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

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 *nadine.chan@kingcounty.gov* and Eli Kern, MPH, Epidemiologist *eli.kern@kingcounty.gov*, Assessment, Policy Development & Evaluation Unit, Public Health-Seattle and King County

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, <u>Assessment, Policy Development & Evaluation Unit</u>, <u>Public Health - Seattle and King County</u>

Clinical Assistant Professor, Epidemiology, U. of Washington School of Public Health & Community Medicine *<u>nadine.chan@kingcounty.gov</u>*

Eli Kern, MPH

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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

Public Health
Seattle & King County

Acknowledgements

- Public Health Services and Systems Research project - Bridging Public Health and Health Care Systems

- Funded by the Robert Wood Johnson Foundation (Grant #72456) through the National Coordinating Center for PHSSR at the University of Kentucky

- 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

- 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

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

North Sound
North Central
Olympic
King
B
Pierce
de Pacific
ion Alliance
Greater Colum
Southwest Washington
Regional Health Alliance

More information at: http://www.hca.wa.gov/hw/

Research questions

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

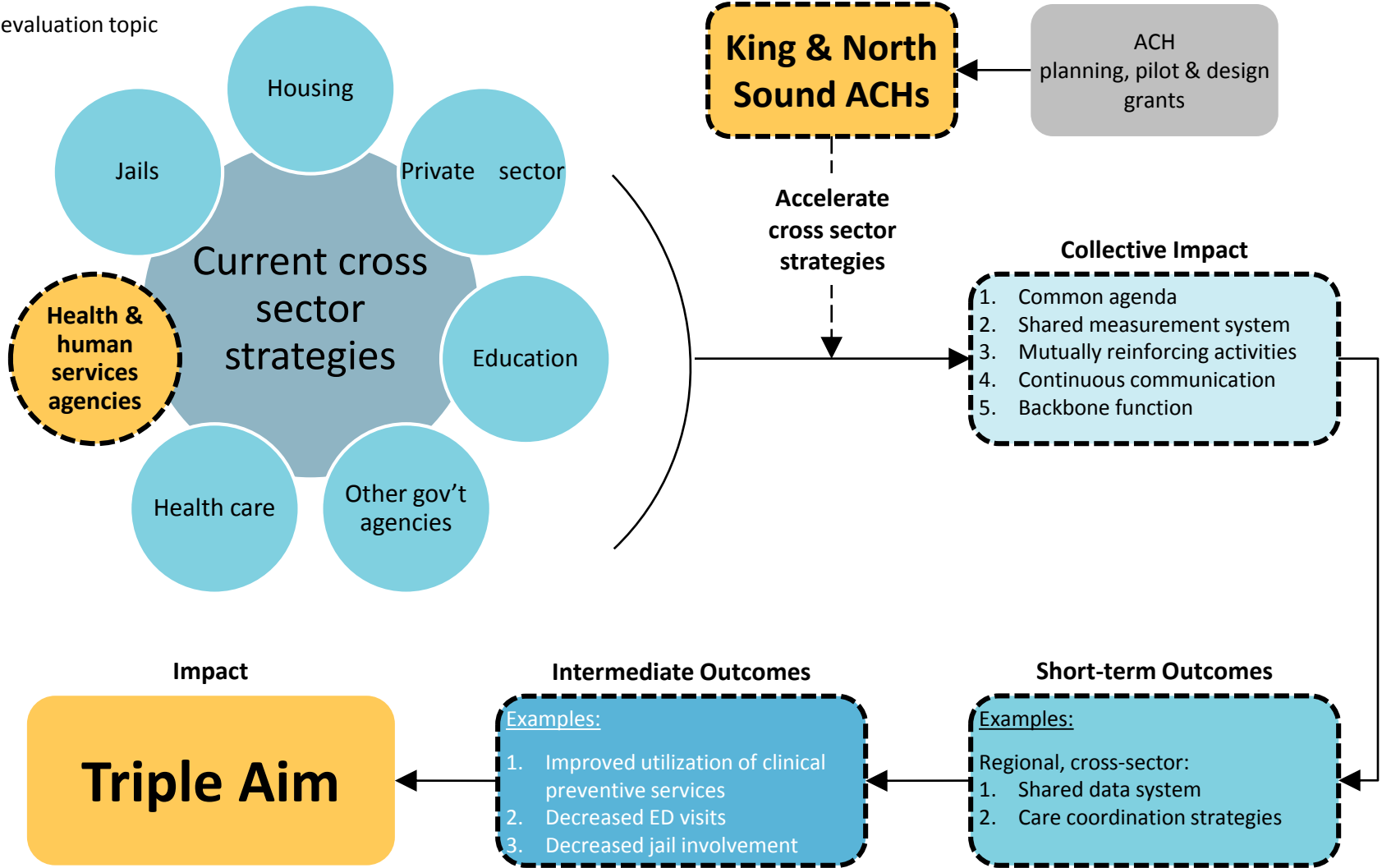**2** Role of LHHSDs in building shared data through ACH context?

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

Short-term Outcomes
Examples:
Regional, cross-sector:
1. Shared data system
2. Care coordination strategies

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

Impact

Triple Aim

Methods and preliminary findings

Methods – Evaluation of a three-phase collective impact framework

Developmental Evaluation
Phase 1

Factors that influence progress towards shared data
How & why?

Process Evaluation
Phase 2

LHHSDs role in building shared data
What?

Outcome Evaluation
Phase 3

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

- 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

1 Extent to which data sharing was a norm within LHHSDs before ACH was established

2 Role LHHSDs played as the ACHs moved from pilot to designation status

3 Ability of LHHSDs to contribute in-kind resources (e.g. staffing) to support data sharing efforts through ACH leadership structures and work groups

4 WA Common Measures Set for Health Care Quality & Cost became core component of evaluating health reform strategies at state level

5 Evolving role of ACHs under Global Medicaid waiver proposal and potential legal/fiscal implications for ACHs as risk bearing entities

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 |

Process Evaluation: February 2016 – August 2016

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

	Whatcom County	**King County**	**King County**
WHERE	Intensive Case Management System Established in 2014	Familiar Faces Established in 2014, but currently in design phase	Jail Release Planning Program Established in 2008
WHO	Homeless, frequently jailed, medically complex, frequent users of emergency services	Adults with 4+ jail bookings per year AND a behavioral health or chemical dependency concern	Inmates with substance use disorders, chronic medical concerns, HIV, frail/vulnerable state, mental health concern, developmental disabilities
WHAT	Enroll vulnerable populations in community-based case management system	To be determined; vision focused on person-centered, trauma-informed care	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

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

LHHSD - 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

Commentary

Travis Erickson

Healthcare Transformation & Implementation Manager, Public Health-Seattle and King County   *travis.erickson@kingcounty.gov*

Stephanie Farquhar, PhD

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

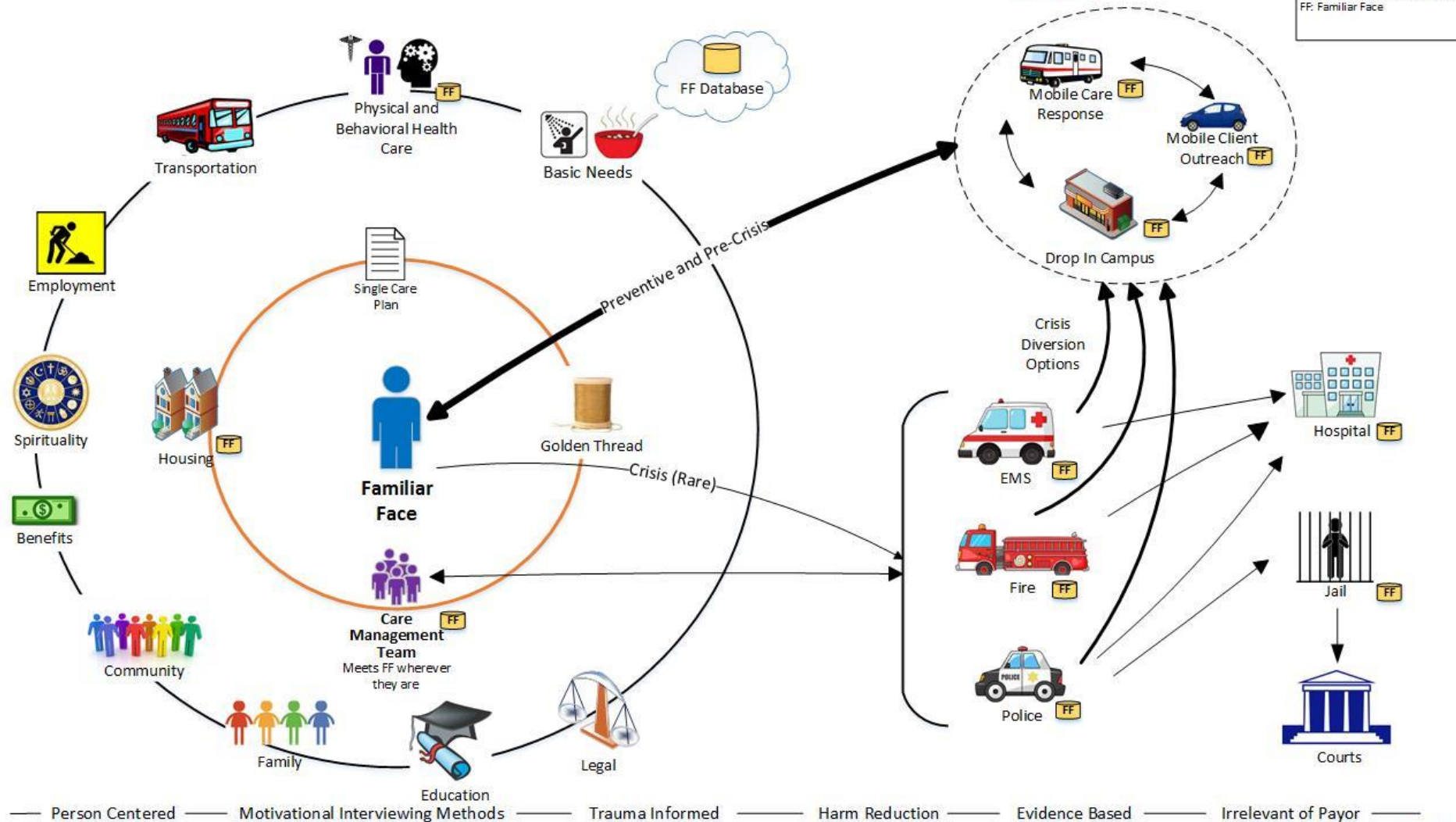### FUTURE VISION – APPLYING WHAT WE LEARNED IN YEAR ONE

- 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

Familiar Faces Future State Vision v.1.6 DRAFT

LEGEND
ED: Emergency Department
EMS: Emergency Medical Services
FF: Familiar Face

Person Centered — Motivational Interviewing Methods — Trauma Informed — Harm Reduction — Evidence Based — Irrelevant of Payor

Revised 9/7/2015

Contributing to the PHSSR evidence base

Stephanie Farquhar, PhD, Senior Social Research Scientist

Providing value to public health practice

- 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

ACH Initial Regional Health Improvement Priorities

King County	King	• Physical/behavioral health integration
website		• Care coordination for complex needs
		• Health equity
		• Housing-Health intersections
		• Prevention – chronic disease & social determinants of health
North Central	Chelan, Douglas,	• Diabetes prevention and management
(NCACH)	Grant, Okanogan	• Health care transformation
North Sound	Island, San Juan,	• Behavioral health integration & access
(NSACH)	Skagit, Snohomish,	• Care coordination
	Whatcom	• Dental & primary care access
website		• Health disparities
Facebook		• Housing
		• Prevention

Questions and Discussion

Webinar Archives & Upcoming Events

go to: [*http://www.publichealthsystems.org/phssr-research-progress-webinars*](http://www.publichealthsystems.org/phssr-research-progress-webinars)

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**](#)
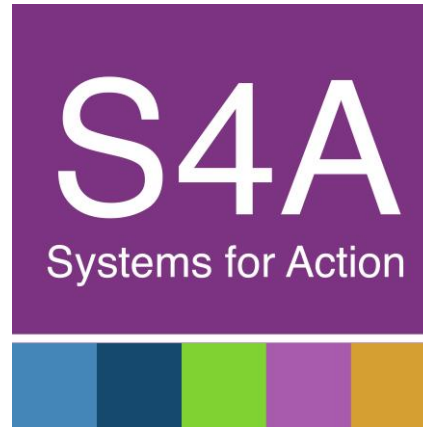Maureen A. Wimsatt, PhD, MSW, Director, California Tribal Epidemiology Center and Manager of Epidemiology, California Rural Indian Health Board

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.