

Preparing Washington State for Community-Based Practice Transformation: The Impact of the Hub

January 2019



Introduction

The health care delivery system in Washington State is undergoing a major transformation – one that will enable primary and behavioral health care providers to effectively integrate care, transition to value-based payment models, and improve clinical-community linkages.

Changing the way health care services are delivered and paid for in Washington supports person-centered care and improved outcomes, yet requires fundamental changes in operations. The Healthier Washington Practice Transformation Support Hub (Hub) was established to provide support for vital areas of transformation. Through assessment, coaching, training, tools and other resources, the Hub assisted providers and practices in the practice transformation journey, charting a course to help them achieve their goals for patient-centered care.

As we enter 2019, health care providers and practices – as well as government agency, community, and health care leaders across the state – have affirmed their commitment to move physical and behavioral health care into the future. This report reflects the progress made by the Hub, and the primary care practices and behavioral health agencies that will continue with the support of health care leaders across the state. With the help of engaged, statewide partners and resources that continue in 2019 and beyond, the Hub is proud to share in the legacy of practice transformation efforts in Washington State.

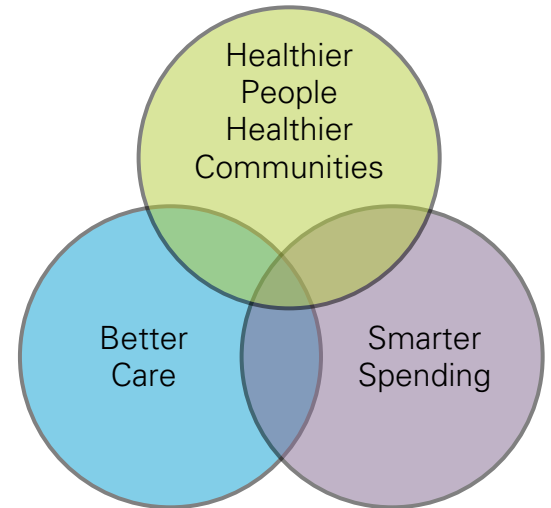


Figure 1. Triple Aim



Introduction

Since the fall of 2016, the Practice Transformation Support Hub (Hub) has helped primary care and behavioral health providers navigate the changing health care system. As the federal State Innovation Model funding for the Hub sunsets, this final Hub report provides a wealth of information on our efforts, successes and next steps in working toward the quadruple aim of better health, better care, smarter spending and improved provider experience.

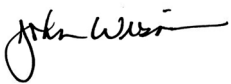
But, as we look back on the last two-plus years, it's the partnerships that stand out as the real story of the Hub. Partnerships with organizations, providers, communities and government agencies whose reason for coming together in this massive effort went beyond state and federal mandates.

Healthier Washington is more than just a catch-all title for practice and Medicaid transformation efforts. It really is a rallying call for people throughout our state's health and wellness system to find innovative ways to streamline systems, move toward payments based on value rather than volume, integrate physical and behavioral health, and further develop key links between clinics and the communities they serve.

It's been our privilege to see the sincere commitment of our partners to improving both the health care system and the health of people in our state.

Now, as planned, the Accountable Communities of Health take on a leading role in steering continuing practice transformation initiatives at the local level. As they do so, they will continue to build on the foundation we've built with our partners.

As we move into this next phase, we'd like to take a moment to thank all of our partners. We look forward to ongoing collaboration as we continue the Healthier Washington journey.



John Wiesman, DrPH, MPH
Secretary
Department of Health



Cheryl Strange, LMHC, MPA
Secretary
Department of Social and
Health Services



Susan E. Birch, MBA, BSN, RN
Director
Washington State Health
Care Authority

Practice Engagement: Behavioral Health Integration

"Successful financial integration of behavioral health, physical health, and substance use services sets the foundation for ACHs to carry forward the work of bi-directional integration through the Medicaid Transformation Projects. These efforts support the goal of clinical integration and delivery of whole person care."

Charissa Fotinos, MD; Deputy Chief Medical Officer,
Washington State Health Care Authority



Bidirectional integration of physical and behavioral health requires extensive foundational work for any provider. The Hub provided practices and agencies across Washington with training opportunities and tools to enact change and move them to action. Additionally, practices and agencies enrolled in Hub coaching services received onsite support from a practice transformation coach to assist in formulating foundational elements, including Engaged Leadership, Quality Improvement Strategies, and Empanelment.

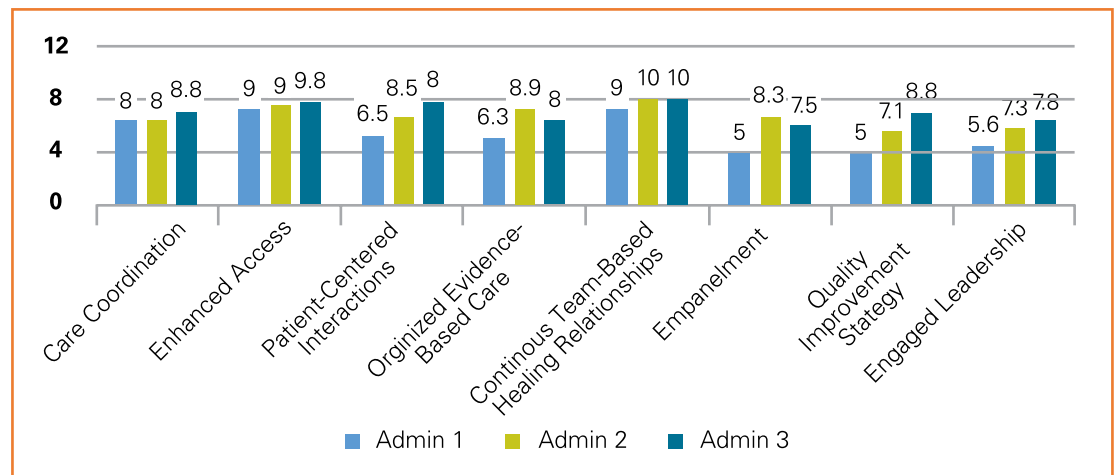


Figure 2. PCMH Assessment data over 18 months.

This graph shows improvement in understanding and application of the Patient Centered Medical Home change concepts for Hub enrolled practices over 18 months of coaching.

Practice Transformation

Practices and agencies enrolled in intensive coaching by the Hub participated in administration of the Patient-Centered Medical Home Assessment (PCMH-A) and/or Maine Health Access Foundation Site Self-Assessment (MeHAF) instruments during every six months of active coaching. The PCMH-A and MeHAF self-assessment tools, which rely on a clinical team's honest response and perception of their clinic or agency, assess a site's practice transformation progress over time.

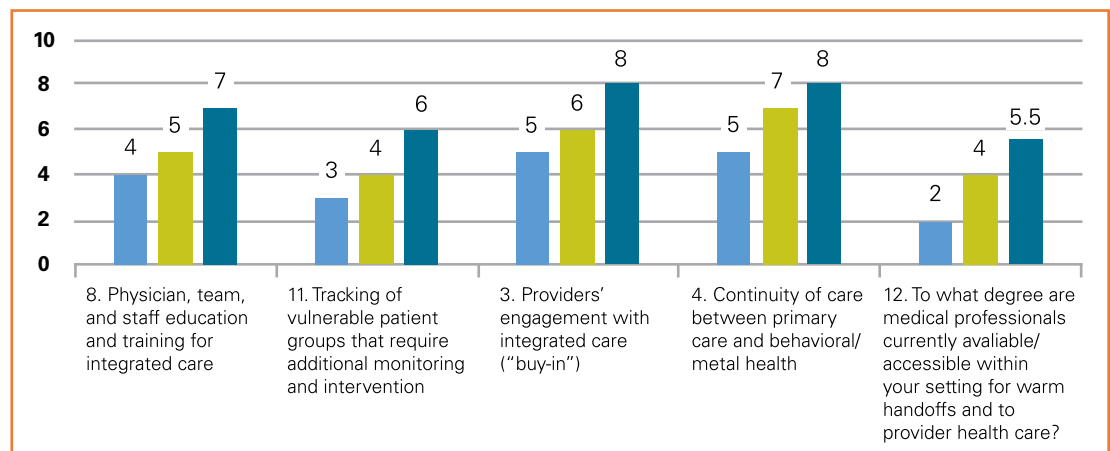


Figure 3. MeHAF Assessment data over 18 months.

This graph shows progress towards clinical integration in Hub enrolled practices over 18 months

Practice Engagement: Behavioral Health Integration

In addition to utilizing assessment data on an individual basis to inform action planning and demonstrate individual progress to practices/agencies, the Hub utilized data collected to inform strategies across the regions and state. Low initial scores across the state in Quality Improvement Strategy and Empanelment validated strategies of teaching an Improvement Science approach, as well as the importance of, and strategies for, empanelment. Ad-hoc aggregate reporting for the Accountable Communities of Health (ACH) allowed these organizations a window into their region at a practice level regarding integration activities and readiness. Multiple ACHs have utilized the assessment data gathered by the Practice Transformation Support Hub in their region to inform project plans and actions for integration.

Coaching in action with the Navos Consortium

The Navos Consortium is an association of 24 small-to-mid-size behavioral health providers throughout King County. The Hub provided technical assistance in preparing consortium members for Medicaid Transformation in Washington State throughout 2017 and 2018. Initial goals of coaching this group of providers included: 1) training staff on integrated care, 2) creating registries to track vulnerable patient groups that require additional monitoring, and 3) implementation of population appropriate assessment tools administered at regular intervals. Coaches worked with each agency to create individualized action plans to assist agencies with meeting these goals in their unique populations. Sites met with coaches regularly and participated in quality improvement activities such as workflow mapping exercises and implementation of Plan-Do-Study-Act (PDSA) cycles to implement changes in processes. Substantial increases in assessment scores show a strong correlation to the overarching goals of the Consortium and reflect growth in many practice transformation competencies. Through organized coaching efforts, participating agencies have increased their readiness for practice transformation.

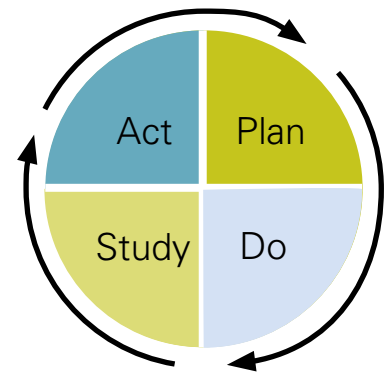


Figure 4. Plan-Do-Study-Act Cycle

“As the behavioral health care manager I receive my referrals from the primary care physicians. In the warm handoff, I can make a connection and transition them into behavioral health services located within the clinic. The process increases access to and engagement in behavioral health treatment that would be more difficult if the patient was solely referred to services. Identifying and treating psychosocial problems at the primary care level can prevent the need for emergency services and the personal relationship with the integrated care team provides a new experience for the patient of a health home.”

Eve King Hill, Behavioral Health Clinician; Kitsap Mental Health

Practice Engagement: Value-Based Payment



“Washington State is deeply committed to achieving the Quadruple Aim by shifting payment models to reward high quality of care, efficient and effective care delivery, and a focus on population health. With 30% of 2017 Apple Health payments tied to value and steady increases each year, we are on track to reach the Healthier Washington goal of 90% of state health care dollars linked to value.”

Emily Transue, MD, MHA, FACP; Associate Medical Director,
Washington State Health Care Authority

Value-based payment shifts from a healthcare reimbursement system based on payment for specific services, to one where payment is based on the quality of the care provided and the health outcomes achieved. This is a significant and fundamental shift, and what this looks like for providers will vary from system to system and payer to payer. In order to assist practices in preparing to enter value-based payment arrangements, during a time when most of the Hub’s target practices were not yet in these arrangements, the Hub focused on assisting practices to develop a strong quality improvement strategy and begin utilizing a population health management approach to care. These fundamental skills set practices up to be successful in future value-based payment contracts, whichever category of value-based arrangement they wind up in.

Population Health Management

Population health management is the practice of defining your patient population and proactively managing the entire population by engaging patients and implementing evidence-based care and prevention. This is a shift from the current prevailing system of focusing care on the patients who present in practice with a complaint. The use of condition-specific registries and other tools allow providers to define their patient population dealing with a condition like diabetes, or depression, and to track whether they are getting the regular evidence-based care they need, such as annual foot exams, or bi-annual depression screening. Once a care protocol is established and a patient population is defined, clinical teams can set to work identifying care gaps and working to close them, in order to improve the health of their entire population of patients.

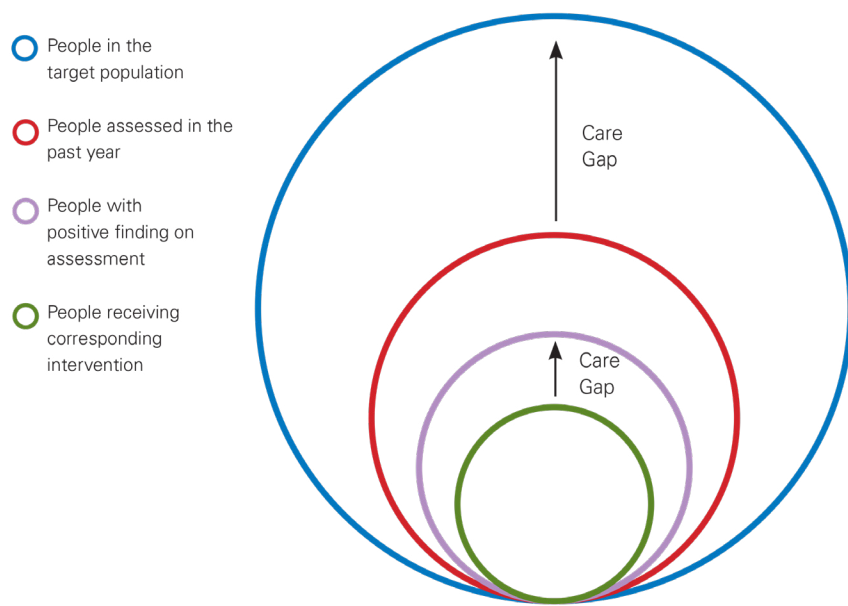


Figure 5. Care Gaps Diagram.¹

This figure illustrates care gaps within a target population.

¹ Safety Net Medical Home Initiative. Hummel J, Phillips KE, Holt, B, Virden M. Organized, Evidence-Based Care Supplement: Oral Health Integration. Seattle, WA: Qualis Health; 2016.

Practice Engagement: Value-Based Payment

Sense Making

In order to support practices, the Hub engaged in direct coaching with enrolled practices, and saw significant improvement in PCMH-A scores measuring development of a quality improvement strategy. Additionally, the Hub provided a variety of educational opportunities for providers to learn more about value-based payment structures, and how to prepare now to be successful in future contracting arrangements. This included offering a full day track for value-based payment in the Hub's regional conferences in fall 2017, as well as a day long learning event for behavioral health agencies in two regional trainings in 2018 which focused on developing a quality improvement strategy and preparing to make the case for value to managed care organizations.

The Value-Based Payment Academy

The Hub partnered with the Washington Council for Behavioral Health and the National Council for Behavioral Health to develop a learning academy for advanced behavioral health agencies in Washington State. Structured as a combination of in-person and remote learning, paired with faculty coaching calls, and additional support from Hub coaches, agencies focused on the development of a stretch project and executed it over the course of the Academy to begin practicing the necessary skills they will need to be successful in future value-based arrangements. Fifty-eight agencies applied for the Academy and twenty were accepted, representing all regions of the state.

Integrated Managed Care

During this time of transition to value-based payment, significant changes to payment structures for behavioral health agencies are also underway. Integrated managed care brings payment for behavioral health agencies under the managed care organization (MCO) system of payment, with all regions fully transitioning by January 1, 2020. This requires a great deal of change for many behavioral health agencies, and the Hub recognized the need for additional support to successfully manage this transition.

The Hub engaged in several regions of the state in a process of intensive assessment of readiness for MCO billing, providing a gap analysis report and recommendations to 23 behavioral health agencies across three regions. Based on this process, the Hub also created the [Billing and Information Technology Toolkit](#), including a self-assessment tool, action plan template, and readiness checklist. Utilization of the Toolkit around the state was quite high, and several Accountable Communities of Health required providers in their region to take the self-assessment.

Billing and Information Technology:

A Toolkit for Behavioral Health Agencies
January 2018



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Connecting the Dots



“Community-based organizations are essential to supporting a person’s health outside clinic walls and improving the health of communities. Community-clinical linkages are key to delivering whole person care and an important component of the Medicaid Transformation Projects.”

Kathy Lofy, MD; State Health Officer / Chief Science Officer,
Washington State Health Care Authority

With so many changes occurring across the state of Washington, the Practice Transformation Support Hub assisted providers in connecting all the dots. The Connector function of the Hub brought providers together with regional and state-level efforts, with Connectors serving as sense-makers and creating linkages across communities.

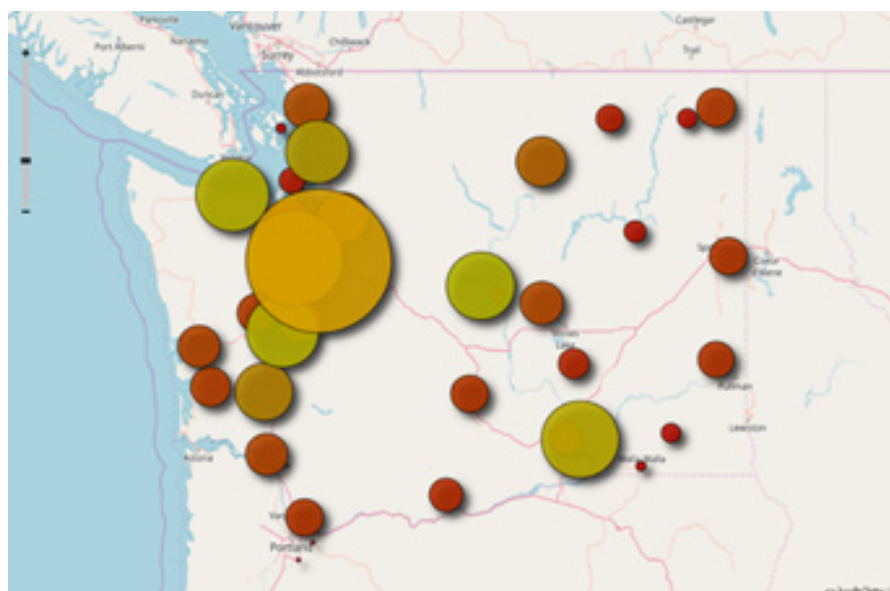


Figure 6. Distribution of Connector Contacts through November 2018.

This figure shows the concentration of the 1014 contacts made by coach-connectors in 37 counties from February 2017 to November 2018.

The Hub continually kept a pulse on the activities of the state and Health Care Authority, providing a translation to practitioners. Additionally, Connectors’ voices amplified questions and concerns of providers to regional and state-level policymakers. To make this happen, Hub Connectors and leadership worked continuously with, HCA, DOH, and other state partners across Washington.

The Hub also worked closely with ACH leadership teams to solicit ideas for resources and trainings, many of which became the basis for Hub tools and learning events.

Connecting Practices

In June 2018, Republic Medical Clinic in Ferry County contacted the Hub regarding a care management question, originally only requesting some simple resources. The regional coach recognized this as an opportunity to connect Republic with another clinic, Mid-Valley Clinic in Omak, who faced similar challenges and overcame them with a unique, integrated solution. Republic Medical Clinic staff completed an onsite visit at Mid-Valley Clinic and observed their care management and diabetes education programs. Mid Valley was proud to demonstrate their progress, and it was inspiring to Republic staff to see a clinic with similar resources thriving in the face of their shared obstacles. These two clinics still maintain communication to continue to learn from each other.

Connecting the Dots

Community Clinical Linkages

Hub Connectors provided a local connection to community partners across Washington, which led to innovative approaches to addressing health concerns. Building community-clinical linkages between providers and community partners is an essential piece of transforming healthcare in Washington.

The Intersection of Health and Hunger

In 2017, Sea Mar and Food Lifeline partnered to provide nutrient-dense, diabetes-appropriate foods to food-insecure diabetes patients through a mobile food market pilot program in Burien, WA.

Sea Mar has observed that 50% of the target population has experienced a 1% decrease in their A1C levels, which corresponds to up to a 21% reduction in their individual risk of diabetes-related complications. The community response has also been extremely positive, with volunteers from the community and the clinic taking time to help at the mobile food market.

Food Lifeline and Sea Mar continue to collaborate and streamline the program with the goal of replicating this pilot in other clinics. They are exploring ways to align with other services, such as cooking classes, on days when the mobile food market is open. They have also streamlined the referral tracking system to be part of the EHR instead of needing a separate system.



“As a practice coach in the North Central region, I have been fortunate to actively engage with our ACH partners. As a part of the team I educated practices about change plan development and coached them to improve these plans to drive their transformation process.”

Gwen Cox, RN; Hub Coach/Connector

Supporting Ongoing Change

“The work of practice transformation will continue, well beyond the life of the Hub. Through collaboration with providers, Hub coaches created tools and resources that will remain available through the Resource Portal, a key component of Healthier Washington’s legacy.”

Mary Beth Brown; Director – Practice Transformation Support Hub,
Washington State Department of Health



The Hub has created a wealth of resources, including trainings and toolkits on a variety of topics, such as bidirectional integration of physical and behavioral health, value-based payment preparation, integrated managed care, and best practices. The resources are freely available to Washington’s practice community.

The Resource Portal

The Practice Transformation Support Hub includes an internet-based Resource Portal (WA Portal) which was initiated in February of 2017. WA Portal was developed through a partnership between the University of Washington’s Department of Family Medicine Primary Care Innovations Lab (PCI-Lab) and the Washington State Department of Health, along with other key partners.

Since its launch, WA Portal has had over 11,000 unique visitors with over 2,700 using the resource in an ongoing way. Originally a repository of curated resources for practices participating in the Hub, WA Portal has continued to evolve to meet broader health and wellness system needs.

Current WA Portal features include:

- [Resource library](#), which has had more than 4,500 visits (more than 800 just in the last three months of 2018).
- [Resource map](#), A visual representation of information provided by Washington 2-1-1, the resource map has had nearly 500 visits in the last three months of 2018
- [Population Health Resource Guide](#), Managed by the Washington State Department of Health, the Guide is also housed on WA Portal. It is a popular resource, receiving 2,337 visits in the last three months of 2018.

My Portal provides a secure virtual collaboration space for the members of individual clinics and community organizations to work together and across organizations. This includes a range of tools that provide a way to offer large scale support for practice transformation.

Since its launch in early 2018, 754 registered users have joined My Portal, and 254 unique collaboration teams have been created. My Portal has had 1,906 visits to the collaboration area in the last three months of 2018.

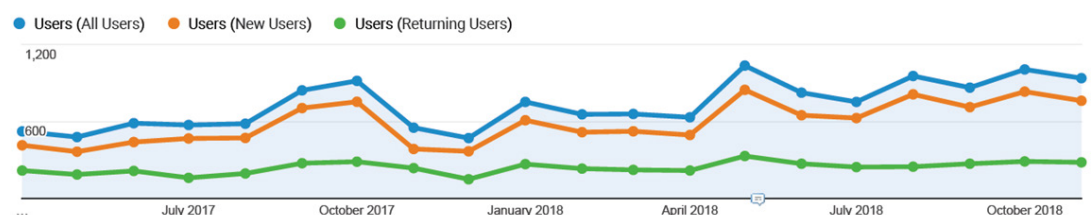


Figure 7. Resource Portal user traffic: April 2017 to December 2018

As the Hub effort comes to a close, WA Portal has received funding to continue its work supporting statewide efforts in practice transformation. WA Portal is currently working with a number of Accountable Communities of Health, Department of Health programs, and others in creating and sustaining valuable resources for Washington’s health and wellness community.

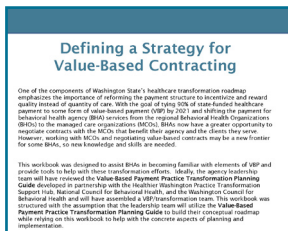
Supporting Ongoing Change

Trainings

The Hub held six in-person learning events, six webinars, and six learning cohorts that reached over 600 participants from 250 different organizations. The Hub partnered with content experts like the University of Washington Advancing Integrated Mental Health Solutions (AIMS) Center and Washington Council for Behavioral Health to develop and deliver these trainings on behavioral health integration and the expanding roles of both behavioral health and primary care providers in whole person care.

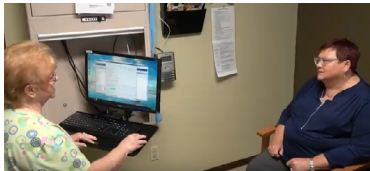
Helping Make It Happen

The Hub sought out best practice examples of primary care practices and behavioral health agencies and created both case examples and select videos to illustrate these innovative approaches to bi-directional integration, and community-clinical linkages. Videos feature Yakima Valley Farm Workers Spokane clinic's integrated behavioral health specialists and the Mid-Valley Clinic in Omak's innovative approach to behavioral health integration utilizing telemedicine. Case examples feature a range of approaches to providing integrated care, and strengthening community-clinical linkages, featuring a variety of practices and agency types from around the state.



Defining a Strategy for Value-Based Contracting

This workbook was designed to assist BHAs to understand elements of value-based payments and provide tools to help with these transformation efforts



Behavioral Health Integration through Telepsychiatry at Mid-Valley Clinic Omak, WA

This short video examines a successful behavioral health strategy utilizing telepsychiatry in primary care at the Mid-Valley Clinic in Omak, WA.



Key Considerations for Implementing Telepsychiatry Services

This guide provides primary care providers with an overview of key considerations for telepsychiatry services, including questions to consider for a practice's unique needs.

PreManage Pilot in Southwest WA

In 2017, the Hub supported multiple behavioral health agencies in Southwest Washington pilot implementation of the PreManage tool. PreManage is a care management tool that combines information from participating healthcare partners, including hospitals and emergency departments, primary care practices, and behavioral health agencies, and synthesizes the information into brief, actionable information about individual clients. The Hub developed the **PreManage Implementation Toolkit: A Guide for Washington State Behavioral Health Agencies** to support agencies going through this implementation process. The implementation toolkit is designed to walk behavioral health agencies through the process of preparing for and implementing PreManage. Throughout 2018, the Hub has continued to follow the pilot agencies and gathered lessons learned from their planning, implementation, spread and sustaining of PreManage throughout their organizations.



Thank you to our enrolled practices and partners for your ongoing commitment to a healthier Washington.

Hub Resource Portal

University of Washington School of Medicine
Department of Family Medicine

Subcontractors

University of Washington AIMS Center
Washington Council for Behavioral Health
Washington Health Alliance
Attune Healthcare Consulting

List of partners

American Indian Health Commission
Amerigroup
Better Health Together
Cascade Pacific Action Alliance
Community Health Plan of Washington
Coordinated Care
Greater Columbia ACH
HealthierHere
Molina Healthcare
National Rural Accountable Care Consortium
North Central ACH
North Sound ACH
Northwest Rural Health Network

Olympic Community of Health
PeaceHealth
Pediatric TCPI
Pierce County ACH
State Office of Rural Health
SWACH
United Healthcare
Washington Association of Community and Migrant Health Centers
Washington Rural Health Collaborative
Washington State Hospital Association
Washington State Medical Association
Western Washington Area Health Education Center Program
WWAMI PTN

Enrolled practices

Asian Counseling & Referral Service
Associated Valley Providers
Bret Price ARNP
Cascade Mental Health
Catholic Charities
Catholic Community Services
Center for Human Services
Coleman Family Services
Columbia Basin Family Medicine
Columbia River Mental Health Services
Columbia Valley Community Health
Columbia Wellness
Community Psychiatric Clinic -
Community Youth Services
Coulee City Medical Center
Coulee Family Medicine Clinic
Coulee Medical Center
Cowlitz Family Health Center
Discovery Behavioral Health
Elaine Pichette, NP
Evergreen Treatment Services
Family Care Network
Family Health Centers
Friends of Youth
Full Life Care
Harrison Health Partners
Hawks Prairie Family Medicine
HopeSparks
Humanity's Children
Inglewood Family Health
Jefferson Healthcare

Kent Youth and Family Services
Key Medical Center
King County Sexual Assault Resource Center
Kitsap Medical Group
Kitsap Mental Health Services
Lake Chelan Clinic
Lake Whatcom Residential and Treatment Center
Lifeline Connections
Lopez Medical Clinic
Lourdes Health
Lummi Tribal Health Center
Lutheran Community Services Northwest
Mason General Hospital and Family of Clinics
MGH Hoodsport Family Clinic
Mid-Valley Clinic
Moses Lake Community Health Center
NAMI
Navos
Nexus
North Olympic Healthcare Network
Northshore Youth and Family Services
Northwest WA Family Medicine Residency
Olive Crest
Palouse Medical
Palouse Psychiatry and Behavioral Health
Peninsula Community Health Services
Port Gamble S'Klallam Behavioral Health Center
Port Gamble S'Klallam Health Center
Pullman Family Medicine
Quincy Community Health Center
Reflections Counseling Services

Refugee Women's Alliance
Reinke Medical Group Renton Area Youth and Family Services
Republic Medical Clinic
Ritzville Medical Clinic
Rose Urgent Care and Family Practice
Sisters in Common
Skagit Family Health Clinic
Skokomish Tribal Clinic-Shelton
Skyline Medical Clinic
Sound
Sound Clinical Medicine
Southeast Youth and Family Services
Southwest Youth and Family Services
St Paul Medical Clinic P.S.
Summit Pacific Medical Center
Sunrise Services
Swedish Family Medicine - Ballard
The Beach Clinic
Transitional Resources
Tumwater Family Practice Clinic
Valley Cities
Vashon Youth and Family Services
Washtucna Medical Clinic
West End Outreach Services
West Olympia Family Medicine
West Sound Treatment Center - Port Orchard
WhidbeyHealth
Willapa Behavioral Health
You Grow Girl
Youth Eastside Services
YWCA



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