HCA-DOH Monthly Tribal Meeting

October 3, 2018

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Agenda

9:00 AM	Welcome, Blessing, Introductions
	Health Care Authority
9:10 AM	Planning for TARGET Replacement: Tribal Workgroup
9:30 AM	Patient Decision Making Aids – Certification and Implementation
9:50 AM	HCA Decision Package Submissions to OFM
10:00 AM	Home Visitation Program – Medicaid Financing Options
10:15 AM	State Opioid Response Grant – Award and Implementation Update
10:30 AM	Medicaid Transformation Indian Health Care Provider Projects
10:40 AM	HCA Updates
	Department of Health
11:00 AM	DOH Vaping Prevention Programs
11:15 AM	DOH Updates
	Open Session
11:30 AM	Discussion
12:00 PM	Closing

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Jerry Britcher, HCA Chief Information Officer

Planning for TARGET Replacement

TARGET Replacement

- Background:
- TARGET has been built in stages
- The first stage was built over 20 years ago
- The staff with detailed knowledge of TARGET have retired, or will within the next three months
- The current system is fragile

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TARGET Replacement

- Request:

- Form a workgroup to discuss and develop a recommendation
- Workgroup comprised of fiscal and information technology staff
- Workgroup meets twice a month (include teleconferencing, i.e., WebEx)

- Recommendations (with Pros/Cons) for the replacement of TARGET will be brought back to this group

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Laura Pennington, HCA Practice Transformation Manager

Patient Decision-Making Aids: Certification and Implementation

Shared Decision Making and the Certification of Patient Decision Aids in Washington State

October 3, 2018

Laura Pennington, Practice Transformation Manager
Washington State Health Care Authority

Shared Decision Making is….

A process in which clinicians and patients **work together** to make decisions and select tests, treatments and care plans based on **clinical evidence** that balances risks and expected outcomes with **patient preferences and values**.

-National Learning Consortium, HealthIT.gov, 2013

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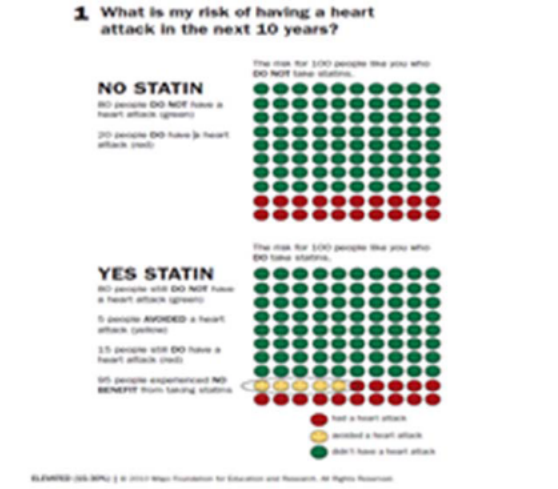
Patient Decision Aids

- A tool used by providers in shared decision making to engage patients in decisions that affect their health care by providing them with information they need to make an informed choice
- PDAs come in many forms:
  - A written document
  - A link to an interactive website
  - Videos
  - Visual aids



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Decision aids: The evidence*

- Increased knowledge of options
- More accurate risk perceptions
- Lower conflict about decisions
- Choices that are more consistent with values
- Greater participation in decision making
- Fewer patients choosing major surgery

*Stacey et al. Decision aids for people facing health treatment or screening decisions (Review). Cochrane Database of Syst Rev 2014;CD001431

"A systematic review of effectiveness of decision aids to assist older patients at the end of life" March 2017
http://www.sciencedirect.com/science/article/pii/S0738399116304578

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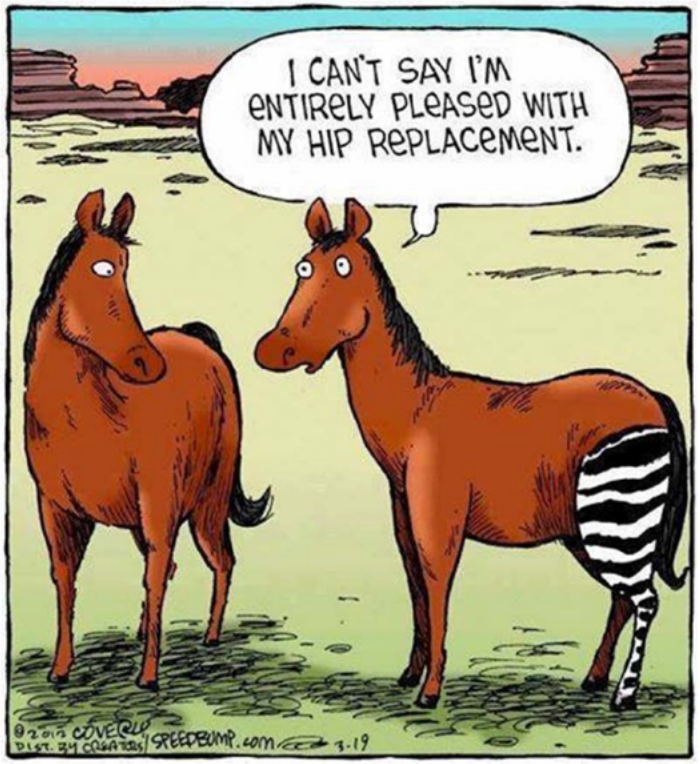
Why is SDM important?



- Honors patient personal choices
- Reduces variation
- Patient safety
- Supports informed consent
- Is a key component of patient-centered care

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History of SDM in Washington

- In the early 2000s, Jack Wennberg presented to leaders in Washington on clinical variation across regions of the state
- Response was legislation to support SDM, with goal of reducing variation without restricting choice
- Goal was appropriate utilization based on patient preferences, rather than decreased utilization
  - Evidence suggests SDM decreases overutilization, but helps correct underutilization

SDM Legislation in Washington RCW 7.70.060

E2SSB 5930 (2007 - "Blue Ribbon Bill")

- Multi-provider SDM Collaborative
- Informed Consent liability protections for SDM using certified patient decision aids

ESHB 1311 (2011 - Bree Collaborative)

- Established Robert Bree Collaborative, focused on unwarranted variation and evidence based improvement strategies

ESHB 2318 (2012 - Decision Aid Certification)

- State Health Care Authority medical director may certify or recognize certifying entities meeting specified criteria

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Why certify?

- As PDAs become more widely used, standards become critical
- Ensures quality
  - Accuracy and appropriateness of information
  - Supports patient in exploring values
- Minimizes bias
- Addresses conflicts of interest
- In Washington, enhanced liability protections are activated in part by PDA certification

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Health Care Authority role in SDM

- Certification of Patient Decision Aids
- Leverage our role as purchaser (1.8M Medicaid lives, 200K PEB) to support providers in the use of SDM and PDAs
- Providing training and support to providers
- Convening statewide discussion around spread and sustainability

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Patient decision aid certification process

- Developed in collaboration with local and national experts
- Development supported with funding from the Gordon and Betty Moore Foundation
- Based on standards established by the International Patient Decision Aids Standards Collaboration (IPDAS)

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The Certification Criteria

- Aimed at ensuring accurate, unbiased, up to date, understandable information
- Addresses values/preferences clarification
- Based on standards established by the International Patient Decision Aids Standards Collaboration (IPDAS)
- The criteria may be adjusted over time

For a full list of criteria go to:
https://www.hca.wa.gov/assets/program/2017-pda-criteria.pdf

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Review process

- Full review panel
  - Review/score application, PDA, supporting document against certification criteria
- Evidence-based Practice Center
  - Review/score PDA and evidence table against current science
- Chief Medical Officer
  - Reviews full application, PDA, and evidence considering input from panel and SMEs for final determination

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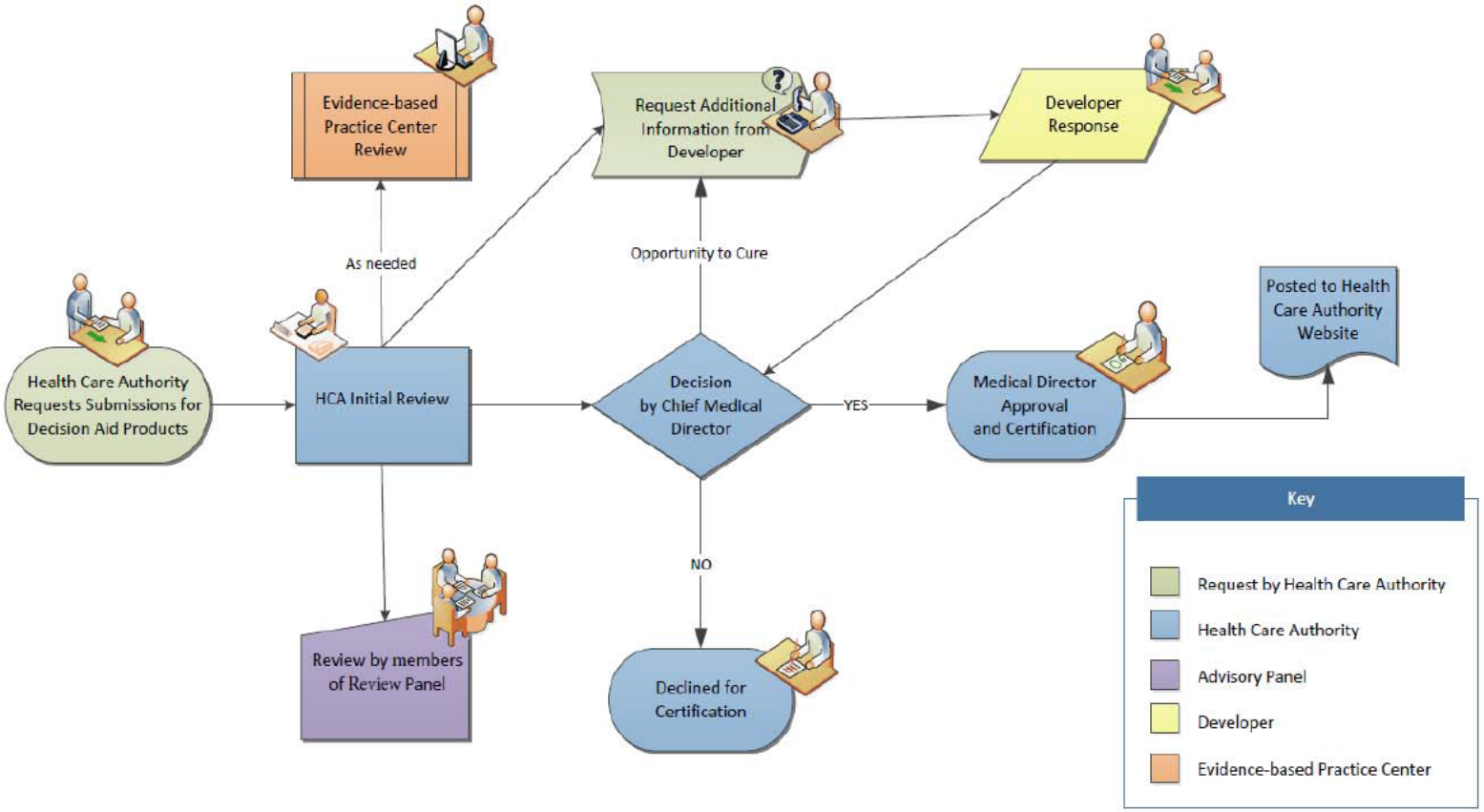
Visual Framework for Process to Certify Decision Aids



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Current certified PDAs

- 2016: Maternity Care
  - Certified 5 PDAs
- 2017: Total Joint Replacement and Spine Care
  - Certified 7 PDAs
- 2017 - 2018: End of Life Care
  - Certified 24 PDAs
- Fall 2018 Cardiac Care

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Beyond certification – translating research into practice

- Accountable Care Program SDM initiative
- HCA has bundled contracting arrangements for state employees that include SDM with PDAs
- Clinician training through online skills course
- Convening statewide discussion around spread and sustainability

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Vision for the future

- Engage partners to spread the use of SDM and use of certified PDAs across Washington
- Reduce variation in healthcare
- Encourage submissions of different types of PDAs from developers
- Engage patients in their decisions that impact their health

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Questions?

Contact:

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or

shareddecisionmaking@hca.wa.gov

More Information:

Healthier WA SDM webpage: http://bit.ly/2d4ozZm

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Jessie Dean, HCA Tribal Affairs Administrator

HCA Decision Packages Submitted to Office of Financial Management

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HCA Decision Packages for 2018-2020

- HCA Tribal Affairs Expansion
  - 4 Regional Tribal Liaisons
  - 1 Senior Health Policy Analyst
  - 1 Tribal Contracts Manager
  - 1 Administrative Assistant

https://abr.ofm.wa.gov/budget/decision-packages/v1?budgetSession=2019-21:R&agencyCode=107&versionCode=AA&decisionPackageCode=37&budgetLevel=PL

- Tribal E&T Center
  - $50,000 – Continue work toward implementing tribal E&T facility
  - $150,000 – Benefits and care coordination hub(s)
  - $150,000 – Pilot tribal E&T facility within non-tribal E&T facility

https://abr.ofm.wa.gov/budget/decision-packages/v1?budgetSession=2019-21:R&agencyCode=107&versionCode=AA&decisionPackageCode=06&budgetLevel=ML

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Jessie Dean, HCA Tribal Affairs Administrator

Home Visitation Program – Medicaid Financing Options

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Home Visitation Program – Medicaid Financing Options

Home Visitation: Maternal, infant and early childhood services provided in the home.

Option	Pros and Cons
Medicaid Administrative Claiming (MAC) reimbursement	Many tribes already participate in MAC; ideally, HCA would build home visiting into the existing MAC process, otherwise the program might become administratively cumbersome with two MAC processes.
Medicaid Managed Care Organization (MCO) benefit	Under this option, home visitation would not be available to Medicaid fee-for-service clients.
Targeted Care Management benefit	Under this option, home visitation would be available to all Medicaid clients; this option could be coupled with the Medicaid MCO option.
1915(b) Waiver program	This option could be problematic if the "central broker" has too much discretion in determining who can receive the service.

August 22, 2017 Report: https://www.hca.wa.gov/assets/program/home-visiting-medicaid-financing-strategies.pdf
HCA to begin working on follow-up report.

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Thomas Fuchs, HCA Substance Use Disorder Services Supervisor

State Opioid Response Grant – Award and Implementation Update

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State Opioid Response Grant (SOR)

- SAMHSA Funding Opportunity Announcement (FOA) No. TI-18-015
- Overview: $21,260,403, per year/two year
- Application deadline: August 13, 2018
- Notification of Award (NOA): September 26, 2018
- Start Date: Oct 1, 2018
- SOR aims to address the opioid crisis by:
  - Increasing access to MAT for the treatment of opioid use disorder
  - Reducing overdose related deaths through the provision of prevention, treatment and recovery activities for OUD
- WA State Priorities:
  - 20% Prevention
  - 60% Treatment
  - 20% Recovery Support Services
- STR/SOR Federal Funding

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State Opioid Response Grant - Prevention

- Proposed two-year budget for prevention is $4,068,000

  (~20% of total $21,260,403)
- Tribal prevention grants (treatment and/or prevention) to 14 tribes and 2 Urban Indian Health Programs
- Develop 13 – 17 new CPWI Coalitions (current number is 64)
- Fund CBO sites (final number depends on RFA process)
- Develop Fellowship program
- Develop prescriber/provider education
- Host statewide Opioid Summit (*Px, Tx and Recovery*)
- Enhancement of the Starts with One media campaign

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Other DBHR Prevention Updates

- RFA Released – www.theAthenaForum.org/grants
- All-Provider Meeting - Monday November 5th
- Prevention Summit - Tuesday November 6th
  Wednesday November 7th
  - Register for BOTH at http://preventionsummit.org/registration/

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State Opioid Response Grant –Treatment

- **Opiate Treatment Network (OTN):** MAT services focuses on jails, Syringe Service Program, FQHC, Tribal, homeless services
- **MAT Treatment Assistance**: Payment for uninsured, underinsured treatment
- **OTN Tobacco Cessation:** Department of Health (DOH) for the WA Tobacco Quitline for OTN clients to include phone counseling and nicotine replacement therapy
- **Grants to Tribal Communities:** Tribal prevention and treatment grants to 14 tribes and 2 Urban Indian Health Programs are designed to meet the unmet needs of previous state opioid tribal requests. Development of a Tribal Opioid Epidemic Response Workgroup
- **Department of Corrections:** Treatment Decision Model (TDM) and Care for Offenders with OUD

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Other DBHR Treatment Updates

- SOR issues
  - $316,000 additional federal award
  - Notice of Award: New budget, EBP 10/31/18
  - STR/SOR- Phased in approach, contingent on funding, staffing
  - 5% of Grant for Administration
  - 2% for Evaluation
  - GPRA required for “most activities”
- Other Updates
  - 1115 SUD/IMD Waiver
  - SABG reports
  - ITA - Involuntary Treatment Act
  - State Hub and Spoke expansion
  - Naloxone Distribution Plan
  - PDO Grant
  - CJTA – Recovery Support Services

State Opioid Response Grant –Recovery Support Services

- **OUD and MAT Training to Community Recovery Support Services**:

  TA/training will be provided to staff at Recovery Cafe on working with OUD clients

- **Client-directed Recovery Support Services:**

  Contracted direct recovery support services to Recovery Café Providers to work with OUD clients on Housing and Supported Employment and other support services

- **Peer Recovery Support Staff:**

  Contracted peer recovery staff for Recovery Café Providers to work with OUD clients

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Lena Nachand, HCA Medicaid Transformation Tribal Liaison

Medicaid Transformation – Indian Health Care Provider Specific Projects

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MTP IHCP Projects Plan

An overview of the Indian Health Care Provider (IHCP) projects and how they fit within the Medicaid Transformation Project (MTP)

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Medicaid Transformation Project STCs

- Objectives
  - Integrate physical and behavioral health purchasing and service delivery to better meet whole person needs
  - Convert 90 percent of Medicaid provider payments to reward outcomes instead of volume*
  - Support provider capacity to adopt new payment and care models
  - Implement population health strategies that improve health equity

*IHCPs are exempt from the statewide strategy on value-based payments

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Indian Health Care Provider Protocol (Attachment H)

- Objectives
  - Collaborative Medicaid Transformation
  - IHCP Health Systems and Capacity
    - Workforce Capacity and Innovation
    - Health Systems
  - Financial Sustainability
    - CMS State Health Official Letter #16-002
  - Statewide Improvement of Behavioral Health for AI/AN Medicaid Clients
    - The National Tribal Behavioral Health Agenda

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IHCP Projects*

- Behavioral Health Integration** – 13
- Tribal FQHC – 6
- Care Coordination – 5
- Public health – 2
- Start/expand a Tribal 638 clinic – 2
- Traditional healing – 2
- Workforce Development/CHAP Board – 2
- Falls Prevention – 1
- Community Outreach – 1
- Telemedicine – 1
- Integrate behavioral health and law enforcement – 1
- Quality Childcare – 1
- Dental Integration – 1

*Inclusive Counting, will total more than 31
**Includes clinical and systems level integration

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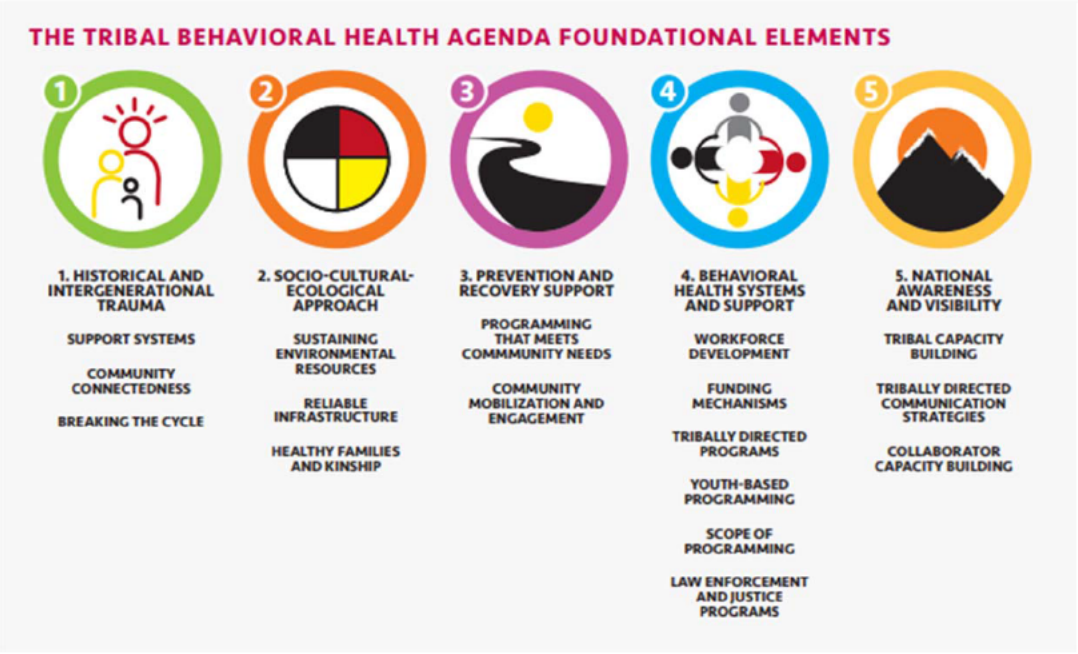
The National Tribal Behavioral Health Agenda

"As indigenous people, we possess the culturally relevant knowledge and expertise to address and enhance the overall health and well-being of all American Indian and Alaska Native people across the country."



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TBHA Foundational Element 1

- Historical and Intergenerational Trauma
  - Support Systems
  - Community Connectedness
  - Breaking the Cycle
- Projects
  - Elder Care Coordinating

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TBHA Foundational Element 2

- Socio-Cultural-Ecological Approach
  - Sustaining Environmental Resources
  - Reliable Infrastructure
  - Healthy Families and Kinship
- Projects
  - Tailored Prevention Program for Elders
  - Increase Access to Quality Childcare

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TBHA Foundational Element 3

- Prevention and Recovery Support
  - Programming that Meets Community Needs
  - Community Mobilization and Engagement

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TBHA Foundational Element 4

- Behavioral Health Systems and Support
  - Workforce Development
  - Funding Mechanisms
  - Tribally Directed Programs
  - Youth-based Programming
  - Scope of Programming
  - Law Enforcement and Justice Programs
- Projects
  - Community Health Aid Program with focus on Behavioral Health
  - Telemedicine
  - Healthcare Workforce Development
  - Tribal FQHC (x 6)
  - Start/Expand Tribal 638 Clinic (x 2)
  - Public Health Accreditation – Community Health Assessment
  - Behavioral Health Integration, Traditional Healing and Care Coordination
  - Traditional Healers Integrated into Provider Teams
  - Behavioral Health Integration (x 8)
  - SUD Response Integrated into Law Enforcement

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TBHA Foundational Element 5

- National Awareness and Visibility
  - Tribal Capacity Building
  - Tribally Directed Communication Strategies
  - Collaborator Capacity Building

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IHCP-specific Projects and MTP Objectives

- Integrate physical and behavioral health purchasing and service delivery to better meet whole person needs
  - Behavioral Health Integration, Traditional Healing, Start/expand a Tribal 638 clinic
- Support provider capacity to adopt new payment and care models
  - Tribal FQHC, Telemedicine, Community Outreach
- Implement population health strategies that improve health equity
  - Workforce Development/CHAP Board, Public Health, Integrate Behavioral Health and Law Enforcement, Childcare, Dental Integration
  -

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Next Steps

- Establish workgroups based on projects
  - Behavioral Health Integration
  - Tribal FQHC
  - Traditional Healing
  - Expand/start a 638 Clinic
  - Public Health

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Lucilla Mendoza, HCA Tribal Behavioral Health Administrator

Jessie Dean, HCA Tribal Affairs Administrator

HCA Updates

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SABG Block Grant Outcomes Report

- Consultation needed on SABG Block Grant Outcomes report to be submitted to SAMHSA by December, 2018.
- Report to address 8 priority outcome measures across BH Spectrum
- Round Table and Consultation Dates in November
  - Identify dates during Oct MTM

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Stacia Wasmundt, DOH Tobacco and Vapor Product Prevention and Control Program

DOH Vaping Prevention Programs

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TOBACCO AND VAPOR PRODUCT PREVENTION AND CONTROL PROGRAM: PARTNERS AND STRATEGIES

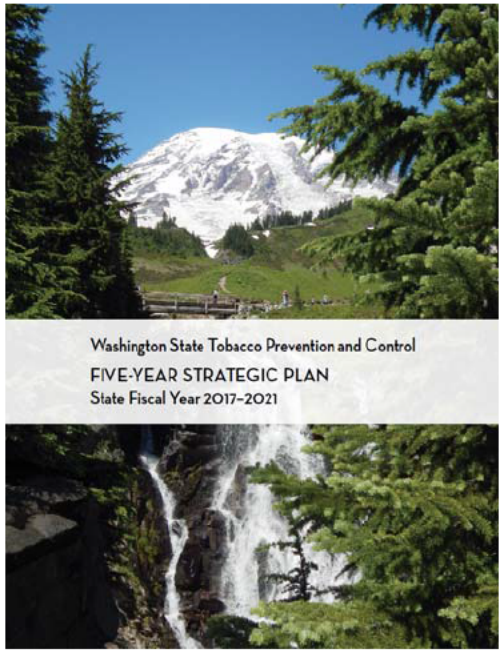
Stacia Wasmundt, Tobacco and Vapor Product Prevention and Control Program

Five-Year Strategic Plan (2017-2021)

Vision: A Washington State free of death and disease related to tobacco and nicotine use

Goals:

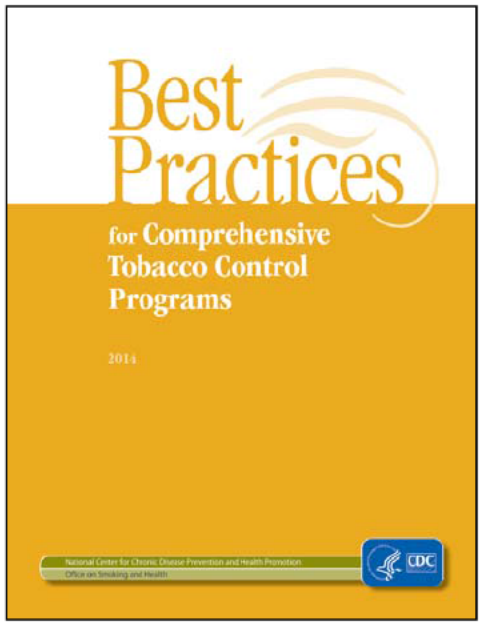
1. Reduce tobacco-related disparities
2. Prevent tobacco use among youth and young adults
3. Support and promote tobacco cessation
4. Eliminate exposure to secondhand smoke



CDC Best Practices

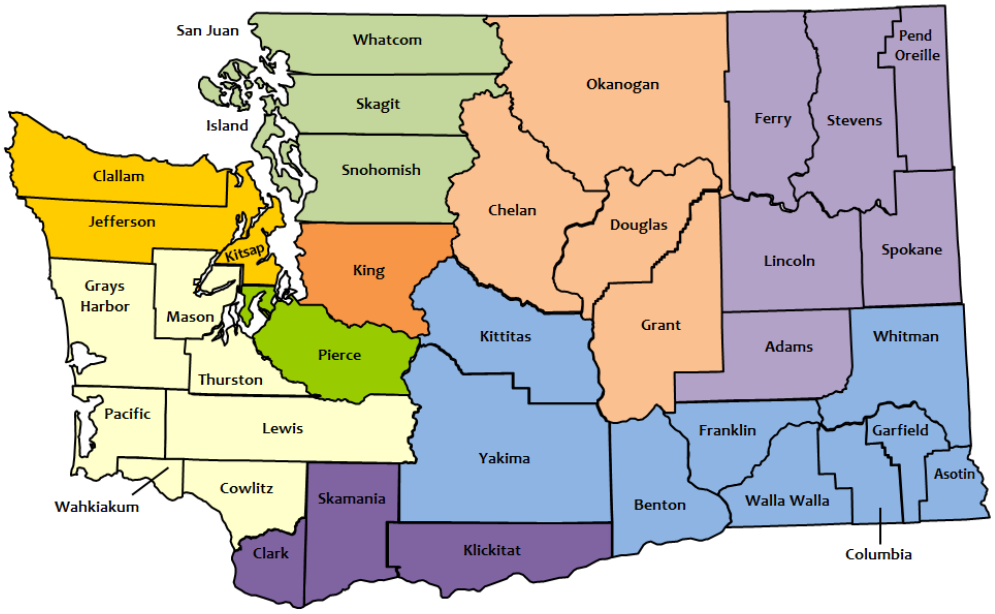
What is a comprehensive program?

- Establish smoke-free policies and norms;
- Decrease affordability of tobacco products;
- Minimize tobacco advertising and promotion;
- Control access to tobacco products; and
- Promote and assist tobacco users to quit.



State, Local, and Tribal Partners

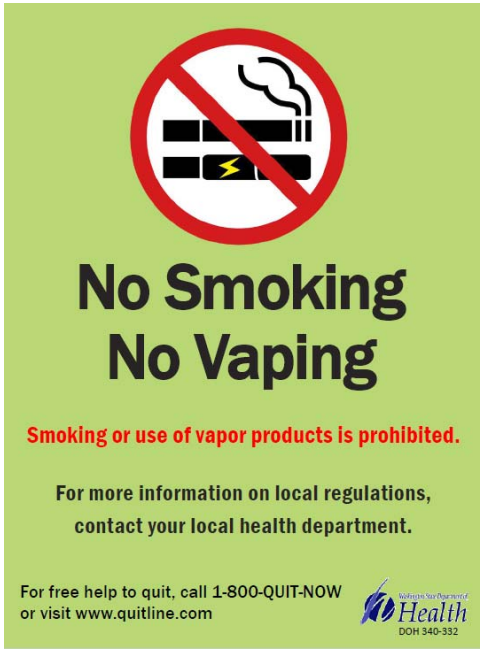
Current Regional Partners



Better Health Together	Cascade Pacific Action Alliance	Greater Columbia	King	North Central	North Sound	Olympic	Pierce	SW WA Regional Health Alliance
Spokane Regional Health District	Thurston County Public Health & Social Services	Benton-Franklin Health District	Public Health – Seattle King County	Grant County Health District	Snohomish County Health District	Kitsap Public Health District	Tacoma Pierce County Health Department	ESD 112

(Some) Regional Contractor Strategies

- Eliminate exposure to secondhand smoke and vape emissions
  - Local no-vaping in public places ordinances
    - Indoor and specific outdoor areas
  - Voluntary smoke-free and vape-free campus and/or organizational policies
- TA to schools and colleges/universities to implement or strengthen tobacco-free and vape-free campus policies
- Educate stakeholders and community leaders about the impact of flavors and menthol on tobacco-related disparities and youth initiation
- ESD 112: TA to all other ESDs in the state to build awareness and enhance enforcement of smoking and vapor bans in schools, as well as distribute educational toolkits and materials to address prevention of tobacco use and addiction



Regional Contractor Strategies

- Focus on policy, system and environmental changes
- 4 regional contractors conducting STARS (Standardized Tobacco Assessment for Retail Settings) and vSTARS (vape shops)
  - Show what the community looks like in their respective regions
  - Youth development
  - Decision-maker outreach
- Some regional contractors have implemented parts of the Stanford Tobacco Prevention Toolkit
  - http://med.stanford.edu/tobaccopreventiontoolkit.html
  - Modules for tobacco and nicotine education
  - Separate lesson on JUUL
- Media Campaigns
  - Escape the Vape – Public Health-Seattle King County
  - No Resets: Vape is No Game- Tacoma-Pierce County Health Department

https://countertobacco.org/resources-tools/store-assessment-tools/stars/

What is JUUL?

- Resemble a USB, can be charged in a laptop
- 70% of the market share
- All pods contain nicotine
- .7 ml nicotine by volume / 5% nicotine by weight
  - = 1 pack of cigarettes
  - Double the nicotine of most other vapor products
- Comes in flavors
- Little to no detectable odor or aerosol
- "Juuling"

JUUL Initiative

- Offering funding ($10,000 or more) to schools
- Pilot their prevention program, "Moving Beyond E-Cigarettes and Marijuana," to middle and high schools
  - CO and CA
- Offer technological interventions to disable and detect JUULs in schools

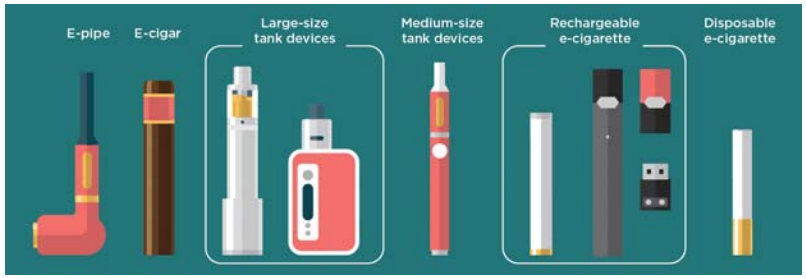
Washington State Tobacco Quitline

- **1-800-QUIT-NOW / 1-855-DEJELO-YA**
  - Telephone counseling from Quit Coaches
    - 5-call program for uninsured, underinsured clients
    - Cognitive Behavioral Therapy (CBT)
  - 2-week nicotine patch (NRT) starter kit
    - Clients with Medicaid/other insurance should have insurance card ready (may be eligible for more NRT)
  - Self-help materials (mail & online)
  - Text message support
  - Community cessation resource referrals
  - Special programs
    - Pregnancy and Post-Partum Program
      - Free for all women who are pregnant, planning pregnancy, or breastfeeding
    - Youth Support Program
      - Free for all youth ages 13-17
  - Fax referral program
    - Quitline will call clients consenting to fax referral

2Morrow Health

- **doh.wa.gov/quit**
  - Smartphone app download
    - iPhone, Android
    - English, Spanish
  - Acceptance & Commitment Therapy
    - Teaches willingness to ***accept*** cravings, urges; mindfulness
    - Helps client create and ***commit*** to their quit plan
- **Free for all Washingtonians**
  - Available while supplies last
- **Private, individualized**

What about e-cigs/vapes?



- National Academies of Sciences (January 2018):
  - Completely substituting e-cigarettes for combustible cigarettes reduces exposure to numerous toxicants & carcinogens present in cigarettes
    - Reduced short-term adverse health outcomes
  - E-cigs contain highly variable amounts of nicotine, and most contain and emit other potentially toxic substances
    - Inhaled **nicotine** increases heart rate and blood pressure
    - Propylene glycol: "Patients with impaired liver and/or kidney function are generally thought to be at increased risk for developing PG toxicity…"
- **Bottom line: E-cigs are almost definitely safer than regular cigarettes, but they are not safe. Rely on FDA-approved cessation medications.**

Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.

Tamara Fulwyler, DOH Tribal Relations Director

DOH Updates

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Health Care Authority and Department of Health

Open Session for Questions, Issues, Discussion

Washington State Health Care Authority

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Washington State Department of Health

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