PROGRAM SUSTAINABILITY AND MODELS OF COMMUNITY INTEGRATED HEALTH CARE AND HEALTH CARE PARTNERSHIPS

Deb Miller, Executive Director, Community Choice
2018 NCOA
How to increase program integration and reduce silos across programs

Coordination of referral and resources among community network partners

Strengthening community-clinical linkages
Healthier WA is a statewide initiative that is focused on achieving system-wide change.

To achieve these goals, Healthier WA focuses on three goals:

1. Building healthier communities through a collaborative regional approach
2. Integrating how we meet physical and behavioral health needs so that health care focuses on the whole person
3. Improving how we pay for services by rewarding quality over quantity

In 2017, nine Accountable Communities of Health were formed to achieve these goals.
WHAT ARE ACHS?

ACHs are regional organizations that:

- **Address** health issues through local collaboration and shared goals
- **Better** align resources and activities that improve whole person health and wellness
- **Support** local and statewide initiatives such as the Medicaid Transformation, practice transformation, and value-based purchasing
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Visioning of regional health transformation began in June 2014.

Governing Board formalized July 2015.

NCACH uses Whole Person Care as a guiding tenant in the work with regional partners.

Second of nine regions to adopt Fully Integrated Medicaid Contracting.
NCACH DEMOGRAPHICS

Age Distribution

- WA
- NC ACH
- Okanogan
- Grant
- Douglas
- Chelan

Categories:
- <1
- 1-14
- 15-24
- 25-44
- 45-64
- 65+

[Map and chart showing age distribution by county]
NCACH DEMOGRAPHICS
NCACH DEMOGRAPHICS

Population Living in a Health Professional Shortage Area

<table>
<thead>
<tr>
<th>Region</th>
<th>2012</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelan</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Douglas</td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td>Grant</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>Okanogan</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>NC ACH</td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td>WA</td>
<td>50%</td>
<td>40%</td>
</tr>
</tbody>
</table>
10 different Hospital Partners in the region

- 8 are Critical Access Hospitals
- 2 are Regional Hospital Hubs

Source: Health Services and Resources (HRSA) Map Tool
Critical Access Hospitals are highlighted in red.
Community Choice was formed in 1997 by the single regional hospital/rural clinics and other like minded providers.

Its primary purpose was to create a network of providers which could compete with the large regional outpatient multi-specialty provider network for contracts with Insurance carriers and others.

In the years following ACA the organization has become a network of interconnected services delivered to health consumers out in the community.

WHAT IS COMMUNITY CHOICE?
TRIFECTA OF FOUNDATIONAL PROGRAMS

- **SHIBA**
  - Network of community volunteers certified to be SHIP/SHIBA advisors in Washington State

- **Health Homes**
  - Network of Care Coordination Agencies that employ the boots on the ground Care Coordination

- **CDSME**
  - Network of community volunteers serving as Lay Leaders and Master Trainers under the Community Choice SMRC license
REGIONAL NETWORKS
Regional Coordinating Agency

16 certified SHIBA Advisors

SHIBA NETWORK
Regional Coordinating Agency

- 3 Contracted Care Coordination Organizations each employing a team of Care Coordinators
3 Licensed Agencies

- One serves regionally
- Two serve single counties
**CDSME WORKSHOPS IN NCACH REGION SUPPORTED WITH ACL GRANT AND OLDER AMERICAN ACT FUNDING THROUGH AACCW**

**5 self-management programs:**

- Chronic Disease Self-Management
- Tomando Control de su Salud
- Chronic Pain Self-Management (English/Spanish)
- Diabetes Self-Management
- Manejo Personal de la Diabetes

**OVERALL PARTICIPATION:**

- 456 attendees
- 356 completers (attended 4 or more sessions)

**GROWTH OF CDSME 2014-2017**
WORKSHOP DATA

Types and number of workshops

Age Range

- 60+ 47%
- 40-59 38%
- 25-39 9%
- 18-24 6%

- CDSM
- Tomando
- CPSM
- DSM
- Manejo
SUSTAINABILITY

Chronic disease prevalence

CDSME workshops

Community Participatory Approach

North Central Accountable Community of Health

Multi-sector/cross-sector and public-private partnerships

Sustainability
Building Sustainability:

- Working to increase regional program integration through intentional partnering/single regional license
- Improve upon current program success through Regional HUB model
A regional HUB could allow for innovative funding through:

- Improve program quality, efficiency, and coordination
- Centralizing Medicare and Medicaid billing
- Payment reform through quality measures collected regionally
  - Diabetes: DSMP
  - Chronic Disease: CDSMP
- Potential for other Insurance carrier billing
• NCACH Whole Person Care Collaborative
  • Combines Bi-directional Integration of Physical and Behavioral Health and Chronic Disease Management project
  • Used The Chronic Care Model
  • Diverse workgroups provides oversight
  • Community Based Organizations have a voice at the table to ensure clinical-community linkages to existing evidence based programming
CONTACT

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