

Community Health Works Grant Program

The “Call to Action” has sounded

The federal government has set health objectives for the nation through its Healthy People 2010 initiative. Washington State has launched a campaign through the Washington Health Foundation to not only achieve these health objectives, but to be the Healthiest State in the Nation. If these efforts are actually going to impact health status, communities need to take action at the local level to improve access for all people to appropriate health services delivered in the right location at the right time. Research shows that consistent access to health services through an established “health home”¹ with focus on cost effective prevention services, and a shared sense of responsibility for overall health between patient and provider, improves health outcomes and reduces overall community costs. People below 200% of federal poverty are the least likely to have consistent access to a stable health home.

We can turn campaign promises into results

In medium and small-sized communities, the majority of primary care is delivered in private medical practices. In Washington State 80% of the safety-net care is provided by private physicians, practitioners, or hospital emergency rooms. These health providers are not equipped or compensated to offer the “health home” support services that improve health outcomes and reduce utilization. In addition, many communities are not organized to make system changes needed to coordinate and leverage private and public health resources to achieve population based health outcome improvements. It is private health care providers, working with FQHC’s through community based collaboratives, that will ultimately create the needed changes at the local level where care is delivered. They are critical partners in achieving “Healthiest State in the Nation” status.

By creating a new statewide Community Health Works grant program

In recognition of this critical partnership, Communities Connect recommends that the legislature authorize and fund a \$3 million a biennium noncompetitive Community Health Works grant to support the development of effective community based programs that improve health outcomes and show a return on health care dollars invested.

¹ The Washington Health Foundation believes a “health home” promotes wellness for individuals and their families by coordinating care across all health circumstances, underlying conditions, health service needs, and settings over time. A Health Home assures that an individual or family has: a) a central resource for health and wellness information; b) a person serving as a health partner, advising on health decisions and coordinating all care; c) a central point for collection and coordination of key individual health information; and d) an individualized health plan actively implemented both by the individual or family and by their health service provider team.

Grant organization, financing and outcome performance

Health regions within Washington State would be established.² Each region would be eligible to apply to the Office of Financial Management State Planning Grant for the uninsured for an annual state Community Health Works grant of \$250,000 to fund the basic operating capacity for Community Health Collaboratives to administer low-income patient and safety-net provider support services proven by evidence to be effective at reducing direct care costs of government-sponsored programs and improving patient outcomes. \$50,000 of the \$250,000 would be specifically for the cost of establishing baseline measures and evaluating outcomes. In communities where there is no existing collaborative, local organizations could apply for a planning grant of \$50,000 in seed capital each year for two years to pay for technical assistance, work to generate local financial match and other startup expenses associated with creating a new community health collaborative. In order to be eligible to receive a Community Health Works grant, the collaborative must demonstrate that it has formal commitments and the ability to finance the collaborative through a three-share sustainability plan that generates \$2 for every state \$1 invested.

- Local funds (can be public and/or private):
50,000 \$2
 - Federal fund (e.g., grants and/or Medicaid and Basic Food administrative match):
50,000 \$2
 - CCG:
50,000 \$2
- 50,000 \$7

One half of the Community Health Works grant (\$125,000) would be paid prospectively at the beginning of the state fiscal year. The other half (\$125,000) would be prorated and paid based on achieved and documented short-term outcomes at the end of the state fiscal year using “outcome-based contracting”. Each Community Health Works grant recipient would describe its proposed short-term outcomes tied to financial incentives, while building toward longer-term outcomes that will take several years to achieve measurable impacts. There would be at least one outcome in each of four categories: 1) health status, 2) access, 3) efficiency and 4) quality. See attachment B for desired characteristics of the indicators and examples. Examples include:

- Percent of children who have a dental screening within year
- Smoking and exercise rates within selected small employer worksites

² A proposal regarding regions will be circulated separately within Communities Connect.

- Reduced use of ERs for primary care needs
- Percent of eligible children enrolled in subsidized state coverage
- Reduced rates of ER visits for emergent, out of control diabetes and asthma
- Improving two measures with below average results as published by the National Healthcare Quality Report 2004: Washington State

For a state general fund expenditure of \$1.5 million a year, \$3 million in non-state funds would be leveraged and a formal network would be put in place throughout Washington that is accountable to administer local support services to augment the Public Health Improvement Plan (PHIP) access standards process³. This is required if Washington State intends to achieve Healthiest State in the Nation status on Healthy People 2010 objectives.

Community Health Works grant eligibility criteria

To be eligible to apply for a Community Health Works grant, the regional Collaborative will develop a 10-point accountability proposal that reflects:

1. Geographic region to be served.
2. Number and demographics of low-income patients to be served, including insurance status and description of the regional safety-net provider network.
3. Formal engagement of the private sector of medicine and other partners in the Collaborative.
4. An annual expenditure plan, based on documented community need that prioritizes at least one initiative in each core business activity: a) convene partners; b) incubate and pilot solutions; c) augment and develop local capacity for the 10 critical activities; d) administer programs; and e) mobilize community leaders in support of statewide health care goals.
5. Evidence of a sustainable three-share revenue structure.
6. Four outcomes to be achieved for the end of the fiscal year payment taking into account measures from: a) local PHIP assessment; b) National Healthcare Quality Report; c) Washington Health Foundation's Health Outcomes (insuring for prevention, access to a health home, and receipt of proven preventive services); and d) CMS quality indicators.
7. Description of strategies related to the expenditure plan that will further statewide health care goals relating to access, quality and cost priorities
8. Return on investment estimates for reducing General Fund/State health care expenditures.
9. Logic model and measures that will be evaluated and communicated in an annual Community Scorecard that document Return on Community Investment (ROCI).
10. Plan to disseminate findings and strategies to other Collaboratives.

³ Explanatory note needed on PHIP process