November 1, 2016 – January 31, 2017

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 under the federal State Innovation Models grant.

The information here follows CMMI's request to highlight a few Healthier Washington elements within the specified progress report domains below. 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 to contact the Healthier Washington team.

## Success Story or Best Practice

In January, HCA issued a new call for patient decision aids (PDAs) to review for certification. The request for this round is for PDAs that address total knee or hip joint replacement and lumbar fusion, aligning with recommendations of Washington's Bree Collaborative. This request supports requirements in the Accountable Care Program contracts. Networks in the program use shared decision making and patient decision aids. The first round of certifications in 2016 led to certification of five PDAs that address maternity care.

During the previous quarter, HCA requested letters of intent (LOIs) to adopt alternative payment methodology 4 (APM 4). There was strong response to the request, signaling considerable interest in APM 4. Of the 26 federally qualified health centers (FQHCs) in the state, 13 submitted LOIs, and of the 55 rural health clinics (RHCs), 13 submitted LOIs. The FQHCs and RHCs are willing to move forward with a memorandum of understanding and are ready to adopt APM 4.

By the end of the fourth quarter, HCA had executed contracts with two provider groups for separate demonstrations of the multi-payer payment model test (one rural, one urban). Both contractors completed grant year 2 deliverables by the end of January, including a baseline report on quality measures (accountable care program measures, well-child visits and asthma medication management), and agreements with two additional payers to participate in the model.

## Challenges

Data reporting issues have continued in the early adopter region and are anticipated for the mid-adopter region in 2018. The Behavioral Health Data Issues Workgroup continues to research options for responding to SAMHSA data reporting guidelines and design a long-term solution.

The primary challenge for the multi-payer payment model test has been getting our contractor's data vendors through the Office of Cyber Security's design review. We are on a tight timeline with very stringent requirements. We have set up weekly check-ins with the vendors to connect them with our data security team to gather documents and prepare for the design review. We have created a timeline with key milestones and deadlines in order to meet our goal of an April 1 completion date.

A second challenge has been a policy by CMS against storing Medicare data in the cloud. This constrains the ability of the Healthier Washington Analytics, Interoperability, and Measurement team to conduct related analytics and delays the delivery of full extracts to four external entities. There does not appear to be a viable alternative beyond the cloud solution because HCA's on-site storage does not have the required capacity. While WATech storage is possible, it could be cost prohibitive and adds complexity to the data integration and analysis work associated with payment model and evaluation by the University of Washington. This issue is currently being escalated.

## Governance

There were no major changes to overall program governance in the fourth quarter.

Project management processes continued to evolve. For example, work plans are now set up by strategy and goal, which is consistent with the SIM Award Year 3 Operational Plan. This also aligns with our internal push to break down silos and move forward as a Healthier Washington system.

Work continued on an internal process to provide better transparency and follow-through around allowable changes to project scope, timeline, budget, milestone, or approach.

Healthier Washington welcomed several new staff, including a tribal liaison focused on our Accountable Communities of Health, a Healthier Washington senior project manager, a designated Healthier Washington fiscal specialist, and a health transformation communications manager. These are all strategic positions that will help us advance our goals under SIM.

## Stakeholder Engagement

Two sessions were held with stakeholders of the [Encounter to Value payment model](#) during the quarter. These sessions focused on outstanding issues for FQHCs and RHCs and helped to prepare stakeholders for early implementation.

Two stakeholder working sessions were also held to continue model refinement for critical access hospitals. As an outcome of these sessions the model has come into further focus.

In December the [Performance Measures Coordinating Committee reviewed the final recommendations](#) from the Pediatric Ad Hoc Technical Workgroup to consider additions to the common measure set that were vetted through a public comment process in November. The committee elected to add three measures.

Members of the Paying for Value team met with Costco's human resources leadership to discuss the HCA's Accountable Care Program and encourage the retailer to adopt a similar purchasing strategy. The meeting included Boeing's human resources leadership to share their own experiences with launching an accountable care model.

The Analytics, Interoperability, and Measurement (AIM) team promoted a range of inter-agency partnerships:

- Supported procurement of Tableau Enterprise Server for the Department of Health (DOH), and continued enhancing BRFSS survey for Washington State,
- Immunization data for Department of Health,
- Procurement of Master Data Management and Data Model Solution Decision support team, (first release rolled out successfully January 31),
- AIM team continues to be integral to behavioral data consolidation, identifying investment opportunities such as rolling out electronic medical records across behavioral health organizations.

In addition to regular engagement and coordination with Accountable Communities of Health (ACHs), a primary stakeholder engagement activity for fourth quarter was the November ACH convening. This convening brought together ACH staff, ACH partners (including MCOs), state agency partners, statewide association staff and partners, and subject-matter experts. About 75 people participated in the two-day convening representing all nine ACH regions within the state.

## Population Health

The Center for Community Health and Evaluation is working on the revision to the Plan for Improving Population Health with teams from the state Department of Health and HCA. A set of deliverables and timeline has been developed with an initial focus on diabetes.

Planning continued with Practice Transformation Support Hub and University of Washington partners on moving the Population Health Planning Guide website to the Hub's Resource Portal.

There was great engagement with our DSHS liaison to Aging & Long-term Services, Children's Developmental Disabilities, Economic Services, and DVR.

## Health Care Delivery System Transformation

In the fourth quarter our strategic partner, Qualis Health, began rapid hiring, training and deployment of the coaches and connectors in each region. We agreed to allow the coach/connector roles to be combined initially as we develop our partner's understanding of the role of the connector.

Practice Coach/Facilitation/Training (PCFT) and connector contracts were signed for Award Year 3. A detailed statement of work for Qualis Health was outlined to ensure adherence to the Healthier Washington vision.

The Hub Resource Portal launched January 8. It has been a well-received launch and we are proud of the feedback and input we have received from our stakeholders and providers.

## Payment and/or Service Delivery Models

Work to refine alternative payment methodology (APM) 4 continued, which included determining the requirements for implementation. The structure of the model itself aligns with the HCP LAN framework by fundamentally linking quality and performance against a set of metrics to payment. At this stage, HCA is refining the quality components of the model, is working to establish the memorandum of understanding, and is seeking the regulatory authority for implementation.

The scope of services under the Encounter to Value model has narrowed to those services that are significant for participating critical access hospitals. The model represents a phased approach that intends to integrate services through value-based payment mechanisms. The model will entertain inclusion of multiple payers in an overall budgeted approach.

In November enrollment in the HCA's Accountable Care Program increased 25 percent for each of the two health plan networks for state employees. On an annual basis, membership in the networks increased 50 percent in 2017. Currently, there are 16,000 enrollees.

Two contracts were signed to lead urban and rural demonstrations of the multi-payer model (Northwest Physicians Network and Summit Pacific Medical Center). The aim is to align quality measurement and data aggregation across multiple payers and accelerating the adoption of value-based payment arrangements by participating providers. Each contractor fulfilled Grant Year 2 deliverables, including providing a baseline quality measurement report and demonstrating commitment from at least two payers.

## Leveraging Regulatory Authority

CMS approved the Medicaid Transformation Project Demonstration and the work to ramp up occurred during the fourth quarter, including project planning, drafting of RFPs to support the technical assistance work needed in the field, and organizing internally for successful execution. Staff focused on reviewing public comments on the draft project toolkit, preparing drafts of the initial set of protocols due to CMS, reviewing proposals for a DSRIP support team contractor, continuing development of the benefits and systems for Initiatives 2 and 3, and building out the project management approach.

## Workforce Capacity

The Health Workforce Sentinel Network released the results of the November and December data collection on workforce trends, which represented 178 facilities across Washington State. The dashboard is public and allows those who access the data to filter by Accountable Community of Health, practice type, and other metrics.

## Health Information Technology

The following activities supported the work to adopt and implement health information technology and implementation the use of analytical tools to support health care service delivery and payment reform models. Activities included:

- On November 14, rolled out second release of the Healthier Washington Data Dashboard, an interactive visualization of select measures relevant to our Accountable Communities of Health.
- Selected Truven Analytics as vendor for master data management solution to support the Analytics, Interoperability and Measurement (AIM) team. Initial release of master data management solution successfully launched in late January 2017.
- Issued RFP for a data model to support the design of an enterprise data warehouse for HCA and AIM. Truven selected as successful bidder.
- Successfully submitted updated Data Management Plan to Resdac to acquire Medicare data to support payment models. Awaiting data set delivery in the first quarter or early second quarter in 2017.
- PEBB data acquired from Milliman and is being made available to the University of Washington for evaluation of the accountable care program.
- AIM committed to spend-down plans at the end of Award Year 2. It met carryover targets to continue supporting strategic investment opportunities.
- AIM team completes an important step in process standardization with intake request and peer review process. The agency's Enterprise Data Management and Analytics office is developing similar standards for analysts across the agency, and the team will be informing and aligning these processes with the agency.


## Continuous Quality Improvement

A number of activities in this quarter supported activities related to state-led evaluation and program monitoring, including:

- The Center for Community Health and Evaluation distributed and analyzed its 2016 ACH member survey, both in aggregate and by individual ACHs, to identify areas of strength and opportunities for growth in five domains of ACH development (membership, governance, mission, backbone functions, and community engagement). The survey also included ACH member satisfaction and perceived regional impact.
- Ongoing strategic learning with the Community Transformation team occurred, with a particular focus on informing the upcoming ACH mid-point check-ins conducted by HCA. The 2016 annual ACH site visits and interviews with key stakeholders across all nine regions were completed.
- Engaged in project conversations with five ACHs to support their individual project development, particularly with regards to project logic models, output measures, and early outcome metrics.
- Development of a Data Sharing Agreement between HCA and ACHs to help build data sharing capacity between state-level and regional ACH groups continued.
- The Practice Transformation Support Hub Evaluation team has addressed the early implementation stage of the Hub intervention, drawing from information gathered at the end of 2016 and in early

2017. To address evaluation questions relevant to early implementation, in January 2017 the University of Washington team conducted five key informant interviews with agency and vendor leads at DOH, HCA, UW PCI-Lab, and Qualis.

- The SIM driver diagram listed 19 priority measures to answer the three questions in the SIM Impact Evaluation. The Evaluation team assessed the data source for each measure to verify whether 2016 and 2017 data, at a minimum, would be available no later than August 2018 for the impact evaluation.
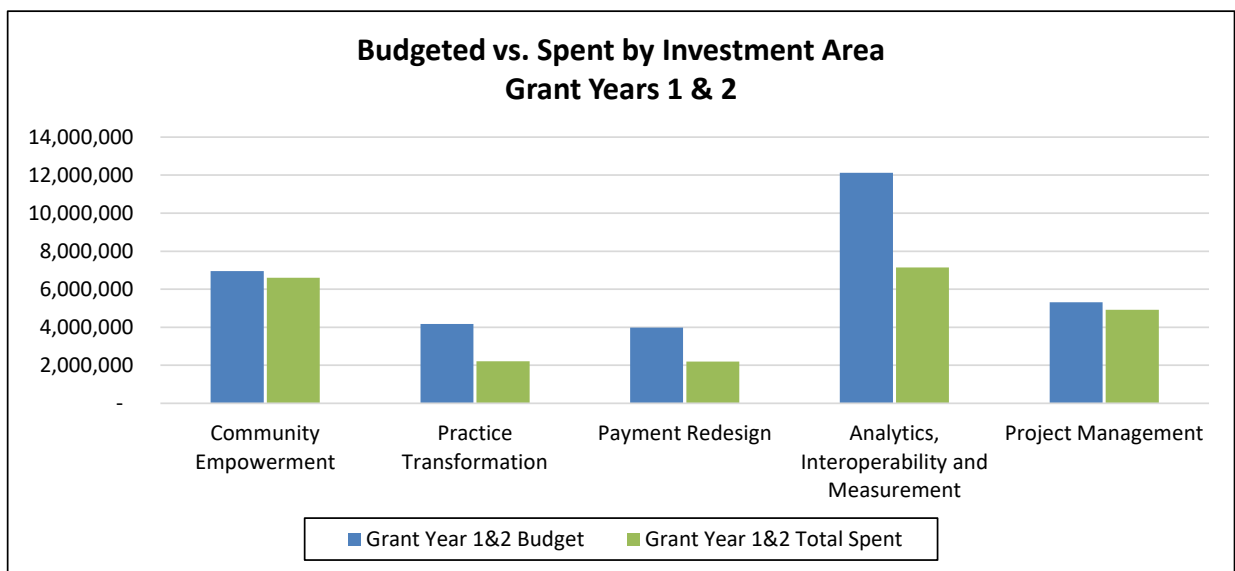
**Healthier Washington**
**Grant Years 1 & 2 - Budget Status Report**
**Expenditures for February 2015 - January 2017**
**Combined expenditures for all Partner Agencies (HCA, DOH, DSHS, OFM-GOV)**
From: Enterprise Agency Financial Reporting

| | Grant Year 1&2 Budget | Total Spent | |
|---|---|---|---|
| Community Empowerment | 6,959,135 | 6,607,341 | 95% |
| Practice Transformation | 4,178,933 | 2,210,836 | 53% |
| Payment Redesign | 3,978,952 | 2,200,430 | 55% |
| Analytics, Interoperability and Measurement | 12,122,467 | 7,141,949 | 59% |
| Project Management | 5,308,369 | 4,916,829 | 93% |
| | **32,547,856** | **23,077,385** | 71% |

**Budgeted vs. Spent by Investment Area**
**Grant Years 1 & 2**



Notes:
- Total Spent amounts for Award Years 1 & 2 are not final.
- Authority to incur expenditures for Award Year 1 Carryover and unobligated Award Year 2 funds ended on January 31, 2017.
- Health Care Authority has 90 days from January 31, 2017 to process final invoices, close out Award Year 1, and
  request Carryover of unspent Award Year 2 funds.
- Final budget status for this period will be available after May 1, 2017.

Healthier WASHINGTON

| All Partner Agencies By Investment Area | Budget GY1 & 2 | Total Spent GY1 & 2 | Balance GY1 & 2 | Total % Spent | FTE's Spent |
|---|---|---|---|---|---|
| Community Empowerment | $ 6,959,135 | $ 6,607,341 | $ 351,794 | 95% | 5.0 |
| Practice Transformation | $ 4,178,933 | $ 2,210,836 | $ 1,968,097 | 53% | 5.0 |
| Payment Redesign | $ 3,978,952 | $ 2,200,430 | $ 1,778,522 | 55% | 3.8 |
| Analytics, Interoperability & Measurement | $ 12,122,467 | $ 7,141,949 | $ 4,980,518 | 59% | 13.4 |
| Project Management | $ 5,308,369 | $ 4,916,829 | $ 391,540 | 93% | 11.3 |
| **TOTAL** | **$ 32,547,856** | **$ 23,077,385** | **$ 9,470,471** | **71%** | **38.5** |

| HCA | Budget GY1 & 2 | Total Spent GY1 & 2 | Balance GY1 & 2 | Total % Spent | 28.0 FTE's |
|---|---|---|---|---|---|
| Community Empowerment | $ 6,537,022 | $ 6,396,065 | $ 140,957 | 98% | 2.7 |
| Practice Transformation | $ 1,607,700 | $ 933,159 | $ 674,541 | 58% | 1.0 |
| Payment Redesign | $ 3,930,070 | $ 2,186,205 | $ 1,743,865 | 56% | 3.8 |
| Analytics, Interoperability & Measurement | $ 9,212,018 | $ 5,600,357 | $ 3,611,661 | 61% | 7.4 |
| Project Management | $ 4,978,788 | $ 4,648,931 | $ 329,857 | 93% | 9.9 |
| **TOTAL** | **$ 26,265,598** | **$ 19,764,717** | **$ 6,500,881** | **75%** | **24.8** |

| DOH | Budget GY1 & 2 | Total Spent GY1 & 2 | Balance GY1 & 2 | Total % Spent | FTE's Spent |
|---|---|---|---|---|---|
| Community Empowerment | $ 253,443 | $ 97,176 | $ 156,267 | 38% | 1.3 |
| Practice Transformation | $ 2,515,888 | $ 1,222,332 | $ 1,293,556 | 49% | 4.0 |
| Payment Redesign | $ 48,882 | $ 14,225 | $ 34,657 | 29% | |
| Analytics, Interoperability & Measurement | $ 2,062,086 | $ 1,026,883 | $ 1,035,203 | 50% | 1.0 |
| Project Management | $ 123,020 | $ 121,913 | $ 1,107 | 99% | 0.5 |
| **TOTAL** | **$ 5,003,319** | **$ 2,482,529** | **$ 2,520,790** | **50%** | **6.8** |

| DSHS | Budget GY1 & 2 | Total Spent GY1 & 2 | Balance GY1 & 2 | Total % Spent | 5.2 FTE's |
|---|---|---|---|---|---|
| Community Empowerment | $ 168,670 | $ 114,100 | $ 54,570 | 68% | 1.0 |
| Practice Transformation | $ 55,345 | $ 55,345 | $ - | 100% | |
| Payment Redesign | $ - | $ - | $ - | | |
| Analytics, Interoperability & Measurement | $ 319,859 | $ 156,391 | $ 163,468 | 49% | 2.0 |
| Project Management | $ - | $ - | $ - | | |
| **TOTAL** | **$ 543,874** | **$ 325,836** | **$ 218,038** | **60%** | **3.0** |

| DSHS - RDA | Budget GY1 & 2 | Total Spent GY1 & 2 | Balance GY1 & 2 | Total % Spent | FTE's Spent |
|---|---|---|---|---|---|
| Community Empowerment | $ - | $ - | $ - | | |
| Practice Transformation | $ - | $ - | $ - | | |
| Payment Redesign | $ - | $ - | $ - | | |
| Analytics, Interoperability & Measurement | $ 528,504 | $ 358,318 | $ 170,186 | 68% | 3.0 |
| Project Management | $ - | $ - | $ - | | |
| **TOTAL** | **$ 528,504** | **$ 358,318** | **$ 170,186** | **68%** | **3.0** |

| OFM - GOV OFFICE | Budget GY1 & 2 | Total Spent GY1 & 2 | Balance GY1 & 2 | Total % Spent | 0.9 FTE's |
|---|---|---|---|---|---|
| Community Empowerment | $ - | $ - | $ - | | |
| Practice Transformation | $ - | $ - | $ - | | |
| Payment Redesign | $ - | $ - | $ - | | |
| Analytics, Interoperability & Measurement | $ - | $ - | $ - | | |
| Project Management | $ 206,561 | $ 145,985 | $ 60,576 | 71% | 0.9 |
| **TOTAL** | **$ 206,561** | **$ 145,985** | **$ 60,576** | **71%** | **0.9** |

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