Engaging Consumers in Care Delivery

May 22, 2019
Agenda

• Welcome and speaker introductions

• Engaging Consumers in Care Delivery: Implementation Framework

• Case Study 1: Coordination of care & systems of care

• Case Study 2: Shared & empowered decision-making

• Q&A session
Speakers

Jeff Micklos
Executive Director

Leo Cuello
Director of Health Policy,
National Health Law Program

Erin Hafer
Vice President,
Community Health Plan of Washington

Keri Sperry
Population Health,
Partners HealthCare
Who we are: Our mission to achieve results in value-based care

The Health Care Transformation Task Force is an industry consortium that brings together patients, payers, providers, and purchasers to align private and public sector efforts to clear the way for a sweeping transformation of the U.S. health care system. We are committed to rapid, measurable change, both for ourselves and our country.

We aspire to have 75% of our respective businesses operating under value-based payment arrangements by 2020.

HCTTF.org
Our members aspire to have 75% of their respective businesses operating under value-based payment arrangements by the end of 2020.
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Why Create a Framework for Consumer Engagement?

• True person-centered care is the cornerstone of value-driven health care systems. Without it, health care value efforts can quickly become little more than cost and utilization containment programs.

• Designing person-centered health care systems requires engaging consumers in all aspects of decision making about their care.

• Health care providers often fall short in engaging patients. This framework is designed to support organizations by providing a roadmap of best practices for consumer engagement and case studies from high performing organizations.
Development process

• Guided by the Task Force’s Patient-Centered Priorities Work Group
• The Work Group focuses on fully developing consumer perspectives to be infused into innovative payment and delivery models around six priority areas:
  1. Consumer engagement
  2. Delivery system strategies to put patients first
  3. Alternative payment models that benefit consumers
  4. Continuous quality improvements
  5. Person-centered health IT
  6. Promoting health equity
Core Areas of the Framework

An implementation framework for engaging consumers in care delivery against which organizations can adopt, evaluate and/or refine their efforts.

**Coordination of Care and Systems of Care**
- Includes key elements like care planning/care team approach, integration of services, including physical/mental health and social services, and care outside the four walls of a facility such as telehealth/digital health, home health, and other support services.

**Shared and Empowered Decision-Making:**
- Addresses shared decision-making tools, meaningful consumer guidance on provider quality/value, individual preference/goal definition, informed consent, access to personal health data, and accessibility/support such as health literacy, language support, disability support, and cultural/linguistic competency.

**Individual Activation for Self-Management:**
- Incorporates elements such as peer support models, use of social media, and other tools/technology to support personal health management.
Coordination of Care and Systems of Care

Best Practices:

1. **Coordinated, evidence-based care.** Effective, coordinated care should meet the consumer’s needs, coordinate across multiple providers, and should be evidence-based.

2. **Collaboration.** Successful care coordination should be built upon collaborative partnerships between individuals, caregivers, and providers, with one individual serving as the primary point of contact to the patient.

3. **Information sharing.** Individuals should be provided with health care information that is accurate, complete, easy to access and interpret, and addresses their concerns.

4. **Dignity and respect.** Provider-patient relationships should be based on mutual respect, inclusivity, and choice.

5. **Accessibility.** Appropriate services and resources should be readily available.
Shared and Empowered Decision-Making

Best Practices:

1. **Collaboration.** Providers collaborate with individuals to facilitate informed decision-making

2. **Consumer-centricity and empowerment.** Decision-support tools and programs are designed to help empower consumers shape their own care paths

3. **Accessibility.** Consumers have direct access to on-demand resources through a variety of channels

4. **Scalability.** Programs and resources can be scaled across multiple sites and populations
Individual Activation for Self-Management

Best Practices:

1. **Information.** To be engaged in their health care, individuals need actionable information about how to help manage their own health condition.

2. **Accessibility.** To be effective, self-management tools must be accessible to the individuals that will use them.

3. **Training.** To the extent a self-management program uses equipment (testing supplies, needles, etc.), consumers should receive training on how to use that equipment.

4. **Point of contact.** To ensure continuous self-management, individuals must have a reliable point of contact within the health care system for follow up.

5. **Choice and control.** Consumers should always feel safe and empowered in self-management programs.

6. **Care coordination.** Self-management activities should not be siloed from broader care coordination activities.
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The power of community

Mental Health Integration Program (MHIP)
CHPW Background

- Only not-for-profit Medicaid and Medicare Health Plan in Washington State
- Founded in 1992 by Washington’s Federally Qualified Health Centers
- Governed by 20 FQHCs across the state

- Our mission is to deliver accessible managed care services that meet the needs and improve the health of our communities, and make managed care participation beneficial for community-responsive providers. We work for patients, and we work to help providers better serve those patients.
Depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease. – World Health Organization

- Challenges with access to care and stigma prevent most people from receiving appropriate care for depression and other common mental health conditions
- In Washington State, approximately 1 in 7 people have a mental health diagnosis. This rate is higher for patients seen at Federally Qualified Health Centers (FQHCs)
- ~ 50% have no formal treatment in the healthcare system
- ~ 30% of people receive behavioral health treatment in primary care settings
Collaborative Care Model

PCP — Patient

Behavioral Health Care Manager

Psychiatric Consultant

Registry

RN, MA, etc.

Chemical Dependency Treatment, Housing Providers, Specialty Mental Health (CMHC), Area Agencies on Aging (AAAs), and Other Community Resources

Unique Collaborative Care Team Roles

Other Behavioral Health Clinic Resources

Key Community Partners or Referrals
Collaborative Care Model

- **Patient-Centered Team Care**
  Team members collaborate effectively.

- **Population-Based Care**
  Patients are tracked in a registry; no one ‘falls through the cracks.’

- **Measurement-Based Treatment to Target**
  Treatments are actively changed until the clinical goals are achieved.

- **Evidence-Based Care**
  Treatments used are evidence-based.

- **Accountable Care**
  Providers are accountable and reimbursed for quality care and outcomes.

*Used with permission from University of Washington AIMS Center.*
Collaborative Care Model Evidence

- 80+ Randomized Controlled Trials
  - Consistently more effective than usual care
  - Significant improvements in depression & anxiety
  - Secondary outcome improvements
    - Medication adherence
    - Mental Health quality of life
    - Patient satisfaction

- Retrospective Study
  - From 2008-2013 of more than 7,000 patients
  - Improved time to remission compared to usual care

Usual primary care: 614 days
Collaborative care program: 86 days

*Collaborative care for depression and anxiety problems. Cochrane Database of Systematic Reviews 2012, Issue 10.*
*JAM Board Fam Med, 2016 Jan-Feb.*
Developing a coordinated care system

- **Key Partners**
  - University of Washington AIMS Center
  - Public Health – Seattle & King County

- **Timeline**
  - 2008: Pilot in King & Pierce County (GA-U & Levy Funded populations)
  - 2009: Statewide Expansion (GA-U)
  - 2014: All CHPW Medicaid members

- **Program Elements**
  - Collaborative Care Model
  - Behavioral Health Provider Funding
  - Psychiatric Consultation
  - Patient Registry
  - Onboarding, Training & Technical Assistance
  - Value-Based Payment Contracts
MHIP Outcomes: GA-U 2008 Pilot

- Reduced inpatient admissions
- Smaller increases in inpatient psychiatric costs
- Lower increases in homelessness in clients receiving services through MHIP
- Reduced arrest rates in clients receiving MHIP services
- Demonstrated clinical outcomes: Pay-for-performance-based quality improvement cuts median time to depression treatment response in half
- Hospital savings of over $11.2 million in initial 14 months of statewide MHIP implementation – net savings of $66 PMPM
MHIP Outcomes: 2015-2018

- 6% reduction in medical expenses
- 24% reduction in inpatient admissions
- 11% increase in PCP visits
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Shared Decision Making

“Person centered, value-driven health care delivery includes patients/consumers as partners in all aspects of decision-making about their health care.”
Case Study: Shared Decision Making at Partners Health Care
### Overview

#### Cardiology
- Atrial Fibrillation: Should I take an antiplatelet or anticoagulant to prevent stroke?
- Stable Angina: Should I have angioplasty?
- Stroke Prevention: Should I have a carotid artery procedure?
- Stroke: Should I move my loved one into long-term care?

#### Mental Health
- Depression: Should I take antidepressants?
- Depression: Should I stop taking my antidepressant?
- Depression: Should I take antidepressants while I’m pregnant?
- Insomnia: Should I take sleeping pills?
- Panic Disorder: Should I take medicine?

#### Endocrinology
- Diabetes, Type 2: Should I take insulin?
- Prediabetes: Choices you can make to prevent diabetes*

#### Orthopedics
- ACL Injury: Should I have knee surgery?
- Arthritis: Should I have joint replacement surgery?
- Bunion: Should I have surgery?
- Carpal Tunnel Syndrome: Should I have surgery?
- Hip Osteoarthritis: Is it time to think about surgery?
- Knee Osteoarthritis: Is it time to think about surgery?
- Low Back Pain: Should I have an MRI?
- Lumbar Hemiated Disc: Which treatment is right for you?
- Lumbar Spinal Stenosis: Which treatment is right for you?
- Meniscus Tear: Should I have surgery?
- Rotator Cuff Problems: Should I have surgery?

#### General Health
- Advance Care Planning: Should I have artificial hydration and nutrition?
- Advance Care Planning: Should I receive CPR and life support?
- Advance Care Planning: Should I stop treatment that prolongs my life?
- Aspirin: Should I take daily aspirin to prevent a heart attack or stroke?
- Colorectal Cancer: Which screening test should I have?
- Diabetes, Type 2: Should I take insulin?
- GERD: Which treatment should I use?
- Insomnia: Should I take sleeping pills?
- Lung Cancer: Should I have screening?
- Obesity: Should I take weight-loss medicine?
- Prediabetes: Choices you can make to prevent diabetes*
- Quitting Smoking Problems: Should I use medicines?

#### Pediatrics
- ADHD: Should my child take medicine for ADHD?
- Blocked Tear Ducts: Should my baby have a probing procedure?
- Ear Problems: Should my child be treated for fluid buildup in the middle ear?

#### Men’s Health
- Enlarged Prostate: Is it time to change treatment?
- Prostate Cancer: Is active surveillance or treatment right for you?
- Prostate Cancer: Is radiation or surgery right for you?
- Prostate Cancer Screening: Should I have a PSA Test?

#### Women’s Health
- Breast Cancer Screening: When should I start mammograms?
- Breast Cancer Screening and dense breasts: What are my options?
- Osteoporosis: Should I have dual-energy x-ray absorptiometry (DXA) test?
- Osteoporosis: Should I take bisphosphonates medicines?
- Pregnancy: Birth options if your baby is getting too big
- Pregnancy: Your birth options after cesarean*

*English-only
Collaboration

- Individuals and caregivers are encouraged and supported to actively participate
- Culturally and linguistically appropriate and relevant resources are made available
- Individual and clinicians work together

Insomnia: Should I Take Sleeping Pills?

You may want to have a say in this decision, or you may simply want to follow your doctor’s recommendation. Either way, this information will help you understand what your choices are so that you can talk to your doctor about them.

Get the facts

1. Get the Facts
2. Compare Options
3. Your Feelings
4. Your Decision
5. Quiz Yourself
6. Your Summary

Your options

- Take sleeping pills for a short time, along with making lifestyle changes.
- Treat your sleep problems with only lifestyle changes.
Accessibility

- Decision-making tools accommodate variances in literacy, culture, languages and visual, auditory, cognitive impairments
- Materials are available at multiple times and in multiple formats and channels
Consumer-centricity and Empowerment

- Tools and programs incorporate learnings from other sectors
- Providers actively and consistently engage consumers in defining goals
- Consumers are provided with the most current evidence

Award-winning vendor, with 40+ years experience in providing healthcare information

Content is regularly reviewed and updated

Coming Soon: Content can be modified by providers.
Scalability

- Resources and tools are easily adaptable
- Training is provided
- Program cost is not a barrier
Case Study: One Key Question

- Primary Care Questionnaire: Would you like to become pregnant in the next year
- If yes, directed to well-woman and preventative care programs; if no, conversation about contraceptive options are held.
  - Screening tool is simple
  - Screening tool is easy to deploy
  - Prompts individual engagement
  - Scalable
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Questions?
Upcoming Events

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<th>Event</th>
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<tr>
<td>Hill Briefing: Value in Medicaid</td>
<td>June 12th</td>
<td>12:00-1:30 PM</td>
<td>Hear from health care leaders about innovative value-based payment and care delivery efforts for Medicaid beneficiaries and their vision for the role that states and Medicaid programs can play to put patients first while lowering health care costs and improving quality.</td>
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<tr>
<td>Webinar: Lifestyle Medicine</td>
<td>June 13th</td>
<td>2:00-3:00 PM</td>
<td>Lifestyle medicine is the use of evidence-based lifestyle therapeutic approaches to treat, reverse and prevent chronic disease. This webinar will discuss the lifestyle medicine approach and how it can support clinical care transformation.</td>
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