Bridging Health and Health Care

Accountable Community of Health Structures and Cross-Sector Coordination

Research In Progress Webinar
Wednesday, April 6, 2016  12:00-1:00pm ET/ 9:00-10:00am PT

Funded by the Robert Wood Johnson Foundation
Agenda

Welcome: Anna G. Hoover, PhD, Co-Director, RWJF *Systems for Action* National Coordinating Center, U. of Ky.

**Accountable Community of Health Structures and Cross-Sector Coordination**

Presenters: Nadine Chan, PhD, MPH, Assistant Chief
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Commentary: Stephanie Farquhar, PhD, Senior Social Research Scientist
Stephanie.farquhar@kingcounty.gov and Travis Erickson, Healthcare Transformation & Implementation Manager
travis.erickson@kingcounty.gov, Public Health - Seattle and King County

Questions and Discussion
Presenters

Nadine Chan, PhD, MPH
Assistant Chief, Assessment, Policy Development & Evaluation Unit, Public Health - Seattle and King County
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Accountable Community of Health Structures and Cross-Sector Coordination

Research in Progress Webinar

Nadine Chan, PhD MPH, Principal Investigator
Eli Kern, MPH RN, Epidemiologist
Travis Erickson, Healthcare Transformation Manager
Stephanie Farquhar, PhD, Senior Social Research Scientist
Acknowledgements

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- No other financial disclosures or conflicts of interest

Research team

**King County:**
- Nadine Chan, PhD MPH
- Eli Kern, MPH RN
- Lee Thornhill, MHA MA
- Liz Arjun, MSW MPH
- Tamara Babasinian
- Evan Buckley

**North Sound ACH:**
- Elya Moore, MS PhD
- Jordan Storey
- Robin Fenn, PhD LICSW

**Strategic advisors:**
- Travis Erickson
- Stephanie Farquhar, PhD
- Marguerite Ro, DrPH
- Debra Srebnik, PhD
- Michael Stanfill, PhD
Outline

- Background
- Research questions
- Methods and preliminary findings
- Next steps (phase 3: outcome evaluation)
- Commentaries
  - Connection to public health practice - Familiar Faces
  - Contributing to the PHSSR evidence base
Background
Washington State’s Accountable Communities of Health

Achieving the triple aim of better health, better care, lower costs

Integrate behavioral and physical health services

Build Accountable Communities of Health (ACHs)

Support clinical practice transformation

Healthier people and communities
Multi-sector, linked services achieve better health

Quality health care at the right place and time
Care focuses on the whole person

Lower costs with better health
Payments reward quality, not volume

Consistently measure performance to improve quality and lower costs

Develop value-based payment strategies

Promote people’s involvement in their health decisions
Our study focuses on two of the nine ACH regions

**King County**
One county region
One local health and human service department

**Backbone (temp)**
Health department

**Leadership Council (interim)**
7 seats including
- Housing
- Health plans
- Social services
- Philanthropy
- Regional equity network
- Healthy Coalition

**North Sound**
5 county region with separate local health and human service departments

**Backbone (temp)**
Non-profit organization

**Leadership Council (interim)**
17 sectors including
- Behavioral Health
- Business
- Consumers
- Education
- Health Plans
- Hospitals
- Primary care
- Social Services & Supports
- Philanthropy
- Four federally recognized Tribal Nations

Research questions

1. What factors support or inhibit local health & human services departments’ (LHHSs) ability to develop shared data?

2. Role of LHHSs in building shared data through ACH context?

3. Is care coordination (King County - Familiar Faces, Whatcom County – Intensive Case Management) associated with better health care and jail outcomes?
Multi-ACH evaluation of building shared data and care coordination strategies

**Theory of Change**

- = evaluation topic

**Current cross sector strategies**

- Housing
- Private sector
- Education
- Health care
- Other gov't agencies
- Jails
- Health & human services agencies

**King & North Sound ACHs**

- ACH planning, pilot & design grants

**Accelerate cross sector strategies**

**Collective Impact**

1. Common agenda
2. Shared measurement system
3. Mutually reinforcing activities
4. Continuous communication
5. Backbone function

**Impact**

**Triple Aim**

**Intermediate Outcomes**

- Examples:
  1. Improved utilization of clinical preventive services
  2. Decreased ED visits
  3. Decreased jail involvement

**Short-term Outcomes**

- Examples:
  1. Shared data system
  2. Care coordination strategies

**Examples:**

Regional, cross-sector:

- Regional, cross-sector:
Methods and preliminary findings
Methods – Evaluation of a three-phase collective impact framework

Developmental Evaluation
*Phase 1*

Process Evaluation
*Phase 2*

Outcome Evaluation
*Phase 3*

Factors that influence progress towards shared data
*How & why?*

LHHSOs role in building shared data
*What?*

Is care coordination associated with improved health care and criminal justice outcomes?
*So what?*
Phase 1: Methods - Developmental evaluation

May 2015 – February 2016

- **Document review:** materials from 2014-2015 ACH planning phase, grant applications and procurement documents, summary reports of over 80 stakeholder interviews on regional health improvement priorities, ACH work group meeting minutes

- **Participant observations:** research team staffed or attended over 40 ACH-related meetings including Interim Leadership Council sessions, multiple work groups (primarily Performance Measurement Work Group in King Co. & CASE in North So.), and ACH convenings

- **Shared lessons learned meetings and huddles:** facilitated monthly meetings between study partners, a quarterly regional convening, and bi-weekly huddles to incorporate learnings for project improvement

- **Systems mapping:** created multiple visualizations to depict processes for pre-ACH data sharing, the different LHHSD structures in each ACH region, and options for a future vision of data integration
Summary work of ACHs during Year 1 (move from pilot to designation)

- Determine governance structure and community engagement strategies
- Developing regional needs inventories and identifying health priorities that will inform their RHIPs (identifying cross-sector data needs and IT strategies to meet)
- Developed an initial set of recommendations for the King County ACH ILC aimed to support data sharing/integration in the ACH environment
- Strengthened cross agency, cross initiative relationships, and identified common data needs and priorities across ACH-backed initiatives
- ACHs will formally select its first health improvement project by mid-2016, on which it must report and meet commonly agreed upon outcomes
- The aim of their projects is to improve regional health, promote health equity, and advance the Triple Aim.
## What specific ACH factors influence LHHSD ability to develop shared data?

### Preliminary findings

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<th>No.</th>
<th>Description</th>
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<tr>
<td>1</td>
<td>Extent to which data sharing was a norm within LHHSDs before ACH was established</td>
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<td>2</td>
<td>Role LHHSDs played as the ACHs moved from pilot to designation status</td>
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<td>3</td>
<td>Ability of LHHSDs to contribute in-kind resources (e.g. staffing) to support data sharing efforts through ACH leadership structures and work groups</td>
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<td>4</td>
<td>WA Common Measures Set for Health Care Quality &amp; Cost became core component of evaluating health reform strategies at state level</td>
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<td>5</td>
<td>Evolving role of ACHs under Global Medicaid waiver proposal and potential legal/fiscal implications for ACHs as risk bearing entities</td>
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What **broad** ACH factors influence LHHSD ability to develop shared data?

**Preliminary findings**

ACH provides venue for LHHSDs to better understand how multiple stakeholders (e.g. business, criminal justice, health & human services, health plans, providers, etc.):

1. Define health and regional priorities for health improvement at the community level
2. Perceive value in investing resources to share data as a health improvement strategy
3. Interpret regulations governing sharing of health and non-health data
4. Access and use LHSSDs data assets for assessment and evaluation
5. View the LHHSD role in ACHs moving forward, including in data sharing & integration
Phase 2: Methods - Process evaluation


Interviews

- **ACH governance**: 8-10 interviews with ACH leaders to better understand governance decisions (e.g. how ACH leaders organized, structured, and financed resources during assessment and planning phases)

- **Sector- and stakeholder-specific**: 6-8 interviews with Managed Care Organizations and jail health services to better understand how they see their roles, and that of LHHSDs in developing shared data systems to improve care coordination

- **Care coordination teams**: 4-6 interviews to assess different intervention design processes used by each county and which short-term outcomes were observed

Summary Analysis Questions

- What was the role of LHHSDs in building shared data?
- How was it unique compared to other ACH partners?
- What was the role of the ACH in accelerating progress towards shared data?
Phase 3: Outcome evaluation - does care coordination lead to improved healthcare and jail utilization?
Building a local evidence base for care coordination

Across WA state, growing recognition that we must do better at meeting the needs of those with substantial medical, behavioral health and social service concerns whose utilization spans multiple sectors.

<table>
<thead>
<tr>
<th>Whatcom County</th>
<th>King County</th>
<th>King County</th>
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<tr>
<td><strong>WHERE</strong></td>
<td></td>
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<tr>
<td>Intensive Case Management System</td>
<td>Familiar Faces</td>
<td>Jail Release Planning Program</td>
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<tr>
<td>Established in 2014</td>
<td>Established in 2014, but currently in design phase</td>
<td>Established in 2008</td>
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<td><strong>WHO</strong></td>
<td></td>
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<td>Homeless, frequently jailed, medically complex, frequent users of emergency services</td>
<td>Adults with 4+ jail bookings per year AND a behavioral health or chemical dependency concern</td>
<td>Inmates with substance use disorders, chronic medical concerns, HIV, frail/vulnerable state, mental health concern, developmental disabilities</td>
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<tr>
<td><strong>WHAT</strong></td>
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<td>Enroll vulnerable populations in community-based case management system</td>
<td>To be determined; vision focused on person-centered, trauma-informed care</td>
<td>Provide clinical continuity of care between incarceration and return to community by connecting inmates with benefits, medical, mental health, substance use, housing, and other social service agencies</td>
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Adapting our research to meet local evaluation needs

- Given heavy focus on comprehensive Familiar Faces design phase, will replace with Release Planning program for King County outcomes evaluation:
  - Better match for both grant and programs’ timelines

- Leverage Release Planning outcomes evaluation to:
  - Contribute to local and national evidence base for care coordination
  - Set standard analytic approach for assessing care coordination programs in King County:
    - Propensity score matching to select appropriate comparison group
    - Standardize criminal justice and health care utilization outcomes
  - Comparative effectiveness approach more efficient for both analysts and decision makers

- No planned changes for Intensive Case Management System evaluation:
  - Given differences in target populations and available data sources, no plan to compare care coordination approaches across counties
Glossary of Terms

ACH – Accountable Community of Health
AIM - Analytics, Interoperability & Measurement
APDE – Assessment, Policy Development & Evaluation, PHSKC
CDR – Clinical Data Repository, Link4Health
DAJD – King County Department of Adult and Juvenile Detention
DCHS – King County Department of Community and Human Services
DOH – WA State Department of Health
DSHS – WA State Department of Social and Health Services
ED – Emergency department
EHR – Electronic health record
HCA – WA State Health Care Authority
HIE – Health Information Exchange
ILC – King County ACH Interim Leadership Council
LHHS – Local health & human services department
MCO – Managed Care Organization
NSACH – North Sound Accountable Community of Health
PDSA - Plan, Do, Study, Act
PHSKC – Public Health – Seattle & King County
PHSSR - Public Health Services & Systems Research
PMW – Performance Measurement Workgroup, King County ACH
SIM – State Innovation Model
WAHA – Whatcom Alliance for Health Advancement
WHA – WA Health Alliance
Thank you!

FOR MORE INFORMATION, CONTACT:

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Project Information & Updates


Accountable Community of Health Structures and Cross-Sector Coordination

Overview
Washington state’s developing Accountable Communities of Health (ACH), regional health collaborations of public health, clinical care delivery, and human services with greater focus on prevention, intend to improve health and quality of care and ultimately reduce costs. Public Health - Seattle & King County will lead this study to assess the association of ACH activities, including shared data systems and care coordination strategies, with improved health and criminal justice outcomes for adults with complex medical and social needs. Investigators will examine each county’s multidisciplinary care coordination system for adults who have been incarcerated and face challenges for housing, medical care, and treatment for serious mental illness. After one year of care coordination, the study will report outcome measures related to jail time and severity of bookings, emergency department use, and time elapsed between jail release and first appointment with primary care and behavioral health providers. The investigators also will study ACH development processes in two counties to assess factors that facilitate or inhibit the local human and health services departments’ (LHHSO) ability to build regional shared data measurement and care coordination systems. Among the partners involved in the study are King County, Whatcom Alliance for Health Advancement, the University of Washington, Community Health Plan of Washington, Health Care Authority, Northwest Center for Public Health Practice, and the Washington Public Health Practice-Based Research Network (PBRN).

Presentations
- Accountable Community of Health Structures and Cross-Sector Coordination (PHSSR Research in Progress Webinar, April 2016 recording) (coming soon)

Tools
- Interview with Eli Kern, Co-Investigator (Re-Act, Research to Action in Public Health Delivery Podcast, August 2015)
- A perspective on data integration and the emerging ACH context (ACH Development Council overview, February 2016)
- Initial recommendations to the Interim Leadership Council on data sharing and integration in King County (Performance Measurement Workgroup report, February 2016)
Commentary

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Senior Social Research Scientist, Public Health-Seattle and King County
Affiliate Professor of Health Services, University of Washington School of Public Health
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Connection to public health practice - Familiar Faces

Travis Erickson, Healthcare Transformation Manager
Practice perspective: A closer look at how shared data systems can make a difference for our Familiar Faces

BACKGROUND
- Individual level strategy – King Co. Health & Human Services Transformation Portfolio
- High utilizers of the jail (4+ booking/yr) with behavioral health and/or chemical dependency concerns

CONCEPTUAL FRAMEWORK
- Collective Impact approach – *people and communities at the center of decisions about funding, policy and programs*
- Cross-representation of entire “Health System” in King County

NEW APPROACHES – LEAN
- Application in health care – focus on identifying value & waste at every step
- Process walks, Voice of the Customer, PDSA cycle, Management & Design Teams

FUTURE VISION – APPLYING WHAT WE LEARNED IN YEAR ONE
- Intensive Case Management Team – Dedicated team supporting 60 Familiar Faces with “Portfolio of Services” and utilizing guiding care approaches
- Link to State Medicaid efforts – Familiar Faces referenced as key “project” in CMS 1115 Medicaid Waiver application, and WA. Health Care Authority supporting more jail-related services and supports
Role of Lean in Familiar Faces planning
Contributing to the PHSSR evidence base

Stephanie Farquhar, PhD, Senior Social Research Scientist
We look to PHSSR research projects like this to help:

- Understand how health conditions are shaped by upstream determinants of health
- Respond to current and emerging public health issues in a multi-sector environment
- Learn from other ACHs about best practices and processes for tracking health improvements
- Provide public health practitioners and communities with information to inform evidence-based, science-driven decision-making and action

Key Learnings

The selection of ACH Regional Health Improvements provide rich opportunities for LHHSDs to partner with a wide range of stakeholders to address social determinants and work across sectors.
Questions and Discussion
Upcoming Webinars

**Wed, April 13 (12-1p ET)**
**INTERORGANIZATIONAL RELATIONSHIP AND INFRASTRUCTURE VARIATION AND PUBLIC HEALTH SYSTEM EFFORTS TO ADDRESS PRESCRIPTION DRUG ABUSE**
Lainie Rutkow, JD, PhD, MPH, and Katherine C. Smith, PhD, Johns Hopkins University Bloomberg School of Public Health

**Thurs, April 21 (1-2p ET/ 10-11a PT)**
**CROSS JURISDICTIONAL SHARING ARRANGEMENTS BETWEEN TRIBES AND COUNTIES FOR EMERGENCY PREPAREDNESS READINESS**
Maureen A. Wimsatt, PhD, MSW, Director, California Tribal Epidemiology Center and Manager of Epidemiology, California Rural Indian Health Board

**May 4, 2016 (12-1p ET/ 10-11a MT)**
**HOSPITAL INVESTMENT AND INTERACTION IN PUBLIC HEALTH SYSTEMS**
Danielle Varda, PhD, University of Colorado, and Lisa VanRaemdonck, MPH, MSW, Colorado Association of Local Public Health Officials
Thank you for participating in today’s webinar!

For more information about the webinars, contact:
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Speaker Bios

**Dr. Nadine Chan** is Assistant Chief of the Assessment, Policy Development & Evaluation Unit at Public Health-Seattle and King County. She is a public health practitioner, epidemiologist and health services researcher with a focus on evaluating cross-sector strategies to reduce preventable death and illness and improve health equity. Dr. Chan is also a Clinical Assistant Professor of Epidemiology at the University of Washington School of Public Health.

**Mr. Eli Kern** is an Epidemiologist in the Assessment, Policy Development & Evaluation Unit at Public Health-Seattle and King County. Mr. Kern is a Public Health Epidemiologist and a Clinical Instructor of Health Services at the University of Washington. He recently received an AcademyHealth Public Health Systems Research PBRN Scholarship to participate in the annual meeting.

**Dr. Stephanie Farquhar** is a Senior Social Research Scientist at Public Health-Seattle and King County, and an Affiliate Professor of Health Services at the University of Washington School of Public Health. Dr. Farquhar draws from the principles of community-based participatory research to address issues of social and environmental equity as it relates to health. In partnership with community organizations and agencies, Dr. Farquhar co-leads community-based evaluations of Seattle/King County grants funded by the Centers for Disease Control and Prevention (CDC), Patient-Centered Outcomes Research Institute (PCORI), Robert Wood Johnson Foundation (RWJ), and SNAP-ed.

**Mr. Travis Erickson** is the Healthcare Transformation & Implementation Manager at Public Health-Seattle and King County. Since 2013, he has served in various roles to guide the health department into the ACA-related efforts. With an extensive background in government healthcare programs, specifically Medicare and Medicaid, and managed-care organizations, Mr. Erickson currently leads the King County Health & Human Service Transformation initiative known as Familiar Faces, which is an cross-sector initiative focused on high utilizers of the King County jail system.