REGIONAL HEALTH NEEDS INVENTORY

Response to Medicaid Transformation Project Portfolio

Abstract

For a complete review of SWACH MTP Project DRAFT, go to https://www.hca.wa.gov/assets/program/swach-project-plan.pdf

Southwest Washington Accountable Community of Health

Describe how the ACH has used data to inform its project selection and planning.

As part of project selection and design, the Southwest Accountable Community of Health (SWACH) is using data to:

- Identify health care and community needs, gaps, and potential disparities
- Explore populations in order to inform the theory of action and understand project impact
- Identify partnering providers and organizations and engage stakeholders

SWACH began by reviewing community health needs assessments (county, regional, and hospital) to understand areas of high regional need, with a focus on community input (e.g., surveys, listening sessions). These existing assessments provided a solid foundation for understanding the community and potential avenues for ACH projects, as well as context for administrative data.

In May 2017, SWACH established the Data and Learning Team (DLT) as part of its governance structure; the DLT supports data-driven decision-making by reviewing and interpreting available information, identifying data gaps and needs, and making recommendations to the RHIP Council and SWACH leadership (see SWACH-Appx-1-DLT-Materials-20171116.pdf for the DLT charter, current roster, and October meeting materials).

DLT members have the ability to go back to their own organizations or partners to further explore data, or bring data forward to supplement the discussion. For example, MCO DLT members have been most helpful in providing learnings from internal analyses around high-risk pregnancy, opioids, and utilization.

SWACH's process for using data has been iterative. For example, RHIP Council members provided suggestions for potential populations or data to explore. Staff compiled available information for DLT discussion and internal planning. At that point, concepts may be refined at the DLT, partners may explore their own organizational data to inform the discussion, additional questions might be asked, etc., and then the refined concept or recommendation presented to the RHIP Council.

As part of this process, the DLT and the RHIP Council have adopted data-informed criteria as part of the project selection and decision-making process (table below). While not every decision must meet all of these criteria, they provide a helpful framework to guide discussion and recommendations.

Criteria	Key Questions
Need	• Does the priority population disproportionately experience poor health outcomes? • Are there subgroups that experience disparities? • Is there a gap in existing services to effectively address these outcomes?
Impact	• Is there a strong potential for the project / strategy to improve outcomes for the priority population in 2-3 years? • Is the priority population large enough for improvements to drive community-wide outcomes?
Feasibility	• What data currently exist to explore the priority population, track outcomes, and evaluate impact?

One example of how SWACH has used data to guide initial planning is by reviewing publically available and HCA-provided data products to identify high volume providers and potential partner organizations who serve significant numbers of Medicaid beneficiaries (see SWACH-Appx-2-Providers-20171116.pdf). This helps guide the universe of partners who could be involved in which projects, and it ensures that SWACH is not missing anyone for inclusion in workgroups or other project planning.

To inform project selection, SWACH reviewed available data to understand current regional performance on the Pay For Performance (P4P) measures and which measures fell into which project areas. This review, coupled with a more detailed look at measure denominator populations, helped inform SWACH strategies for project selection. It also helped staff and workgroups find alignment between the selected projects and develop an interconnected project framework in which no one project is disconnected from the overall transformation design.

Describe the data sources the ACH has acquired or gathered to inform its decision-making, noting where data were provided by partnering providers (Managed Care Organizations (MCOs), providers, Community Based Organizations (CBOs), etc.).

SWACH has used a variety of data sources to identify regional health needs and to inform project selection and planning. These sources range from publicly available reports and dashboards (e.g., Healthier Washington Data Dashboard, Community Checkup, Healthy Youth Survey fact sheets) to data HCA released specifically for ACH planning purposes (e.g., RHNI "starter set" data files, provider reports, measure decomposition files, see SWACH-Appx-3-Data-Sources-20171116.pdf for additional detail on data sources SWACH utilized.)

Local partners also provided data to support planning, primarily in response to specific questions. Some examples include:

- Clark and Skamania County Sheriff's Offices shared jail booking and release data
- Council for the Homeless provided information on housing hotline call volume and disposition, and point-in-time homelessness counts
- MCOs shared information on high risk pregnancy and NICU utilization
- Klickitat Father's House Fellowship Peer Support Services shared their opiate usage survey

Clark County Public Health has been a key partner in accessing and providing additional analysis on public health data sets including Behavioral Risk Factor Surveillance System (BRFSS) and vital records. Clark County Public Health was also able to access and analyze Klickitat and Skamania county data on behalf of the region. These data were particularly helpful for shaping the chronic disease project and exploring pregnant women and prenatal care initiation to inform the target population for care coordination. Clark County Syringe Program also shared data on Naloxone distribution and reported overdose reversals.

SWACH also had conversations with potential partners around data capacity – understanding what is being collected, or key indicators, and understanding how easy it might be to report out (e.g., conversations with Clark County Fire and Rescuer highlighted the National Emergency Medical Services

Information System (NEMSIS) data). Understanding local data capacity will be critical in supporting implementation and ongoing monitoring efforts throughout the demonstration period.

In addition to these state or local data sources, SWACH occasionally turned to national reports or published research for findings that could be applied locally, or could provide context to more region-specific data. For example, MACPAC and CHCS both have reports on co-occurring behavioral health and physical health conditions that were utilized for workgroup discussion prior to HCA releasing the Category 1 Behavioral Health and Chronic Conditions data file. And finally, staff were actively involved in community meetings and individual conversations with partners, providers, and community members, including the community listening session and key informant interviews for rural feedback.

Project planning is ongoing. As SWACH moves into conducting a current state assessment and implementation planning, these structures and data sources will be revisited and refined, and supplemented with stakeholder and community feedback.

Provide a high-level summary of the region's health needs relevant to Demonstration project planning. Highlight key sub-regions or sub-population groups if / as appropriate. For each identified topic, cite the data sources and the process methods used.

About the Region

The SWACH region covers an estimated 504,350 people (6.9% of Washington's population), spanning 4,200 square miles across three diverse counties: Clark (urban), Klickitat (rural), and Skamania (frontier).[1]

All three counties border the Columbia River and Oregon, and significant portions of Klickitat and Skamania counties are parts of the Gifford Pinchot National Forest, resulting in smaller populations concentrated along the river. Major industries include healthcare and the public sector (local government, public education, social services) in Clark County, the public sector and tourism in Skamania, and agriculture and tourism in Klickitat.[2]

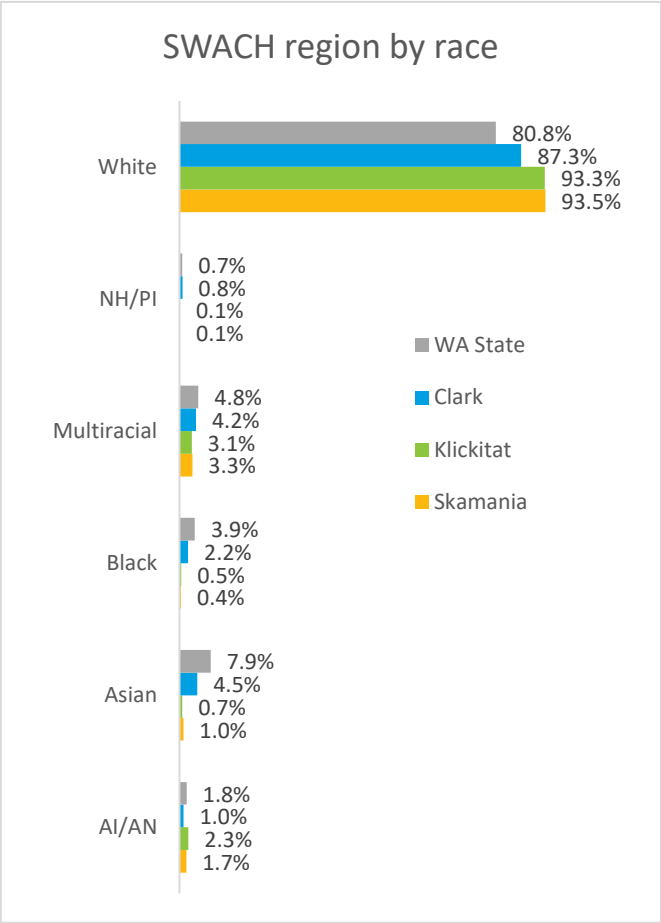
The population is less racially and ethnically diverse than the statewide population: more than 90% of residents in Klickitat and Skamania are white. Klickitat has a slightly higher percentage of American

[1] Office of Financial Management, April 2017 population estimates https://ofm.wa.gov/washington-data-research/population-demographics/population-estimates/april-1-official-population-estimates

[2] Washington State Employment Security Department, Oct 2016 County Profiles. https://esd.wa.gov/labormarketinfo/county-profiles

Indian / Alaska Native residents than the state population, and Clark has slightly higher percentage of Native Hawaiian / Pacific Islanders. A quarter of the population is under age 18.[3]

Median household income for the region is at or below the statewide average ($64k), ranging from $64k in Clark to $50k in Klickitat. Almost a quarter of children in Klickitat County are living in poverty (24%), compared to 15% of children in Clark, and 16% statewide. Unemployment is also higher in Skamania (5.7%) and Klickitat (5.8%) than in Clark (5%), or compared to the state average (5%).[4]



Urban communities within the SWACH region are adjusting to the economic consequences of a growing economy and gentrification, including shortages in affordable housing and resultant homelessness. According to census data, almost 40 percent of Clark County residents spend at least 30% of their income on housing (compared to 33% in Klickitat, and 28% in Skamania), and the 2015 Washington State Housing Needs Assessment found that there were only 16 affordable (<30% of income) and available housing units per 100 households in Clark County (compared to 18 per 100 in Skamania and Klickitat, and 28 per 100 statewide).[5]

In 2015, 3.6% of SWACH Medicaid members were homeless at least one month during the year, and data from the Council for the Homeless' housing hotline indicate an uptick in the first part of 2017 (compared to the first part of 2016) of individuals who are being discharged from the hospital or jail/prison to the streets.[6]

Access to food is also a known challenge for SWACH residents. The 2016 Healthy Columbia Willamette Community Health Needs Assessment identified this as one of the important needs for Clark County in particular, along with not eating enough healthy foods; the 2016 PeaceHealth Community Health Needs

[3] Office of Financial Management, 2015 Population Report. Accessed via HCA "starter set" data files. 24% of the population is aged 0-17, 61% aged 18-64, and 15% 65+.

[4] Income and employment data from the 2017 Robert Wood Johnson Foundation County Health Rankings and the Washington State Employment Security Department (May 2017), accessed online at http://www.countyhealthrankings.org/app/washington/2017/overview and https://fortress.wa.gov/esd/employmentdata/reports-publications/regional-reports/local-unemployment-statistics

[5] Housing data from the Washington Tracking Network and the Washington State Department of Commerce. http://www.commerce.wa.gov/housing-needs-assessment/

[6] Percent homeless data for CY 2015, from RDA Measure Decomposition files, provided by HCA July 2017. Council for the Homeless housing hotline information provided via email exchange with Kate Budd, Council for the Homeless, Oct 24, 2017.

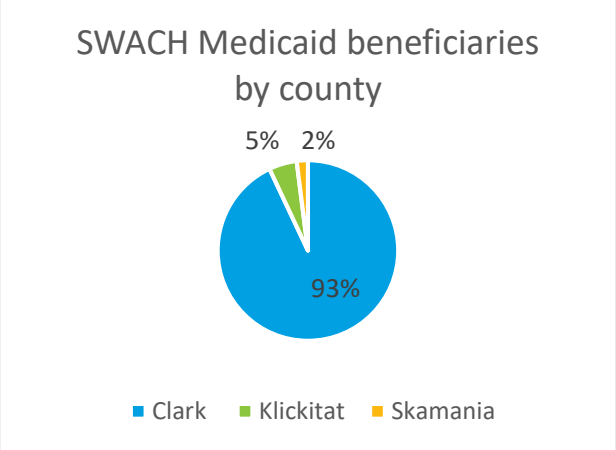
Assessment also identified food insecurity among children as a major concern for Clark County.[7] The 2016 Gorge Wide Food Survey found that 1 in 5 individuals ran out of food and 1 in 3 were worried about running out.[8] More than a third of students across the region are eligible for free or reduced price lunch, and more than 20 people per 100 receive food stamps (SNAP).[9]

The SWACH region has a higher 5-year graduation rate than the state (84-86%, compared to 82%), and fewer than 5 percent of students drop out without completing high school. However, chronic absenteeism is a known problem that local school districts and community partners are working to address.[10] In addition, a majority of kindergarteners entering school in the region are not ready in at least one of six domains. These kindergarten deficits are difficult to make up and can lead to lower levels of high school completion and vulnerabilities later in life.[11]

SWACH residents have lower arrest rates (for both adolescents and adults) than the statewide average; however, both Clark and Klickitat counties have higher rates of adult prisoners in the state correctional system than the state average[12].

Medicaid Beneficiary Population Profile

As of September 2017, SWACH serves approximately 133,000 Medicaid beneficiaries, accounting for 7% of statewide enrollment. Twenty-seven percent of Clark County residents rely on Medicaid for their health insurance, similar to the statewide average (26%), and ranging from 21% in Skamania to 32% in Klickitat. The majority of SWACH's Medicaid population resides in Clark County.[13]



[7] http://www.q-corp.org/sites/qcorp/files/HCWC%202016%20Community%20Health%20Needs%20Assessment.pdf and https://www.peacehealth.org/sites/default/files/sw_chna_11.14.16_final_2-with_appendix.pdf

[8] 2016 Columbia Gorge Regional Community Health Assessment. http://cghealthcouncil.org/wp-content/uploads/2017/03/Columbia-Gorge-Community-Health-Assessment-Full-Document-December-2016.pdf

[9] SNAP and free or reduced price lunch data from DSHS County Risk Profiles https://www.dshs.wa.gov/sesa/research-and-data-analysis/county-and-state

[10] Education data from the Office of the Superintendent for Public Instruction and DSHS County Risk and Protection Profiles https://www.dshs.wa.gov/sesa/research-and-data-analysis/county-and-state and http://www.k12.wa.us/DataAdmin/Dropout-Grad.aspx. Focus on attendance shared by local school districts, e.g., http://vansd.org/attendance-matters/, http://vansd.org/student-welfare-attendance/attendance/, Evergreen School District Foundation's Attendance Awareness Month, etc.

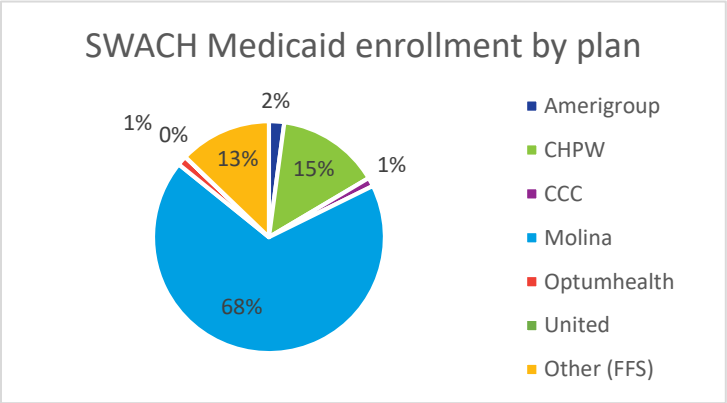
[11] Only 36.6% of students in Evergreen School District, and 31.8% in Vancouver School District are ready for kindergarten, compared to 47.4% statewide. Kindergarten readiness drops to 16.9% in Goldendale District. Oct 2016 data, from Office of Superintendent of Public Instruction. Online at http://www.k12.wa.us/DataAdmin/PerformanceIndicators/Kindergarten.aspx.

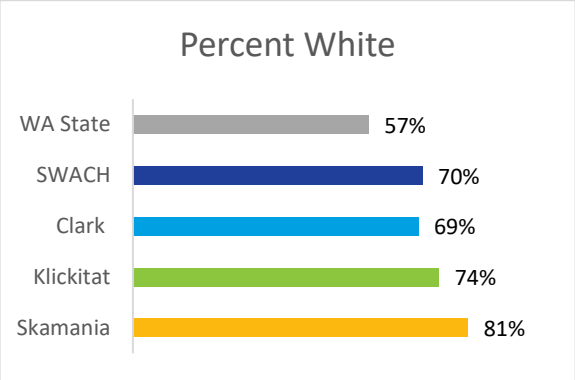
[12] Arrest data from the DSHS County Risk Profiles https://www.dshs.wa.gov/sesa/research-and-data-analysis/county-and-state; additional context provided by Clark and Klickitat county sheriffs' offices.

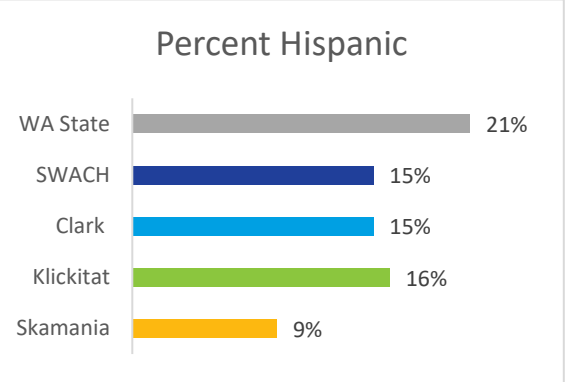
[13] Medicaid enrollment data from Apple Health enrollment reports, September 5, 2017. Available online at https://www.hca.wa.gov/about-hca/apple-health-medicaid-reports#apple-health-enrollment-reports and Healthier

The majority of SWACH's Medicaid population (87%) is enrolled in managed care organizations, primarily Molina Healthcare (68%), followed by Community Health Plan of Washington.[14]

SWACH's Medicaid population is predominantly white (70%), non-Hispanic (65%) and English-speaking (89%), and is generally less diverse than the statewide Medicaid population. Skamania and Klickitat Counties are slightly less racially diverse than Clark County. SWACH's Medicaid population is slightly more female (53%) and slightly younger (48% of covered lives are < age 19).[15]







Medicaid Beneficiary Population Health Status

Prevalence of Chronic Conditions

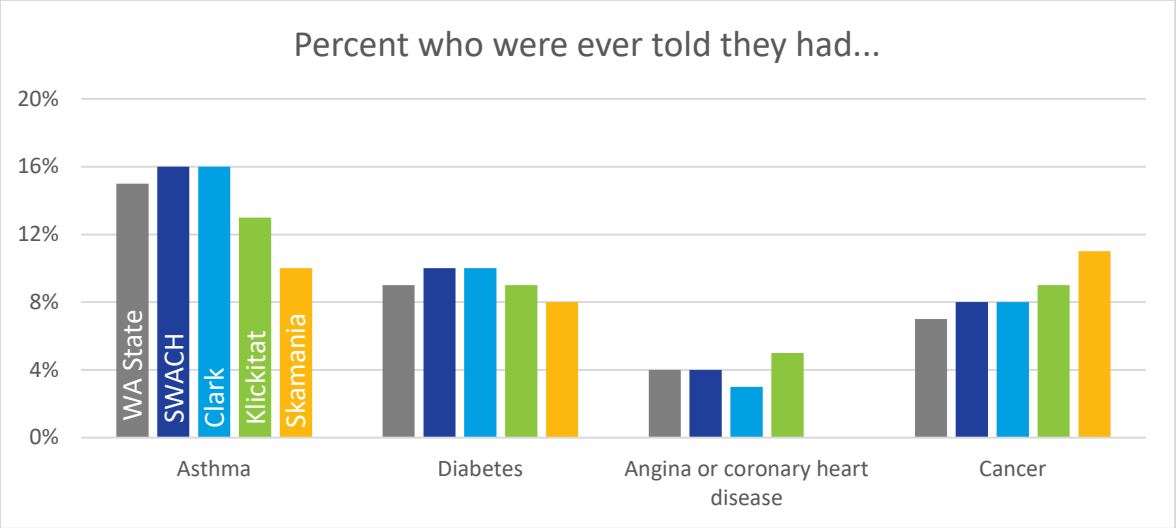
SWACH's general population has similar, or just slightly higher rates of physical health / chronic conditions than statewide, although there is underlying county variation (see table below). In general, rates of chronic conditions are higher in Klickitat and Skamania than in Clark, with the exception of asthma and diabetes, which are higher in Clark.[16]

Washington Data Dashboard. https://www.hca.wa.gov/about-hca/healthier-washington/data-dashboard

[14] Medicaid enrollment data from Apple Health enrollment reports, September 5, 2017. Available online at https://www.hca.wa.gov/about-hca/apple-health-medicaid-reports#apple-health-enrollment-reports

[15] Medicaid demographic data from Healthier Washington Data Dashboard, Oct 1, 2015 – Sept 30, 2016. Available online at https://www.hca.wa.gov/about-hca/healthier-washington/data-dashboard

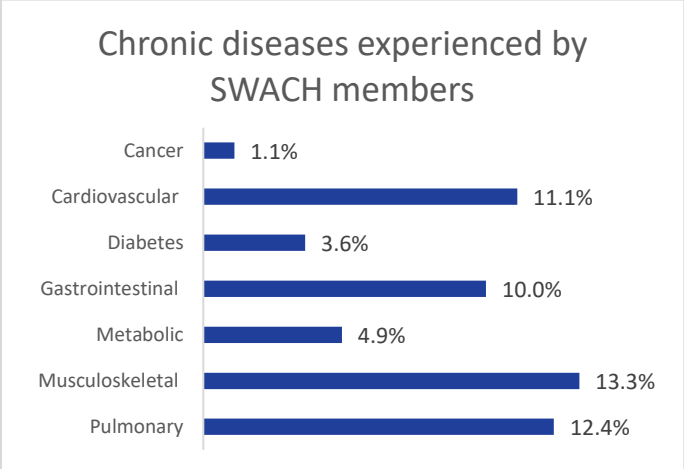
[16] 2014-2016 Behavioral Risk Factor Surveillance System survey data, provided by Clark County Public Health on behalf of Clark, Klickitat, and Skamania Counties, October 4, 2017.



Angina data for Skamania suppressed due to small numbers.

Looking more specifically at the Medicaid population, the prevalence of asthma, diabetes, and depression (based on diagnostic coding) is slightly lower in SWACH members than statewide, with some potential disparities suggested (e.g., American Indian / Alaska Native and Vietnamese-speaking members have the highest rates of diabetes, women have higher rates of depression, etc).[17]

Additional data provided by HCA indicate that cardiovascular diseases, gastrointestinal diseases, pulmonary diseases, and metabolic diseases are some of the most frequent chronic conditions experienced by SWACH members.[18]



Measures of disease management indicate that SWACH Medicaid members experience similar quality of care to the statewide Medicaid population. SWACH is the highest performing ACH on measures such as antidepressant medication management and medication management for people with asthma, but falls slightly below the state average on measures such as the comprehensive diabetes care composite.[19]

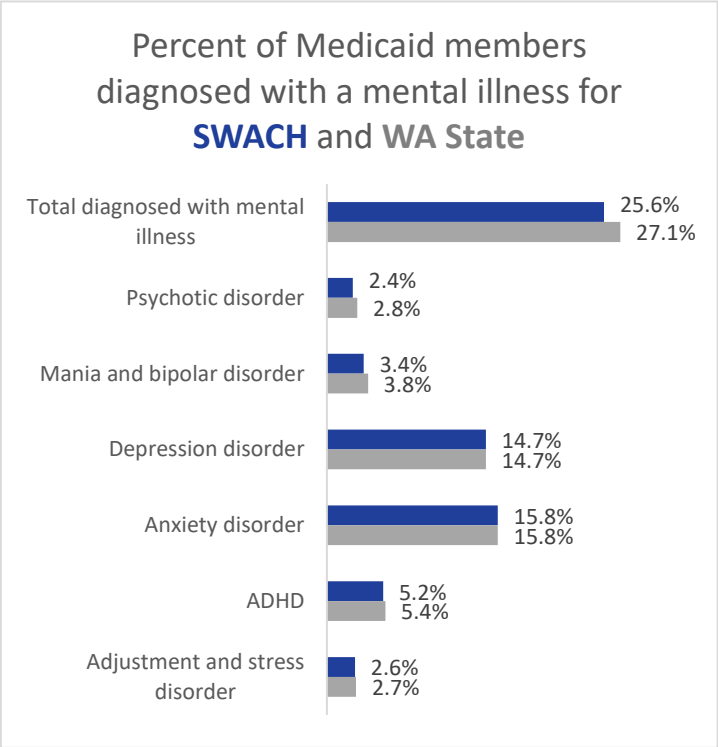
[17] Diagnosis rate data from the Healthier Washington Data Dashboard, July 2015 – June 2016. Similar patterns hold for the updated measurement period, Oct 2015 – Sept 2016. https://www.hca.wa.gov/about-hca/healthier-washington/data-dashboard

[18] Category 1 Behavioral Health and Chronic Conditions data file, provided by HCA Sept 29, 2017. Data based on CDSP diagnostic grouping, through June 2016.

[19] Quality measure data from the Healthier Washington Data Dashboard, Oct 2015 – Sept 2016. https://www.hca.wa.gov/about-hca/healthier-washington/data-dashboard

Regional performance does mask some underlying geographic variation: for example, Klickitat's rate for antidepressant medication management (acute) is 47%, compared to 56% in Clark, and 55% for SWACH; Klickitat's rate for comprehensive diabetes care: eye exams is 8%, compared to 37% in Clark, and 35% for SWACH. Regional performance may also mask potential racial and ethnic disparities: American Indian / Alaska Native and Spanish-speaking members have lower rates of eye exams; multiracial members have the lowest rates of HbA1c testing; Black members have lower rates of antidepressant medication management (acute), etc.[20]

Prevalence of Behavioral Health Conditions



According to ACH profiles provided by DSHS, approximately 25% of the SWACH population that is jointly served by HCA-DSHS were diagnosed with a mental illness in the last 24 months, with depression and anxiety disorders being the most prevalent. 18% of the population were diagnosed with a serious mental illness, and just under 10% had at least one indicator of substance use disorder treatment need (6.7% have co-occurring mental health and substance use disorder diagnoses, compared to 7.7% statewide).[21]

Additional data provided by HCA confirm that just under 10% had at least one indicator of substance use disorder treatment need. The data also provide additional insight into co-occurring conditions: approximately 5.7% of SWACH Medicaid members have co-occurring mental health AND substance use disorder treatment need and approximately 4.5% have co-occurring mental health AND substance use disorder treatment need AND one or more chronic condition.[22]

Despite nearly a quarter of the population having some mental health diagnosis in the past 24 months, SWACH's treatment penetration rates are low (and have been declining over the past three years). SWACH is the lowest performing ACH for mental health treatment penetration.[23] SWACH also has low

[20] Quality measure data from the Healthier Washington Data Dashboard, Oct 2015 – Sept 2016. https://www.hca.wa.gov/about-hca/healthier-washington/data-dashboard

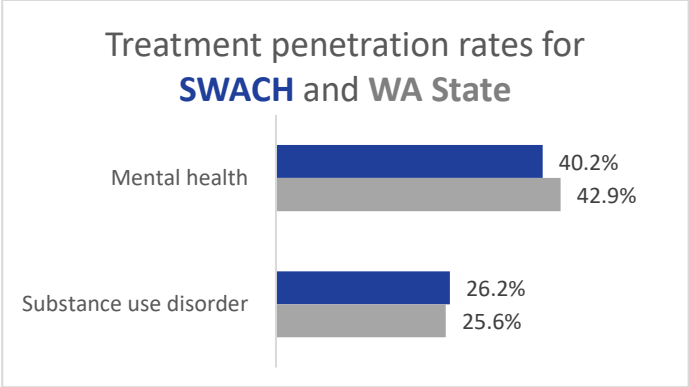
[21] DSHS RDA ACH Profiles for Southwest WA, FY 2016. Available online at https://www.hca.wa.gov/assets/program/SW-wa-future.xlsx

[22] Category 1 Behavioral Health and Chronic Conditions data file, provided by HCA Sept 29, 2017. Data through June 2016.

[23] Penetration rate data from DSHS 1519 reporting available online, https://www.dshs.wa.gov/sesa/research-and-data-analysis/cross-system-outcome-measures-adults-enrolled-medicaid-0 as well as historical measure performance data provided by HCA on September 7, 2017.

rates for Medication Assisted Therapy for individuals with opioid use disorder: only 8% access MAT with buprenorphine, and 11% MAT with methadone.[24]

There are approximately 14,000 Medicaid opioid users in the SWACH region. The majority (87%) do not have a cancer diagnosis, and are non-Hispanic, white members (76%). 20% are considered heavy opioid users, and 18% chronic users.[25]



Health Behaviors

Population health data indicate that risky health behaviors, particularly tobacco use, are common across the SWACH region. The 2016 Healthy Columbia Willamette CHNA identified cigarette smoking, alcohol, and marijuana use as specific issues for teenagers, as well as cigarette smoking among pregnant women.[26] Maternal smoking during pregnancy in both the general population and Medicaid is higher across the SWACH region than statewide, and highest for Medicaid in Klickitat and Clark (17.4% and 16.9% respectively).[27]

Adult current smoking rates range from 17% in Clark to 25% in Klickitat, compared to 15.6% statewide, and the rates of 10th and 12th graders who smoked cigarettes in the past 30 days were higher across the region than statewide, and highest in Klickitat specifically.[28] Healthy Youth Survey data also indicate that 26% of 12th graders in Klickitat County experience binge drinking, compared to 16% in Clark and 18% statewide.[29]

Vital Statistics

The 2016 Healthy Columbia Willamette CHNA identified the leading causes of morbidity and mortality in Clark County (general population) and prioritized based on racial and ethnic disparities, gender disparities, worsening trends, worse rate at the county level when compared to state, a high proportion of the population affected, and severe health consequences. These include:

Morbidity	Mortality[30]

[24] RHNI "starter kit" data provided by HCA, April 25, 2017.

[25] Ibid.

[26] http://www.q-corp.org/sites/qcorp/files/HCWC%202016%20Community%20Health%20Needs%20Assessment.pdf

[27] Maternal smoking during pregnancy by county, 2015. Washington First Steps Database https://www.hca.wa.gov/about-hca/reproductive-health

[28] Adult current smoking from 2013-2015 Behavioral Risk Factor Surveillance System survey data; adolescent cigarette smoking data from 2016 Healthy Youth Survey. https://www.askhys.net/

[29] 2016 Healthy Youth Survey. https://www.askhys.net/

[30] Deaths are categorized according to the underlying (or primary) cause of death on the death certificate.

Asthma in adults	Alcohol-induced
Bladder cancer incidence	Alzheimer's disease
Chlamydia incidence	Breast cancer among women
Chronic Hepatitis C incidence	Chronic liver disease and cirrhosis
Depression in teens and adults	Diabetes
Kidney/renal pelvic cancer incidence	Drug-induced
Lung, Trachea, bronchus cancer incidence	Heart disease
Melanoma (skin) cancer incidence	Lung, trachea, bronchus cancer
Obesity/overweight in teens and adults	Lymphoid, hematopoietic, related tissue cancer
Preterm births	Non-transport accidents (falls, unintentional poisoning)
Thyroid cancer incidence	Suicide

2015 vital records data indicate that leading causes of death are similar across Clark, Klickitat, and Skamania counties: malignant neoplasms, followed by heart disease.[31]

Utilization

SWACH Medicaid members have lower rates of Emergency Department (ED) utilization than statewide (39 visits per 1,000 member months compared to 51, and 42 visits compared to 54 statewide when mental health and chemical dependency visits are included). However, regional performance masks potential disparities: ED utilization rates are highest in Klickitat, and higher for American Indian / Alaska Native and Black members, as well as Arabic-language speaking members.[32]

Of these ED visits, 16% were for conditions that could have been managed in primary care settings (just below the statewide average: 17%). These potentially avoidable ED visits were consistent across the SWACH region, although higher for women, Asian and Native Hawaiian / Pacific Islander and Multiracial members, and Spanish-speaking members.[33]

Top reasons for potentially avoidable ED visits among Medicaid members:

- Respiratory infections
- Earaches
- Urinary tract infections
- Headaches
- Back pain

In 2015, a Washington Health Alliance report looking at potentially avoidable ED visits found that the rate was higher for Medicaid members living in Skamania and Klickitat, which may be partially due to the geographic distance to access services.[34]

[31] Washington Tracking Network, Leading Causes of Death by County Age-Adjusted Rate per 100,000, 2015.

[32] Utilization data from the Healthier Washington Data Dashboard, Oct 2015 – Sept 2016. https://www.hca.wa.gov/about-hca/healthier-washington/data-dashboard

[33] Potentially avoidable ED visits data from the Healthier Washington Data Dashboard, Oct 2015 – Sept 2016. https://www.hca.wa.gov/about-hca/healthier-washington/data-dashboard

[34] Right Care, Right Setting: A Report on Potentially Avoidable Emergency Room Visits in Washington State, January 2015. Washington Health Alliance. https://wahealthalliance.org/wp-content/uploads/2015/01/Right-Care-Right-Setting-Avoidable-

In addition to geographic distance to providers, SWACH has known inadequacies in access to behavioral health and primary care services. See access to care section below.

Providers Serving the Medicaid Population

The SWACH region includes:

- Two federal designated rural health clinics (Klickitat Valley Health Family Medicine and NorthShore Medical Group) and one federally qualified health center (Sea-Mar, multiple sites across region)
- One tribal health clinic (Cowlitz). The clinic, which is physically located within SWACH, is an outpost of the larger clinic located in Longview and served fewer than 500 Medicaid members in 2016
- Four hospitals (two in Clark County, and two critical access hospitals in Klickitat County)

While the majority of SWACH Medicaid member hospital inpatient and ED visits are at facilities in Washington, a small but significant number of admissions and visits occur in Oregon.[35]

This might be because almost a third of the workforce in Clark and a quarter in Klickitat and Skamania are working outside of Washington.[36] It may also be because the health systems serving SWACH often have facilities in both states and patients (particularly in Skamania and Klickitat) may be seen across the river, especially for specialty care.[37]

Hospital	% of SWACH Inpatient Admissions	% of SWACH ED Visits
PeaceHealth SW Medical Center	44.9	41.6
Legacy Salmon Creek	32.4	38.2
Legacy Emmanuel (OR)	6.1	2.5
OHSU (OR)	3.7	0.8
Providence (OR)	2.0	2.6
MidColumbia Medical Center (OR)	0.9	1.2
Klickitat Valley	0.5	3.6
Legacy Good Samaritan (OR)	0.4	2.3
Skyline	0.4	2.2

All of Klickitat County is a designated medically underserved population, and a portion of southwestern Clark County is a designated underserved area for primary medical care. Klickitat and Skamania counties, as well as portions of Clark are all primary care health professional shortage areas.[38] Skamania in particular has a low ratio of physicians and primary care physicians providing direct patient care (see chart below). Additionally, every physician in Skamania is age 55 or older, and therefore, may be closer to retirement.[39]

ER-Visits.pdf

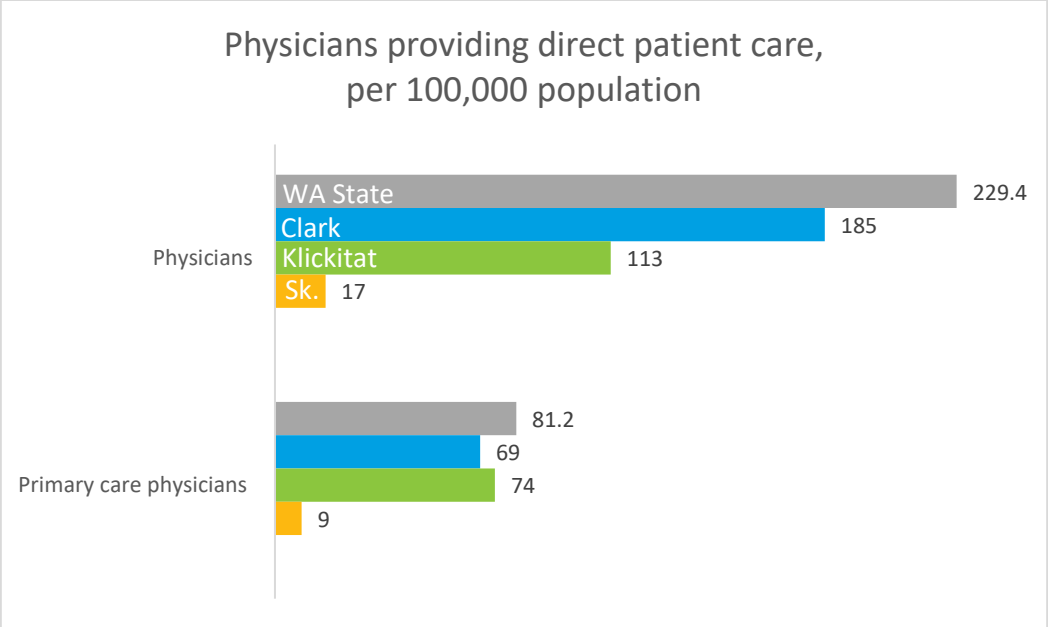
[35] 2016 utilization data from Provider Report Outpatient and ED Tables reports, HCA.

[36] Percent of workers ages 16 and older who worked outside state of residence, 2015. Commuting Characteristics by County. American Community Survey 5-Year Estimates.

[37] Key Informant Interviews conducted with Skamania county residents October 2017 indicated the need for more doctors in Stevenson and how members currently travel to Oregon to receive services.

[38] Medically underserved area and medically underserved population, January 3, 2017. Washington DOH. https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/RuralHealth/DataandOtherResources/MedicallyUnderservedAreaDesignations

[39] Washington State's Physician Workforce in 2016. Center for Health Workforce Studies, University of Washington.



Crisis behavioral health services are provided by Clark County Crisis Services and Skamania County Behavioral Health. Crisis stabilization services for adults are available through Columbia River Mental Health Services. Catholic Community Services and Daybreak Youth Services provide crisis stabilization services for youth. PeaceHealth SW Medical Center in Vancouver and Telecare Corporation offer inpatient psychiatric beds in the region for adults, while Daybreak Youth Services offers co-occurring inpatient and residential detox services for youth throughout the region.[40] Klickitat County residents generally receive inpatient services in Yakima County through Comprehensive Healthcare. Lifeline also offers residential and outpatient substance use disorder services, including MAT.

See Appendix 2 (SWACH-Appx-2-Providers-20171116.pdf) for a list of the physical health providers and behavioral health providers that saw at least 500 SWACH Medicaid beneficiaries in 2016, based on provider billing for professional services.

As of 2012, Skamania County also had a low ratio of dentists per 100,000 population: 34, compared to 63 in Clark and 34 in Klickitat. Anecdotal information from Klickitat providers indicate that their Medicaid population generally goes without dental care. The entire SWACH region's dentists-to-population ratio is below the statewide (71 per 100,000).[41] See Appendix 2 (SWACH-Appx-2-Providers-20171116.pdf) for a list of dental providers that saw at least 1,000 SWACH Medicaid beneficiaries in 2016.

http://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2015/09/washington-states-physician-workforce-in-2016.pdf

[40] Crisis Mental Health Services and Inpatient Psychiatric Care – Capacity, utilization and Outcomes for WA Adults. Dec 2016. Washington State Institute for Public Policy. http://www.wsipp.wa.gov/Reports/594

[41] Washington State Dental Association, 2012 Dental Workforce Report.

Community Based Resources

There are a variety of community-based organizations in the SWACH region that serve the Medicaid population across a number of domains.[42] This information has been further categorized by SWACH staff to help inform project planning (see appendix xx).

While Council for the Homeless and the Vancouver Housing Authority are serving the region, they are unable to meet demand: 2-1-1 Info statewide quarterly reports indicate that low income housing, rent payment assistance, and emergency shelters were the top three searches on their website, and housing and emergency shelters were 5.9% and 11.7% of the unmet needs in the first part of 2017.[43] More specific to the SWACH region, housing services were the top request in Q2 2017, specifically related to rent payment assistance and low income housing. Housing requests represent the largest number of unmet community needs (including potential service gaps for homeless motel vouchers). More than half of 2-1-1 callers in the region are on Medicaid and a quarter report current homelessness.[44]

Nutrition assistance also remains a priority: the Clark County Food Bank distributes 6 million lbs of food and 5 million meals / year, and food pantries and food stamp services are among the top 10 service requests for 2-1-1 callers in the SWACH region.[45]

Transportation, utility assistance, and legal / public safety services were also areas of high unmet community need in the region. The need may be unmet because community organizations are at capacity, or because services do not exist within the community.

Access to Care

SWACH has known inadequacies in access to behavioral health and primary care services. SWACH is the lowest performing ACH on the child and adolescent access to primary care practitioners, and adult access to preventive / ambulatory health services also lags behind state performance. SWACH also has low rates of well child visits for children ages 3-6, particularly in Skamania (46%).[46]

Between 2015 and 2016, Clark County saw a decline of almost 20% in adult access to primary care visits (compared to 5% decline statewide, and a 4% decline in Klickitat County).[47]

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[42] The most complete documentation of available resources is maintained by Southwest Washington 2-1-1 Info. A list of agencies by county and category is available online https://docs.google.com/spreadsheets/d/1OB62Z-cy3FACHRvuALRv8gmICuwPcBx0jFSTKolP7qQ/edit?ts=59e93d88#gid=1986364147

[43] Washington Information Network 2-1-1 Quarterly Newsletter, April – June 2017. http://211info.org/reports

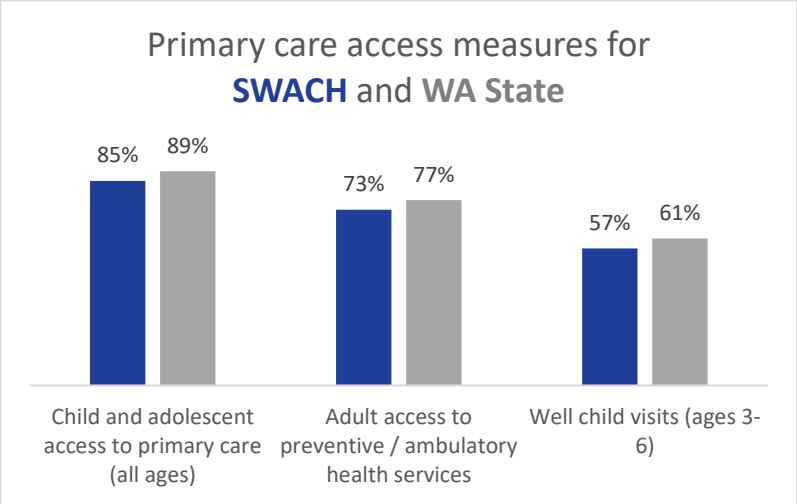
[44] 2-1-1 Info Southwest Washington quarterly report, April – June 2017. https://static1.squarespace.com/static/5491c902e4b0d409ad77f2e4/t/5981285059cc68fdf7e07fa9/1501636689415/SouthwestWashington_Q4_FINAL.pdf

[45] Ibid.

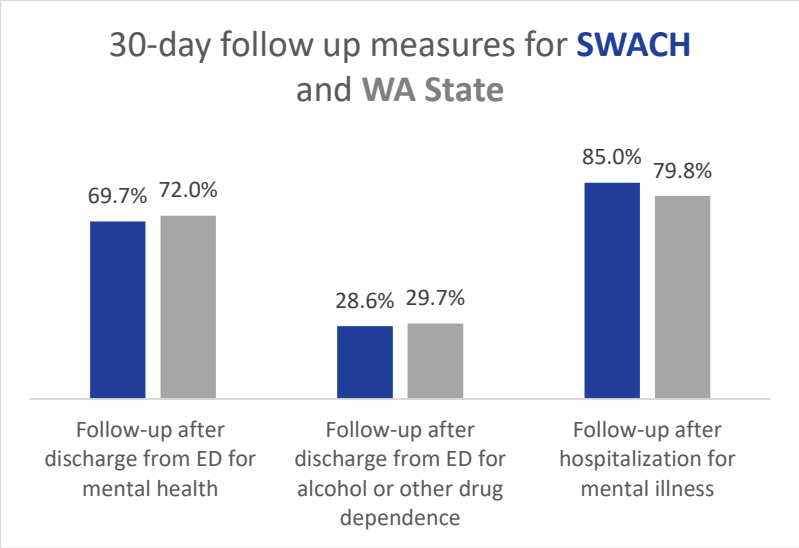
[46] Access measures from Healthier Washington Data Dashboard, Oct 2015 – Sept 2016. https://www.hca.wa.gov/about-hca/healthier-washington/data-dashboard

[47] 2016 Regional Analysis Report, Qualis Health for Washington Health Care Authority. https://www.hca.wa.gov/assets/program/eqr-regional-analysis-report-2016.pdf

Community feedback indicates that some individuals may be avoiding their primary care providers or not making medical appointments because of increased drug testing and changes related to opioid prescribing, as well as the lack of support in navigating the health system (e.g., case managers).[48]



SWACH is also the lowest performing ACH on the mental health treatment penetration measure (40.2% in 2015), and is lower than the state average on measures of follow-up care after emergency department visits for mental illness and alcohol / substance use.[49]



These indicators confirm community feedback, including the survey of Clark residents as part of the 2016 Healthy Columbia Willamette CHNA (access to physical, mental, and/or oral health care was identified as the fourth most important issue that needed to be addressed to make the community healthy). This was echoed in a number of other recent community assessments.[50]

Lack of access to prescribers, particularly for mental health, was highlighted at the community listening session. We heard several

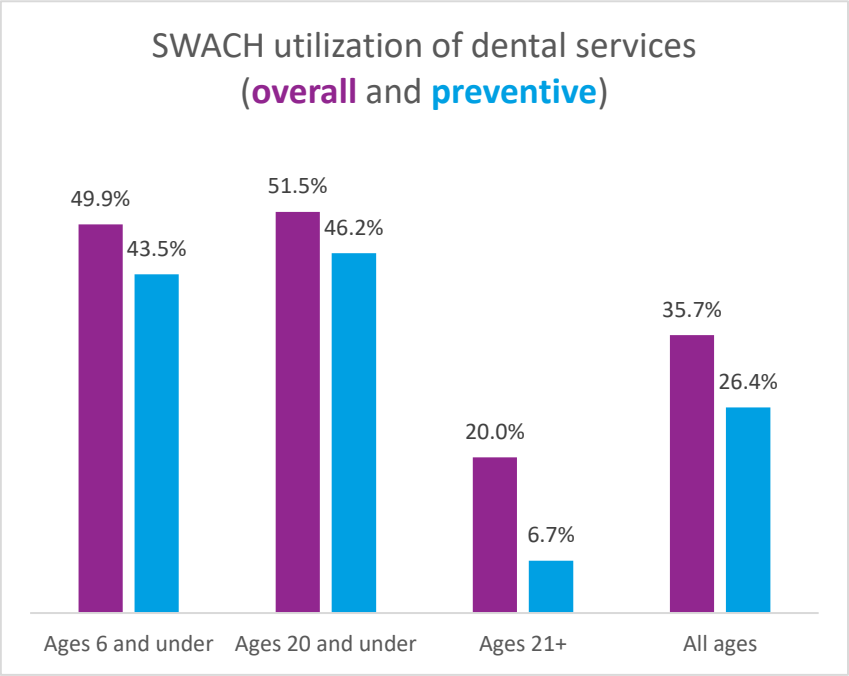
[48] SWACH Medicaid Transformation Project Community Listening Session, October 23, 2017

[49] Penetration rate data from DSHS 1519 reporting available online, https://www.dshs.wa.gov/sesa/research-and-data-analysis/cross-system-outcome-measures-adults-enrolled-medicaid-0. Follow-up measure data for CY 2015, from RDA Measure Decomposition files, provided by HCA July 2017.

[50] 2016 Healthy Columbia Willamette Community Health Needs Assessment, http://www.q-corp.org/sites/qcorp/files/HCWC%202016%20Community%20Health%20Needs%20Assessment.pdf. The 2015 Clark County CHAN also consistently identified access to healthcare as a priority issue, as did the 2016 Columbia Gorge Regional CHA, which covered Skamania and Klickitat counties (1 in 5 in the region are going without needed physical health care, and 1 in 4 are going without needed dental care). https://www.clark.wa.gov/sites/default/files/dept/files/public-health/data-and-reports/clarkcha2015.pdf and http://cghealthcouncil.org/wp-content/uploads/2017/03/Columbia-Gorge-Community-Health-Assessment-Full-Document-December-2016.pdf.

experiences of people having to wait more than two months to fill prescriptions, and ending up in jail because they were unable to remain stabilized without their medication.[51]

Access to dental care is also a known issue in the region for SWACH Medicaid beneficiaries: approximately 50% of children and adolescents (ages 0 – 20) and 80% of adults (21+) had no dental utilization at all in FY 2016, and only a fraction of adults had any preventive services.[52] Interviews with Skamania residents indicated that people are having to travel to Washougal or Camas for dental care.[53]



While approximately a third of children ages 6-9 who were at elevated risk received dental sealants, less than one percent of children received fluoride varnish in primary care settings, indicating much room for improvement.[54]

Outline any identified capacity or access gaps between the Medicaid population's identified health care and health care access needs, and the services (or service capacity) currently available from identified providers and CBOs.

In addition to the capacity and access gaps and services described in the Community-Based Resources and Access to Care sections above, there are several other known gaps in the region (described below). SWACH has not fully quantified to what extent providers and partners are meeting all of these gaps and will continue to explore this as part of the current state assessment in early 2018.

Known barriers to access include workforce capacity; length of time to access appointments, particularly psychiatric services; transportation; affordability of health care; geographic distance (particularly for more rural areas); hours of operation; lack of culturally and linguistically-appropriate services; and difficulty navigating a bifurcated system.[55]

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[51] SWACH Medicaid Transformation Project Community Listening Session, October 23, 2017.

[52] FY 2016 dental utilization data provided by Washington Dental Foundation, April 2017.

[53] Key Informant Interviews conducted with Skamania county residents, October 2017

[54] FY 2016 dental sealant and fluoride varnish data provided by Washington Dental Foundation, April 2017.

[55] Access to health care, affordable health care, and culturally competent services were identified as prioritized issues through stakeholder and resident interviews, surveys, and listening sessions. 2015 Clark County Community Health Assessment. https://www.clark.wa.gov/sites/default/files/dept/files/public-health/data-and-reports/clarkcha2015.pdf

Culturally-Specific Services

Language and cultural barriers were raised multiple times in a recent community listening session. Community members noted repeatedly that providers don't "look like us" or speak the same language. One participant mentioned how difficult it is to get basic referral information in different languages, and that people are not accessing available community resources because materials are only available in English. [56] Conversations with the NAACP also highlighted concerns that there are not enough mental health providers of color, and that this is a gap in the community feeling comfortable accessing services. This may explain some of the demographic and language-based disparities in access and quality measures noted above.

Timely Appointments

Washington's 2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS) statewide reports for Molina and Community Health Plan of Washington (CHPW), the two MCOs with the majority of Medicaid enrollment for the SWACH region, indicate that 74.9% of Molina members and 66.8% of CHPW adult members reported they could get appointments for routine care as soon as they needed, and 71% of Molina members and 69.7% of CHPW members reported they could get appointments to specialists as soon as needed.[57] The 2016 Columbia Gorge Community Health Assessment survey found that 53% of respondents in Klickitat and 55.5% in Skamania reported they needed specialist care. [58]

Transportation

The same survey found that transportation access was the second most common basic need individuals were going without, particularly for medical care. Ten percent of survey respondents in Klickitat and 19% in Skamania reported they went without transportation.[59] This is likely a primary driver in the low rates of access to preventive and primary care services, especially in the rural communities.

While medical transportation for Medicaid members in the region is available from the Human Services Council, out-of-area transportation (i.e., if a medical service is not available in the local community) requires pre-authorization by a doctor, with at least 7-14 days for approval recommended.[60] For Klickitat and Skamania residents, who are more likely to need to travel outside of their local area for services, this is an additional barrier that requires navigation and planning, and may also be affected by cultural or language barriers.

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[56] SWACH Medicaid Transformation Project Community Listening Session, October 23, 2017.

[57] 2016 CAHPS Overall Report. https://www.hca.wa.gov/assets/program/ahmc-overall.pdf

[58] http://cghealthcouncil.org/wp-content/uploads/2017/03/Columbia-Gorge-Community-Health-Assessment-Full-Document-December-2016.pdf

[59] Ibid.

[60] Human Services Council Medicaid Medical Transportation and Health Care Authority Non-Emergent Medical Transportation http://www.hsc-wa.org/services/medicaid-medical-transportation and https://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage/transportation-services-non-emergency

Workforce

In addition to the provider shortages discussed above, the SWACH region is experiencing difficulties recruiting qualified candidates for a number of health professional positions, including registered nurses, nurse practitioners, and licensed practical nurses. For example, SeaMar has leveraged loan reimbursement programs to attract providers, but still face difficulties recruiting candidates. Organizations are also reporting an increased demand for these provider types, as well as medical assistants.[61] Community members have also highlighted the need for more peers and community health workers.[62]

To address workforce capacity, some providers have partnered with medical residency programs in the region to support student development and staffing needs, while other partners are developing new training programs for existing staff or serving as a community placement site for residents. SWACH is working to develop a Residency Placement Workshop to bring together medical and nursing residency programs in the region to develop relationships and more supportive structures for community-based placements to help meet student demand.

[61] Washington State Health Workforce Sentinel Network, April 1, 2017 – May 15, 2017. http://www.wtb.wa.gov/HealthSentinel/findings-ach-map.asp

[62] SWACH Medicaid Transformation Project Community Listening Session, October 23, 2017.

APPENDIX 1 – DATA SOURCES

The chart below provides a list of selected data sources that SWACH had utilized as part of project planning to date, as well as indicators for how the data were used.

Data Source	RHNI and assessment	Project selection	Identifying key partners	Population selection	Workforce capacity	Project planning / design	Stakeholder engagement
Behavioral Risk Factor Surveillance System survey data	x	x		x			
Healthy Youth Survey data	x	x		x			
CHARS data	x		x			x	
Community Checkup	x						
Community Health Needs Assessments • 2016 Healthy Columbia Willamette CHNA • 2016 Columbia Gorge Regional CHA • 2016 PeaceHealth CHNA • 2015 Clark County CHNA • 2015 Legacy Salmon Creek CHNA	x	x		x	x		x
Community Health Assessment Tool (CHAT)	x	x		x			
DSHS ACH Profiles	x	X		x		X	
DSHS Community Risk Profiles	x	X				X	
DOH Opioid Overdose Dashboard	x			x		x	
HCA AIM opioid report	x	X		X		X	
HCA AIM provider / utilization report	x	X		X	X		X
HCA AIM historical data	x	x		x		x	
HCA AppleHealth enrollment reports	x	X		X	X		X
HCA Co-occurring Behavioral Health and Chronic Conditions	x			x		x	
HCA RHNI “starter set” data	x	X		X			
HCA RDA measure decomposition data	x	X		X			
Healthier Washington Data Dashboard	x	X		X		X	
OFM research briefs	x			X			
RWJF County Health Rankings	x			X			
UW Center for Health Workforce Studies reports	x				x		

WA First Steps Database	x			X			
WA PRAMS	x			X			
Washington Dental Foundation data	x	X		X		X	
Washington Department of Corrections data	x			X			
Washington State Hospital Association data	x		X	X			
Washington Tracking Network	x		X	x			

APPENDIX – PROVIDERS

The table below lists the physical health providers and behavioral health providers that saw at least 500 Medicaid beneficiaries in 2016, based on provider billing for professional services. Member counts are not de-duplicated (i.e., a member that had a visit with both PeaceHealth and Legacy), nor do they reflect members who were empaneled with providers.[63]

Physical Health Providers	# of SWACH Medicaid beneficiaries seen in 2016	Behavioral Health Providers	# of SWACH Medicaid beneficiaries seen in 2016
PeaceHealth *Heart & Vascular and lab excluded*	34,313	Community Services NW	4,962
Vancouver Clinic	28,956	PeaceHealth*	2,820
SeaMar	19,994	Lifeline *Rehabilitation, SUD*	2,681
Legacy Salmon Creek	8,662	Family Solutions *Multi-specialty group*	2,339
Rose	6,298	SeaMar*	1,904
Child & Adolescent	6,196	Children's Center	1,787
Legacy (clinics, Emanuel, Good Sam) *Oncology, lab, DME excluded*	4,756	Central Washington Comp. *Residential Treatment Facility*	1,525
NorthShore	4,647	Clark County Crisis Services	727
Klickitat Valley Health *Excluding EMS*	3,698	Central Washington Comp *Mental Health Center*	673
Evergreen Pediatrics	3,374	Skamania County Community Health	616
Providence *Heart clinic, neurology, psychiatry, lab, and DME excluded*	2,418		
Kaiser *Lab excluded*[64]	1,331		
Hudsons Bay	1,036		
One Community Health	790		

[63] Physical health beneficiary volume based on 2016 professional claims (in both office and hospital outpatient settings). Lab services and other specialty clinics (where they could be identified) have been excluded. Behavioral health beneficiary volume based on 2016 professional claims, filtered by provider type "agency – community / behavioral health" unless otherwise noted above. Data from Provider Report Tables, HCA, distributed August and September 2017.

[64] Kaiser is capitated with Molina and a number of their services show up under lab taxonomy even though they are not lab-related. If reporting on all Kaiser professional services in 2016, 7,677 beneficiaries were seen.

*Number reported is the subset of beneficiaries listed in the physical health column who had a professional services visit for "mental and behavioral disorders" as their diagnostic condition using CDSP grouper.

The table below lists the dental providers that saw at least 1,000 SWACH Medicaid beneficiaries in 2016. This includes FQHCs providing dental services, pediatric dentists, general practice dentists, and dental hygienists, but excludes orthodontics and denturists. There are approximately 100 additional dental providers serving SWACH, ranging from 10 – 900 beneficiaries seen in 2016.[65]

Billing Provider	# of Beneficiaries Served (CY 2016)
Sea-Mar	6,944
Smiles Dental	5,241
A Children's Dentist	4,189
Must Love Kids Pediatric Dentistry	3,734
New Day Community Dental Clinic	2,215
Gentle Dental of Oregon	2,063
Affordable Dental	2,033
DeLuna Kids Dental	1,927
Dream Team Dental	1,894
Pleasant Valley Pediatric Dentistry	1,791
Neil and Hillyard	1,716
Vancouver Dental Care	1,545
Steve Marandas DMD	1,423
Access Dental of Salmon Creek	1,203
Value Dental	1,170
Vancouver Pediatric Dentistry	1,166
Hardie Dentistry for Kids	1,127

[65] Dental beneficiary volume based on 2016 dental claims data from Provider Report Tables, HCA, distributed August and September 2017.