AIM

many and by when? By 2019, Washington's health care system will be one where:

What are you trying to

accomplish? What will be

improved-by how much or how

90% of Washington Residents and their communities will be healthier.

physical and behavioral (mental) health/substance abuse comorbidities will receive high quality care.

Washington's annual health care cost growth will be 2% less than the national health <u>expe</u>nditure trend.

Quality Outcome Targets

Investment Area

Primary Drivers

What do you predict it will take to accomplish this aim?

Secondary Drivers

What will be required for this to occur?

Metrics

What data will be used to track progress (how much and by when)?

All people with

Behavioral Health: Percent of adults reporting 14 or more days of poor mental health

Tobacco: percent of adults who smoke cigarettes

Plan readmission rate by all-causes

Child and adolescents' access to primary care practitioners

Mental health treatment penetration

Personal care provider

Chronic care engagement with personal care provider

First trimester care

Psychiatric hospitalization readmission rate

Potentially avoidable emergency department visits

Adult access to preventive/ ambulatory health services

Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Childhood immunization status

Patient Experience: provider communication (CG-CAHPS)

Patient Experience: Communication about medications and discharge instructions (HCAHPS)

Well-child visits

Annual per-capita state purchased health care spending growth relative to state GDP

Medicaid spending per enrollee

Community **Empowerment** and Accountability

Communities of Health (ACHs)

Plan for Improving Population Health

Practice Transformation

Support Hub **Shared Decision**

Transformation

Practice

Making

Workforce/Community **Health Workers** (CHWs)

Payment Redesign

Payment Test Model 1: Early Adopter: Integration of Physical and Behavioral Health Purchasing

Payment Test Model 2: Encounter-based to Value-based for cost based reimbursements

Payment Test Model 3: Public Employee **Benefits Accountable** Care Program (ACP)

Payment Test Model 4: **Greater Washington** Multi-Payer Data Aggregation Solution



- Understand the practice transformation training and technical assistance needs of providers to inform HUB services
- Make tools and resources available online
- Refer small and medium sized practices to training, technical assistance and
- Develop comprehensive dashboard showing progress on statewide adoption of Bree Collaborative recommendations
- Provide training and practice coaching opportunities on shared decision making
- Promote and spread the integration of shared decision making and use of certified patient decision aids in clinical practice
- Develop a multi-state Shared Decision Making Innovation Network
- Engage community health workers
- Survey the health care industry and make targeted investments to address identified workforce needs
- Integrate Medicaid purchasing of physical and behavioral health services within accountable managed care organization (MCO)
- Create internal MCO processes and structures
- Improve service delivery process to increase access to integrated services
- Introduce a value-based alternative payment methodology in Medicaid for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
- Pursue flexibility in delivery and financial incentives for participating Critical Access Hospitals (CAHs).
- Test how increased financial flexibility can support promising models that expand care delivery options such as email, telemedicine, group visits and expanded care teams.
- Enrollment/participation in ACP options, January 2016
- Expansion of ACP to larger population of public employees, 2017
- Purchaser engagement to spread and scale model and value-based purchasing strategies
- Secure lead organization to convene payers and providers to advance an integrated multi-payer data aggregation solution and increase adoption of value-based payment
- Align the data aggregation solution with clinical and financial accountability (from Payment Test Model 3) centered on the Washington Statewide Common Measure Set
- Leverage and expand existing data aggregation solution that includes at least one or more payers and/or provider group
- Provide resources and state-purchased health care data to accelerate building common infrastructure of integrated claims-based and clinical data



- Number of sessions by type of stakeholders involved
- Website analytics and user satisfaction
- Number of training; satisfaction with trainings
- Bree Collaborative implementation roadmaps. Dashboard developed.
- Proportion of eligible practices receiving training
- Number of certified decision aids
- SDM Innovation Network formed
- Initial survey implemented through portals, results shared.
- Percentage of population impacted by Payment Test Model
- Number of providers participating by Payment Test Model
- Number of provider organizations participating by Payment Test Model
- Percentage of population impacted by Payment Test Model
- Number of providers participating by Payment Test Model
- Number of provider organizations participating by Payment Test Model
- Percentage of population impacted by Payment Test Model
- Number of providers participating by Payment Test Model
- Number of provider organizations participating by Payment Test Model



- Number of providers participating by Payment Test Model
- Number of provider organizations participating by Payment Test Model

