



Healthier Washington Quarterly Webinar Series

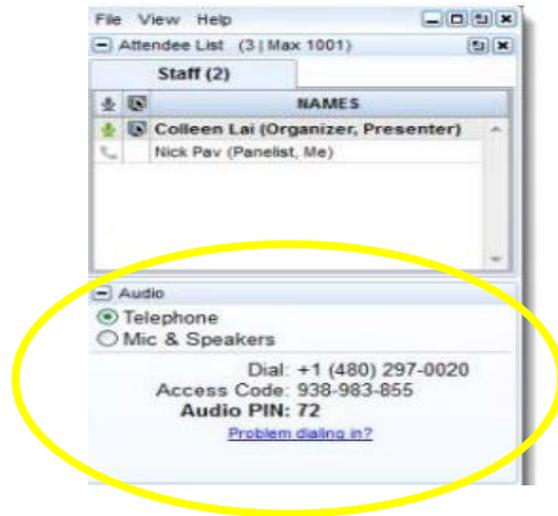
Rural solutions for health care transformation

September 24, 2018

Before we get started, let's make sure we are connected

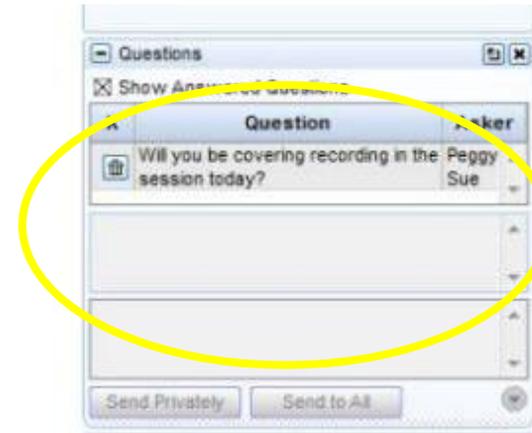
Audio Options

- Mic & Speakers
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Have questions?

Please use the "Questions" section in the webinar panel to submit any questions or concerns you may have. Our panelists will answer questions as they arise and at the end of the presentation.





Today's panel

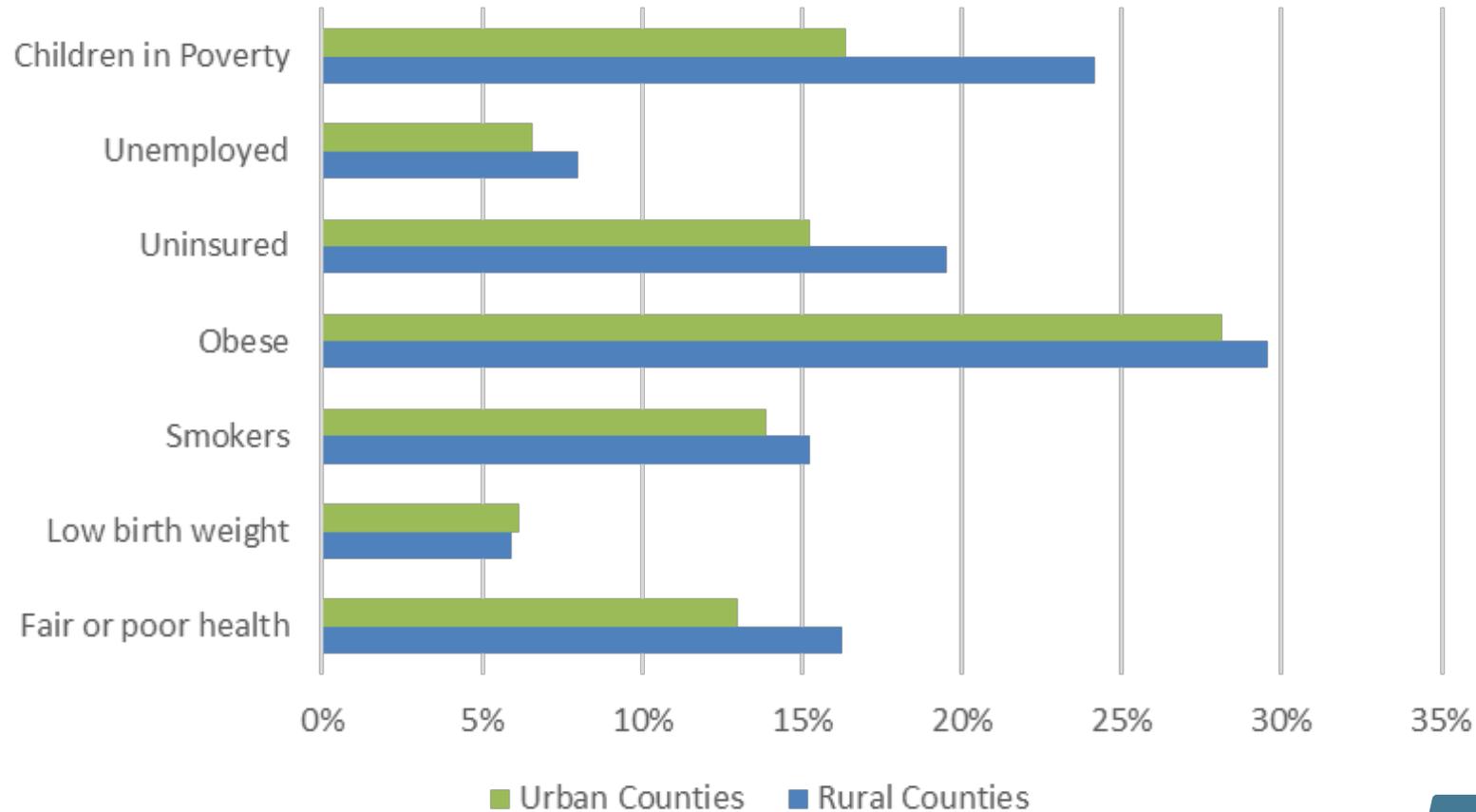
- Sue Birch, Director, Washington State Health Care Authority (HCA)
- Rachel Quinn, Special assistant for health policy and programs, HCA
- Gary Swan, Senior health policy analyst, HCA



Why rural? Why now?

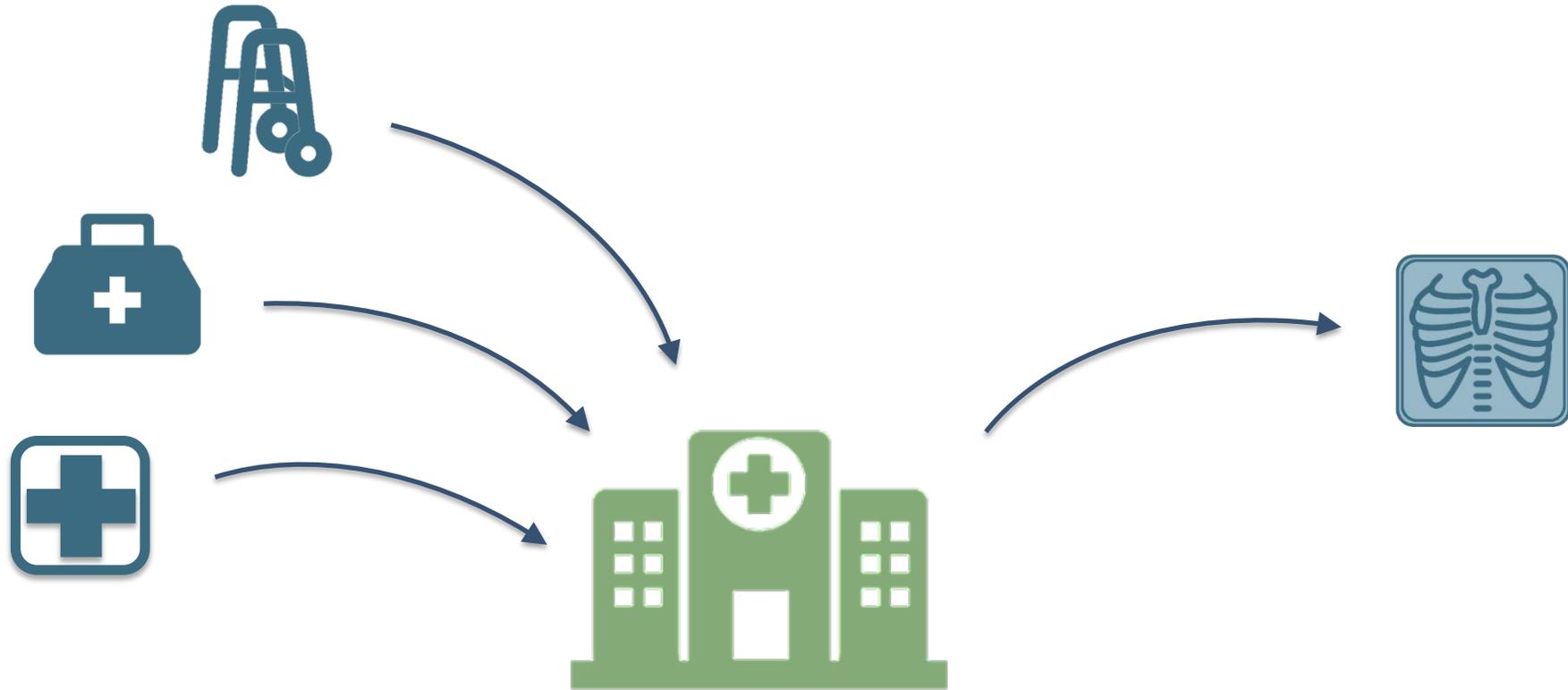


Market factors: Rural communities are different in many ways



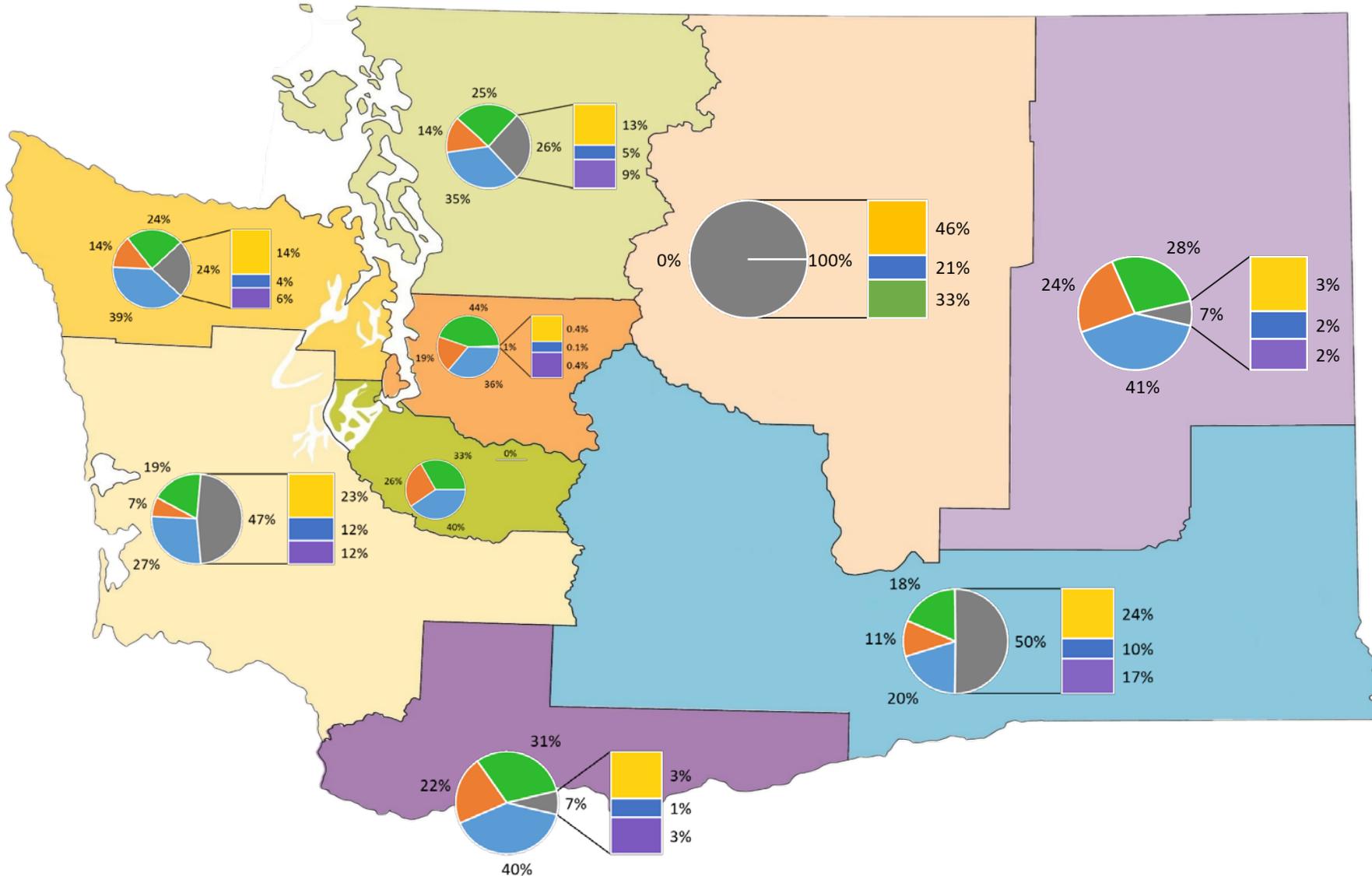
*Based on 2014 designation of all Washington state counties by OFM; 2016 County Health Rankings

Hospital factors: Rural health care delivery system



Financial factors: Sicker populations and public payers

Payer mix



Urban

- Medicare
- Medicaid
- Commercial/Other

Rural

- Medicare
- Medicaid
- Commercial/Other





What does this mean for rural communities?





Healthier Washington



The long-term vision



Current system

- Fragmented care delivery built on volume
- Disjointed care transitions
- Clients not empowered
- Capacity limits
- Impoverishment
- Inconsistent measurement
- Volume-based payment



Transformed system

- Integrated, whole-person care
- Coordinated care
- Activated clients
- Access to appropriate services
- Timely supports
- Standardized measurement
- Value-based payment



Sustaining transformation through rural health care transformation

Current system

Value-based system



- New payment arrangements to help sustain access to care, stabilize rural hospitals and health systems in all rural communities, incentivize efficiencies, address workforce and support innovative care models and partnerships
- Implementation customizable to meet each hospital and communities needs
- Work with Washington state's other transformation programs and Medicare

Improving Washingtonians' health and preserving access to care by realigning financial incentives for CAHs and rural hospitals

Rural multi-payer transformation model

Goal of rural transformation

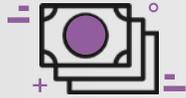
Sustainable access to care in rural communities

Supporting hospitals through:

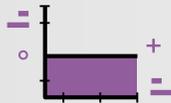
-  Focus on health needs of rural communities
-  Stable stream of revenue with monthly payments
-  Tailored support for planning and implementing changes
-  Data analytics to support implementation
-  Support for needed infrastructure development

A new payment approach and care transformation support are the two main pillars of the model

Fixed annual revenue



Fixed annual payment paid out to hospitals monthly, providing a stable stream of revenue



Stabilize cash flow, so hospitals can invest in care quality and sustainability



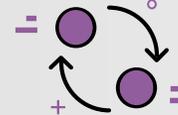
Based on historic data adjusted for transformation-related service changes



Care transformation support



Tailored assistance at no cost to the hospital



The objective of support is to minimize the burden of making transformation-related changes



Support across all transformation phases: data collection, plan creation, and implementation



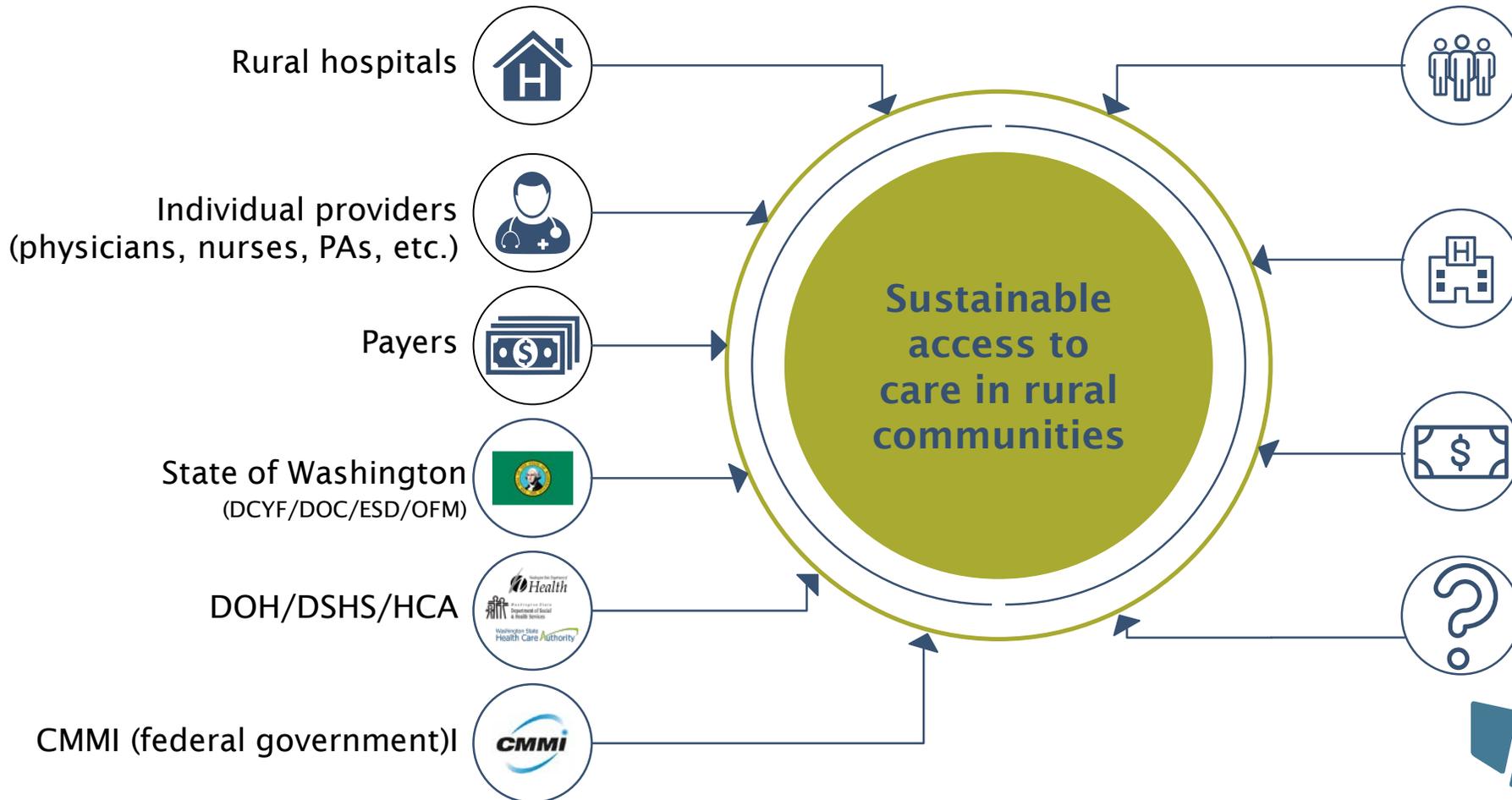
The rural multi-payer model builds upon Washington State's other transformation efforts

- Build on the foundation of Healthier Washington:
 - Key alignment incentives with the Medicaid Transformation and the Accountable Communities of Health
 - Workforce
 - VBP
 - Health systems
 - Opportunities to expand upon foundational community supports and home and community based long-term care services, others
 - Coordination with, and building upon Integrated Managed Care
 - Alignment with value-based purchasing goals of HCA
 - Building opportunities for Shared Decision Making
 - Washington State Common Measure Set

Many stakeholders will contribute to the model

Stakeholders

Areas of Alignment



Examples:

- ACHs
- Medicaid Transformation
 - Regional projects and priorities
 - MAC/TSOA
 - FCS
- BH integration
- Health Homes
- Medicare ACOs

Concept paper development in context of the broader Rural Multi-payer Model

-  Current progress
-  Important milestone for rural hospitals

Model and concept paper development

July - September 2018

- Engage payers and providers with “pitch deck”
- Create concept paper

Participant LOIs and state agreement

October - December 2018

- Engage interested providers and payers and develop stakeholder-specific tools to quantify value of participation
- Create transformation plan outline for providers
- Develop budget for model administration and technical assistance / transformation

Launch preparation with initial cohorts (Wave 1)

January - December 2019

- Provide technical assistance for transformation plan completion
- Begin to collect data from providers and payers
- Finalize any legislation required for model launch

Initial cohort (Wave 1) launch and future cohort preparation (Wave 2 and beyond)

January - December 2020

- Go-live with Year 1 of model for payers and first wave of participating providers
- Determine next wave of hospital and provider participation



Questions for our panelists?

- Sue Birch, Director, Health Care Authority (HCA)
- Rachel Quinn, Director of Paying for Value, HCA
- Gary Swan, Senior Health Policy Analyst, HCA



Learn more about Healthier Washington

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