

Washington Rural Multi-payer Model

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Presenter:
Gary Swan, Health Care Authority

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Provider challenges

Why a new model now?

Providers face

- Recruitment and retention
- Sicker, older populations
- Operating margins are low
- Relationships with larger systems have not benefited rural providers…

Low utilization and challenges faced under cost-based reimbursement will be exacerbated as the system moves to value-based purchasing.

Is there a better way?

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The vision

- We envision a new model of care that embraces health equity for rural Washington through health system transformation, and is in service of better care, smarter spending, healthier populations, and provider satisfaction.

- Success over the next several months means that we are able to agree on a new model of care for Washington's rural regions.

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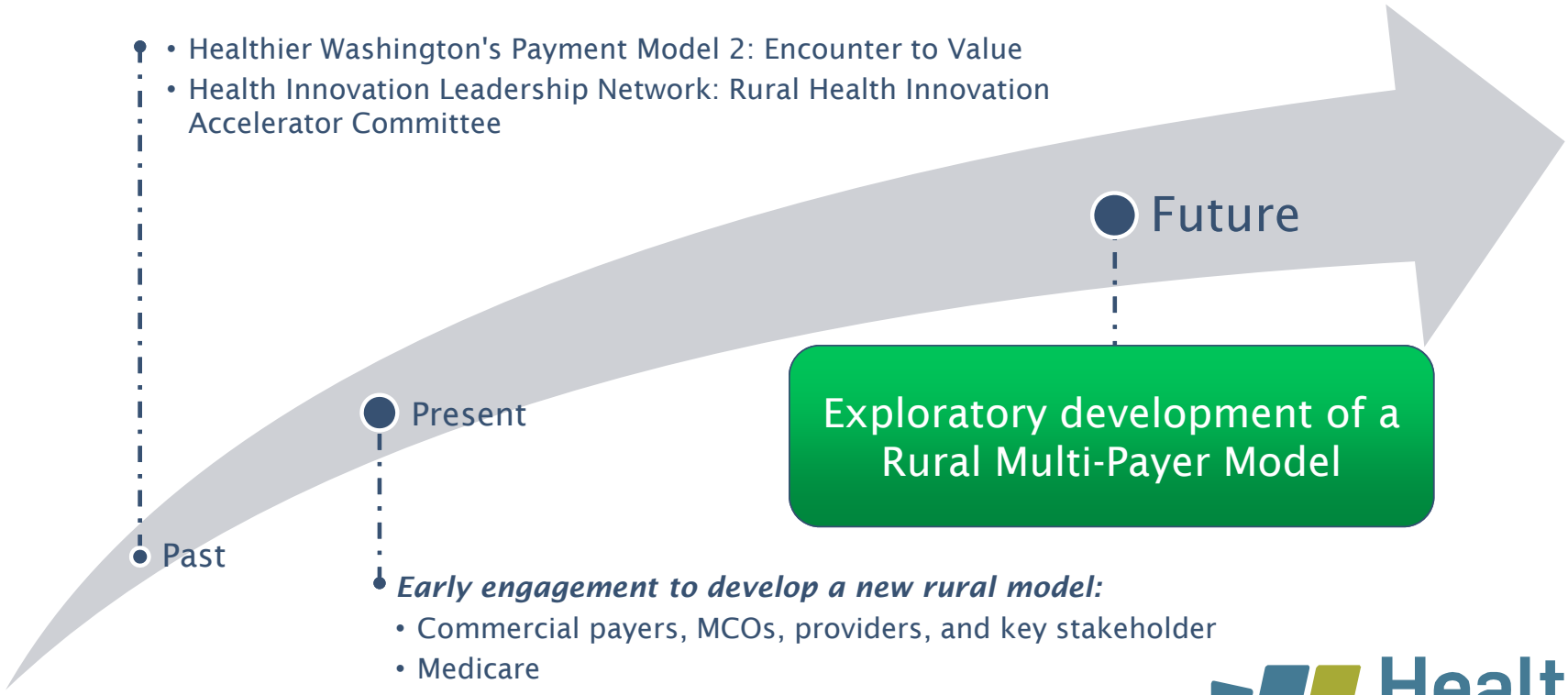
Background

Where we've been, where we are, and where we want to go



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Working session outcomes

- February and March working sessions
  - Starting the model development process

- Key takeaways:
  - Collaboration
  - Build upon existing transformation efforts
  - A new model must be phased in
  - Risk, infrastructure and data

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Rural multi-payer innovations nationally

CMMI Models:

- Maryland All-Payer Model
  - Limit annual all-payer per capita total hospital cost growth to 3.58%
  - Care Redesign Program
- Pennsylvania Rural Health Model
  - Prospectively sets global budget for each participating rural hospital, based primarily on hospitals' historical net revenue for inpatient and outpatient hospital-based
  - Rural Hospital Transformation Plans
- Vermont All-Payer ACO Model
  - Limit the annualized per capita health care expenditure growth for all major payers to 3.5 percent
  - Focus on achieving Health Outcomes and Quality of Care (substance use disorder, suicides, chronic conditions, and access to care)

https://innovation.cms.gov/initiatives/index.html#views=models

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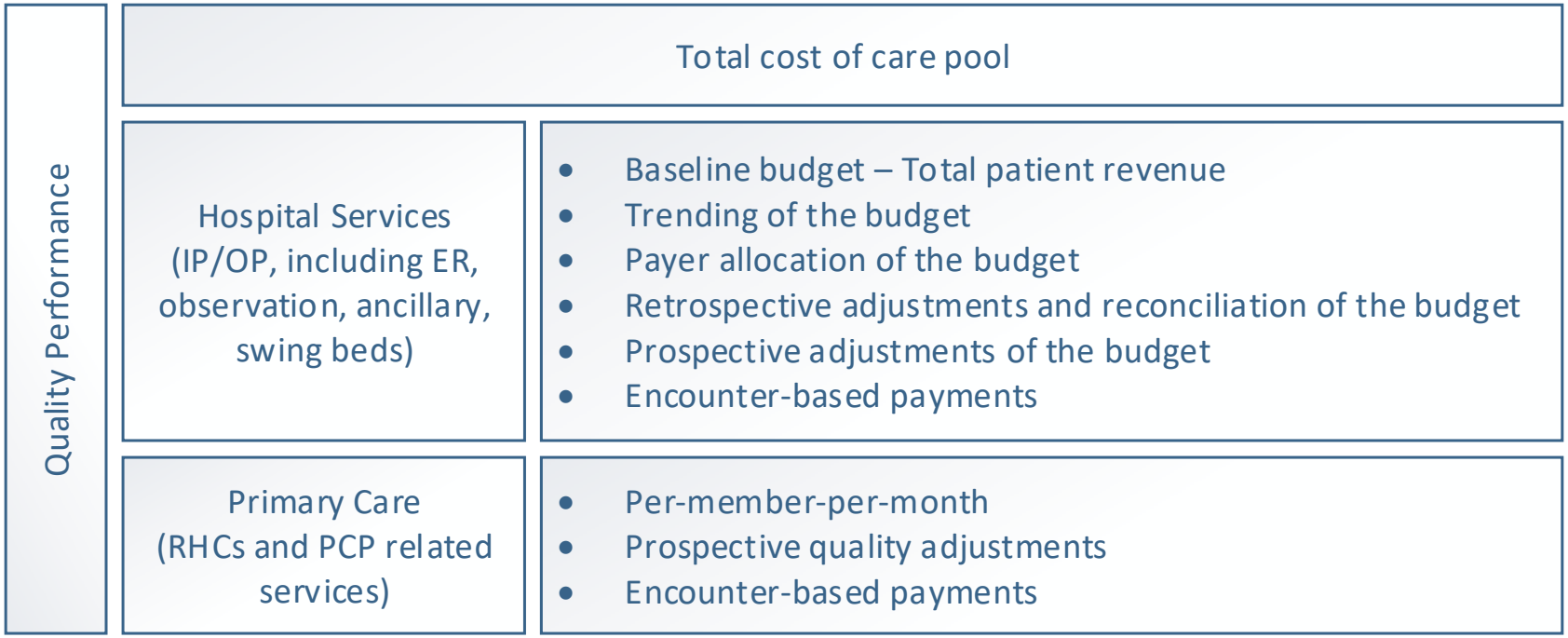
Rural multi-payer model

Potential model structure



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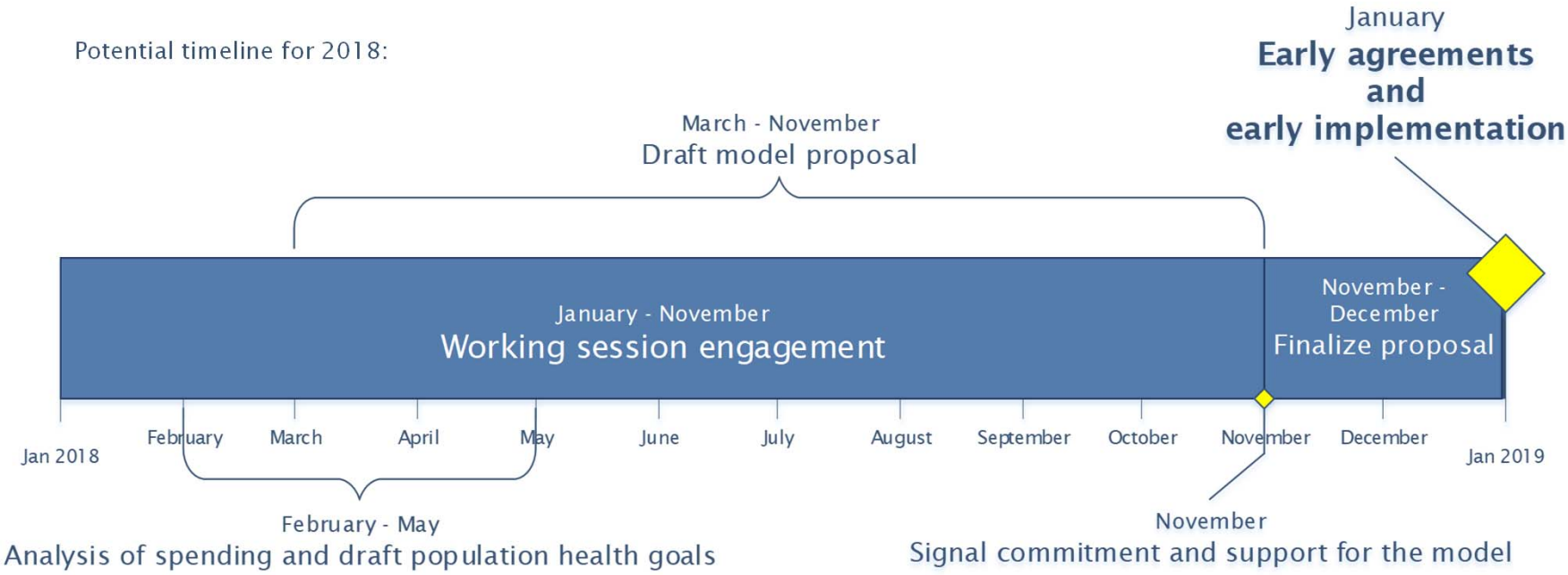
Status and timeline



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Healthier Washington:
https://www.hca.wa.gov/about-hca/healthier-washington

Contact:
Rachel Quinn:
Rachel.Quinn@hca.wa.gov

Gary Swan: Gary.Swan@hca.wa.gov

J.D. Fischer: JD.Fischer@hca.wa.gov

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