



Medicaid and Public Health: Working Together for a Healthier Washington

Mary C. Selecky, Washington State Secretary of Health

Doug Porter, Former Director, Washington Health Care Authority

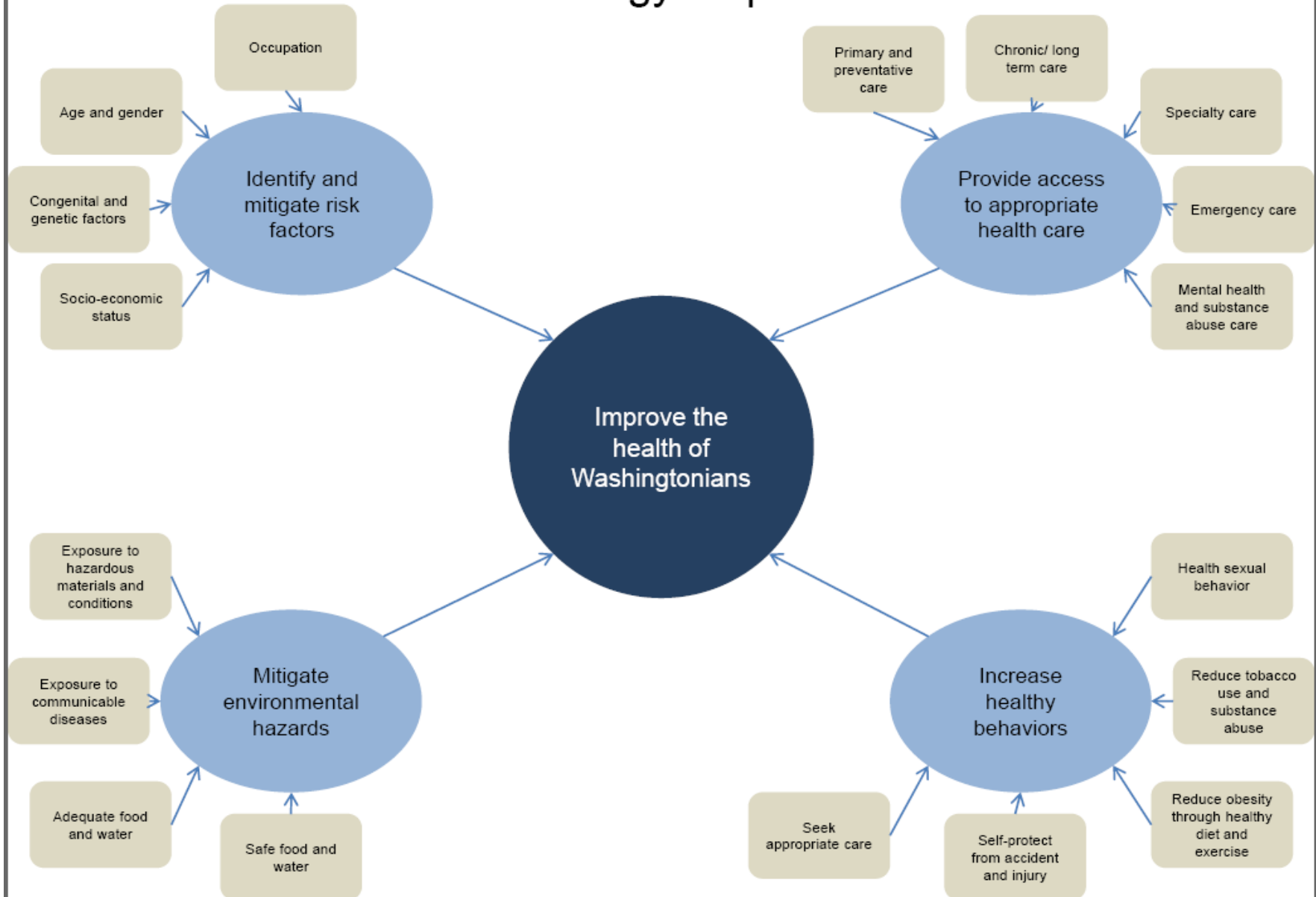
September 13, 2012

Medicaid and Public Health

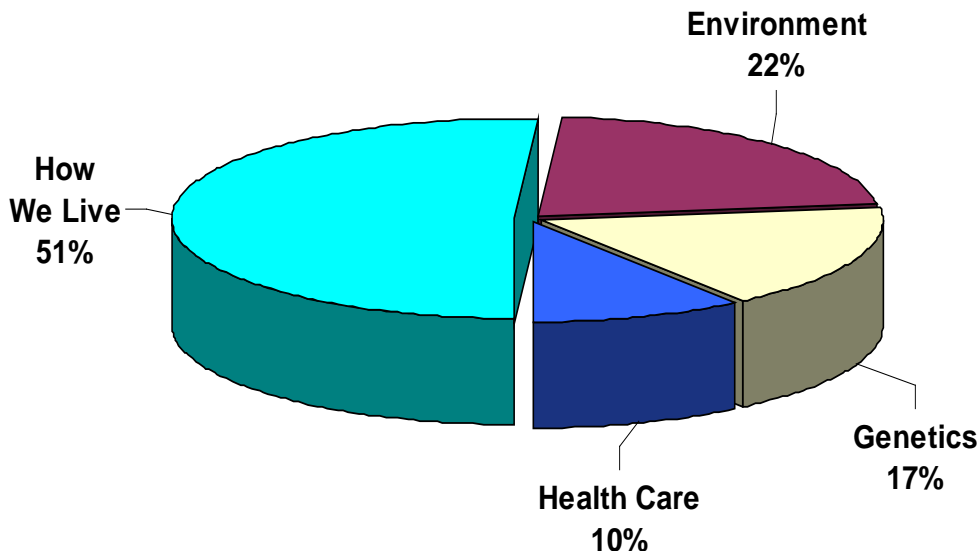
Forging Partnerships

- Prevention agency vs. insurance/bill paying agency
- Both have interest in:
 - Improving health
 - Using health care dollar wisely/return on investment

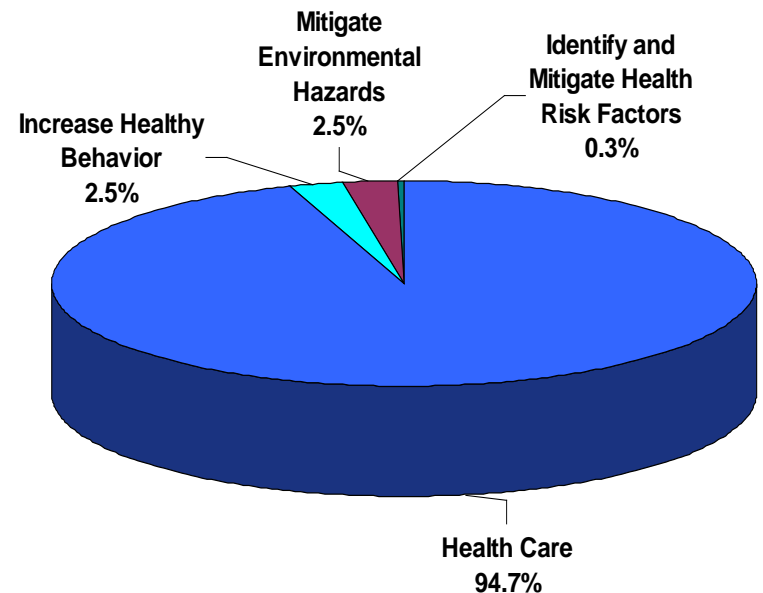
POG Strategy Map: Health



What Influences Our Health



How Money is Spent on Health



Source: McGinnis et.al 2002

Partnership Goals

- Explore new ways to deliver services
- Be more cost effective
- Boost overall accountability
- Launch new collaborative programs
- Improve outcomes

Key Collaborations

- First Steps
- Breast and cervical cancer health programs
- Family planning
- Immunizations
- Quit-tobacco programs
- Health homes
- Managing medications for safety and cost control



Immunization

- Public employees and Medicaid represents about one-sixth of the state's population — about one million people.
- Immunization staff update health plans on current requirements.
- Identifying best practices helps ensure full immunization coverage.
- Immunization Registry shares data with Medicaid and social services to facilitate reports on Washington immunization.
- Department of Health shares immunization data with managed care plans to help meet the HEDIS performance measure contract requirements for Medicaid.

Other Immunization Teamwork

- A drill-down analysis of Medicaid immunization coverage revealed Russian-speaking children were under immunized.
- Medicaid paid for Department of Health focus groups with Russian-speaking families to better understand the barriers to immunization.

Tobacco Cessation and Prevention

- The state provides about \$1.8 million a year to pay for Medicaid cessation benefit, including free quitline calls and nicotine replacement therapy.
- A 50% administrative match from Medicaid for quitline services stretches dollars so we can help more people.
- Quitline callers are screened for insurance or Medicaid cessation benefits.
- Everyone receives some help.

Health Homes

- Medical home concept expanded to serve across primary care, long-term care, and mental health and substance abuse treatments.
- State public health, social services, and purchaser all working together to improve care for chronically ill people on Medicaid.
- Use managed care organizations to develop health homes for dual eligibles.

In 2012-2013 Department of Health will:

- Train providers participating in Health Care Authority health homes project.
- Train “health home care coordinators” on motivational interviewing, patient activation, and stepped-up treatment for clients with chronic conditions.
- Facilitate a performance improvement project with Medicaid managed care organizations regarding transitional health care services.

Managing Medications

- Monitoring commonly-abused controlled substances to ensure Medicaid clients are not taking narcotics in dangerous amounts or combinations.
- Department of Health started statewide Prescription Monitoring Program in October 2011.
- For the first time, the Health Care Authority can tell when Medicaid clients are paying cash or credit for medications.

**Close coordination between
Washington Medicaid and the
Department of Health ensures
Medicaid business needs are met
and improves health outcomes.**

Lessons Learned

- Understand the different cultures
- Relationships are key
- Set clear expectations
- Different federal influences — CMS vs. CDC/HRSA
- Communicate, communicate, communicate

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HEALTHIER WASHINGTON

secretary@doh.wa.gov