

Frequently Asked Questions About the Plan for Improving Population Health

1. How are you defining “population health”?

“Population health” can reference a geographical boundary, a clinical population, or a population defined by certain common characteristics. In the context of Healthier Washington we are defining population health as:

Total population health in our state, including the health outcomes of specific populations.

2. What is the role of the Accountable Communities of Health (ACHs) in this project?

The completed Plan will be implemented in the ACH regions, by local partners within those regions. The External Advisory Committee for this project has a representative from each of the ACH regions, to serve as a liaison, provide regional perspective, and share information with their ACH partners in local communities.

3. Our community is already working on population health. How will we benefit from a “Plan”?

There are some great population health initiatives in local communities. What’s unique about population health in the context of Healthier Washington is the way we complement transformations in the health care system with population health strategies at local, community and state levels. The Plan will help us accomplish that by providing a standard methodology and links to resources about best practice interventions. Local successes will help inform the completed Plan, and we welcome input from local partners and stakeholders.

4. There’s a State Health Improvement Plan, a State Health Care Innovation Plan, and the Prevention Framework. With all of those in place, why will it take until September 2016 to develop this Plan?

All of that work informs this process. The project timeframe for the Plan allows us to develop –with our stakeholders— alignment of local, regional and state strategies, and evidence-based tools to ensure sustainability.

5. Our region is identifying priorities and strategies right now – will we be told to change in a year?

The completed Plan will not change the Prevention Framework focus areas. It will provide process tools and resources for quality improvement and sustainability.

6. What about population health measures? The Common Measures are clinically-focused.

We will make recommendations for population health measures as part of completing the Plan. The Healthier Washington Analytics, Interoperability and Measurement (AIM) team is working collaboratively on this project.

7. What about the Medicaid waiver? We need to determine potential projects; will the Plan impact that?

Medicaid Waiver project proposals must support the Medicaid Transformation goals, and there may be alignment with the Prevention Framework focus. You can send questions about the Medicaid waiver to MedicaidTransformation@hca.wa.gov.

8. How are we going to fund population health strategies? Will the Plan identify exactly what it will cost to improve population health?

Our External Advisory Group will identify financial considerations as we develop the plan. Once the plan is completed, it will inform state decisions about funding that goes out to local communities. Also, communities will have tools that build a business case for local and regional investment in population health.

9. I hear a lot about “process.” What about outcomes?

The Plan will focus on both process outcomes and health outcomes. Broad population and upstream strategies complement strategies at the individual/clinical and community-clinical levels targeting specific health outcomes. A quality improvement model provides components and actions for improving population health in a systemic way, targeting specific process outcomes.

10. There’s a lot of pressure to demonstrate savings, and population health outcomes are long-term.

The need for early wins will be factored into development of the Plan, as well as the need for evidence-based process outcomes that build support for longer-term investments in improving population health.