[3]**

Project Description

Which Medicaid Transformation Goals 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**

[1] Walsh J, Harrison JD, Young JM, Butow PH, Solomon MJ, Masya L. What are the current barriers to effective cancer care coordination? A qualitative study. *BMC Health Serv Res. 2010; 10: 132.*
[2] Source: WSIPP. Accessed December 2015 at http://www.wsipp.wa.gov/BenefitCost/Program/486.
[3] Sprandio, J.D. (2012 May). Oncology patient–centered medical home. *J Oncol Pract., 8(3s):47s-49s.*

☐ 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 project will impact Medicaid and dual eligible beneficiaries with cancer in Kittitas, Klickitat, and Yakima Counties.**
- *Relationship to Washington's Medicaid Transformation goals.* **The project will: 1) Reduce avoidable use of intensive services and settings as coordinated care decreases emergency department visits, hospital admissions, and length of stay for adults with cancer;[3] 2) Accelerate the transition to value-based payment (payment model 2, encounter-based to value-based) as Federally Qualified Health Centers, Rural Health Clinics, and Critical Access Hospitals provide services for adults with cancer; and 3) Ensure that Medicaid per-capita cost growth is two percentage points below national trends as the benefit to cost ratio of patient-centered medical homes for high-risk populations is $8.16.[2]**
- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity/reducing health disparities.* **The project goal is to coordinate care for Medicaid and dual eligible beneficiaries with cancer in Kittitas, Klickitat, and Yakima Counties. Nurse Navigators and/or Social Workers will conduct multiple psychosocial distress screenings and develop psychosocial plans (including social determinants of health) with patients. The psychosocial plans will also detail cultural health beliefs and practices, preferred language, and health literacy. Providers and patients will develop standardized treatment plans; and Palliative Care Nurse Practitioners, Social Workers, and patients will develop advance care plans. Survivorship Nurse Practitioners and patients will develop survivorship plans; and the care coordination team and patients will develop standardized, culturally/linguistically appropriate care plans. The care plans will integrate psychosocial, treatment, advance care, and survivorship plans. The care coordination team, led by Nurse Navigators, will risk-stratify patients based on tumor, acuity, and social determinants of health. Expected project outcomes include a reduction in 30-day all-cause hospital readmissions, potentially avoidable emergency department visits, percent of patients with five or more visits to the emergency room without a care guideline, annual state-purchased health care spending growth relative to state GDP, Medicaid per enrollee spending, and inpatient utilization.**
- *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.* **The Health Home program provides care coordination funding for high-cost/high-risk Medicaid adults, but at the time of submission, will only continue through June 2016.[4]**
- *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.* **The project will engage business, community- and faith-based, consumer, education, food system, health care provider, hospital, housing, local government, philanthropy, public health, social services, transportation, and tribal organizations in Kittitas, Klickitat, and Yakima Counties.**

[4] Source: Washington State Health Care Authority. Accessed December 2015 at http://www.hca.wa.gov/medicaid/health_homes/Documents/continuation_of_health_homes.pdf.

Core Investment Components

Describe:

- *Proposed activities and cost estimates ("order of magnitude") for the project.* **Proposed activities include conducting multiple psychosocial distress screenings; developing psychosocial plans, standardized treatment plans, advance care plans, survivorship plans, and standardized, culturally/linguistically appropriate care plans; and risk-stratifying patients based on tumor, acuity, and social determinants of health. The cost estimate is $100,359 per year (1,239 participants x $81 per participant.) If additional cancer centers in the Greater Columbia Accountable Community of Health Regional Service Area (RSA) also participate, the cost estimate is $218,214 (2,694 participants x $81 per participant.)**
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- *Best estimate (or ballpark if unknown) for:*
  - How many people you expect to serve, on a monthly or annual basis, when fully implemented. **Yakima Valley Memorial Hospital will serve an estimated 1,239 Medicaid and dual eligible beneficiaries with cancer per year. If additional cancer centers in the RSA also participate, Yakima Valley Memorial Hospital and additional cancer centers will serve an estimated 2,694 Medicaid and dual eligible beneficiaries per year.**
  - How much you expect the program to cost per person served, on a monthly or annual basis. **The WSIPP estimates that patient-centered medical homes for high-risk populations cost $81 per participant per year.[2]**
- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.* **The project is already operating in the region.**
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.* **The WSIPP estimates that patient-centered medical homes for high-risk populations benefits minus costs (net present value) is $579 per participant per year, so the estimated ROI per year is $660 total benefits - $81 costs / $81 costs = 715%.[2]**

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.* **Process measures will include the number of Medicaid and dual eligible beneficiaries with cancer in Kittitas, Klickitat, and Yakima Counties who receive care coordination. Outcome measures will include the percentage of patients with 30-day all-cause hospital readmissions, potentially avoidable emergency department visits, five or more visits to the emergency room without a care guideline, and inpatient utilization; and the annual state-purchased health care spending growth relative to state GDP and Medicaid per enrollee spending.**
- *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation*? **County-level benchmark performance data are available for the *Washington State Common Measure Set for Health Care Quality and Cost.***