

| AIM  | Quality Outcome Targets  | Investment Area   | Primary Drivers  | Secondary Drivers   | Metrics   |
|--|--|---|--|---|---|
| What are you trying to accomplish? What will be improved by?   |  |   | What do you predict it will take to accomplish this aim?   | What will be required for this to occur   | What data will be used to track progress (how much and by when)?  |
| <p><b>TRIPLE AIM</b></p> <p><b>Better Health, Better Care, Lower Costs</b></p> <p>By 2019, Washington's health care system will be one where:</p> <p>90% of Washington Residents and their communities will be healthier.</p> <p>All people with physical and behavioral (mental health/substance abuse comorbidities) will receive high quality care.</p> <p>Washington's annual health care cost growth will be 2% less than the national expenditure trend.</p> | <p>Behavioral Health: Percent of adults reporting 14 or more days of poor mental health* (in Overall UW SIM Evaluation)</p> <p>Tobacco: percent of adults who smoke cigarettes* (in UW Overall SIM Evaluation)</p> <p>Plan readmission rate by all-causes <b>↓</b> in UW Overall SIM Evaluation</p> <p>Child and adolescents' access to primary care practitioners* (in UW Overall SIM Evaluation)</p> <p>Mental health treatment penetration* (in UW Overall SIM Evaluation)</p> <p>Personal care provider <b>↑</b> in UW Overall SIM Evaluation</p> <p>Chronic care engagement with personal care provider <b>↑</b> in UW Overall SIM Evaluation</p> <p>First trimester care* (in UW Overall SIM Evaluation)</p> <p>Psychiatric hospitalization readmission rate* (in UW Overall SIM Evaluation)</p> <p>Potentially avoidable emergency department visits <b>↓</b> in UW Overall SIM Evaluation</p> <p>Adult access to preventive/ambulatory health services* (in UW Overall SIM Evaluation)</p> <p>Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (&gt;9.0%)* (in UW SIM Evaluation)</p> <p>Childhood immunization status* (in UW SIM Evaluation)</p> <p>Patient Experience: provider communication (CG-CAHPS)* (in UW SIM Evaluation)</p> <p>Patient Experience: Communication about medications and discharge instructions (HCAHPS) <b>↑</b> in UW Overall SIM Evaluation</p> <p>Well-child visits* (in UW SIM Evaluation)</p> <p>Annual per-capita state purchased health care spending growth relative to state GDP* (in UW SIM Evaluation)</p> <p>Medicaid spending per enrollee* (in UW SIM Evaluation)</p> | <p><b>Community Empowerment and Accountability</b></p> <p><b>Practice Transformation</b></p> <p><b>Payment Redesign</b></p> | <p>Accountable Communities of Health (ACHs)</p>  | <ul style="list-style-type: none"> <li>Define vision, build foundation for ACHs to collaborate in region</li> <li>Develop and strengthen regional partnerships so that collaboration can lead to complementary and collective health improvement activities</li> <li>Participate in broader Healthier Washington activities, including delivery system transformation</li> </ul>  | <ul style="list-style-type: none"> <li>Number of technical assistance summits to address priority topics</li> </ul>   |
|  |  |   | <p>Plan for Improving Population Health</p>  | <p>HIT</p> <p>HIT Secondary Driver: (1) Additional build out of the HW regional dashboards to include additional measures based on prioritization. Analytic support and coaching for ACHs (support could be provided by CCH, AM and/or regionally, e.g., LHUs) (2) Support to develop strategic connections between the dashboard and evidence-informed strategies to address identified population health issues. (3) DOH &amp; FDA data supports – increase in support for data extracts (FTEs), (4) Washington Health Alliance Community Check-up Report – maintenance and enhancement, (5) Addition of PEB data – for evaluation and dashboard enhancement</p>  | <ul style="list-style-type: none"> <li>Number of times the advisory board meets</li> <li>Toolkit available for distribution</li> </ul>  |
|  |  |   | <p>Practice Transformation Support Hub</p>   | <p>HIT</p> <p>HIT Secondary Driver: P4PH website migration to UW, addition of well-child tools. New interfaces. New analytics; additions to ProvidenceCORE data dashboard.</p> <ul style="list-style-type: none"> <li>Understand the practice transformation training and technical assistance needs of providers to inform Hub services</li> <li>Make tools and resources available online informed by needs of providers</li> <li>Refer and provide training, technical assistance and facilitation services</li> <li>Develop regional health connector role and establish linkage between practice community and public health.</li> </ul>   | <ul style="list-style-type: none"> <li>Number of sessions by type of stakeholders involved, <b>summary of results</b></li> <li>Website analytics and user satisfaction</li> <li>Number of training; <b>number of participants</b>, and satisfaction with trainings</li> <li>Key informant interviews with stakeholders</li> </ul> |
|  |  |   | <p>Shared Decision Making</p>  | <p>HIT</p> <p>HIT Secondary Driver: Provide help providers live in a digitized world. Connect HIT with practice transformation. Coaching will involve TA on optimizing use of electronic health records, use of Shared Decision Making, data analytics use in the clinic.</p> <ul style="list-style-type: none"> <li>Provide training and practice coaching opportunities on shared decision making implementation.</li> <li>Promote and spread the integration of shared decision making and use of certified patient decision aids in clinical practice</li> <li>Develop a multi-state Shared Decision Making Innovation Network</li> </ul>   | <ul style="list-style-type: none"> <li>Proportion of eligible practices receiving training</li> <li>Number of certified decision aids</li> <li>SDM Innovation Network formed</li> </ul>   |
|  |  |   | <p>Workforce/Community Health Workers (CHWs)</p>   | <p>HIT</p> <p>HIT Secondary Driver: Help providers automate SDM in their EHR.</p> <ul style="list-style-type: none"> <li>Engage community health workers</li> <li>Survey the health care industry and make targeted investments to address indentified workforce needs</li> </ul>   | <ul style="list-style-type: none"> <li>Initial survey implemented through portals, results shared.</li> </ul>   |
|  |  |   | <p>Payment Test Model 1: Integration of Physical and Behavioral Health Purchasing</p>  | <p>HIT</p> <p>HIT Secondary Driver: Support for Industry Sentinel network to administer survey and provide results.</p> <ul style="list-style-type: none"> <li>Integrate Medicaid purchasing of physical and behavioral health services within accountable managed care organization (MCO)</li> <li>Create internal MCO processes and structures</li> <li>Improve service delivery process to increase access to integrated services</li> </ul>   | <ul style="list-style-type: none"> <li>Percentage of population impacted by Payment Test Model</li> <li>Number of providers participating by Payment Test Model</li> <li>Number of provider organizations participating by Payment Test Model</li> </ul>  |
|  |  |   | <p>Payment Test Model 2: Encounter-based to Value-based for cost based reimbursements</p>  | <p>HIT</p> <p>HIT Secondary Driver: (1) Gap: We need some new capabilities in order to build a system to receive necessary non-encounter BH data. Depending on design decisions in the North Central region, we may need ProviderOne changes, (2) Gap: Coding for native transactions with FIMCMCO and MMS, (3) Gap: Project to bring DBHR into HCA &gt; may require infrastructure work or system enhancements, (4) Expand Alerts: Expand the ability to inform providers of critical events, (5) Make alerts to providers and care coordinators available when Medicaid covered individuals enter correctional settings to support continuity of mental health and substance abuse treatment and inclusion of care coordinators in the overall treatment planning as needed, (6) Gap: HCA will install a new FADS system in AY14, (7) Gap: BH Electronic Health Records</p>   | <ul style="list-style-type: none"> <li>Percentage of population impacted by Payment Test Model</li> <li>Number of Providers participating by Payment Test Model</li> <li>Number of provider organizations participating by Payment Test Model</li> </ul>  |
|  |  |   | <p>Payment Test Model 3: Public Employee Benefits Accountable Care Program (ACP)</p>   | <p>HIT</p> <p>Secondary Driver: Model 2 analytic support from the AIM team/DSIG-ROA, tool and material development from the AIM team Medicare data for CAH work, potential provider one updates, tool built for FQHC/RHC APM 4 payment</p> <ul style="list-style-type: none"> <li>Introduce a value-based alternative payment methodology in Medicaid for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).</li> <li>Pursue flexibility in delivery and financial incentives for participating Critical Access Hospitals (CAHs).</li> <li>Test how increased financial flexibility can support promising models that expand care delivery options such as email, telemedicine, group visits and expanded care teams.</li> </ul>   | <ul style="list-style-type: none"> <li>Percentage of population impacted by Payment Test Model</li> <li>Number of Providers participating by Payment Test Model</li> <li>Number of provider organizations participating by Payment Test Model</li> </ul>  |
|  |  |   | <p>Payment Test Model 4: Greater Washington Multi-Payer Data Aggregation Solution</p>  | <p>HIT</p> <p>(1) Data aggregator funding to support Payment Models and providers as they adopt risk-based contracts (Model 3, 4, 2) (2) HCA to determine SOW for AY3 relative to products available via the APCD</p> <ul style="list-style-type: none"> <li>Secure lead organization to convene payers and providers to advance an integrated multi-payer data aggregation solution and increase adoption of value-based payment strategies</li> <li>Align the data aggregation solution with clinical and financial accountability (from Payment Test Model 3) centered on the Washington Statewide Common Measure Set</li> <li>Leverage and expand existing data aggregation solution that includes at least one or more payers and/or provider group</li> <li>Provide resources and state-purchased health care data to accelerate building common infrastructure of integrated claims-based and clinical data</li> </ul> | <ul style="list-style-type: none"> <li>Percentage of Population Impacted by Payment Test Model</li> <li>Number of Providers Participating by Payment Test Model</li> <li>Number of provider organizations participating by Payment Test Model</li> </ul>  |
|  |  |   | <p>Additional measures (and Sources) included in UW SIM Evaluation: Mortality measures (DOH and CDC); Adult Mental Health: Not Good (BRFSS); Adult Physical Health: Not Good (BRFSS); Adult Impairment Due to Poor Health (BRFSS); Adult Self-Rated Health (BRFSS)</p> | <p>HIT</p> <p>(1) Data aggregator funding to support Payment Models and providers as they adopt risk-based contracts (Model 3, 4, 2) (2) HCA to determine SOW for AY3 relative to products available via the APCD</p>   |   |