Washington State Health Home Success

Dave Kelly | State of Reform | January 4, 2018

AREA AGENCY ON Aging & Disabilities OF SOUTHWEST WASHINGTON

Introduction

- Executive Director of the Area Agency on Aging and Disabilities of Southwest Washington (AAADSW). We serve five counties in Southwest Washington. We are one of thirteen Area Agencies on Aging (AAAs) in Washington. All AAAs are local government agencies governed by local elected officials.

- AAADSW's 150+ employees have a mission to promote independence, choice, well-being and dignity for persons aged 60 and over, adults with disabilities and their families through a comprehensive, coordinated system of home and community-based services.

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AAADSW's Participation in the Health Homes Program of Washington State

- AAADSW is a Care Coordination Organization (CCO)
- Amazing program impacting lives
- Addressing one-on-one the social determinants of health
- Terrific Public/Private partnerships
- Evidence Based
- Actual savings of $67 Million
  - Notes:
    - These are dually-eligible Medicare dollars
    - Assumption made of same savings from Medicaid clients
    - Savings are w/o contributions from King and Snohomish Counties

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Health Home History

- Affordable Care Act authorized HH programs that "…give states an opportunity to improve care coordination and care management for Medicaid beneficiaries with complex needs…CMS and the Washington State Health by better care coordinating care and linking people to needed services, [all] designed to improve health care quality and reduce costs."

- CMS and the Washington State Health Care Authority launched the Washington Health Home managed fee-for-service model demonstration in 2013.

- To date, twenty states have created HH models. Washington's model targets high risk patients/enrollees with chronic illnesses who are responsible for more than 85% of Medicaid spending.

Primary Partners of the Health Homes Program

- Health Care Authority (HCA)
- Department of Social and Health Services (DSHS)
- Health Home Lead Organizations, including:
  - Managed Care Organizations (MCOs)
  - Optum/Community Choice of Eastern Washington
  - NW Regional Council
  - SE WA Aging & Long Term Care
- National Center for Medicare and Medicaid Services (CMS)
- Members of the WA State legislature
- The Governor's office and staff
- Local Government officials
- Local public & private sector Care Coordination Organizations

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AAADSW's Care Coordination History

- Program launched in 2013
- Today we have close to 40 staff members in the Care Coordination teams
- With thousands of referrals received to date from various Health Home Leads (MCOs) we have achieved nearly a 40% engagement rate, compared to the national average of 9%
- Over 1,500 clients actively engaged with Care Coordination Health Action Plans
  - ❖ Approximately 30% of those are actively receiving LTSS
  - ❖ Approximately 75% are dually eligible

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Basic Health Homes Operational Concepts

- **FOCUS ON ACTIVELY ADDRESSING SOCIAL DETERMINANTS OF HEALTH**

  Medicaid enrollees face multiple issues (i.e. housing) termed “other” social determinants of health. Connecting clients to community resources that alleviate obstacles improves well-being and avoids expensive treatments for preventable consequences of unmanaged conditions.

- **TARGETED OUTCOMES OF THE HEALTH HOMES PROGRAM ARE TO:**

  - ✓ Reduce service duplication
  - ✓ Provide seamless transitions from in-patient and facility stays
  - ✓ Facilitate personalized and person-centered care
  - ✓ Reduce chronic disease
  - ✓ Reduce emergency department utilization
  - ✓ Reduce preventable hospital readmissions
  - ✓ Improve health and self-management of conditions

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Basic Health Homes Operational Concepts

- **Clients are obtained through**
  - ✓ The Washington Health Care Authority uses a predictive risk algorithm to identify potential patients with higher health care costs (PRISM).
  - ✓ These potential clients are assigned to HH lead organizations who, through smart assignment process referrals to local CCOs.
  - ✓ CCO staff then contact the potential clients. These “cold calls” generate a success measurement (the “engagement rate”) when clients accept coordination services and produce a patient-driven Health Action Plan (HAP)

HUGE Health Home Success

- **Dual eligible Medicare savings from the first 30 months of Health Home program operations (July 2013 to December 2015)** [1]
  - $67.5 million in total Medicare savings
  - Up to 50% of savings are shared with the State, depending on Medicaid cost impacts and performance on quality metrics
  - To date, HCA has received approximately $20 million in payments for Medicare savings achieved
  - In 2017 the Legislature approved sharing savings with Health Home Leads who meet engagement goals

Why Health Homes Success?

- **Built Upon Washington State's Past Successes**
  - Highly successful LTSS program, ranked #1 by AARP in 2017, ranked 35th in costs [2]
  - 30 years of Medicaid Title XIX case management expertise
  - Highly Successful Chronic Care Management Program Used as Baseline Program [3]

  - **Specific Expertise & Methods Used, Including:**
  - High quality trained staff to interact with clients
  - At home care coordination
  - Client directed care coordination
  - Conflict free care coordination

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HUGE Success of the Care Coordination Program

"This is like Care Coordination on steroids. We require a very detailed assessment, including a person-centered care plan, which means clients set goals that are meaningful for them. We provide the Care Coordinators access to DSHS's data, which shows historical use of services, where there are gaps in services, and which conditions contribute to the client's risk level."

– Alice Lind
Manager for Medicaid grants and program development, HCA.

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Why the success at AAADSW

- **A 2017 independent review of AAADSW's Care Coordination Organization conducted as a one year Capstone study by MBA students from Oregon Health Sciences University (OHSU) identified the following "best practices" for those performing the Health Homes work [4, 5]**
- Face-to-face contact
- Realistic case loads
- Broad and diverse connectivity
- Close ties to related organizations
- Continuous refinement of practices
- Separation of financial interests
- Staff training
- Task specialization
- Staff retention
- Information technology
- Willingness to risk fund balance resources

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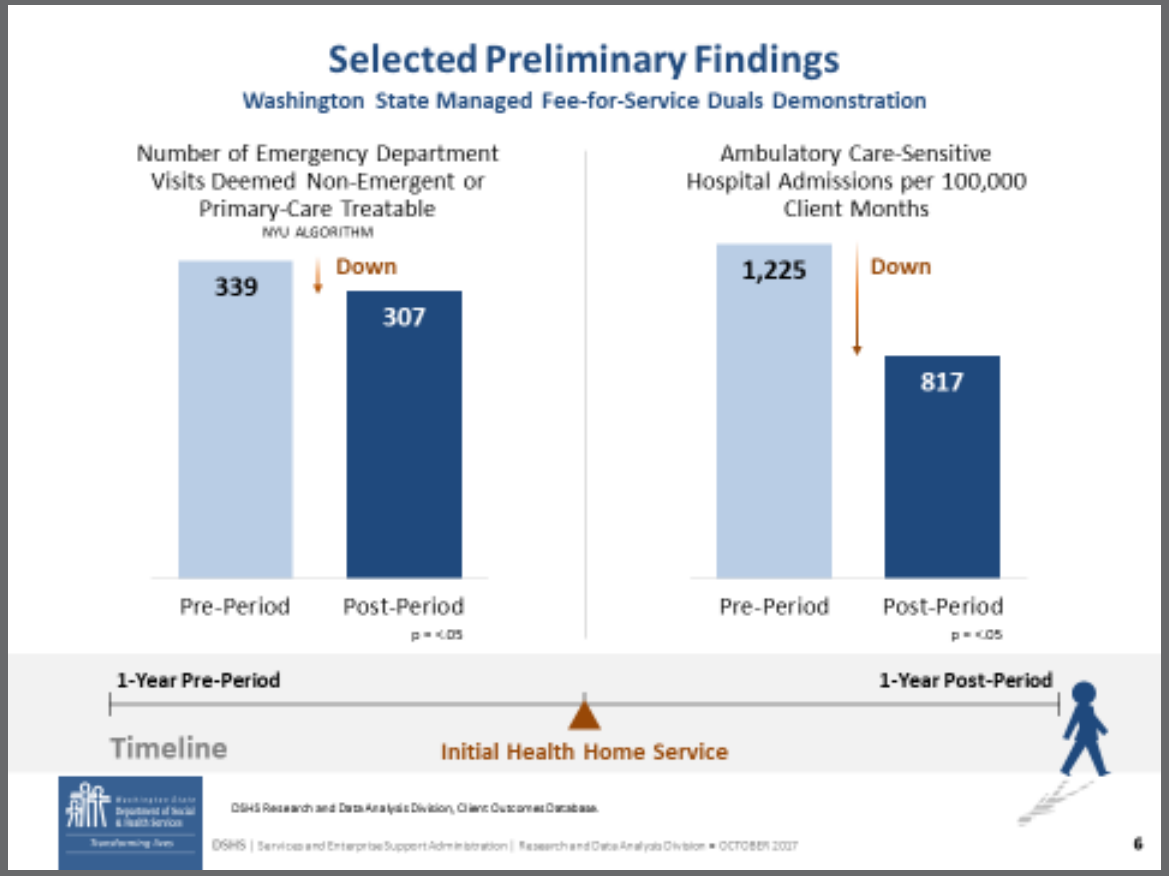
Specifics of Health Homes Success

From a study published by David Mancuso, PhD, entitled Washington State's Health Home Program: Engagement Rates and Medicare Savings Outcomes [6]

[David Mancuso, PhD, Director, DSHS Research and Data Analysis Division, October 19, 2017]



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Future of Health Homes in Washington State

- Could this be a national model for addressing social determinants of health?
- **HUGE THANK YOU** to Washington State legislators for having part of cost savings dollars received used to help offset costs (engagement rate bonus)
- **HUGE CHALLENGE TO ADD** dollars to the basic rate to enable other agencies to fully participate

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The real success is in the lives impacted

In an October 2017 press release Washington Governor Jay Inslee shared a very moving story about how a Health Home Care Coordinator impacted the life of a Spokane, Washington citizen. [7]

Similar Care Coordinator & client success stories include:

- "Frequent monthly visitor to the ER, who now has his basic needs met resulting in no more unnecessary ER visits."
- "A skilled nursing facility resident now able to hear and communicate with her facility family."
- "Suicidal woman now able to obtain personal identification information necessary to receive benefits and manage her own monies for her care."

My interactions with AAADSW Care Coordinators feedback/input

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Footnotes and citations

1. https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/WAEvalMedicareCostYr1FinalYr2Preliminary072817.pdf
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4. Best Practices for Care Coordination: The AAADSW Model. Paul Wilkens, Rick Pittman, M.D., James Heilman, M.D., Tiffany Charleston, and Michael Meyers
5. https://stateofreform.com/news/2017/11/washingtons-health-home-program-standout/
6. http://www.helpingelders.org/download/7786/
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Our Website Address

http://www.helpingelders.org/about-us/news-and-press/

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