Healthier WASHINGTON

HCA 82-023 716

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1. Overview

1.1. Purpose of this Document

The purpose of this document is to provide a single resource that contains relevant background information and ACH guidance from the Health Care Authority (HCA) specific to ACH sub-awardee activities under the Sate Innovation Model (SIM) Grant[1]. This document provides *minimum expectations* specific to the activity categories under the sub-award, but it is important to recognize that each ACH as an organization or coalition is a community-driven partnership and is not governed by the SIM grant. Minimum expectations and recommendations are labeled as such throughout this document.[2]

HCA's Community Transformation Team (the Team) will maintain this document and all content will be approved and incorporated by the Team. The Team anticipates updates on a regular basis, including annual updates in alignment with the SIM grant funding cycle and affiliated ACH sub-awardee contract amendments. While the minimum requirements within this document apply specifically to the ACH sub-awards under the SIM grant, future awards and requirements (i.e., the proposed ACH role under the Medicaid Transformation Waiver) will align with and build upon these guidelines.

1.2. Healthier Washington

The Healthier Washington initiative will transform health care in Washington State so that people experience better health during their lives, receive better care when they need it, and ensure that care is more affordable and accessible.

The State Health Care Innovation Plan (Innovation Plan) brought together hundreds of people from many communities to put the best solutions to work for the people of our state. This work will improve the quality of life for everyone regardless of income, education or background.

The Innovation Plan recommends three core strategies:[3]

- **Improve how we pay for services (paying for value).** Transforming our system requires understanding more about the care patients receive – and developing new incentives in the system to improve that care. This means collecting more information on how Washington State's health care system is really performing and then encouraging data sharing to drive improvements, innovations, and informed decision-making. And it means testing new ways to pay for services so that providers are rewarded for providing high quality care and not just how many procedures or patient visits are completed.

[1] The guidance provided in this document supplements and builds upon requirements and deliverables outlined within the contract. This document does not undermine or replace any requirements within the contract itself.
[2] The recommendations do not represent an exhaustive list of all potential promising or best practices. The recommendations within this document are based on initial learnings across ACHs and are meant to inform activities related to the required deliverables. Other recommendations, promising practices, etc. will be provided through technical assistance resources.
[3] These strategies and the goals of Healthier Washington align with the Triple Aim framework developed by the Institute for Healthcare Improvement. http://www.ihi.org/engage/initiatives/tripleaim/pages/default.aspx

- **Ensure care focuses on the whole person.** By integrating and improving how people receive health care services, including integrating behavioral and physical health service financing and delivery, we can increase the value of their health care experience. Healthier Washington calls for methods of integrating care and connecting with community services to achieve the best possible result for individuals. It also adjusts how we finance services to make care for the whole person possible.

- **Build healthier communities through a collaborative regional approach.** To build a healthier Washington, we are empowering local communities to come together. This includes connecting providers who are working to address an individual's medical needs to the community-based resources that provide supports like assistance with housing, employment or the activities of daily living. Making these critical connections will help Washington address the social issues that play a critical role in determining an individual's health.

1.3. History of ACHs in Washington

Community-based, cross-sector coalitions dedicated to improving health at the local level have existed in Washington for many years. Recognition or support from the state has been limited and inconsistent, including a grant program in statute since 2006, but not funded since 2008. Their potential was explicitly revisited and acknowledged in Washington's 2013 State Health Care Innovation Plan.[4] It called for creating a new partnership between the state and these types of organizations that would draw on the unique strengths of each.

At the same time, other states were moving in a similar direction with their health reform efforts, and their success with "Accountable Communities" gave Washington further reason to pursue its own version – built on existing organizations, and designed to serve broadened interests called out in the Innovation Plan. State legislation passed in 2014 provided criteria and funding for two community of health pilot sites. Additional specifications and funding to support ACHs were included in the State Innovation Model Test Award received by the state from the federal government later that year. Through these diverse multi-sector partnerships, ACHs are an integral part of all strategies under the Healthier Washington initiative. Specifically, ACHs are:

- Bringing together diverse public and private community partners to work on shared regional health goals.
- Identifying opportunities for the ACH and community partners to understand and bridge health and quality of life issues.
- Coordinating systems so that services address all aspects of health at both the community and individual level.
- Partnering with the state to inform the development of other Healthier Washington investments, recognizing ACHs are the connection to communities and the local conduit to achieve systems change.

2. ACH SIM Activities and Expectations

2.1. ACH Designation

[4] Washington State Health Care Innovation Plan

All nine ACHs have been officially designated. The intent of the ACH designation process was to assess (through minimum requirements and outputs) whether each emerging ACH structure was developing into a functional ACH with a strong foundation for collaboration on regional health improvement efforts under the SIM grant. The "readiness proposals" took the form of regional portfolios containing documentation and supporting narrative. More information regarding the designation process can be found in the ACH FAQ.

2.2. ACH SIM Contract and Budget

Each ACH has entered into a voluntary contract with HCA to carry out the activities supported by SIM. The contract period is from February 1 through January 31 of the following year with the expectation of ongoing support for the duration of SIM (January 31, 2019). Additional funding and amendments are typically made on February 1 as this aligns with the annual award period for SIM.

The total ACH grant budget provided under SIM for 2016-2018 is $6,390,000 or $710,000 per ACH.[5] In order to allow each ACH to better plan and better leverage local resources (e.g., match or in-kind), the state has implemented a flexible ACH budget model that allows each ACH to customize their annual budget within certain parameters (see below). The parameters allow each ACH to customize how funds will support each category of work over the duration of the SIM grant. This provides each ACH with flexibility to boost resourcing in the near-term, while considering the need to continue developing necessary infrastructure for the duration of the grant as ACHs work toward sustainability.

Below are the specific parameters for planning purposes:

- February 1, 2016 to January 31, 2017 funding amount = maximum of 50%
- February 1, 2017 to January 31, 2018 funding amount = minimum of 35%
- February 1, 2018 to January 31, 2019 funding amount = minimum of 15%

2.3. ACH Reporting Requirements

ACH reporting requirements are updated annually as part of the contract amendment. Typically, reporting will take the form of periodic narrative updates and verification of other required deliverables at specific milestones aligned with federal reporting and funding timelines. The Team will continue to function as partners in the work in an effort to engage at the community level and avoid overly burdensome or duplicative ACH reporting.[6] For financial projections and reporting, ACHs are expected to use the reporting templates provided by HCA.

2.4. Governance, structure, and operational capacity (Sub-award Category 1)

2.4.1. The ACH as an Organization

[5] This does not include potential carry-over or local funding but does include the anticipated $50,000 increase to support project selection and implementation.

[6] Portions of this document identify ACH documentation requirements related to specific activities and policies. Where appropriate, these documentation requirements will be identified in contracts. In addition, specific transparency expectations are outlined in Section 2.4.6.

ACHs—by design—are unique within the Healthier Washington structure as sub-awardees of the SIM grant. ACHs reinforce the relationship between the state and community partners and are more than a community grant program. In addition, the SIM grant is just one mechanism of support being provided to the ACHs. HCA is only overseeing specific activities and standards as established under the sub-award.

The unique nature of the ACH efforts requires balanced multi-sector coalitions within each region to support local solutions in alignment with state priorities. There are a variety of potential designs:

- ACHs can rely on an organization to hold the sub-award and provide administrative support;
- ACHs can function as an extension of an existing legal entity (e.g., local health jurisdiction or non-profit organization) that may or may not contract certain services to other organizations; or
- ACHs can rely on one or more organizations for administrative support as the regions transition the ACH structure to an existing legal entity or a new legal entity.

Two ACHs are currently legal structures and all other ACHs are considering various models to support transitions to legal entities. The original sub-awards relied upon an independent administrative support organization in every region that did not have a legal structure. This approach was appropriate considering the new regional design and makeup of the ACHs and the fact that most regions did not have an ACH-like legal entity to take on the regional role. The next natural evolution of the ACH toward a directly accountable and sustainable model is emphasized in the legal entity benefits noted below. As a legal entity, the ACH would:

- Serve as the direct sub-awardee and maintain legal authority to direct funding and potential reinvestment, including positioning for future roles under Healthier Washington and other similar non-public opportunities and investments.
- Develop sustainability plans that do not directly rely on another organization or legal structure.
- Maintain decision-making authority, including independent authority to recruit, hire and oversee ACH staff and to contract for needed services.

Any decisions about ACH developments, including legal entity formation, must be approved by the ACH decision-making body according to the ACH's established processes. It is important for ACHs to partner with the Team so that sub-award and contract deliverables are considered. The Team will also communicate as appropriate with CMMI.

2.4.2. Governance and Decision-Making

Minimum expectations: ACHs require governance structures tailored by community leaders to most effectively implement the goals of Healthier Washington at the local level. Regarding governance and decision-making, ACHs must:

- Maintain a governance structure that includes balanced cross-sector collaboration[7] and decision-making, including the necessary documented procedures and agreements, e.g. bylaws and a memorandum of understanding (MOU).
- Ensure that no one sector or organization can control decision-making.

[7] More information regarding cascading engagement strategies and the broader engagement efforts of the ACHs can be found in Section 2.4.5, in addition to a list of potential sectors and organizations in Section 2.4.4.

- Revisit the process at least annually to determine effectiveness considering the regional landscape and specific governance structure.

2.4.3. Administrative Support

Minimum expectation: ACHs must develop and maintain:
- Documentation of the organization providing administrative support, roles and scope, including safeguards or delineated roles that are in place in the event this organization also has a role in ACH decision-making.[8]
- An annual feedback mechanism, evaluation and confirmation process regarding the administrative support organization. The feedback opportunity must extend to partners outside of the decision-making process.

2.4.4. Multi-Sector Partnership

2.4.4.1. Examples of Potential Sectors or Organizations

Recommendation: The list below represents a starting point for ACHs when considering who to engage within the region.[9]

• Accountable Care Organizations	• Home health organizations
• Assisted living facilities	• Hospitals
• Behavioral health providers	• Housing
• Community based non-profit or for profit organizations	• Labor organizations
• Community mental health centers	• Large and small businesses
• Community services organizations	• Law enforcement and correction agencies
• Community wellness programs	• Local governments
• Consumers and people who live in the community	• Long-term care system
• Criminal justice	• Pediatricians or Pediatric Associations
• Dental providers	• Pharmacies
• Early learning	• Philanthropy
• Economic development	• Physical health care providers
• Emergency Medical Services (EMS)	• Public health
• Employment services and employers	• Purchasers
• Faith based organizations	• Schools and educational institutions or districts

[8] While there is not a prescribed model or relationship between an administrative support organization and the broader ACH, any administrative support organization should not undermine the role of the balanced multi-sector partnership.

[9] Please note that this is not a comprehensive list of potential ACH partners, and it is not a minimum standard. The intent is to develop a balanced and diverse partnership that reflects the many sectors, organizations and community members that can collectively contribute to regional health improvement planning and action. Partners will be engaged in different capacities and at different levels based on the regionally tailored governance and engagement strategy (e.g., cascading engagement).

• Federally Qualified Health Centers (FQHC)	• Social services or social supports
• Food systems	• Transportation
• Health plans and payers	• Tribal governments

2.4.4.2. Tribes and Urban Indian Health Organizations

Recommendation:[10] Washington's tribes and urban Indian health organizations (UIHOs) are among the partners ACHs should reach out to for participation in ACH activities, including governance and decision making. The ACH initiative emphasizes broad engagement to include multi-sector stakeholders and government entities. ACHs are encouraged to consider the following:

- **Tribal engagement will continue to be a priority.**[11] Tribal engagement is a priority within the Healthier Washington initiative, and the ACH initiative is a key component of the state's plan. Any state efforts and priorities to coordinate tribal engagement will support, not supplant, local engagement efforts.
- **Tribal engagement is not exclusive.** Each tribe within an ACH region should be recognized as an independent governmental entity and partner. ACHs should reach out to each tribe and allow each tribe to decide whether or not they will participate and/or if they will coordinate their participation.
- **Tribal governments are not stakeholders.** The state maintains relations with the tribes on a government-to-government basis. With this in mind, ACHs serve as a venue for tribes to interact with the state, not to undermine the existing government-to-government relationship.

2.4.5. Community Engagement[12]

The state's "Cascading Engagement" philosophy for ACHs recognizes that the ACH structure will require multiple interconnected mechanisms for engagement, some of which will be part of the ACH "structure" and others that will extend beyond the organization. Regarding community engagement, the ultimate objective is for ACH priorities and decisions to be informed by a diverse representation of sectors and communities within the region, including individual members of the communities.

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[10] HCA believes that engagement between ACHs on the one hand and tribes and UIHOs on the other hand will be more effective than imposing one-size-fits-all requirements on every ACH. HCA has committed to revisit this position if any ACH is unable to effect effective engagement with the tribes and UIHOs in its region.

[11] HCA has a contract with the American Indian Health Commission (AIHC) for the duration of SIM Year 2. The objective of this work is to work with each ACH and tribal partners to identify strategies to better collaborate with tribes and UIHOs. Based on the ongoing nature of this work, the recommendations in this section may be updated in the future.

[12] One of the focus areas for technical assistance to ACHs is authentic community engagement. As information and resources are identified, the ACH technical assistance website will be updated. In addition, HCA and the technical assistance providers will continue to facilitate discussions between and workshops with ACH partners to communicate promising practices or lessons learned as they are identified.

- **Minimum expectation**: ACHs must implement a cascading engagement approach tailored to the local environment that brings the voice of consumers and individual community members to ACH development and decision making, in addition to the balanced multi-sector decision making structure. Because of the unique regional demographics, existing resources, and potential initiatives already under way, the specific community engagement strategies will not be prescribed by the state.

- **Recommendation**: In addition to ACH-specific engagement strategies, the following activities should be carried out and documented:

    - Proactively invite consumer(s) or community member(s) to participate within the ACH's cascading engagement structure. For example, ACHs should include strategies for outreach and engagement to the broad spectrum of community members in the ACH's region, including those who are most affected by health disparities. This includes, but is not limited to, low-income individuals, persons of color, immigrants, older adults, LGBTQ individuals and persons with disabilities.

    - Maintain an open public forum as part of the ACH cascading engagement structure to inform ACH priorities and projects. These forums could build upon existing efforts within each region's communities. ACHs are strongly encouraged, under the SIM contract, to maintain open public governing body meetings.

2.4.6. Communications and Transparency

Minimum expectation: ACHs must develop and maintain a communications framework to keep partners informed and involved in between meetings and events. For example, communications could include:

- Upcoming meetings, including agenda items.
- Meeting decisions and summaries.
- Healthier Washington developments and engagement or feedback opportunities.

Minimum expectation: As part of each communications framework, ACHs must maintain a public-facing website that includes the following information at a minimum:[13]

- An overview of the ACH governance structure, including committees, workgroups, ACH-related forums and procedures or agreements regarding ACH operations.
- Administrative support structure and relationship to the ACH.
- Dates for public ACH-related engagements or forums including corresponding agenda items.
- Meeting minutes or meeting summaries documenting official ACH decisions, at a minimum.
- A list of organizations that approve or vote on ACH decisions.

2.5. Regional Health Improvement Plan (RHIP) and ACH project(s) (Sub-award Categories 2 and 3)

2.5.1. Components of the RHIP

[13] The intent is to provide visibility and transparency surrounding the ACH structure and activities, recognizing the ACH represents the entire population within the region, beyond those who are currently and more actively engaged.

Minimum expectation: Each ACH must identify regional needs and assets through a Regional Health Needs Inventory (RHNI), identify ACH priorities, and select and implement one ACH project. RHIPs are not limited to these components, but at a minimum, ACH RHIPs must document:

- A summary of the ACH's RHNI process, along with agreed upon priorities. Refer below for specific RHNI recommendations.[14]
- Project identified in alignment with the project selection criteria specific to the ACH sub-award.
- An action plan outlining the proposed timeline and process for implementation of the identified project, in alignment with the project selection and action plan template.

Recommendation: The RHNI process should include a compilation of existing assessments, a summary of resources, and data/assessments. There is flexibility regarding approaches to the RHNI, but the assumption is that pulling from specific needs assessments and considering existing priorities and strategic plans is a good foundation as a minimum standard across ACH regions. ACHs are encouraged to partner with organizations across the region (e.g., LHJs, hospitals, local non-profit organizations, etc.) to inform a more comprehensive inventory of assessments and opportunities. Recommendations of what to consider and include, at a minimum, are outlined below.

Data and assessments:
- Assessments produced by Local Health Jurisdictions health county assessments
- Hospital assessments (public and private, as available)
- Pertinent results from the Washington Health Alliance's community check-up
- Other community and social-determinant related assessments from ACH partners (e.g., transportation, housing, and workforce, as available)
- Data provided by the State (e.g., CORE, RDA's Medicaid profiles, etc., as available)

Resources and initiatives:
- Strategic plans from a variety of organizations and sectors (e.g., MCOs, commercial health plans, community-based organizations etc. as available)
- Community supports and assets (i.e., resources identified in 2-1-1 and other local information networks/organizations or independent resource mapping efforts).

2.5.2. Project Selection and Implementation

Minimum expectation: ACHs are required to identify and implement at least one regional health improvement project, with clearly defined and agreed upon measures of progress and outcomes.[15] The regional project will be confirmed by the Team after submission using the project selection template.

[14] The intended output of the RHNI process is a compilation of various assessments, strategic plans, and resources that together create a high level cross-walk of needs and assets to inform regional efforts. The recommendations regarding inputs for the RHNI are not exhaustive and do not account for other ACH activities (e.g., Medicaid Transformation) that may benefit from a more robust RHNI and assessment process.

[15] The intent is to ensure the ACH's SIM-supported project is measurable, but it is important to note that ACHs are not held accountable to the agreed upon targets. State partners are committed to supporting ACH success, but there is no risk or reward attached to the agreed upon targets. The Team, Evaluation Partners and Technical Assistance Partners are available to support ACH project selection and implementation.

Below is additional context regarding the purpose of the project selection template and what constitutes an acceptable regional project.

Health Improvement Project Definitions

An ACH regional health improvement project is a set of coordinated activities focused on one or more health priority areas designed to create measurable progress toward a regional goal. HCA strongly encourages ACHs to consider health equity within the context of project selection and implementation. Below are definitions that apply to this section:

- Coordinated means multi-sector ACH participants are involved in project planning or execution.
- Health priority areas can be condition-specific (e.g., diabetes, hypertension, obesity) or related to a specific approach (e.g., behavioral health integration, care management, community health workers).
- Related to a regional health improvement plan goal means that the project will help advance one or more goals specified in the ACH's Regional Health Improvement Plan that link to the Triple Aim.

Activities and *measureable progress* need to be defined concretely. A project may be entirely new or it can build on activities that already exist. Activities may involve:

- Starting a new project – a new program or intervention that does not directly build on one that currently exists; or
- Enhancing an existing project or set of projects, through distinct value-added ACH activities, including but not limited to:
    - Linking existing projects targeting the same health area to promote cross-project learning and avoid duplication of effort
    - Connecting existing projects to new sources of funding to increase their spread/impact
    - Leveraging Healthier Washington initiatives if appropriate – e.g. the practice transformation hub
    - Working to remove barriers to the spread and functioning of existing projects

Measureable progress toward a health improvement plan goal means that the project improves the health/well-being of a population within the region in a way that can be measured. The following are notes to help clarify requirements around both "measurability" and "impact:"

- The project must have the potential to impact individuals within the period of the SIM grant. For example, it cannot be solely focused on building capacity among or within organizations to do a project in the future;
- The target population can be a smaller subset of the regional population. If the target population is Medicaid beneficiaries specifically, the ACH must include activities that extend beyond the Medicaid population (i.e., planning or implementation could include mechanisms for shared learning and spread, or reinforcing activities from ACH partners that extend beyond the target population);Project impact may include process measures. For example, enrolling people in health insurance, improving screening rates – but those must be at the individual rather than project level;

- For projects that are enhancing existing efforts, the “impact” is the value added by the ACH to the outcomes currently being produced (i.e. clearly measuring what occurred because of ACH involvement that would not have occurred without the ACH’s contribution);
- Efforts must be made to measure the impact of the health improvement project within the timeframe of the initiative, although it may not be possible to do so given resource constraints or data availability; and
- Project outcomes must be in alignment with at least one of the 55 Common Measure Set variables.

Deliverables

Deliverables will include an action plan that describes the project activities, objectives, and outcomes, along with regular reports on progress. The action plan will include:

- Objectives, with concrete, measureable outcomes
- Activities – narrative description of what will be done as part of the evidence-based project
- Work plan – document with a high-level timeline of specific activities and roles and responsibilities for those activities
- Evaluation approach – description of how outcomes will be measured

Progress reporting will include:

- Description of current status tied to the work plan elements
- Barriers, challenges that have impacted progress and how addressed

Timeline

- Target project selection is Q2 of 2016.
- Target project implementation, as outlined in the ACH action plan, is Q3-Q4 of 2016 and ongoing.

2.6. Role in Broader Healthier Washington Activities

Minimum expectation: ACHs partner with the state across multiple investment areas to achieve the goals of Healthier Washington and ultimately the Triple Aim at the community level. Below are a few examples, and more information will be provided as initiatives mature and specific opportunities are identified.

- As it is finalized, ACHs will play a role in the local implementation of the Plan for Improving Population Health to address health priorities. The Plan for Improving Population Health will be a valuable resource to guide and enhance ACH investments.
- With clear alignment between ACH regions and the RSAs for Medicaid purchasing, ACHs are a regional partner under the SIM payment model tests. Specifically the ACHs are functioning as a partner in purchasing as Washington moves away from traditional fee for service and drives toward paying for value that focuses on the health of the community and individual. One

example under Payment Model 1 is the role of the ACH within the transition to Fully Integrated Managed Care.

- In addition to value-based purchasing, ACHs will play a key role as part of the Practice Transformation Support Hub’s regional extension model to promote clinical-community linkages and physical and behavioral health integration.
- The Analytics, Interoperability, and Measurement effort relies upon the ACH to identify local solutions to statewide priorities through data-driven decision-making.

Attachment A - Summary of ACH Minimum Expectations by Category

1. **Governance, Structure, and Operational Capacity**

- Maintain a governance structure that includes balanced cross-sector collaboration and decision-making, including the necessary documented procedures and agreements, e.g. by-laws and MOUs.
- Ensure that no one sector or organization can control decision-making.
- Revisit the decision-making process at least annually to determine effectiveness considering the regional landscape and specific governance structure.
- While there is not a prescribed model or relationship between an administrative support organization and the broader ACH, any administrative support organization should not undermine the role of the balanced multi-sector partnership. ACHs must develop and maintain:
  - Documentation of the organization providing administrative support, roles and scope, including safeguards or delineated roles that are in place in the event this organization also has a role in ACH decision-making.
  - An annual feedback mechanism and evaluation and confirmation process regarding the administrative support organization. The feedback opportunity must extend to partners outside of the decision-making process.
- ACHs must implement a cascading engagement approach tailored to the local environment that brings the voice of consumers and individual community members to ACH development and decision making, in addition to the balanced multi-sector decision making structure. Because of the unique regional demographics, existing resources, and potential initiatives already underway, the specific community engagement strategies will not be prescribed by the state.
- ACHs must develop and maintain a communications framework to keep partners informed and involved in between meetings and events. As part of the each communications frameworks, each ACHs must develop and maintain a public-facing website that includes the following information at a minimum:
  - An overview of the ACH governance structure, including committees, workgroups, and ACH-related forums and procedures or agreements regarding ACH operations.
  - Administrative support structure and relationship to the ACH.
  - Dates for public ACH-related engagements or forums including corresponding agenda items.
  - Meeting minutes or meeting summaries documenting official ACH decisions, at a minimum.
  - A list of organizations that approve or vote on ACH decisions.

2. **Regional Health Improvement Plan and ACH Project(s)**

- ACHs must document:
  - A summary of the ACH's RHNI process, along with agreed upon priorities. Refer below for specific RHNI recommendations.
  - Project identified in alignment with the project selection criteria specific to the ACH sub-award.
  - An action plan outlining the proposed timeline and process for implementation of the identified project, in alignment with the project selection and action plan template.
  - ACHs are required to identify and implement at least one regional health improvement project, with clearly defined and agreed upon measures of progress and outcomes. The

regional project will be confirmed by the Team after submitted using the project selection template.

3. Role in Broader Healthier Washington Activities

- ACHs partner with the state across multiple investment areas to achieve the goals of Healthier Washington and ultimately the Triple Aim at the community level.
- The Analytics, Interoperability, and Measurement effort relies upon the ACH to identify local solutions to statewide priorities through data-driven decision-making.

Attachment B – Other Healthier Washington Resources and Links

- Healthier Washington Website
- Healthier Washington Documents
  - **State Health Care Innovation Plan**
  - **Healthier Washington Glossary**
  - **SIM Operations Plan and Reports**
- Healthier Washington's ACH Website
  - **Evaluation Report**
  - **Frequently Asked Questions**
  - **Contact Information for Regional ACHs**
  - **Contact Information for Healthier Washington ACH Staff**
- ACH Technical Assistance Website

Distribution and Revision History		
Version	**Date**	**Description of Revisions/Updates**
1.0		First Distribution