

Washington State Diabetes Prevention Program Action Plan: Increasing Coverage and Access by June 2018 Summary Document

Medicaid

Frame: What will it take to get coverage and access for all enrollees?

Long term Priority: Increase coverage of DPP among Apple Health (Medicaid) payers							
Short term Priority 1: By July 2018, HCA in collaboration with the MCOs will implement a demonstration of coverage for the CDC-recognized lifestyle change program for eligible Medicaid beneficiaries. <i>(Examples of subpopulations: Dual eligibles, geographic location, highest risk patients with prediabetes)</i>							
Baseline:		Target:	Actual:				
	Start date	End Date (1-2 years)	Key actions to achieve priorities (high level actions; not each step in the process)	Metrics for measuring success of key actions	Resources available/needed	Lead organization (bold) Collaborating organizations	Progress Notes
1	Educate and promote the DPP to organizations by:						
1a	8/15/16	9/15/16	Write a letter from DNLT to Healthier WA Executive Leadership Team supporting the DPP as a choice under the 1115 waiver	<ul style="list-style-type: none"> Letter created # ACHs that select the DPP as a project choice under the 1115 waiver 	Available: <ul style="list-style-type: none"> Connection to Healthier WA Executive Leadership Team 	DNLT Chair DOH HSDP (review) DOH Health Officer (review)	In early August, it was announced that decisions regarding 1115 waiver have already been made, this is no longer possible
1b	8/15/16	10/01/16	Write letter for target audiences: MCOs, funders, provider systems, professional organizations, legislature, AAAs	<ul style="list-style-type: none"> Letter created # times letter is distributed & to whom 	Available: <ul style="list-style-type: none"> DNLT Members Needed: <ul style="list-style-type: none"> Dissemination tracking system 	DNLT Chair DOH HSDP (review) DNLT members (distribution)	
1c	10/01/2016	6/30/17	Educate ACHs about the DPP	<ul style="list-style-type: none"> # ACHs that select the DPP as a project choice under the 1115 waiver # presentations # of times the DPP is a meeting topic on an agenda 	Available: <ul style="list-style-type: none"> Academic Detailing Model WSU Success Story Pamphlet Connection to Healthier WA team through DEAR 	DOH HSDP Other state agencies (HCA and AL TSA/DHSH) DNLT	

					<ul style="list-style-type: none"> • Doihaveprediabetes.org • Prevent Diabetes STAT Toolkit • 1422 (funding) • 1115 Waiver (funding) 		
1d	8/15/16	10/31/16	<p>Develop a one-page fact sheet to promote and educate target audiences about the DPP.</p> <p>Fact sheet to include:</p> <ul style="list-style-type: none"> • Clinical evidence • Economic benefits • High need areas • WA resources (DPP) 	<ul style="list-style-type: none"> • Fact sheet created • # times the factsheet is distributed & to whom • Resources for implementation • Federal mandates & funding 	<p>Available:</p> <ul style="list-style-type: none"> • WSIPP report • CDC DPP recognition and evidence/outcomes • WA DOH DM burden reports/maps and where DPP is located in WA • Link the DPP evidence to obesity prevention/control • 211 • DEAR report • USPSTF links • Medicare actuary certification letter • Alignment with WA move to value-based payment 	DOH HSDP DNLT	
1e	8/15/16	9/15/16	Identify routes of communicating with MCOs	<ul style="list-style-type: none"> • MCO representation on DNLT 	<p>Available:</p>	DOH HSDP DSHS – Dawn Williams	

				<ul style="list-style-type: none"> # of communication routes identified 	<ul style="list-style-type: none"> Partnerships with HCA, DOH, DNLT, etc. 	HCA	
2	DOH will examine funding opportunities with HCA:						
2a	8/15/16	10/31/16	1115 waiver dollars	<ul style="list-style-type: none"> # of available funding mechanisms identified 		HCA DOH	
2b	8/15/16	6/30/17	State general funds/legislative dollars/state pool (as identified by the uninsured/underinsured work group)			DOH HCA DSHS/ALSTA – Dawn Williams	
2c	8/15/16	6/30/17	Grants, public/private partnerships			DNLT	
2d	8/15/16	6/30/17	Other federal funding (CDC, CMS, etc)			DOH HCA DSHS/ALSTA – Dawn Williams	
2e	8/15/16	6/30/17	Research or create “use cases” that support implementation through different funding opportunities	<ul style="list-style-type: none"> # use cases identified/created # partners who received use cases # DOH use case website hits # partner websites posting use cases 	Needed: <ul style="list-style-type: none"> Existing research examples to develop use cases 	DOH DNLT	
2f	8/15/16	6/30/17	Determine what MCOs are already doing in regard to prediabetes and obesity management	<ul style="list-style-type: none"> Types of MCO prediabetes and obesity management identified 	Available: <ul style="list-style-type: none"> DEAR 1 Report Needed: <ul style="list-style-type: none"> MCO direct connection/partner 	DEAR Team	
3	Determine parameters of the demonstration projects (regions, desired outcomes, etc): <i>(These action items are reliant on what happens with the 1115 waiver. This section will be updated with help of HCA and DNLT appx in Fall 2016)</i>						

3a	TBD	1/2018	If an RFP needs to be released, determine eligible applicants and include open/public comment period	TBD	TBD	TBD		
3b			Determine appropriate patient population and eligibility criteria for target population	TBD	TBD	TBD		
3c			Determine appropriate pathways to address health disparities	TBD	TBD	TBD		
3d			Determine appropriate pathways to support areas with limited access to DPP program delivery	TBD	TBD	TBD		
3e			Determine demonstration metrics/measures and program outcomes, determine how this demonstration can support WA work on value based payment reform, and determine reporting mechanism and method for dissemination of findings	TBD	TBD	TBD		
3f			If needed, adjust MCO contracts	TBD	TBD	TBD		
3g			Determine mechanism for distribution of funding	TBD	TBD	TBD		
4	Implement the demonstration project(s): <i>(These action items are reliant on what happens with the 1115 waiver. This section will be updated with help of HCA and DNLT appx in Fall 2016)</i>							
	TBD	06/30/18		TBD	TBD	TBD		

Barriers

- Lack of communication between state, MCOs, private organizations in regards to *how* they do their business pertaining to paying for evidence-based programs
- Currently no incentive (no HEDIS, STARS measures) for MCOs to offer DPP; prediabetes measure is not a part of the 52 WA state core measures
- Churn of Medicaid enrollees and impact on ROI
- Ability to communicate with ACHs in a timely manner
- ACH hierarchy and decision making processes

Who is missing/Additional stakeholders?

- HCA, MCOs, ACHs
- Healthier WA

Bike rack

- Conversations:
 - Managed care dollars should follow life of patient
 - Health plans need to look at members every month. ACH needs to work a bit harder to manage budget
 - ACH Representation is missing in this conversation. Nervous to set up a 1-2 year priority without an ACH in the room. Benton-Franklin rep sits on ACH board, and feels this isn't outside the realm of possibilities because prevention (diabetes specifically) is a priority.
- Issues for concern:
 - Member churn
 - Inability for MCOs to share data
 - Quick ROI for legislature
 - Access concerns (in rural areas)
- Leverage community based programs
- Run through ACHs and leverage \$\$
- Flow \$\$ through MCOs to community based organizations.
- HCA/DOH/DSHS publish what MCO's do to prevent diabetes. Create a "competitive" arena. Create a published document, or ask them to come to a conference/meeting where each organization presents on what they're doing to prevent diabetes in a panel style forum
- Common measure set of Core Measures that is continually being revisited. Group is focused on nationally vetted measures for what data exists (currently, via claims). Currently no nationally vetted measures for prediabetes
- Link to value based payment
- Value added services for MCOs
- Link obesity to DPP in communication/education to partners
- Use DEAR 2 to present the comparison of MCOs' commitment to diabetes prevention

Medicaid – Pillar for WA State Diabetes Prevention Program Action Plan: Increasing Coverage and Access by June 2018

Pillar: Medicaid

Goal: In Washington, the State Engagement Meeting and the development of this plan focuses on **providing coverage and payment for the National Diabetes Prevention Program to all eligible populations to prevent type 2 diabetes in Washington. This has been identified as the main gap to scaling and sustaining the DPP in Washington State.**

Priorities:

1. Increase coverage of DPP among Apple Health (Medicaid) payers.
2. By July 2018, HCA in collaboration with the MCOs will implement a demonstration of coverage for the CDC-recognized lifestyle change program for eligible Medicaid beneficiaries.
(Examples of subpopulations: Dual eligibles, geographic location, highest risk patients with prediabetes)
3. ???
4. ???

Objectives:









1. By June 2018, establish coverage of DPP for Apple Health utilizers
2. By June 2018, sustained agreement by MCOs to establish partnerships that provides their patients with covered access to DPP
3. ???
4. ???













Key Activities Include:

- Increase communication and partnerships with MCOs through regular outreach through DNLT, DEAR, or agency opportunities
- Through workgroup opportunities and agency relationship with HCA, become familiar with the MCOs contracts
- Share information and strategize about how to seek coverage and access for vulnerable populations

Outcomes:

- **A covered benefit for Apple Health recipients**
- **Identified funding streams for individuals at high risk for type 2 diabetes who are covered by Medicaid**
- ???

Medicaid					2016	
Key Actions To Do	August/ September 2016	October 2016	November 2016	December 2016	Lead Organization/ Needs	
<p>Educate and promote the DPP to organizations by:</p> <ul style="list-style-type: none"> • Write a letter from DNLТ to Healthier WA Executive Leadership Team • Write letter for target audiences: MCOs, funders, provider systems, professional organizations, legislature, AAAs • Educate ACHs about the DPP <p><i>* In early August, it was announced that decisions regarding 1115 waiver have already been made, this is no longer possible.</i></p>				 <i>*complete by 10/1/16 & 6/30/17</i>	<ul style="list-style-type: none"> • DNLТ Chair • DOH HSDP (review) • WA DOH Health Officer (review) • DNLТ members • HCA • DSHS/ALTSA <p>*Needs:</p> <ul style="list-style-type: none"> • Connect to Healthier WA • Create a dissemination tracking system for outreach to “target audiences” • Track # of times DPP is a meeting topic on agenda • Academic Detailing Model ??? • WSU Success Story Pamphlet – shared with ACHs (any follow up needed?) • Connection to Healthier WA team through DEAR • Doihaveprediabetes.org • Prevent Diabetes STAT Toolkit • 1422 (funding) 	
<p>Develop a one-page fact sheet to promote and educate target audiences about the DPP.</p> <p>Fact sheet to include:</p> <ul style="list-style-type: none"> • Clinical evidence • Economic benefits • High need areas • WA resources (DPP) 				 <i>*complete by 10/31/16</i>	<ul style="list-style-type: none"> • DOH HSDP • DNLТ <p>Available Resources:</p> <ul style="list-style-type: none"> • WSIPP report • CDC DPP recognition and evidence/outcomes • WA DOH DM burden reports/maps and where DPP is located in WA 	

<p>*Create the fact sheet *Track the # of times it is distributed and to whom</p>					<ul style="list-style-type: none"> • Link the DPP evidence to obesity prevention/ control • WIN211 • DEAR report • USPSTF links • Medicare actuary certification letter • Alignment with WA move to value-based payment
<p>Identify routes of communicating with MCOs</p> <p>* MCO representation on DNLT * # of communication routes identified</p>				 <i>*complete by 9/15/16</i>	<ul style="list-style-type: none"> • DOH HDSDP • DSHS – Dawn Williams • HCA <p><i>*Partnerships with HCA, DSHS, DNLT</i></p>
<p><u>DOH will examine funding opportunities with HCA:</u></p> <ul style="list-style-type: none"> • <i>State general funds/legislative dollars/state pool (as identified by the uninsured/underinsured work group)</i> • <i>Grants, public/private partnerships</i> • <i>Other federal funding (CDC, CMS, etc)</i> • <i>Research or create “use cases” that support implementation through different funding opportunities</i> • <i>Determine what MCOs are already doing in regard to prediabetes and obesity management</i> <p>*1115 waiver dollars-no longer an option</p>				 <i>*completed by 6/30/17</i>	<ul style="list-style-type: none"> • HCA • DOH • DSHS/ALSTA • DNLT • DEAR Team <p>Needs:</p> <ul style="list-style-type: none"> • Existing research examples to develop use cases • MCO direct connection/partnership <p>Resources:</p> <ul style="list-style-type: none"> • DEAR 1 Report
<p><u>Determine parameters of the demonstration projects:</u></p> <ul style="list-style-type: none"> • Since the 1115 Waiver is not applicable, awareness of other opportunities is paramount. • 				 <i>*started: 1/01/17</i> <i>*completed by 1/01/18</i>	<ul style="list-style-type: none"> • DOH • HCA • DSHS/ALSTA <p>Increasing Coverage:</p> <ul style="list-style-type: none"> • Determine appropriate patient population and eligibility criteria for target population

<p><i>*Track number of employers/organizations reached and outcomes</i></p>					<ul style="list-style-type: none"> • Determine appropriate pathways to address health disparities • Determine appropriate pathways to support areas with limited access to DPP program delivery • Determine demonstration metrics/measures and program outcomes, determine how this demonstration can support WA work on value based payment reform, and determine reporting mechanism and method for dissemination of findings • If needed, adjust MCO contracts • Determine mechanism for distribution of funding
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Abbreviations (Contact):

DSHS/ALSTA – (Dawn)

HCA – Health Care Authority (Alice)

DNLT – Diabetes Network Leadership Team

DOH – Washington State Department of Health (Alexandro)

Who else is needed to make this work successful?

Accountable Communities of Health (ACHs)	DEAR Team	DNLT	DOH HDSDP
Healthier WA		HCA	
Managed Care Organizations (MCOs)		DSHS/ALSTA	

What are our current barriers to supporting this work?

- Lack of communication between state, MCOs, private organizations in regards to *how* they do their business pertaining to paying for evidence-based programs
- Currently no incentive (no HEDIS, STARS measures) for MCOs to offer DPP; prediabetes measure is not a part of the 52 WA state core measures
- Churn of Medicaid enrollees and impact on ROI
- Ability to communicate with ACHs in a timely manner
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Bike rack: Conversations:

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- Health plans need to look at members every month. ACH needs to work a bit harder to manage budget
- ACH Representation is missing in this conversation. Nervous to set up a 1-2 year priority without an ACH in the room. Benton-Franklin rep sits on ACH board, and feels this isn't outside the realm of possibilities because prevention (diabetes specifically) is a priority.