

November 1, 2015 – January 31, 2016

The Healthier Washington team submits quarterly reports to the Center for Medicare and Medicaid Innovation (CMMI) focusing on the progress made toward the program milestones and goals of the Healthier Washington initiative.

The information here follows CMMI’s request to highlight only a few Healthier Washington elements within each specified progress report domain. Within this summary, you will find highlights of the successes and lessons learned from this past quarter. To submit questions or feedback go to [www.hca.wa.gov/hw](http://www.hca.wa.gov/hw) to contact the Healthier Washington team.

### Success Story or Best Practice

- More than 10,400 public employees benefits board members enrolled in one of the new accountable care programs (ACP) during open enrollment in November. This is a significant milestone, and a great start for the first year of the program given focus groups found that most public employees were reluctant to switch to a plan “with unknowns” and would “wait and see” what coworkers experience the first year.
- All nine Accountable Communities of Health (ACHs) were designated by January 31, 2016, meeting our milestone for the pre-implementation year. The 2015 formative evaluation report highlights initial successes of ACH development statewide.

#### Read more about this

[Accountable Care Program & Multipurchaser](#)

[Accountable Communities of Health](#)

### Challenges

**Recruitment.** As noted in past quarterly reports, filling the Analytics, Interoperability and Measurement (AIM) director position has been a challenge. The mitigation strategies have worked, including Adam Aaseby, HCA chief information officer, serving as the interim AIM director. His team has collaborated well to ensure all details are attended to and all skill sets are represented. Recruiting continues to find the right candidate. Additionally, despite the lack of a dedicated lead, AIM team recruitment is under way and the team is expected to grow considerably in the first quarter of 2016.

### Governance

The Healthier Washington governance function continues running well.

- Patricia Lashway joined the Healthier Washington Executive Governance Council upon the departure of DSHS Secretary Kevin Quigley.

- The Health Innovation Leadership Network held its quarterly meeting in January and continues to accelerate grant priorities in the private and public sectors. Kickoff meetings were also held for the five recently-formed accelerator committees, focusing on clinical engagement, rural health innovation, collective responsibility, equity and physical and behavioral health integration

## Stakeholder engagement

We continue to apply our stakeholder engagement plan on work occurring under the grant. Activities in the fourth quarter included:

- The Practice Transformation Support Hub concluded stakeholder engagement activities, which reached hundreds of stakeholders across the state. The listening sessions informed development of the RFPs and contracts for 1) coaching and facilitation and training services 2) web-based portal and 3) regional health connector programs.

**Read more about this**

[Listen Session Report to Stakeholders](#)

- Model 1/Early Adopter: HCA and the managed care plans Community Health Plan of Washington and Molina Healthcare are participating in three workgroups with county officials, providers, and community stakeholders, focused on ensuring a smooth transition on April 1, specifically focused on access to care, care coordination, and development of an early warning system to detect implementation issues rapidly.
- The Payment Model 2 team met with stakeholder groups about:
  - Critical Access Hospital (CAH) payment and delivery system redesign. Convened CAH CEOs, board members, and other stakeholders to discuss delivery system components for a potential new model. This working session helped to begin refining the service delivery mix and furthered discussion around essential services.
  - and
  - Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) alternative payment model (APM) 4 development. Convened respective stakeholders to begin development around a financial framework for an APM 4. The focus of the conversation was to gain consensus and understanding around concepts and goals of an APM 4.
- Multi-purchaser “spread and scale” work began in December. Met with five public purchasers to educate them on the ACP including sharing public versions of the ACP contracts and other value-based purchasing tools (e.g., common measure set) and held a strategy conversation with a broker. Governor Inslee spoke to purchaser leaders of large companies about the Healthier Washington Paying for Value strategy in December.
- The Performance Measures Coordinating Committee held its quarterly meeting in January to vote on changes to the Statewide Common Measure Set for 2016. The

committee voted to add three measures that address behavioral health after a public comment period.

## Population health

In the fourth quarter there were a number of activities to integrate population health with health care delivery systems for all populations, including:

- External Stakeholder Advisory Group, including representatives from each ACH, is formed and providing input on population health strategies based on Prevention Framework. Focusing on the 80 percent of health factors outside the clinic setting, with attention to health equity and social determinants of health.
- New Plan for Improving Population Health committees forming work groups for each of the Prevention Framework objectives, with members from External and Interagency Advisory groups.
- ACHs have identified priorities. As specific projects and strategies are implemented, we will provide tools to enhance clinical and community-clinical efforts with complementary broad population health strategies.

## Health care delivery transformation

During the fourth quarter, the Practice Transformation Support Hub completed first drafts for two Requests for Proposals (RFPs) for investments in (1) Regional Health Connector Network and (2) Practice Coaching/Facilitation and related training services. The Hub also:

- Identified potential interagency partner to support the design and implementation of Web-based Resource Portal.
- Completed research reports and applied recommendations of the Practice Transformation Support Hub's technical assistance subcommittees led by subject matter experts on payment reform, clinical-community linkages, and integrated physical and behavioral health.

Shared Decision Making:

HCA is in discussions with Healthwise to provide technical assistance to two hospital sites within the ACPs to develop a roadmap to design and implement a pilot to integrate the use of shared decision making and the use of certified patient decision aids within their obstetrical health system, including interfacing within their electronic medical record infrastructure.

**Read more about this**

[Shared Decision Making](#)

## Payment and service delivery models

The team is making progress in its goal of shifting reimbursement strategies away from a system that rewards volume of service to one that rewards quality and outcomes. Activities in the fourth quarter include:

- Payment Model Test 1, Early Adopter: Community Health Plan of Washington and Molina Health Care of Washington were selected as the successful bidders to provide fully-integrated physical and behavioral health services to approximately 125,000 Medicaid enrollees residing in the Southwest Washington Regional Service Area. Beacon Health Options was selected to serve as the regional crisis system provider. Both MCOs have signed contracts with the State and readiness reviews were conducted in early February. HCA, both MCOs and Beacon Health Options are on track for April 1, 2016 implementation.
- Payment Model Test 2, Encounter to Value: The Model 2 team began to develop consensus around fundamental parameters for model development. The work to establish these elements have helped to shape potential payment model approaches that are aligned with value-based purchasing. At this stage actual model frameworks are still early in development and are being evaluated within HCA and with stakeholders.

## Leveraging regulatory authority

- The proposed Medicaid Transformation (1115) Waiver continues to gain momentum from the foundational work under the SIM grant. The Accountable Communities of Health are critical partners in the development of transformational projects representing the health needs of their communities. ACHs have been effective in encouraging and supporting creative collaborations between health care, social services and other key participants; and will be central to the execution of the resulting projects. A number of those ultimate projects are expected to bring SIM-funded activities to greater scale and scope—including behavioral health integration and value-based purchasing. While the SIM and waiver investments are separate, the broader themes they support are very much aligned.
- No organization responded to the public, competitive procurement to be the Lead Organization to oversee All Payer Claims Database (APCD) development and implementation, at the end of December 2015. The Office of Financial Management, the lead state agency for the APCD, is revising its approach and will issue a new procurement in spring 2016. HCA continues to assist and lend subject matter expertise (i.e., privacy and security, data analytics, data) to procurement planning effort as well as Rules efforts.

## Workforce capacity

- The 55-member statewide Community Health Worker Task Force concluded its work at its final meeting December 2015 by transmitting its recommendations to executive sponsors Dorothy Teeter and John Wiesman. The report with these recommendations was finalized in late January. We are reviewing the actionable policy recommendations

for their inclusion in Healthier Washington efforts and will report out on that in late spring.

- The Industry Sentinel Network agreements were finalized and work is under way to develop the scope of questions and survey approach to collect pertinent information on workforce trends to help inform Healthier Washington efforts.

## Health information technology

The Analytics, Interoperability and Measurement investment area made great progress in the final quarter of the planning year. Highlights from this quarter included:

- Received Gartner’s final “HW AIM Business Intelligence/Shared Analytics Roadmap” deliverable, which translates the goals and objectives of our program into an actionable work plan that we hope to implement over the coming year. We used this information to finalize our baseline scope, budget and schedule.
- The AIM team continued to grow. New members of our team were hired at the Health Care Authority (ETL analyst), the Department of Health (epidemiologist), and the Department of Social and Health Services (project manager and business analyst). Additionally, HCA received many applications for open positions (open data scientist positions, data analysts, and IT focused positions), and is currently interviewing candidates.
- Started work with Providence CORE on Healthier Washington’s Dashboard Reporting Tool (DRT). Work included finalizing their contract, baseline scope, schedule and budget. Healthier Washington leadership decided on what measurements the DRT would report on for its first release and AIM team led the effort of HCA sending data to Providence CORE on what data they need for reporting purposes.
- Washington Health Alliance published their 2015 annual “Community Checkup” report, which, for the first time, provided county level reporting on Washington State Common Measure Set on Health Care Quality and Cost.

Read more about this

[2015 Community Checkup Report](#)

## Continuous quality improvement

- The state-based evaluators at the University of Washington have reported the following update on activities during this period:
  - Completed final evaluation plan
  - Completed data collection table for all evaluation components
  - Initiated draft collaborator checklist

- Developed data expectations with AIM Team, RDA/DSHS
- Submitted Year 1 final report
- The project management team has implemented Team Dynamix – a portfolio management solution intended to streamline work plan updates and increase visibility of program issues, risks, and milestones.

### **Additional information**

**Practice Transformation.** We launched exploratory discussions with cross-initiative leadership about whether to sponsor a Practice Transformation Consortium to strengthen alignment and communications.