

**Summary of
Health Care Reform and the Low-Income Population in King County:
Working Together on the Future Design of the Health Safety Net/Community Health System**

Thursday, July 28, 2011
8:00 a.m. to 12:00 noon
Renton Community Center, Renton WA



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Meeting Summary, PowerPoint and meeting materials are posted at:

<http://www.kingcounty.gov/healthservices/health/partnerships/HealthReform.aspx>

Meeting Summary

Part 1: Welcome & Context Setting

Welcome/Context Setting/Meeting Goals

Sarah Hopkins, Facilitator – Public Health-Seattle & King County welcomed the 136 participants and commented on the diversity of sectors represented in the room. She reviewed the meeting goals and explained that the intent was to leave the meeting:

1. With a clearer understanding of WA State’s health reform objectives and timelines, and implications for King County.
2. With engaged stakeholders who have committed to help shape health care reform in King County by working together in the months ahead to:
 - (a) Design and influence health reform implementation, including how the overall delivery system is organized for low-income people in King County who are on publicly subsidized coverage or uninsured; and
 - (b) Design a well-integrated delivery system that is effective for low-income residents who have particularly complex health and social conditions.
3. Direction on a process to accomplish # 2 and an understanding of who would like to be involved in what aspects of this work going forward.

Welcoming Remarks - Health Reform and the Opportunity Before Us

- **David Fleming, Director and Health Officer, Public Health – Seattle & King County**, spoke to both the challenges that the budget crisis has brought to the local health system, and the opportunity that lies in health care reform to shift us from a system that pays for volume to one that pays for value. Eventually, we must move to a system that rewards preventing illness, not treating illness. Quoting Angela Glover Blackwell, he urged participants to consider that “local leaders are national leaders” and it is through this kind of work together that we can best influence how reform is implemented in King County.
- **Jackie MacLean, Director, King County Department of Community & Human Services (DCHS)**, spoke to the shared commitment of those attending today to support the most vulnerable residents of King County. She reviewed effective partnerships that have been carefully forged over the years, and identified the critical ways in which public and private resources have been leveraged to support improvements in health, housing, and reductions in justice system use. She encouraged the group to keep in mind that health and recovery is achieved not just through what happens in a clinic or treatment center, but in the community.
- **Dow Constantine, King County Executive**, welcomed participants and reflected on the strong partnerships that King County has been able to form – across county departments, across governments, and across the public and private sectors. He noted that our spirit of collaboration will serve us well as we move forward with our newest challenge: health care reform. Just as he challenges county departments to work as “One King County,” he extended that challenge to those in the room – to work

as “One King County” in the important efforts to realize the vision of health care reform for residents of King County.

Update on WA State Health Care Reform Priorities

Preston Cody, Division Director, Washington State Health Care Authority, presented information on the State’s goals in health care reform and highlighted the major health care reform activities and legislation driving the state’s work at this time. Most notably, the State has submitted a proposal to the federal government (Centers for Medicare and Medicaid Services or CMS) called “Health Innovations for Washington.” The goal is to reduce state health care spending to no more than four percent annual per capita growth by 2014, while maintaining or improving health outcomes. To do that, the state proposes reforms in five areas, each of which he reviewed in more detail:

- Value Based Benefit and Payment Reform
- Delivery System Reforms
- Consumer Engagement
- Prevention and Wellness
- Administrative Simplification

At this time, the State is engaged in regular dialogue with CMS to understand its options for moving forward. The intent is that by September of this year, the State would have more information on the areas of flexibility it has with the federal government and how best to move ahead with the proposed reforms. He indicated that State looks forward to working with King County and emphasized that stakeholder engagement is a key element of this work.

Part 2: Towards a Shared Understanding of Today’s Systems

The next segment of the meeting was designed to build a shared understanding of the scope of the population that relies on the community health safety net in King County, today and in the future, and to review the major entities that are currently involved in the “health care neighborhood.”

PowerPoint for Part 2 is posted on King County’s Health Reform website:

<http://www.kingcounty.gov/healthservices/health/partnerships/HealthReform.aspx>

Overview of Today’s System of Care

Charissa Fotinos, Medical Director, Public Health-Seattle & King County, offered a snapshot of King County’s safety-net population today. She reviewed the size and characteristics of the low-income population in King County and noted that in 2014, when Medicaid expansion occurs, approximately 65,000 – 95,000 new persons in King County will become eligible for Medicaid, excluding undocumented immigrants. She also discussed the complexity of the local care system.

Learning From the Field: Short Case Studies

Three case studies were presented to illustrate, from the perspective of clients, a few of the ways that coordination and integration are occurring in King County today across the medical, behavioral health, and social service systems for low-income people.

Graphics of all three cases are included in the PowerPoint slide deck presented by Charissa Fotinos.

- Client 1: Presenter: Sharon Farmer, King County DCHS Medical Director. This case was that of an individual who had a single condition (depression) that is considered highly treatable, yet due to changing life circumstances (e.g, job loss leading to insurance loss) together with system barriers caused by funding and delivery system silos, the individual's health and stability declined.
- Client 2: Presenter: Debra Morrison, Neighborcare Health. This was the case of a homeless individual with multiple, complex health conditions (including substance abuse, HIV, mental illness) who has for years been involved in multiple systems. Care coordination across the systems he is involved in remains a significant challenge.
- Client 3: Presenter: Anna Gruen, Country Doctor Community Health Centers. This case of a limited English speaking new mom illustrated how care was generally well coordinated and integrated. The mom was screened early for post-partum depression and accessed care, while her child with special needs was quickly engaged in numerous health and other supports.

Following the case studies, participants reflected on various aspects of integrated care in our community. One noted that King County should consider using its contracting approaches to better facilitate interactions and connections across the system. Some population groups face barriers to care due to racism and homophobia so special pathways into care and integrated systems tailored for them have emerged out of necessity. It will be more important in the future to disaggregate our data, one person commented, in order to continually show, understand, and respond to differences by racial and ethnic groups. Several people indicated that we must keep in mind we are in an environment where important pieces our system may be dismantled due to the budget crisis; how do we prevent an unraveling of what works well?

Dr. Jeff Thompson, Medicaid's Medical Director, said that King County has made great progress in integrated care and has results to show for it. He encouraged that we "share the magic" with others in the state. Asked where there is the most room for local input in near-term, Jonathan Seib, Governor Gregoire's Health Care Reform Policy Advisor, indicated that the state has certain "must dos" such as developing a health insurance exchange and expanding the Medicaid program. Local opportunities, he said, are in the "might do" category. He encouraged participants to focus on ways to strengthen the service delivery system; the "triple aim" occurs at the local level in the delivery system, and to the extent possible the State can take steps to complement local work, create incentives, and/or get out of the way where appropriate.

Part 3: Working Together on the Future System Design

Part 3 of the meeting was a summary of emerging models of integrated health services delivery and their features, followed by a proposed approach for safety net health system planning.

PowerPoint for Part 3 is posted on King County's Health Reform website:

<http://www.kingcounty.gov/healthservices/health/partnerships/HealthReform.aspx>

Charissa Fotinos, Medical Director, Public Health – Seattle & King County, presented common themes/features of emerging models of integrated health services delivery:

- Client/patient centered
- Integrated, coordinated, evidence-based delivery system
- Use of and sharing data and information to drive better health
- Accountability for quality, outcomes and costs (paying for value, not volume)
- Prevention, wellness and recovery – changes in policies and systems to support healthy environments, better prevent and manage chronic disease, promote recovery

She also reviewed several existing committees and groups working on similar activities and encouraged the participants to think about whether there may be ways to leverage or modify those groups so our work can be as efficient and effective as possible.

Sarah Hopkins presented a proposed approach for moving ahead in King County on safety net service delivery design. She first noted that there appear to be three primary spheres of influence that we may have in shaping reform.

- Input to the State – we know that opportunities are coming for stakeholder input.
- Proactive local system design – where and to what extent will local design activities make a difference?
- Policy implications – how do we respond at local level to implement policies coming down to us, and do they support or detract from where we are trying to go?

Participants were asked to give feedback on a proposed two-pronged approach to planning in King County. It would entail:

- (1) Taking steps to design/influence the larger system for low-income residents
- (2) More focused work on system design for clients with complex health issues and higher needs for care coordination

At their tables, attendees discussed:

- What specific products should emerge from this work in the next 6 months?
- Where do we start?
- What is the most efficient path forward?

Themes from Group Table Discussion

The following are the leading themes (not an exhaustive list) that emerged from discussions in the small groups:

1. Influence policy development at State

- Clarify the “musts” of what the state must do – so we can align/react
- Influence policy development at State level
- Look for specific areas to influence State on issues
- Figure out way to monitor reform for unintended consequences
- Articulate principles

2. Prepare Analysis / Data on King County Safety Net Population

- Data – numbers, needs of clients who safety net providers are caring for
- Deeper knowledge of client and population needs / what are the “hot spots” in KC, where do small numbers drive disproportionate share of bill
- More detailed data on KC safety net population desired, disaggregated
- A more detailed analysis of what the population looks like
- Quantitative measures of utilization
- Get the state’s data from PRISM
- Better understanding of the needs of the population, particularly highest cost populations, as well on tipping edge, vulnerable working people

3. Inventory Aspects of Current System That are Working Well

- Inventory of our safety net care delivery system that outlines resources and highlights centers of excellence, especially in area of care coordination/care management for high-need clients
- Undertake a thorough asset mapping to identify what is working
- Lessons learned from previous experience...look at examples where KC is ahead of curve, such as GAU pilot
- Inventory successful programs, like GAU integration
- Look at grants for integration and the models they are putting in place – e.g, recent grants received by DESC and ACRS

4. Learn From What is Happening Elsewhere

- Research what other counties are doing more detail on state, best practices/leaders elsewhere
- Learning from elsewhere
- Learn from other jurisdictions

5. Design a Proposal / Demonstration Project

- Develop a vision and plan/model for the delivery system for low-income in King County.
- Proposal for a demonstration project for expanding/enhancing care coordination for high need subset; how would it differ from KC Care Partners
- Proposal for how we interact with managed care organizations...proposal for a payment structure that meets needs of clients and minimizes admin burdens
- Start with outcomes we are trying to achieve for the population

Others commented on the importance of using this opportunity of reform to truly infuse prevention in the care delivery system and designing from a “wellness” framework.

Process Moving Ahead

Participants voiced a wide range of ideas about how to structure ourselves for meaningful work in the months ahead. Some felt strongly that a smaller team or board should be established to do deeper work

on system design, perhaps building from the “planning team” that advised on the development of the July 28 meeting. It would be important to bring more consumers into the work, and maybe others (such as more hospitals and the K-12 system. Continued dialogues and forums were recommended by some, including ways to convene groups around specific topics or areas of expertise.

Several people counseled that follow-up work should focus on specific, actionable steps. Others urged a broader, more comprehensive plan for a safety net service system design that could be presented to the state. Even if we don’t eliminate silos, we should strive for “lots of skybridges.” The county should employ good communication tools to help keep stakeholders involved and informed.

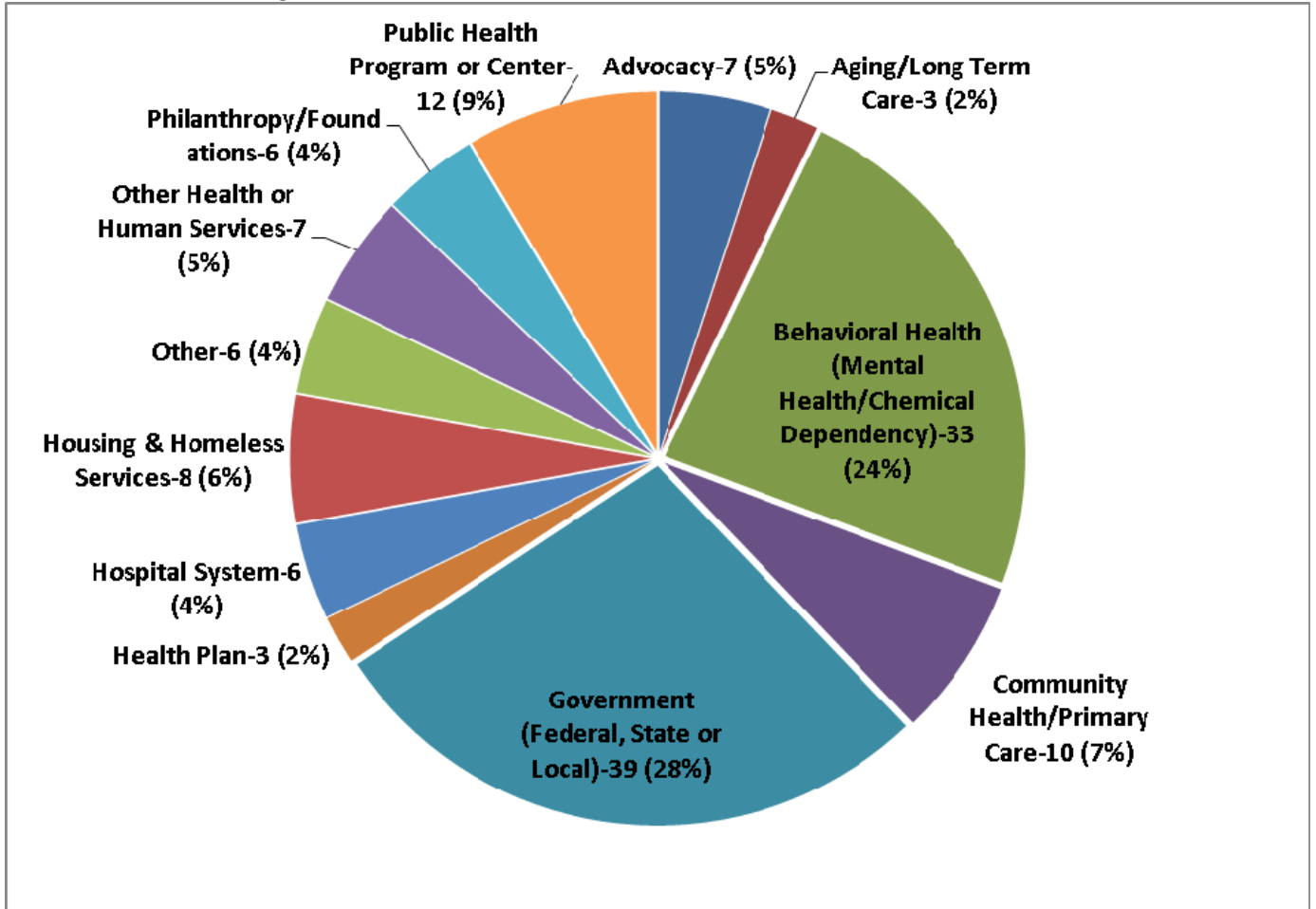
Closing and Next Steps

Jackie MacLean and David Fleming thanked participants for attending and providing such thoughtful feedback and engagement during the morning. Over the next few weeks, PHSKC and DCHS leaders and staff will take feedback heard today and work with the planning team advising the county on this body of work to develop next steps. The goal is to get back to the group within about three weeks.

Results from Evaluation Forms

Total meeting attendees: 136

Sector breakdown of registrants:



Total evaluation forms received: 65

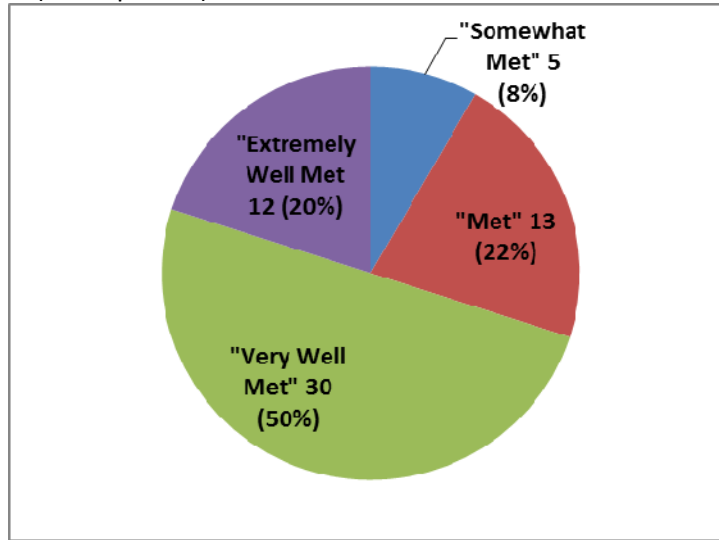
Overall, was this a valuable use of time? 55 positive responses, 1 other response noted it was "mostly review"

PART 1: Welcome and Context: 8:00 – 9:00

Objectives:

- Set the larger frame – why local involvement in planning the future of our health system for low-income is so important
- Overview of the state’s health reform activities and process for stakeholder input

Session Objectives were: (60 responses):

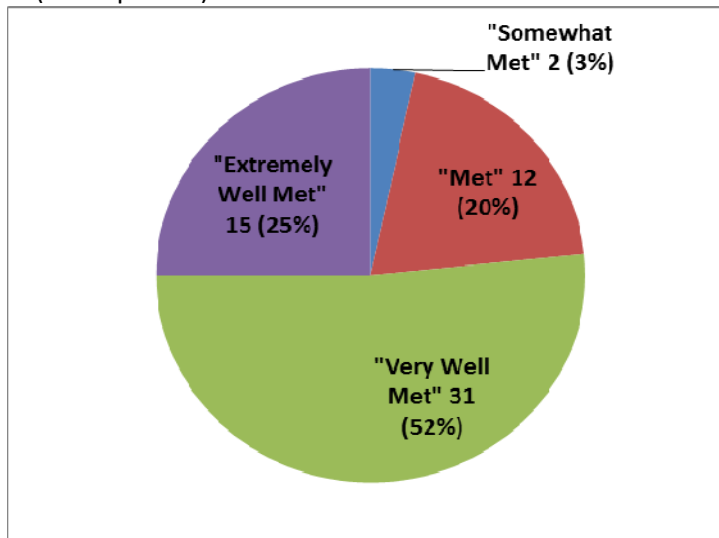


PART 2: Build Shared Understanding of Today’s Systems: 9:00 - 10:00

Objectives:

- Begin building a shared understanding of the scope of the population that relies on the community health safety net in King County – today and in the future.
- Begin building a shared understanding of the different systems at play in the “health care neighborhood”, including what is and isn’t working for clients

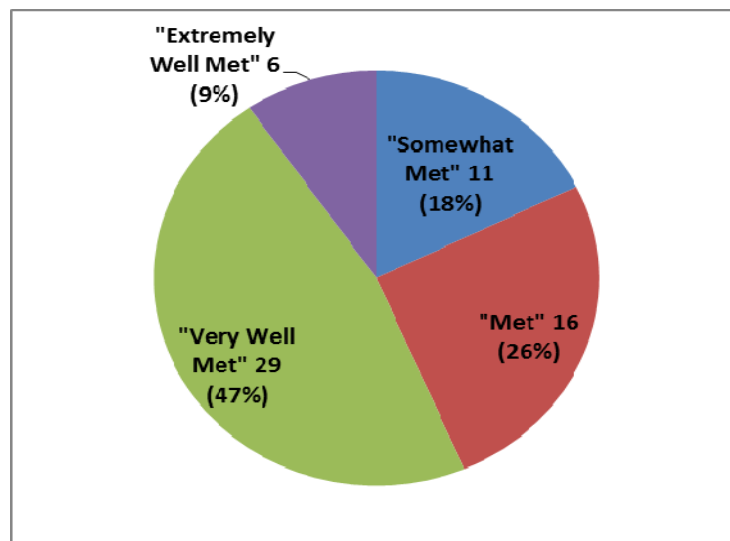
Session Objectives were: (60 responses):



PART 3: Moving To the Future 10: 15 – 12:00Objectives:

- Present common themes/features of emerging models of integrated health services delivery
- Create understanding of what other tables in King County are doing related to reform and work underway elsewhere in the state.
- Present a proposal for the health system planning approach and get input on the scope and process for this work – where do we begin?

Session Objectives were: (62 responses):

**Future Involvement:**

- "Please do not contact me" = **0 responses**
- "Keep me on email distribution list for info & notices of meetings" = **35 responses**
- "Would like to be actively involved in designing well-integrated delivery system that's effective for low-income residents who have particularly complex health and social conditions" = **28 responses**
- "I would like to be actively involved in designing & influencing other reform opportunities, including how the overall delivery system is organized for all low-income people who are on publicly subsidized coverage or uninsured." = **28 responses**

Meeting Attendees

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