

## **IT TAKES A VILLAGE**

How 3 counties are sharing,  
analyzing, and using cross-  
sector data on high utilizers

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## **It Takes a Village: How One Region Is Using Data to Improve the Health of Its Citizens**

Robin Fenn, PhD, LICSW  
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Services



## Connecting the Dots: A History of Data Sharing in Snohomish County

### *The need?*

*To determine who the frequent utilizers were of the various systems*

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## Connecting the Dots: A History of Data Sharing in Snohomish County

### *The challenges?*

- *Figuring out how to define “frequent utilizer”*
- *Determining what data were needed*
- *Accessing the data to do so*
- *Building infrastructure to actually do the work*

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## Connecting the Dots: A History of Data Sharing in Snohomish County

### *Challenge #1: Defining “frequent utilizer”*

- *Systems all defined it differently*
- *Some systems had no common definition even within their own respective silos (e.g., EMS, jail)*
- *Local/organizational needs impacted how the term was defined*

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## Connecting the Dots: A History of Data Sharing in Snohomish County

### *Challenge #2: What do we need?*



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## Connecting the Dots: A History of Data Sharing in Snohomish County

### *Challenge #3: Accessing the data The Relationships*

- *Who has what?*
- *Who to contact?*
- *Can I have it?*
- *What are the legal hoops?*

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## Connecting the Dots: A History of Data Sharing in Snohomish County

### *Challenge #3: Accessing the data The Techie Stuff*

- *How is it captured?*
- *How is it stored?*
- *How is it transferred?*
- *Can I understand it?*
- *Can you understand me?*

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## Connecting the Dots: A History of Data Sharing in Snohomish County

### *Challenge #4: Building infrastructure*

- *Time*
- *Technical*
- *Buy-in*
- *Trustworthy folks*

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## Now That We Have It, So What???

*Priorities, priorities, priorities*

*How do we target interventions based on what we now know?*

*With whom do we partner?*

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## Nontraditional Partners

- *CHART*
- *Community Resource Paramedic*
- *Mental Health Court*
- *MCO/EMS/Human Services Project*

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## Underpinnings of These Projects

- *Doing the right things for the right reasons*
- *Improving quality of life for vulnerable citizens*
- *Quality assurance and performance improvement*
- *Data*

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## So What Does Your Data Have to Do with Any of This?

- *Data get attention!*
- *Data drive policy*
- *Data inform decision making*
- *Data enhance collaborations*

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## So What Have We Learned?

- *Systems do not align*
- *Data do not align*
- *Data are more than information*
- *Be thoughtful, be transparent, be ready to have hard conversations*
- *Be vigilant then be hyper vigilant*

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## So What Have We Learned?

***Collaboration moves at the speed of trust***

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## The Importance of Embracing Change

***“There is no reason anyone in their right state of mind will want a computer in their home.”***

**~Ken Olson, President of Digital Equipment Corp., 1977**

***“One day there’ll be a PC on every desk, in every home.”***

**~Bill Gates, CEO of Microsoft, 1986**

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**What questions do you have?**

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**Managing high utilizers in Whatcom County  
and the potential of ACHs**

Elya Moore, PhD, Deputy Director



# Intensive Case Management

Explained from 30,000 feet



*A centrally coordinated, multi-disciplinary, cross-sector, team-based intensive case management system for the highest users of the health care system*



## *It takes a village...*

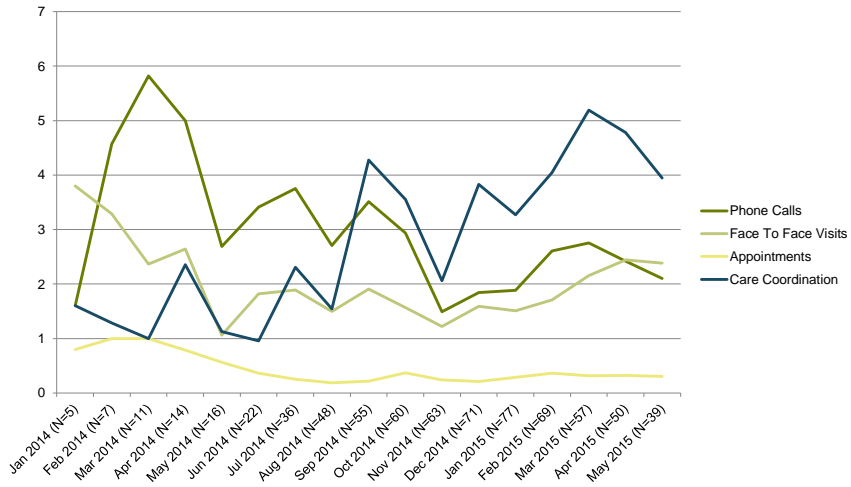
- Whatcom Homeless Service Center
- Catholic Community Services
- City of Bellingham – EMS & Police
- Whatcom County – Jail
- Northwest Regional Council
- Health Department
- PeaceHealth
- Medical homes
- Behavioral health providers



Catholic Community Services

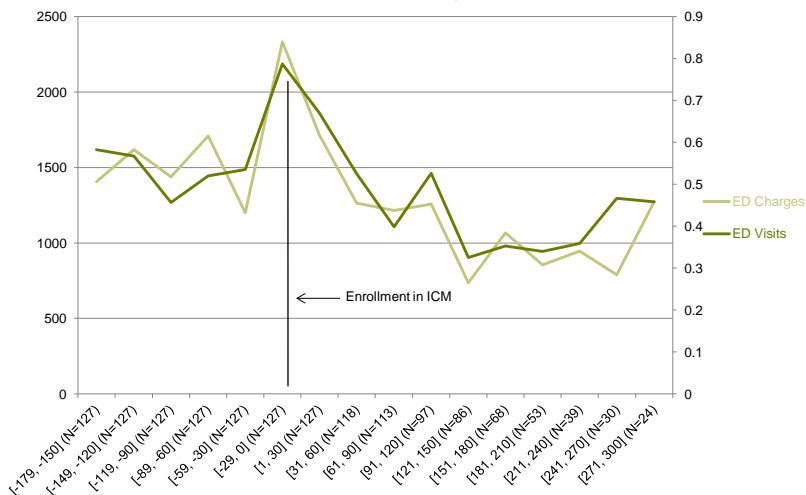
## What do we mean by "Intensive"

Interventions Per Client By Month



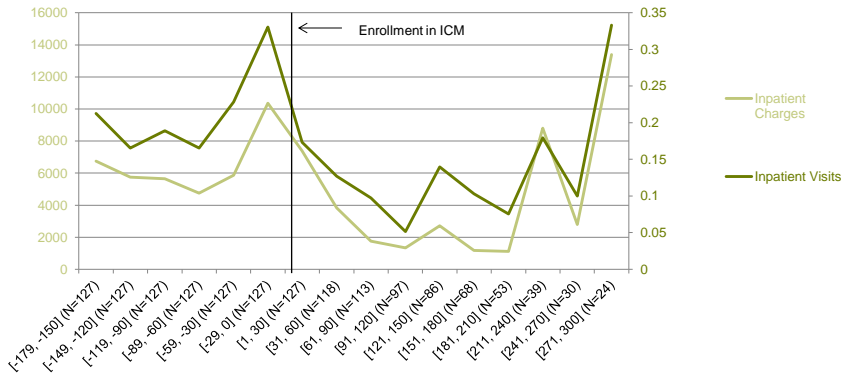
## ED Visits and charges

ED Utilization Per Client By Duration Enrolled



## Inpatient visits and charges

### Inpatient Utilizations Per Client By Duration Enrolled



## Linking community efforts

Intensive case management  
+ Community paramedicine  
Better care & lower costs

## Bellingham Fire Department Community Paramedic Program

### BFD and Medic One Utilization

- Serves 208,000 people in Whatcom County
- 12,449 EMS responses in 2014

46.5% of users required an EMS response on multiple separate occasions.

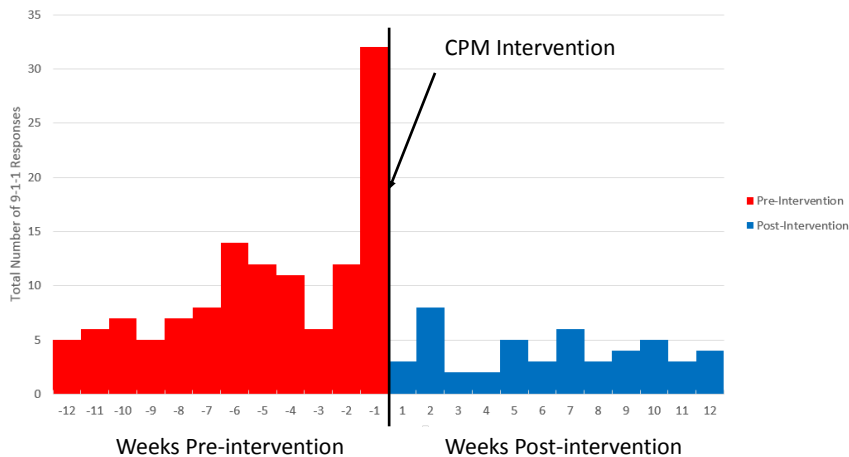
Two patients accounted for 70 EMS responses.

30 ultra-utilizers accounted for 500 (5%) of EMS responses.

200 high utilizers accounted for 1,600 (15%) EMS responses.

Population of 208,000 residents require 12,449 EMS responses per year

## Number of EMS responses 12 weeks pre-post intervention (n = 48)





## Lessons learned (and still learning)

1. It takes a village
2. Collaboration across sectors is key



Accountable communities of health...

Crossing sector boundaries



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Community of Health

# Washington's ACHs

*Aligning sectors, resources, and strategies around  
community and state priorities*



## ACH boundaries and pilot ACHs

Aligning sectors, resources, and strategies around community and state priorities

**North  
Sound ACH**



**Pilots:**

- Cascade Pacific:
  - Backbone Support – CHOICE Regional Health Network

- North Sound ACH:
  - Backbone Support – Whatcom Alliance for Health Advancement

**Cascade Pacific Action Alliance**



Better Health, Better Care, Lower Costs



North Sound Accountable  
Community of Health

# Vision of the North Sound ACH

**A coalition with the triple aim of transforming the health system:**

- to improve the health of our communities and our people
- to improve the experience of care and access to care
- and to lower per capita health care costs

in Snohomish, Skagit, San Juan, Island and Whatcom counties





## The Promise of ACHs

- **Provide a multi-sector voice** for delivery system reform, shared health improvement goals, and regional purchasing strategies
- **Serve as a forum for regional collaborative decision-making** to accelerate health system transformation, focusing on social determinants of health, clinical-community linkages, and whole person care
- **Accelerate physical and behavioral health care integration** through financing and delivery system adjustments, starting with Medicaid.



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 Community of Health

### North Sound ACH Governing Body

page 1 of 2

| Name                                 | Title                                                                 | Sector                         | Geographic area |
|--------------------------------------|-----------------------------------------------------------------------|--------------------------------|-----------------|
| Carl Bruner, EdD                     | Superintendent, Mt. Vernon School District                            | Education                      | Skagit          |
| Bob Burden, RHU                      | Marketing Development Director, Group Health Cooperative              | Health Plans                   | Regional        |
| Federico Cruz-Uribe, MD              | VP of Clinical Affairs, SeaMar                                        | Primary Care                   | Regional        |
| Connie Davis, MD                     | Chief Medical Officer, Skagit Valley Hospital                         | Specialty Care, also Hospitals | Skagit          |
| Regina Delahunt, MS                  | Director, Whatcom County Health Dept.                                 | Public Health                  | Whatcom         |
| Robin Fenn, PhD, LSW                 | Research Dir., Snohomish Human Serv.                                  | SS&S, also Behavioral Health   | Snohomish       |
| Alisha Fehrenbacher                  | CEO, WAHA                                                             | At large                       | Whatcom         |
| Scott Forslund, MBA                  | Dir., Sno. County Health Leadership Coal.                             | At large                       | Snohomish       |
| Linda Gipson, PhD, RN                | Chief Nursing Officer, Whidbey General Hospital                       | Hospitals                      | Island          |
| Stephen Gockley, JD                  | Senior. Attorney, Northwest Justice Project                           | Consumers                      | Whatcom         |
| Gary Goldbaum, MD, MPH<br>Vice Chair | Health Officer, Snohomish Health Dist.                                | Public Health                  | Snohomish       |
| Erin Hafer                           | New Programs Integration Manager, Community Health Plan of Washington | Health Plans                   | Regional        |
| J. Scott Hale, NHA                   | Administrator, Mira Vista                                             | Long Term Care                 | Skagit          |
| Keith Higman, MPH                    | Director, Island County Health Department                             | Public Health                  | Island          |
| Justin Iwasaki, MD, MPH              | Director, Lummi Tribal Health Center                                  | Lummi Nation                   | Whatcom         |
| Jennifer Johnson                     | Health Director, Skagit County                                        | At large                       | Skagit          |
| Tim Key                              | Everett Division Chief, EMS                                           | First Responders               | Snohomish       |



## North Sound ACH Governing Body page 2 of 2

| Name                        | Title                                                                   | Sector                            | Geographic area              |
|-----------------------------|-------------------------------------------------------------------------|-----------------------------------|------------------------------|
| David Kincheloe, PhD        | Advisory Board Vice-Chair, North Sound Mental Health Administration     | Consumers, also Behavioral Health | Regional                     |
| Barbara LaBrash             | Human Services Manager, County Gov.                                     | SS&S                              | San Juan                     |
| Debra Lancaster, MEd        | Executive Director, United Way of Skagit                                | Consumers, also Philanthropy      | Skagit                       |
| Linda McCarthy              | Executive Director, Mt. Baker Planned Parenthood                        | Specialty Care                    | Whatcom, Skagit & San Juan   |
| Dan Murphy                  | Executive Director, Northwest Regional Council                          | Long Term Care                    | Whatcom, Skagit, SJ & Island |
| Suzanne Pak                 | Korean Women's Association                                              | Small Employers                   | Snohomish                    |
| Chris Phillips, MA          | Director for Community Affairs & Strategic Communications, Peace Health | Hospitals                         | Whatcom                      |
| Glenn Puckett, MPA          | Senior Program Officer, Washington Dental Service Foundation            | Specialty Care, also Philanthropy | Regional                     |
| Marilyn Scott               | Vice Chair, Upper Skagit Tribe                                          | Upper Skagit Tribe                | Skagit                       |
| Jason Smith, MA             | Dean of Health Sciences & Public Safety, Everett Community College      | Education                         | Snohomish                    |
| John Stephens               | Programs Administrator, Swinomish Tribe                                 | Swinomish                         | Skagit                       |
| Joe Valentine, MSW<br>Chair | Executive Director, North Sound Mental Health Administration            | Behavioral Health                 | Regional                     |
| Kim Williams, RN            | Chief Operating Officer, Providence                                     | Hospitals                         | Snohomish                    |
| Greg Winter                 | Homeless Service Center Director, Opportunity Council                   | SS&S, also Housing                | Whatcom                      |



## CASE Pilot Project

To facilitate the coordination of existing efforts to achieve better results and more savings among those currently served, and then scale up to achieve maximum effect and savings on a population-level



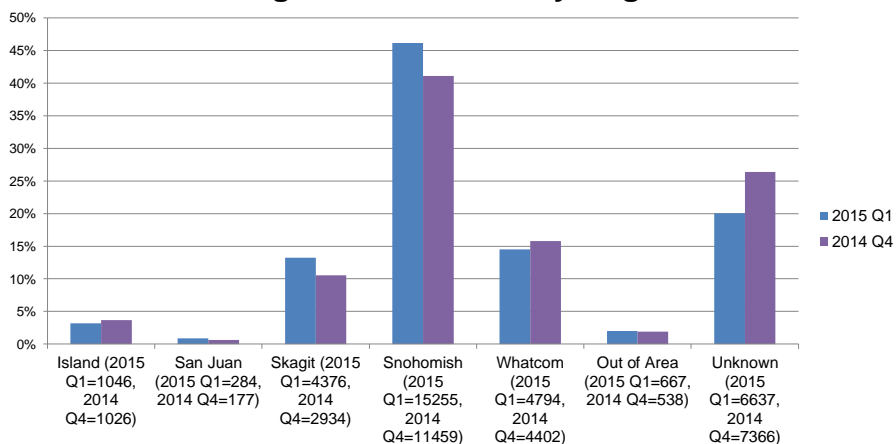
## CASE Enrollment Survey Sharing Aggregate Level Data

- Responses from 26 different programs – 8 different organizations
- 59% of programs state funded – additional 14% partially state funded
- Significant focus on behavioral health
- Served (at most) 33,000 individuals
- Issues with overlapping populations and inability to distinguish location



## CASE Enrollment Survey Sharing Aggregate Level Data

### Program Enrollment by Region





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## CASE Measures Survey

### Sharing Aggregate Level Data

- Responses for 67 different programs
- Responses from 42 unique organizations
- Incomplete responses and duplicates have been removed from the dataset
- 2 programs requested that their responses not be shared – these have been removed from the dataset



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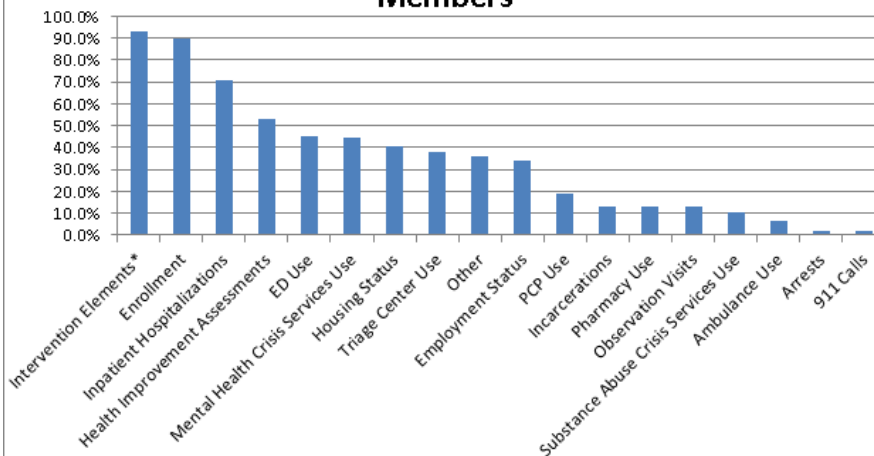
## CASE Measures Survey

### Sharing Aggregate Level Data

- Programs from all 5 counties represented
- 2/3 of programs serve multiple counties – 1/3 active in single county only
- Programs ranging between 4 month – 45 years old (mean 8 years, median 3.7 years)
- Current enrollment ranging from 5 to 11000 (mean 960, median 180)



### Aggregate Measures Collected by CASE Inventory Members



\*i.e. # of calls, visits, etc.



### Leveraging the ACH to manage high utilizers

- Share measurement or analytic strategies
- Share best practices
- Collaborate in pilot or demonstration projects
- Collaborate as a region with MCOs and the RSN/BHO
- Advocate for alignment in performance metrics & regulatory requirement
- Identify regulatory conflicts and work toward alignment
- Identify data needs from the state
- Identify opportunities and pathways for data sharing

## WAHA Intensive Case Management Program

- Jordan Story (Analyst), Lynnette Treen (Director Care Management), Liz Jones (Advancement Specialist), Jaelyn Falcone (Case Manager), Tim Raymond (Case Manager), Margaret Eisenhardt (Navigator), Elya Moore (Deputy Director), Alisha Fehrenbacher (CEO)

## Bellingham Fire Department, Community Paramedic Program

- Bill Newbold (Fire Chief), Rob Kintzele (Assistant Chief), Sean Farnand (former EMS Captain), Rob Stevenson (Fire Captain), Ryan Moore (Analytics Volunteer), Mallory Dudley (Student Intern), Jeff Brubaker (Community Paramedic)

## North Sound Accountable Community of Health

- Lee Che Leong (Advancement Specialist), Veronica Smith (Advancement Specialist II), Tiffany Kinsman (Administrative Assistant), Jordan Storey (Analyst), Elya Moore (Deputy Director), Alisha Fehrenbacher (CEO)

...and **MANY** community & regional partners

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**It takes a village: How 3 counties are sharing, analyzing, and using cross-sector data on high utilizers to inform their communities.**

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HHS Transformation “Familiar Faces” Strategy

*Travis Erickson, Public Health Seattle & King County*

July 29, 2015

## King County Health & Human Services Transformation Vision (2013)

By 2020, the people of King County will experience significant gains in health and well-being because our community worked collectively to make the shift from a costly, crisis-oriented response to health and social problems, to one that focuses on prevention, embraces recovery, and eliminates disparities.



## A Health and Human Potential (HHP) portfolio (2015) – examples of transformation values and tools in action

Accountable Community of Health

Physical & Behavioral Health Integration

Familiar Faces Initiative

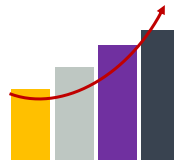
Communities of Opportunity

Best Starts for Kids Initiative

*Cross-cutting outreach, communications & evaluation supports*

*All driving toward*

- Improved health & social outcomes
- Reorienting systems toward prevention
- Better value



## Familiar Faces – Background

- Individual-Level strategy of the King County HHSTP
- Focus on high-utilizers of the KC jail (4+ booking/yr.), with SUD and/or Behavioral Health condition
- Connected to and informing other Transformation efforts in King County: *Full-Integration, ACH, COO*
- New Approach to work – LEAN
  - Process walks, Voice of the Customer, PDSA
  - Management and Design Teams

## Familiar Faces – Background

### *Working in a New way.....*

- Collective Impact approach – *people and communities at the center of decisions about funding, policy and programs*
- Work is across multiple Silos and Sectors
- Cross-representation of entire 'Health System' in King County (*see pg. 6&7 of handout*)



## RESULTS, OUTCOMES, INDICATORS, & PERFORMANCE MEASURES

### Familiar Faces Development of Outcome Indicators

**General Outcomes from FF charter:**

- Improved health status
- Improved housing stability
- Reduced criminal justice involvement
- Reduced avoidable hospital and ED use
- Improved client satisfaction with quality of life
- Reduced population-level health disparities

\*\*Reduced per capita costs (implicit)

## Methodology for prioritizing FF outcome indicators

### Align, if possible, with:

- 5732/1519 performance measures and Governor's common measure "starter set" of statewide performance measures
- Outcomes used by other ACHs (e.g. North Sound)
- King County ACH – Performance Measurement & Data Subcommittee



## Methodology for prioritizing FF outcome indicators:

### Prioritize indicators for which:

Data allow stratification by demographic characteristics (equity)

- Data have "podium power" (powerful for communication),
- Data have "proxy power" (if it changes, other related indicators change),
- Data are high quality ("data power") – they are reliable and feasible to collect and process in a timely and resource-efficient manner



# DATA

## Familiar Faces – Data Breakthroughs

### *ONE King County!!!*

- Unprecedented Data Sharing Agreement between PHSKC & DCHS
- Allowed for leveraged analysis and sharing of data (i.e. RSN, HMIS, JHS, HCA, etc.)
- Connected partners across the KC ‘Health System’
- Led to Data Packet which helped define Current & Future State work

## Familiar Faces – Data Breakthroughs

- **Methods** - Jail bookings during 2013 and 2014 were analyzed through the following steps:
  - Population with 4+ bookings during given calendar year were identified by DCHS
  - JHS matched population to PEARL dataset to identify subset of individuals with a “behavioral health” or “chemical dependency” flag and to provide diagnosis information
  - DCHS added mental health (php96) and substance abuse treatment (TARGET), homelessness (HMIS/Safe Harbors), jail detail and Medicaid information for the period 3 month prior to and 1 year after first booking in year for given individuals

## Familiar Faces – Data Highlights

- In 2013, there were 1273 Familiar Faces. In 2014, there were 1252.
- 94% of all people with 4 or more jail bookings have a behavioral health indicator.
- 93% had at least one acute medical condition (average 8.7 conditions)
- 51% had at least one chronic health condition (average 1.8 conditions)
- More than 50% were homeless
- The Most Serious Offenses (MSO) were:
  - Non-compliance (41%) – Failure to appear for court, supervision violations, etc.
  - Property crime (18%)
  - Drugs (13%)
- The Familiar Faces are disproportionately people of color compared with King County as a whole and overall jail population

# FAMILIAR FACES THE WORK

# Familiar Faces Value Stream V.3.3 DRAFT

## Familiar Faces Population

- Defined as adults (≥18 years old) with:
  - ≥4 jail bookings in King county in a year
  - Substance abuse and/or mental health issues

**Legend**

- ± Sequence of steps varies
- \* All jail clients get this step
- § Not all providers do/use this

FF: Familiar Face  
MH: Mental Health  
SUD: Substance Use Disorder

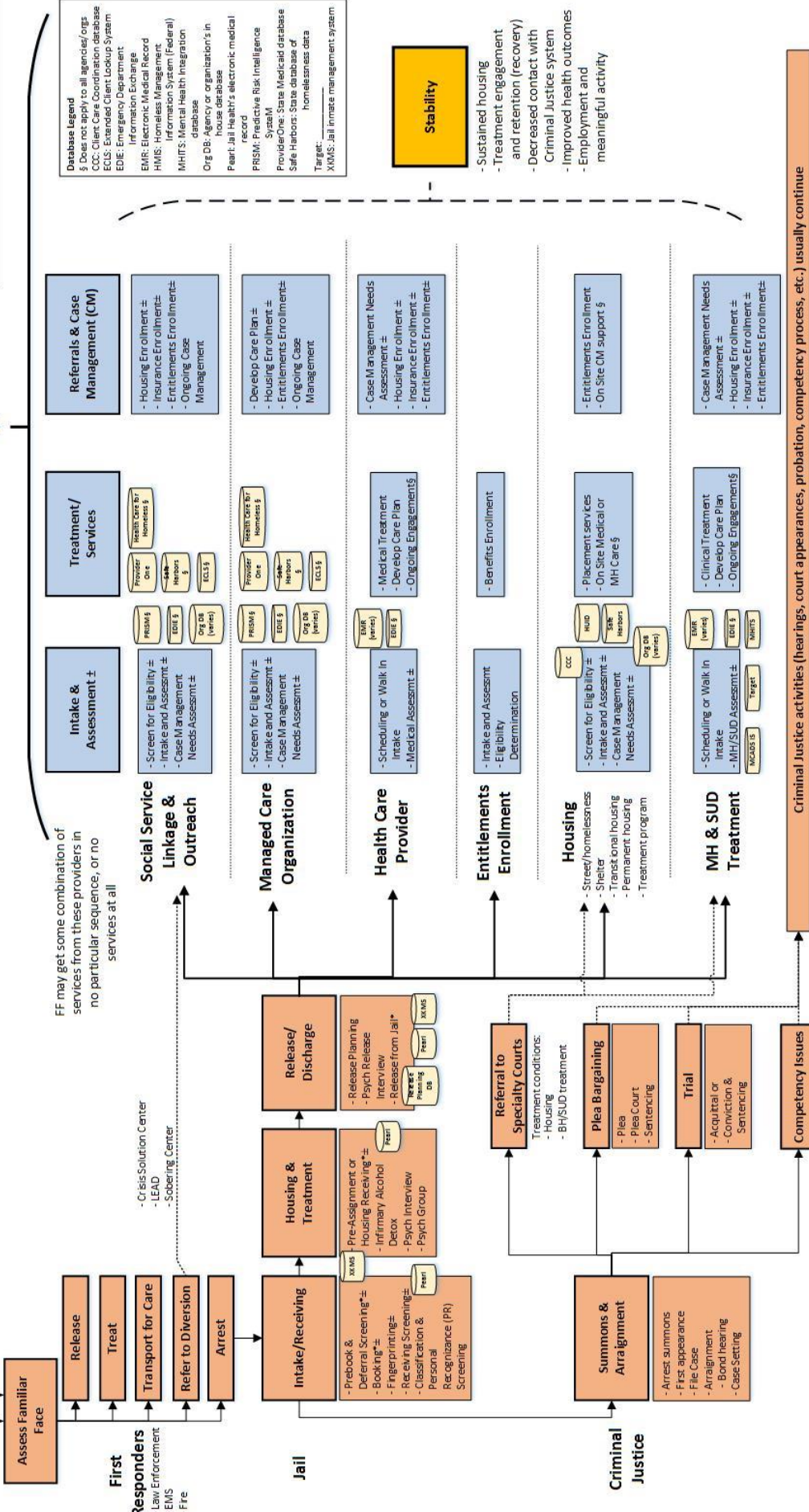
**Process Step**

- Subprocess

**Data-base**

FF could have contact with First Responders at any point

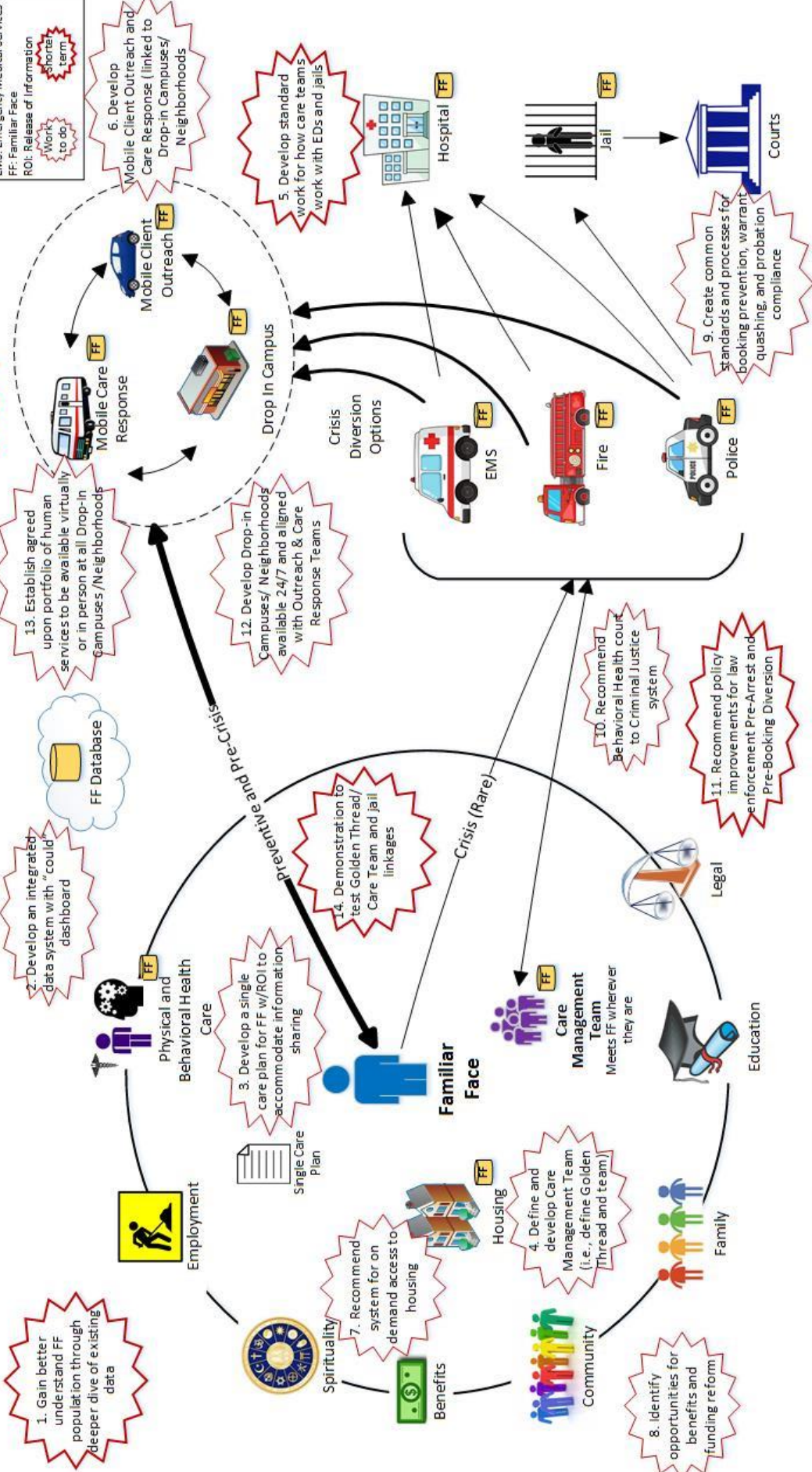
FF may get some combination of services from these providers in no particular sequence, or no services at all



Criminal Justice activities (hearings, court appearances, probation, competency process, etc.) usually continue

# Familiar Faces Future State Vision v.1.5.1 DRAFT

**LEGEND**  
 ED: Emergency Department  
 EMS: Emergency Medical Services  
 FF: Familiar Face  
 ROI: Release of Information  
 Work to do




Person Centered — Motivational Interviewing Methods — Trauma Informed — Harm Reduction — Evidence Based — Irrelevant of Payor





## The Future State Vision is... Person-Centered \* Trauma-Informed

- Use of Institutions is Rare
  - Police and First Responders have other Diversion Options
  - Options available outside of Crisis moments
- Systems are Integrated
  - Jail is viewed similarly to hospital setting
  - Systems can talk with one another electronically
  - Health and Social Services work with Criminal Justice
- Services are Flexible to what the Familiar Face Wants & Needs
  - Meets Familiar Faces where they are at (Literally and Philosophically)
  - Motivational Interviewing, Trauma Informed Care, Harm Reduction
  - Regardless Benefits and payer

## Where Do We Start on FF? 1. Current Landscape Analyses

 **Single Care Plan:** What Care Plans Currently Exist?

 **Care Teams:** Who, How and Where?

 What is the approach to an **Integrated Data System?**

 What are the **Policy & Funding Barriers?**



## Where Do We Start on FF?






### 2. Define, Test & Standardize

#### Testing our Integration Work and Shaping ACH

- 
  - Portfolio of Health & Human Services including:
    - Care Coordination Teams (including mobile)
    - Community Support teams
- 
  - Single Care Plan
- 
  - Work with Institutions (Jail & Hospitals)
- 
  - What's needed in Integrated Data System with Dashboard
- 
  - Policy & Funding Barriers

## Where Do We Start on FF?

### 3. Implement

- 
  - Stable Care Coordination Teams (including mobile)
- 
  - Single Care Plan
- 
  - Benefits, Financing & Policy Changes
- 
  - Standard Work with Institutions
- 
  - Integrated Data System with Dashboard

**Thank You.....**

**Questions???**