

May 1, 2018 to July 31, 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 the Healthier Washington initiative.

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

We completed the first phase of work on our Healthier Washington brand identity and brand sustainability, part of our Communications work stream this year. Key informant interviews were conducted, and the general consensus is that Healthier Washington as a brand should endure. We will soon take the next step of creating a steering committee to map a refreshed and revised brand that clearly connects to our work and values. This is a significant credit to CMMI and the SIM program for catalyzing the state's vision and agenda with funding streams and innovative strategies that have enduring meaning and value.

Challenges Encountered & Strategy to Address

As the grant period comes to a close, we have faced the challenge of expected attrition of SIM-funded staff. We are addressing this challenge in several ways:

- Prioritizing work that is necessary to fulfill SIM deliverables and commitments
- Providing transparency into SIM transitions through biweekly emails from our Chief Policy Officer that go to staff and contractors
- Creating transition plans for departing staff to ensure commitments are met
- Working to place staff within the agency to retain talent and support future work and sustainability

Governance

- There have been no governance changes in this update period.
- HCA hired a new Chief Information Officer, Jerry Britcher, who joins the agency from DSHS. Jerry brings a multitude of expertise, including behavioral health data reporting.

Stakeholder Engagement

We have been heavily engaged in stakeholder activities surrounding our rural multi-payer work:

- Washington was selected to be one of eight states to attend a Millbank-sponsored Rural Global Budget meeting, on May 30 in Baltimore. The session was attended by several Washington CEOs and an association member who served as ambassadors for our provider community.

- Held a small-group session with MCOs on May 1 where we discussed roles and alignment, proposed model structure overview, and goals.
- Held a working session with providers on June 14th where we discussed Washington's guiding principles and data necessary to support development of the model.
- HCA Director Sue Birch spoke on rural hospital financing and new payment models at a July 19 Washington State Legislature Joint Select Committee on Health Care Oversight. The Washington State Hospital Association presented on access and delivery of care in rural communities, and experts from Pennsylvania and Maryland were invited to speak on their experiences with rural transformation and global budget approaches.
- We have been meeting with interested rural stakeholders to learn about their unique circumstances and discuss opportunities for transformation.

We convened the Performance Measures Coordinating Committee (PMCC)-led evaluation workgroup to review the current version of the Statewide Common Measure Set, to identify measures that should be removed or replaced. The final recommendations will be presented to the PMCC at their next meeting in September.

The PMCC also reviewed how they are using measures from the common measure set in contracts with providers. This discussion was a follow up to an assessment they completed that asked how often they use measures from the WA State Common Measure Set for reporting to providers, and value-based contracting with payment incentives. It was clear there is a lot of variation between plans, and there was interest in identifying ways to better align efforts going forward.

Population Health

DOH has continued to support the Population Health Planning Guide to help partners throughout the health and wellness system successfully apply a population health approach to health issues in their communities. Funding was identified through SIM to support several enhancements to the system this quarter, including integration with WA-211, a program that provides local health human services information to the public. This enhancement in particular will greatly support providers in creating meaningful clinical-community linkages as they continue to transform their practices.

Health Care Delivery System Transformation

Practice Transformation Support Hub

The Hub joined TCPI partners at the Practice Transformation Consortium where each presented progress to date in advancing transformation in provider offices. The group also opened a conversation about the future of the PT Consortium. Appropriate partners in practice transformation will be invited to the October meeting to continue the conversation.

Pierce County Accountable Community of Health created and launched a new pilot site on the Practice Transformation Resource Portal, now called the WA Portal: <https://waportal.org/partners/home/pierce-county-ach>.

Shared Decision Making

The Shared Decision Making team finalized and submitted a draft interagency agreement to OHSU to conduct the evidence-based reviews for the next round of PDA certification, which will focus on cardiac care.

We presented a proposal to the Bree Collaborative to select Shared Decision Making as an upcoming area of focus. Out of five topics proposed, SDM was one of three chosen, and a workgroup will convene later this year. The purpose of the workgroup is to develop strategies to include in a roadmap for spreading SDM across Washington.

Payment and/or Service Delivery Model(s)

Integration of physical and behavioral health

We have been focused on Early Warning System (EWS) activities for our 2019 integrated managed care regions.

- We held our last North Central EWS Monthly Monitoring Meeting on Thursday 7/19, where we reviewed the EWS data, discussed any billing/technical issues the behavioral health providers and MCOs were having, and discussed opportunities to continue monitoring performance and reporting issues to HCA.
- We participated in Greater Columbia ACH's first EWS Workgroup meeting on 7/17, where we described the standard indicators HCA will track in all of the mid-adopter regions and answered questions.
- Called in to King County's first EWS Workgroup meeting on Friday 7/6, where the group discussed the history and purpose of the EWS, the timeline for developing the EWS, and potential indicators they would like to track.
- We held our first Integrated Managed Care Knowledge Transfer Webinar on Thursday 7/19, where Richard VanCleave and Ruth Leonard gave an overview of mental health and substance use disorder residential programs and the mid-adopter regions gave region-specific presentations about these programs.

Encounter-based to value-based (payment model 2)

The Model 2 team sent 2016 quality performance data to HCA's EDMA Division for release to providers participating in APM4. This represents a major milestone for this payment model.

Accountable Care Program (payment model 3)

Work is ongoing at HCA to create a similar value-based benefit option for school employees. While SEB has a different board and benefit portfolio, this option would be modeled from the Accountable Care Program developed under Payment Model 3.

Washington Multi-payer (payment model 4)

We reviewed mid-year deliverables from our two Payment Model 4 provider networks. Lessons learned are being generated and will be shared at a later date.

Rural Multi-payer Model

Work continues on preliminary model development and stakeholder engagement. HCA executed contracts with Milliman and McKinsey to help shape early model iterations and provide technical expertise

Leveraging Regulatory Authority

While not a SIM investment, work continued on our Medicaid Transformation Project (1115 waiver). Notable achievements this quarter included:

- Distribution of over \$58 million of incentives by ACHs to partnering providers.
- State rule for MAC and TSOA programs became permanent effective April 27, 2018.
- Continued increase in contracted Foundational Community Supports (FCS) providers and service delivery locations.
- On 7/17/18, CMS approved a substance use disorder (SUD) amendment to our 1115 Medicaid Transformation Waiver, which allows reimbursement for behavioral health services provided in IMDs. We are in the process of building out the work plan and negotiating technical corrections with CMS for this work stream.
- We merged the DSHS Department of Behavioral Health and Recovery into the Health Care Authority on July 1, 2018. Effective planning and preparation made the transition as positive as possible for impacted staff and clients, and will allow for better administrative collaboration and efficiency as we move to whole person care

Workforce Capacity

For workforce development, including appropriate and effective use of Community Health Workers, the Medicaid Transformation project has become the key driver for state action on this topic. The Medicaid Transformation Project toolkit incorporated key points from the final Community Health Worker report (created under SIM) to guide ACH projects. Workforce considerations have also been built into Domain 1 activities, part of Medicaid Transformation work that requires ACHs and the state to collaborate on workforce development, population health management strategies, and VBP strategies. For this reason, there is an ongoing role for the state in supporting the coordination of these activities, mainly to help ensure the success of ACH project implementation, an activity that will largely take place in 2019 and beyond.

We have forged a closer relationship with the Health Workforce Council, as run by the Washington State Workforce Training and Education Board, which exists as the state coordinating entity for workforce and biannually sets state policy priorities. Tapping into this existing resource will create a better communication pipeline between Accountable Communities of Health and the state, and will allow for one point of contact for ACHs to have an ongoing conversations about workforce issues.

Health Information Technology (HIT)

The ARM (Analytics, Research, and Measurement) team (formerly AIM) completed the creation of member level information for measures for the performance year one of the Payment Model 2 (APM4) project that is shared with 16 participating provider organizations.

The Clinical Data Repository (CDR) clinical portal opened on July 11, 2018 so that providers registered with One Health Port may view clinical records for their patients, as well as Medicaid claims & encounter data from Q2 2016 onward provided by HCA. We will continue meetings with the top 25 high-priority providers about onboarding status and issues. These outreach efforts have been effective and appreciated. The CDR is not a SIM investment, but is a foundational part of our HIT/HIE strategy for Healthier Washington.

Continuous Quality Improvement

The University of Washington (UW) Evaluation Team completed almost all 2018 key informant interviews and began integrating findings with those of 2017, developed their final Evaluation Report approach and outline, resolved dataset issues with HCA and RDA, and began programming regression models.

DSHS's Research and Data Analysis (RDA) Division presented updated quantitative evaluation results for Payment Model 1 to HCA/DSHS leadership, and began the process to become a ResDAC collaborating organization to help HCA use Medicare data for PM2 Critical Access Hospital payment reform.

The Center for Community Health and Evaluation (CCHE) continued interviews, site visits, and observations to monitor ACH progress on their projects and development as a collaborative. CCHE also presented cross-ACH information to Healthier Washington leadership and at the July Health Innovation Leadership (HILN) Meeting, and provided ongoing strategic learning support to Healthier Washington and ACHs.

Additional information

We have been focusing discussions on how to infuse health equity into our Healthier Washington work. This topic has been explored through our Health Innovation Leadership Network meetings, as well as our Communities and Equity Accelerator Committee.

We offered a presentation for the HW Quarterly Webinar, "Equity in Health Systems Transformation," on June 6. It was well attended and received.