

February 1 – April 30, 2018

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 Healthier Washington.

The information here follows CMMI's request to highlight only a few Healthier Washington elements within the specified progress report domains below. This summary offers highlights of the successes and lessons learned from this past quarter. To submit questions or feedback, contact the Healthier Washington team at healthierwa@hca.wa.gov.

Success story or best practice

ACHs have played a critical role in recent months to build additional momentum in support of health equity. Each ACH has a representative as part of the HILN Communities and Equity committee and are helping to embed health equity as a focus in future discussions, learning events, and other forums. The Washington State Health Care Authority (HCA) staff are responsible for facilitating and supporting these efforts, but ACHs are truly leaning in and leading this on the ground. In addition, ACHs have recently articulated specific requests for HCA and Healthier Washington to provide more guidance, streamline engagement and communication where possible, and continue to support statewide convening and alignment. These recent developments are an indicator of increasing agreement and collaboration across ACHs (also supported by SIM resources) and it demonstrates their understanding of the partnership approach that Healthier Washington wants to continue with ACHs.

Challenges encountered & strategy to address

A challenge encountered in our Model 1 work is ensuring all of the mid-adopter regions understand the substantial impact integrated managed care (IMC) will have on behavioral health providers' billing and information technology processes, and the importance of providing technical assistance for these providers ahead of go-live.

We have implemented several strategies to address this:

- We informed the mid-adopter regions of the Behavioral Health Provider Billing and IT Toolkit created by Qualis Health and encouraged its use. This effort has been successful, and several regions are using it to assess provider readiness.
- We created and sent out a document detailing best practices and lessons learned in Southwest Washington and North Central.
- We discussed the importance of IMC readiness with the regions during our regular weekly check-in calls and have had separate meetings with the ACHs to make sure they are aware of this need and have them involved in planning needed technical assistance.
- We released a guidance document to ACHs giving recommendations for how they should spend the mid-adopter incentive funding they receive under the Medicaid Transformation, noting billing and IT technical assistance as a strongly suggested use.

Governance

We have had no governance-level leadership changes since the last quarterly update.

We are beginning to strategize on how to formally implement mechanisms to sustain the transformed health system we have put in place through the SIM investment. The Sustainability Strategy Workgroup, made up of multiple agencies and divisions within agencies, has been convened to put together a sustainability roadmap and implement the required activities in 2018 and beyond. The group has met twice in the first quarter and is beginning to create a shared vision and shared strategy. The sustainability roadmap will meet submission criteria for the SIM sustainability deliverable #2.

Stakeholder engagement

Model 1

We continued to engage and have regular check-ins with the new mid-adopter regions (King, Pierce, Greater Columbia, North Sound, Spokane, Klickitat County, and Okanogan County) to discuss a variety of IMC issues.

We attended regional ACH, Behavioral Health Organization (BHO), and county meetings as needed to give presentations on, discuss, and answer questions regarding IMC.

We hosted a webinar on April 18 for ACHs and mid-adopter regions regarding development of the Early Warning System (EWS) in each region.

We reached out to regional stakeholders via email and during an ACH Development Council call to inform them of IMC resources, including a billing and IT toolkit and a document detailing best practices and lessons learned from the Southwest and North Central regions.

Model 2

Robust stakeholder engagement continues around the rural multi-payer model, part of Payment Model 2. We held several working sessions in the first quarter, with high-level agency leadership and groups of stakeholders across the state. The focus for engagement is on the need for a transformed rural system and preliminary model development.

ACHs

We continued our regular ACH staff calls that are supported by HCA and Department of Health staff. Functional areas include finance, communications, HIT/data, and policy. As ACH teams expand and the work continues to grow, we will continue to adjust our format to stay coordinated and connected at the state level, in support of continuity within the ACH structure.

HCA leadership, including Director Sue Birch, met with ACH executive directors to discuss alignment, sustainability, and the integral role of ACHs going forward.

Population health

Please see the Healthier Washington Plan for Improving Population Health Deliverable 3 – Workplan for Implementing Diabetes Prevention Activities (<https://www.hca.wa.gov/assets/p4iph-workplan-updated.pdf>).

Health care delivery system transformation

Practice Transformation Support Hub

The Hub met face-to-face with ACHs, the American Indian Health Commission (AIHC), and provider organizations to clarify goals and plans for transition in the last year of SIM funding. ACHs know which practices in their regions are working with a Hub coach and are briefed on resources and support available to them through the Hub for AY4.

The Hub hosted a webinar in coordination with the University of Washington AIMS Center on the role of the pharmacist in integrated care.

The Hub continues intensive coaching across the state in 125 provider organizations.

The Hub is engaged on behalf of providers in consulting with ACHs and HCA around practice transformation topics including assessment, HIT/HIE issues, communicating value-based payment (VBP) and measures information to providers, among others.

Shared Decision Making

In March we received the final evaluation report for the Shared Decision Making (SDM) maternity pilot through the Accountable Care Program. Early results are positive in demonstrating the value of implementing SDM and use of certified PDAs into the clinical workflow with providers and patients.

In April we presented our Washington State experience with certifying patient decision aids and spread of SDM at “The Development and Certification of Decision Aids To Promote Shared Decision Making for Patients with Serious Illness.” The conference, which was a collaboration between the Petrie-Flom Center at Harvard Law School and the Coalition to Transform Advanced Care (C-TAC) highlighted the great work that Washington is leading in SDM, but also that there is more work needed to spread SDM as a universal practice.

In April we certified our first patient decision aid that addresses end of life care. The decision aid developed and submitted by Respecting Choices® and is a paper-based PDA that discusses whether or not a patient may want to consider CPR. This was one of 28 decision aids received for consideration for certification.

Payment and/or service delivery model(s)

Model 1

- We finalized and released the Statewide MCO RFP on Feb. 15.
- We finalized and released the BH-ASO RFP on March 22.
- We received approval from SAMHSA for our two-year Corrective Action Plan for coming into compliance with SAMHSA block grant data reporting requirements.

Model 2

FQHC/RHC APM4:

- We finalized CY2016 baseline quality data for APM4 participants and implemented a sustainability process for the development and delivery of data.

Rural Multi-payer Model:

- We received 48 letters of interest to participate in the development of a model.
- We issued two solicitations for design of multi-payer rural payment model, for actuarial support and rural VBP expertise.

Model 3

- We made the decision to extend Accountable Care Program (ACP) contracts with existing networks to 2024 (UW ACN and PSHVN) rather than to re-procure new ACPs. We have started negotiations with the ACPs, which focus on the financial trend and looking at ways to incorporate the Center of Excellence into the ACP.
- We continue to discuss potential expansion into San Juan Island County with UW ACN. The operational deadline to add a new county is May 31, 2018 for the ACP to be available to members in the county starting January 1, 2019. We have an adequate network but the UW and potential provider partner are assessing if they can meet the clinical/care transformation requirements of the ACP contract.

Model 4

- We successfully implemented assignment file transmission and claims data extraction for two MCOs.
- NPN chose to terminate their relationship with their data vendor in the previous quarter. We began providing technical assistance as they prepared to develop and implement their own data solution. We are currently walking them through the security review process.

HCA has faced challenges in including pharmacy data, due to privacy concerns related to SUD/STI data. In Q1, HCA data teams worked to address this challenge, and expect a solution to be in place in Q2.

Leveraging regulatory authority

Work continued with CMS to discuss the Model 2 Rural Multi-Payer work, and we continue to work toward a structure for CMS participation. These conversations will continue, and we are committed to finding a viable path forward.

While not a SIM investment, HCA, along with partners at Department of Social and Health Services (DSHS), continued to work on implementation of Medicaid Transformation. Notable milestones include:

- Independent assessment of Project Plans concluded
- The state approved all nine ACH Project Plan portfolios
- Continued enrollment of beneficiaries into Medicaid Alternative Care (MAC) and Tailored Services for Older Adults (TSOA)
- Continued MAC and TSOA provider network development
- Foundational Community Supports implementation and enrollment of beneficiaries

Workforce capacity

- ACHs continue to use Sentinel Network data (last updated in October 2017) to support workforce assessment and planning for Medicaid Transformation.
- We are participating in the Health Workforce Council's Sentinel Network Steering Committee, focused on developing a sustainability plan for the Sentinel Network in Washington State.
 - Sustainability planning activities are funded through the Governor's office through June 2019.

Health information technology

- The SAS Redshift environment now has the Core29 tables with the addition of the two tables required for dental and HEDIS measures.
- The data share agreement was executed for federal evaluation of the SIM grant, a complicated effort to accommodate multiple streams of data.
- Quantitative data for state evaluation was successfully transmitted to the UW, our SIM evaluator.
- Quantitative data for the federal evaluation was successfully transmitted to RTI, our federal evaluator.

The Healthier Washington Data Dashboard was refreshed with updated data, including refreshed claims data, through January 31, 2018.

Continuous quality improvement

State-led evaluation

The UW finalized preliminary results from Round 1 Key Informant Interviews (KIIs), conducted more than 20 Round 2 KIIs, analyzed Payment Model 3 (Accountable Care Program) data, analyzed Hub practice transformation assessment data, drafted a methods manuscript for the statewide impact evaluation, and planned for the final evaluation report.

CCHE/ACH evaluation

The Center for Community Health and Evaluation (CCHE) presented and facilitated discussions on the ACH Member Survey data with the ACH cohort and individual ACHs to help identify strengths and opportunities for improvement. CCHE also facilitated strategic learning sessions with Healthier Washington to determine key AY4 ACH goals and explore long-term possibilities. In addition, CCHE interviewed six of the ACH executive directors and observed ACH board/committee meetings and cross-ACH meetings to highlight successes and better determine support needs.

Evaluation of Models 1 & 2 (RDA)

The DSHS Research and Data Analysis (RDA) division, presented updated full first year, with six-month claim lag, quantitative evaluation results for Payment Model 1 (integrated managed care) to HCA/DSHS leadership and the Governor's office.

Additional information

The Performance Measures Coordinating Committee (PMCC) met in March 2018 to finalize recommended changes to the 2018 Statewide Common Measure Set. There were eight new measures

added to the measure set, including a prenatal care, a patient experience with care coordination, a youth substance use, two obesity, and three new opioid prescribing measures.

The PMCC is developing a plan for an expanded role for members that considers how they can leverage their expertise to monitor and track outcomes of the measures in the Statewide Common Measure Set, looking for opportunities to promote more focus and alignment in areas where Washington is needs improvement.