

Healthier Washington

Health Innovation Leadership Network Meeting

9 a.m.-noon Friday, July 14, 2017

Cambia Grove | Suite 250 | 1800 9th Avenue | Seattle

Public webinar access: <https://attendee.gotowebinar.com/register/7694765385036204802>

Agenda

Meeting Objectives:

- Review, discuss and understand how to collectively champion the Health Innovation Leadership Network action agenda to advance value-based models, equity and consumer engagement;
- Monitor and contribute to HILN member commitments to value; and
- Agree to a strategy to garner further stakeholder commitments to value at the Healthier Washington Symposium.

9:00 a.m. Welcome and Introductions

Bill Robertson, Health Innovation Leadership Network Co-chair

John Wiesman, Healthier Washington Executive Governance Council

9:30 a.m. Advancing the HILN Action Agenda

Laura Kate Zaichkin, Healthier Washington Deputy Coordinator

- Adopt and spread value-based payment models and practices
- Advance an equitable health system

10:50 a.m. Break

11:00 a.m. Advancing the HILN Action Agenda, continued

- Increase consumer engagement and health literacy

11:40 a.m. Next Steps

Bill Robertson & John Wiesman

- Preview the Oct. 18-19 Healthier Washington Symposium
- Items for the good of the order
- Meeting evaluation and agenda topics for future meetings

12:00 p.m. Adjourn

Thank you to Cambia Grove for hosting today's Health Innovation Leadership Network meeting.

<u>Name</u>	<u>Organization</u>
Bill Robertson, Co-Chair	MultiCare
Chris Ackerley	Ackerley Partners, LLC
Peter Adler	Molina Healthcare Washington, Inc.
Teresita Batayola	International Community Health Services
Brian Bonlender	Department of Commerce
Marty Brown	State Board of Community and Technical Colleges
Antony Chiang	Empire Health Foundation
Ann Christian	Community Mental Health Council
Eileen Cody	House of Representatives
Sean Corry	Sprague Israel Giles, Inc.
Winfried Danke	CHOICE Regional Health Network
Regina Delahunt	Whatcom County Health and Human Services
Greg Devereux	Washington Federation of State Employees
Sue Elliott	Arc of Washington
Michael Erikson	Neighborcare Health
Andre Fresco	Yakima Health District
Nancy Giunto	Washington Health Alliance
Mike Glenn	Jefferson Healthcare, Port Townsend
Amy Morrison Goings	Lake Washington Institute of Technology
Paul Hayes	Harborview Medical Center
Ross Hunter	Department of Early Learning
Nancy Johnson	Colville Business Council
Mike Kreidler	Office of the Insurance Commissioner

<u>Name</u>	<u>Organization</u>
Maura Little	Cambia Grove
Pam MacEwan	Health Benefits Exchange
Tom Martin	Lincoln Hospital and North Basin Medical Clinics
Lou McDermott	Health Care Authority
Jason McGill	Office of the Governor
Peter Morgan	Family Health Centers
Bill Moss	Department of Social and Health Services
Steve Mullin	Washington Roundtable
Diane Narasaki	Asian Counseling and Referral Service
Diane Oakes	Washington Dental Service Foundation
Richard Pannkuk	Office of Financial Management
Gail Park Fast	Educational Service District 105
Kathleen Paul	Virginia Mason Medical Center
Lisa Rakoz	Office of the Superintendent for Public Instruction
Ann Rivers	Washington State Senate
David Rolf	SEIU 775 NW
Joe Roszak	Kitsap Mental Health Services
Bill Rumpf	Mercy Housing Northwest
Peter Rutherford	Confluence Health, Wenatchee
Joel Sacks	Department of Labor and Industries
Marilyn Scott	Upper Skagit Indian Tribe
Jill Sells	Reach Out and Read Washington State
Preston Simmons	Providence Regional Medical Center
Diane Sosne	SEIU 1199 NW

<u>Name</u>	<u>Organization</u>
Aren Sparck	Seattle Indian Health Board
Hugh Straley	Dr. Robert Bree Collaborative
Jurgen Unutzer	University of Washington, Department of Psychiatry
Joe Valentine	North Sound Accountable Community of Health
Lisa van der Lugt	Washington Commission on Hispanic Affairs
Janet Varon	Northwest Health Law Advocates
Ron Vivion	Washington State Council on Aging
Rick Weaver	Central Washington Comprehensive Mental Health
David Wertheimer	Bill & Melinda Gates Foundation
Caroline Whalen	King County
John Wiesman	Department of Health

Health Innovation Leadership Network Commitment to Value Action Agenda



The Health Innovation Leadership Network has embarked on a year of commitments to value and concrete, measurable action to fulfill these commitments. Specifically, HILN supports an action agenda to advance Healthier Washington's goals of 80 percent value-based payment in state-financed contracts by 2019 (30 percent by the conclusion of 2017) and progress toward the goal of 50 percent value-based payment in the commercial market by 2019.

We asked Leadership Network members to define what value means to them and the targeted, concrete action(s) their organizations will take in the next year to advance Healthier Washington's value-based purchasing (VBP) goals. While the measurable outcomes are oriented toward payment, we all have a role to play in achieving value—whether it be through payment, measurement, public health levers, changes to clinical delivery, collaboration with social health sectors, person and family engagement, application of an equity lens, or more.

Based on Leadership Network commitments and discussion at the May 5 HILN meeting, an action agenda based on three domains emerged. Over the next year, HILN will advance value by:

- Adopting and spreading value-based payment models and practices;
- Advancing an equitable health system; and
- Increasing person and family engagement and health literacy.

Please note that spread of value-based models, equity, and engagement and literacy are cross-cutting the reinforcing of one another. The domains of the action agenda are intended to come together to advance Healthier Washington's value-based goals.

The following actions and examples draw from commitments made by Leadership Network members since April (*last update July 5, 2017*). The action agendas map actions and commitments to advance value in Washington state by partner/sector/government and category of the lever (e.g., payment, measurement) that can be activated to meet Healthier Washington's value-based goals.

As you review the action agenda, please consider:

- What action will you/your organization take to advance Healthier Washington's value-based goals? This can be a new action, or a commitment to partner or contribute to an existing action.
- What needs to take place to achieve the actions in the action agenda?
- What barriers are in our way to achieving the actions in the agenda?

If you have additional commitments to contribute, please email them to Laura Kate Zaichkin at laura.zaichkin@hca.wa.gov.

HILN Commitment to Value Action Agenda – Adopt and spread value-based payment models and practices across Washington state
 Target/outcomes: 80 percent VBP in state-financed arrangements by 2019 (30 percent by the end of 2017), 50 percent VBP in commercial market by 2019

Levers* Partners 	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
All Partners	<p>Agree to a common definition and standard practices for VBP. <i>For example:</i> Apply and spread standards to commercial market and practices already hitting benchmarks. (Alliance, KMHS) <i>For example:</i> Convene stakeholders on a regular basis to share information and align strategies to help move the market to value with a focus on purchasers. (Alliance)</p> <p>Reproduce successful VBP models and practices across state and nation through the sharing of results, best practices, learnings, etc. <i>Actively seek out at least two speaking engagements a month expand visibility and goals of VBP. (Alliance)</i></p>		<p>Implement rapid-cycle evaluation, learning and improvement process for value-based models and practices. <i>For example:</i> Collect information about ACP early returns, including Bree uptake in ACPs (HCA) <i>For example:</i> Disseminate Bree report re successful uptake of Bree recommendations—best practices, etc. (Bree)</p>	<p>Evolve the statewide common measure set to integrate population, clinical and outcome measures. <i>For example:</i> Contribute perspective and ideas for priority outcome metrics in community behavioral health (WA Council for Behavioral Health) <i>For example:</i> Determine and implement new Dental Quality Measures in Dental Practices. (Neighborcare) <i>For example:</i> Capitalize on the addition of claims line level pricing data to the Alliance’s voluntary APCD and execute on first three projects that have</p>	<p>Advance health literacy to guide consumer decision making. <i>For example:</i> Educate consumers in using health services. Appropriate care at the right time. Consider role for nurses and health care workers in advancing this—ID best practices (1199)</p>

HILN Commitment to Value Action Agenda – Adopt and spread value-based payment models and practices across Washington state

Levers* Partners 	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
	<p><i>For example: Promote the work of Washington State in national forums. (Alliance)</i></p> <p>Advance and support statewide policy that requires quality and value.</p> <p><i>For example: Participate in legislative and executive branch policy development (WA Council for Behavioral Health)</i></p>			<p><i>been approved by the Alliance Board. (Alliance)</i></p>	
<p>State</p>	<p>Implement VBP across programs and agencies according to an aligned purchasing philosophy.</p> <p><i>For example: Annually update and implement HCA VBP Road Map. (HCA)</i></p>			<p>Assess the uptake of value-based payment across the state.</p> <p><i>For example: Conduct VBP market survey during summer 2017 (HCA)</i></p>	<p>Certify patient decision aids.</p> <p><i>For example: Certify patient decision aids for total joint in 2017 (HCA)</i></p>

HILN Commitment to Value Action Agenda – Adopt and spread value-based payment models and practices across Washington state

Levers* Partners  	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
Purchasers		<p>Procure value-based models for employees. <i>For example: Incorporate a new Accountable Care Network plan choice for employees effective January 2018 (via a contract that will link payment, in part, to quality); Assess options/feasibility for using bundled episodes of care in future employee health purchasing strategy (aligned with Bree recommendations) (King County)</i></p>	<p>Require physical-behavioral health integration in health plans. <i>For example: Focus on strengthening physical/behavioral health integration, both in community health system overall and in the health plans for King County employees. (King Co)</i></p>	<p>Adopt the statewide common measure set, and integrate into all contracts— reporting and payment. <i>For example: All value based contracts include the core measure set -- this includes both Washington Permanente Medical Group and contracted community providers. (Kaiser)</i></p>	

HILN Commitment to Value Action Agenda – Adopt and spread value-based payment models and practices across Washington state

Levers* Partners  	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
Plans		Adopt value-based models. <i>For example: Move to APM 4 in 2019 (Neighborcare)</i>			Integrate quality and cost reporting into provider selection tools.
Providers/ Professionals	Adopt mission and policies that support a commitment to integrated care, quality, value and patient experience. <i>For example: Develop policies and procedures related to commitment in services such as integrated care to produce value in clients' outcomes, clients' positive experience with the services and cost saving with values, mission, goals, objectives and practices to support integrated care. (ACRS)</i>		Utilize those who do community health work in care decisions. <i>For example: Fully utilize peer specialists in decision making process. (ACRS)</i>	Adopt EHR systems that capture and report actionable process, outcome and access measures. <i>For example: Begin selection process to replace current Electronic Health Record system that will easily capture outcome and process measures and allows individual and aggregated reports on outcomes and service utilization. (ACRS)</i>	<i>For example: Integrate the Community Checkup in our provider directory. (Kaiser)</i>
Health Systems	Involve staff in policy development. <i>For example: Continue to provide training and build consensus with BH staff on value based system,</i>		Integrate physical and behavioral health in clinical practice. <i>For example: Expand primary and behavioral health integrated care with ICHS. (ACRS) Fully integrate BHS practitioners and services in Primary Medical Care settings. Integrate Primary Medical care into BHS settings. (Neighborcare) For example: Embed practice care coordination in clinical workflows (ICHS) For example:</i>	<i>For example: WA Permanente providers have access to their quality performance through dashboards on the Epic medical record system. Quality management tools</i>	Use consumer engagement and shared decision-making tools. <i>For example: Advance consumer engagement tools such as PAM, WRAP, CommonGround (WA Council for Behavioral Health) For example: Advance text based engagement of low income population to activate them in engaging in care, and achieving quality results (Neighborcare)</i>

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Levers* Partners 	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
	<p><i>outcome measure, and involve staff in policy and procedure making process. (ACRS)</i></p>		<p><i>In 2015, we launched the Behavioral Health Initiative (BHI) pilot program at three of our Puget Sound area clinics. Kaiser Permanente embedded a brief behavioral health screening questionnaire into the standard work of primary care, allowing clinicians to identify people who are significantly at risk and provide real-time intervention. Further, we have incorporated one or more licensed clinical social workers on staff at each clinic, ready to meet with patients right away if needed to discuss treatment options. The pilot has been so successful it was extended to all of our primary care locations with completion expected by 2018. (Kaiser)</i></p>	<p><i>are also integrated within the Epic medical record system to allow providers to provide opportunistic care. (Kaiser) For example: External contracted providers receive regular performance evaluations with recommendations on clinical tools and actionable data, including patient level data to improve and close quality gaps. (Kaiser)</i></p>	<p><i>For example: Keep “Own Your Health” website populated with consumer oriented materials that empowers Washington consumers to become active participants in their own health and health care. (Alliance)</i></p> <p>Create mechanisms for real-time consumer feedback on experience. <i>For example: Consumers are also able to rate their physicians within our provider directory. (Kaiser)</i></p>

HILN Commitment to Value Action Agenda – Adopt and spread value-based payment models and practices across Washington state

Levers* Partners  	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
			<p>Train and coach providers in evidence-based practices. <i>For example:</i> Continue to train staff on evidence based practices such as diabetes prevention management, DBT, CBT, etc. (ACRS) <i>For example:</i> Assist Qualis in the clinical practice transformation work by leading educational efforts on value-based purchasing. (Alliance)</p> <p>Identify and adopt promising and evidence-based practices to manage the health of populations. <i>For example:</i> Develop and implement innovative practices to address population management (ICHS) <i>For example:</i> Develop partnerships with social service agencies (ICHS)</p>		

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Levers* Partners 	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
			<p><i>For example: Determine how to utilize dental practices to advance quality measures (diabetic, HTN, etc) (Neighborcare)</i></p> <p>Involve staff in policy development. <i>For example: Continue to provide training and build consensus with BH staff on value based system, outcome measure, and involve staff in policy and procedure making process. (ACRS)</i></p>		
Community			<p>Create structure and incentives for community-clinical support mechanisms.</p> <p>Deploy those who do community health work across communities. <i>For example: Expand the role of community-based Community Health</i></p>		

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Levers* Partners  	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
			<i>Workers in potential Medicaid Transformation projects by advocating for CHWs to be part of emerging “value bundles” for patients in need of chronic disease management and care coordination services. (Mercy Housing NW)</i>		
City and County Governments	Commit to fully integrated physical and behavioral health purchasing				
Local Public Health	Contribute a systems and population-based strategic focus to ACH decision making. <i>For example: As member of ACH and BHO Boards, assure regional BH integration efforts result in improved patient centered care models. (Whatcom Co. Health Dept)</i>			Contribute population-level data and analytic support to community health planning and monitoring. <i>For example: Provide epidemiology staff resources to our ACH to define population health issues and health disparities in our region. (Whatcom Co. Health Dept)</i>	

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Levers* Partners  	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
				<i>For example: Support data and evaluation needs of King County Accountable Community of Health (Public Health-Seattle & King County)</i>	
Tribal Governments and Entities					
Industry (IT, pharma, labor etc.)					
Philanthropy		Invest in community and statewide grants that focus on social determinants, integration of care, and spread of best practices that support value. <i>For example: Grant investments that include a focus on social determinants of</i>	Contribute funding to advance an innovative workforce. <i>For example: Continue advancing Graduate Medical Education and Undergraduate M.E. in the region through strategic partnerships with WSU, Providence and others. (Empire)</i>	Align measurement and outcome expectations across grantees. <i>For example: Seek aligned measures, particularly when providing potential start-up to ideas that will advance VBP and population health improvements. (Empire)</i>	

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Levers* Partners 	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
		<i>health/educational attainment (Gates) For example: Investments that support integration of care (oral/behavioral/primary). (Empire)</i>			
Consumers					Incorporate consumer voice and experience in VBP models. <i>For example: Identify a mechanism and execution strategy to actively incorporate consumer experience and voice in innovation models. (NoHLA)</i>

* Please note that spread of value-based models, equity, and consumer engagement and literacy are cross-cutting and reinforcing of one another.

HILN Commitment to Value Action Agenda – Advance an equitable health system

Target/outcomes: 80 percent VBP in state-financed arrangements by 2019 (30 percent by the end of 2017), 50 percent VBP in commercial market by 2019

Levers* Partners 	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
All Partners	<p>Reproduce successful models and practices across state and nation through the sharing of results, best practices, learnings, etc.</p> <p>Agree to a common definition and standard practices for advancing equity. <i>(Communities & Equity Accelerator Committee)</i> <i>For example:</i> <i>Continue to prioritize social determinants of health/social determinants of educational attainment in our conversations, planning and investments in Washington state.</i> <i>Ensure equity issues are front and center</i></p>				

HILN Commitment to Value Action Agenda – Advance an equitable health system

Levers* Partners 	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
	<i>in these efforts. (Gates)</i>				
State					
Purchasers		Incorporate health equity into value-based payment contracts. <i>For example: Pilot an equity VBP model with through one health system-MCO partnership in 2017. (Communities & Equity Accelerator Committee)</i>		Require reporting of process and outcome measures by race and ethnicity. <i>For example: Partner with King County employee health plans to explore options for improving reporting by race/ethnicity. (King Co)</i>	
Plans				Collect data, measure and report on process and outcome measures by race, ethnicity, language, income, and geography (rural/urban). <i>For example: Pilot improved data collection and stratified reporting through one health system-MCO partnership in 2017. (Communities & Equity Accelerator Committee)</i>	
Providers/ Professionals			Apply agreed-to standard practices for advancing equity in clinical and community settings. <i>(Communities & Equity Accelerator Committee)</i>		Create consumer advisory groups. <i>For example: Consumer advisory group will represent our clients' diverse backgrounds including race/ethnicity, language, age, level of acculturation, etc. (ACRS)</i>
Health Systems			Ensure evidence-based practices are culturally relevant and competent.		

HILN Commitment to Value Action Agenda – Advance an equitable health system

Levers*  Partners 	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
			<p><i>For example: Modify evidence based practices to be culturally relevant and competent. (ACRS) For example: Prepare and support community behavioral health agencies as value- based providers through training, TA and peer learning (WA Council for Behavioral Health)</i></p> <p>Attract and retain a workforce that represents the people they serve. <i>For example: To improve recruitment and retention of qualified bilingual & bicultural staff, aim to develop more market competitive compensation &</i></p>	<p>Measure and report on access to care, cost and variation. <i>For example: Measure patient access (clinical scorecards) (ICHS) For example: Begin selection process to replace current Electronic Health Record system that will easily capture outcome and process measures and allows individual and aggregated reports on outcomes and service utilization. (ACRS) For example: Start to develop and track outcome and process measures, utilization data and cost of service. (ACRS) For example: Develop at least three other reports, in addition to the Community Checkup, that point to actionable opportunities</i></p>	<p>Leverage those who do peer-to-peer community health work in decision making. <i>For example: Fully utilize peer specialists in decision making process. (ACRS)</i></p> <p>Use consumer engagement and shared decision- making tools. <i>For example: Advance text based engagement of low income population to activate them in engaging in care, and achieving quality results (Neighborcare)</i></p>

HILN Commitment to Value Action Agenda – Advance an equitable health system

Levers*  Partners 	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
			<p><i>benefits package. (ACRS)</i></p> <p>Partner with social service providers to serve the needs of the whole person. <i>For example: Develop partnerships with social service agencies (ICHS)</i></p> <p>Expand accessibility, office hours, services and populations served. <i>For example: Expand opioid treatment services to homeless and low income individuals (Neighborcare) For example: Increase access to same day services (ICHS)</i></p> <p>Integrate physical and behavioral health services. <i>For example:</i></p>	<p><i>to reduce variation in health care delivery and cost and that further lay the foundation for, and adoption of, the concept of purchasing for value. (Alliance)</i></p>	

HILN Commitment to Value Action Agenda – Advance an equitable health system

Levers*  Partners 	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
			<p><i>Focus on strengthening physical/behavioral health integration, both in community health system overall and in the health plans for King County employees. (King Co)</i></p> <p><i>For example: Fully integrate BHS practitioners and services in primary medical care settings. Integrate primary medical care into BHS settings. (Neighborcare)</i></p>		
Community			<p>Create structure and incentives for community-clinical support mechanisms.</p> <p>Deploy those who do community health work across communities.</p> <p><i>For example:</i></p>		

HILN Commitment to Value Action Agenda – Advance an equitable health system

Lever*  Partners 	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
			<i>Expand the role of community-based Community Health Workers in potential Medicaid Transformation projects by advocating for CHWs to be part of emerging “value bundles” for patients in need of chronic disease management and care coordination services. (Mercy Housing NW)</i>		
City and County Governments	Commit to fully integrated physical and behavioral health purchasing				
Local Public Health	Contribute a systems and population-based strategic focus to ACH decision making. <i>For example: As member of ACH and BHO Boards,</i>			Contribute population-level data and analytic support to community health planning and monitoring. <i>For example: Provide epidemiology staff resources to our</i>	

HILN Commitment to Value Action Agenda – Advance an equitable health system

Levers* Partners  	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
	<i>assure regional BH integration efforts result in improved patient centered care models. (Whatcom Co. Health Dept)</i>			<i>ACH to define population health issues and health disparities in our region. (Whatcom Co. Health Dept) For example: Support data and evaluation needs of King County Accountable Community of Health (Public Health-Seattle & King County)</i>	
Tribal Governments and Entities					
Industry (IT, pharma, labor etc.)					
Philanthropy		Support community based interventions that promote equity. <i>For example: Support planning and mobilization of community-based interventions that promote partnerships to advance outcomes related to social determinants of health/educational attainment, with a particular focus on those communities and constituencies that have historically not had access to comprehensive opportunities. (Gates)</i>		Measure and evaluate health system transformation efforts' impact on equity, including unintended consequences. <i>For example: Continue to measure impacts of all relevant investments, including Road Map, Building Community Philanthropy,</i>	

HILN Commitment to Value Action Agenda – Advance an equitable health system

Levers* Partners  	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
				<i>Family Homelessness, Civic Engagement, etc., with a particular focus on equity-related outcomes rooted in disaggregated data from relevant communities. (Gates)</i>	
Consumers					Incorporate consumer voice and experience in models. <i>For example: Identify a mechanism and execution strategy to actively incorporate consumer experience and voice in innovation models. (NoHLA)</i>

* Please note that ensuring equity in systems requires action from all partners and within all levers.

** Please note that spread of value-based models, equity, and consumer engagement and literacy are cross-cutting and reinforcing of one another.

HILN Commitment to Value Action Agenda – Increase person and family engagement and health literacy

Target/outcomes: 80 percent VBP in state-financed arrangements by 2019 (30 percent by the end of 2017), 50 percent VBP in commercial market by 2019

Levers* Partners  	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
All Partners	Reproduce successful models and practices across state and nation through the sharing of results, best practices, learnings, etc.				Focus on what matters to people and families—the “why”—when engaging consumers.
State					Certify patient decision aids. <i>For example: Certify patient decision aids for total joint in 2017 (HCA)</i>
Purchasers					Consider active purchasing that encourages enhanced engagement and understanding
Plans				Measure and report on patient experience.	Use consumer engagement and shared decision-making tools.
Providers/ Professionals	Adopt mission and policies that support a commitment to integrated care,		Expand accessibility, office hours, services and populations served.	<i>For example:</i>	<i>For example: Promote “Own Your Health” content via</i>
Health Systems			<i>For example:</i>		

HILN Commitment to Value Action Agenda – Increase person and family engagement and health literacy

Levers* Partners 	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
	<p>quality, value and patient experience. <i>For example: Develop policies and procedures related to commitment in services such as integrated care to produce value in clients' outcomes, clients' positive experience with the services and cost saving with values, mission, goals, objectives and practices to support integrated care.</i> (ACRS)</p>		<p><i>Increase primary care service hours at ACRS site to serve from 200 to 300 clients. (ACRS)</i> <i>For example: Increase access to same day services (ICHS)</i></p> <p>Ensure evidence-based practices are culturally relevant and competent. <i>For example: Modify evidence based practices to be culturally relevant and competent.</i> (ACRS)</p> <p>Share in clinical decision making with patients and their families. <i>For example: Include patient/consumer feedback in decision making process (ICHS)</i> <i>For example: Fully utilize peer specialists in decision making process.</i> (ACRS) <i>For example: Consider a role for nurses and health care workers to</i></p>	<p><i>Measure patient satisfaction (ICHS)</i> <i>For example: Consumers are able to rate their physicians within our provider directory. (Kaiser)</i> <i>For example: Complete the 4th Patient Experience Survey to assist consumers in evaluating medical groups based on direct feedback from other patients. (Alliance)</i></p>	<p><i>King County employee newsletters (King Co)</i> <i>For example: Advance consumer engagement tools such as PAM, WRAP, CommonGround (WA Council for Behavioral Health)</i> <i>For example: Keep "Own Your Health" website populated with consumer oriented materials that empowers Washington consumers to become active participants in their own health and health care. (Alliance)</i></p> <p>Engage people and their families as active participants in their health and in health systems transformation. <i>For example: Create consumer advisory group that would participate in</i></p>

HILN Commitment to Value Action Agenda – Increase person and family engagement and health literacy

Levers* Partners  	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
			<i>advance health literacy. (1199)</i>		<i>giving feedback, direction to the BH program. (ACRS)</i>
Community					<i>For example: Enhance other means of getting consumer input and engagement such as clients satisfaction surveys, focus groups, etc. (ACRS) For example: Implement consumer board at each site (ICHS) For example: Conduct consumer focus groups (ICHS) For example: Advance text based engagement of low income population to activate them in engaging in care, and achieving quality results (Neighborcare) For example: KPWA is working to integrate the Community Checkup in</i>

HILN Commitment to Value Action Agenda – Increase person and family engagement and health literacy

Levers* Partners  	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
					<p><i>our provider directory. (Kaiser)</i></p> <p>Provide training to people and their families to ensure literacy, shared decision making and engagement in their own health.</p> <p><i>For example: Explore development of leadership training for our clients to empower and enable their meaningful participation. (ACRS) For example: Educate consumers for improved engagement (ICHS)</i></p>
City and County Governments					
Local Public Health	<p>Contribute a systems and population-based strategic focus to ACH decision making.</p> <p><i>For example: As member of ACH and BHO Boards,</i></p>				

HILN Commitment to Value Action Agenda – Increase person and family engagement and health literacy

Levers* Partners 	Policy / Culture / Leadership	Payment	Clinical practice transformation / Workforce / Clinician engagement & experience	Measurement / Reporting	Person & family engagement & decision making
	<i>assure regional BH integration efforts result in improved patient centered care models. (Whatcom Co. Health Dept)</i>				
Tribal Governments and Entities					
Industry (IT, pharma, labor etc.)	Consider existing policy levers to advance person and family engagement and health literacy. <i>For example: Consider collective bargaining as an opportunity to advance literacy and engagement (1199)</i>				
Philanthropy		Invest in community and statewide grants that focus on social determinants, integration of care, and spread of best practices that support value. <i>For example:</i>			

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		<i>Grant investments that include a focus on social determinants of health/educational attainment (Gates)</i>			
Consumers					Incorporate consumer voice and experience in VBP models. <i>For example: Identify a mechanism and execution strategy to actively incorporate consumer experience and voice in innovation models. (NoHLA)</i>

* Please note that ensuring consumer engagement in systems requires action from all partners and within all levers.

** Please note that spread of value-based models, equity, and consumer engagement and literacy are cross-cutting and reinforcing of one another.

Health Innovation Leadership Network

Quarterly Meeting | May 5, 2017

Summary

The first quarterly webinar for 2017 provided an opportunity to commit to specific action to advance Healthier Washington's value-based goals, as well as allowed members to come to a common understanding of other HILN members' commitments, and identified partnerships to help advance action. The group also agreed to a HILN action agenda for 2017 to advance 80 percent VBP in state financed contracts by 2019 and 50 percent VBP in the commercial market by 2019.

Opening Remarks

Dorothy Teeter, Health Innovation Leadership Network Co-Chair

- Dorothy Cooper welcomed new co-chair, Bill Robertson, who is also President and CEO of MultiCare Health System. He brings a wealth of health systems transformation experience and is an active leader and accelerator of Healthier Washington.

Bill Robertson, Health Innovation Leadership Network Co-Chair

- Excited and privileged to be part of HILN group.
- MultiCare System does not get to define the value needs of those they serve. They are looking at value through their patients and partners. They are firm believers of the triple aim, and believes if they don't have engaged providers in the system, then that's a problem. They also focus on making sure the delivery system is viable and sustainable and believe that health equity must be part of the conversation.

HILN's 2017 Role

Dorothy Teeter, Co-chair

- The Healthier Washington strategy embodies the commitment of the state to make their communities healthier. We do this through the triple aim: ensuring care focuses on the whole person, paying for value, and building healthier communities through regional collaboration. Health is local in many ways and requires regional collaboration.
- Healthier Washington has multiple implementation mechanisms to transform payment and delivery of care for the entire population of our state: foundational legislation, a \$65 million federal grant we are halfway through, and a new Medicaid Transformation Demonstration to advance our strategies and goals specifically for the Medicaid population.
- Thanks to our current efforts, we can already start to see health systems change, and will look even more different in a few years from now. We must shift from a system that is fragmented, to one that is person-centered.

HILN: Where we've been & where we're going

- We are shifting in 2017 to an advanced acceleration role for HILN. We are asking you this year to focused in an even more concerted way on spreading and sustaining the Healthier Washington strategies and vision. A key lever in sustaining and spreading our successes will be ongoing HILN leadership committed to value. Specifically, HILN can support an action agenda to achieve Healthier Washington goal of 30 percent value-based payment in state-financed contracts by the conclusion of 2017, and progress toward our 2019 goals of 50 percent value-based payment in the commercial market and 80 percent value-based payment in state-financed contracts.
- Dorothy presented word cloud based on HILN members' value definition.
- Dorothy and Bill facilitated 10-minute dialogue with the group and asked members if 2017 charge is clear, as well as asked what value means to them. Some response:
 - Diane – Value of health means health equity. We must make sure mechanisms for delivery are viable. Access to services with no financial barriers.
 - Peter Morgan – Value is some outcome for a certain price. We need to move down the road from measuring what our outcome is for the money spent. As we talk about measurement, let's not forget the public health outcomes.
 - Michael Erickson – There is considerable alignment and agreement around what value means here. HILN already has a clear idea of what value means and that is impressive.
 - Joe – Value is looking at a focus on treatment outcomes and not just the volume. Outcomes must be meaningful to the patient, provider, payer, and community.

Healthier Washington Update

Nathan Johnson, Chief Policy Officer

- Nathan Johnson provided some highlights from Healthier Washington efforts:
 - Demonstration driving many ACH activities of the last few months, with communities considering strategies to integrate physical-behavioral health in the delivery system, prevent opioid abuse and advance value-based payment.
 - Encounter-based to value-based.
 - Mid-adoption of integrated financing. North Central is full-steam ahead and building best practices for engaging providers and community in this work.
 - Qualis is out in full force on behalf of the Practice Transformation Support Hub.
 - Launch of interactive Community Checkup.
 - Multipayer model.
 - Official launch meeting of the Medicaid Value-based Action Team.
- Nathan offered discussion opportunities for the HILN members to respond:
 - Member question – what is currently the total number of ACP enrollees? Answer: 15,000.
 - John – What's HILN's role in Medicaid Demonstration piece? Nathan – we organizing teams to not be siloed based on their funding streams. SIM and Demonstration are complimentary to each other. HILN will be engaged and partners of Healthier Washington work, and the Demonstration is completely overlapped into that commitment.

Our Commitment to Value

Dorothy Teeter, Co-Chair

- Dorothy provided an overview of purpose and goals of HCA's value-based road map.
 - Reward delivery of patient-centered, high value care and increased quality improvement
 - Reward Medicaid and PEBB health plans and health systems for performance
 - Align reform approaches with CMS
 - Drive standardization based on evidence
 - Increase long-term financial sustainability of state health programs; and
 - Continually strive for the Triple Aim of better care, smarter spending, and healthier people
- We've talked about our interim goal for value-based payment in state-financed health care (30 percent VBP by the end of 2017), and we do intend to include a commercial market interim goal in the next iteration of our road map. We're considering an interim goal of 25 percent VBP in the commercial market by the end of 2017 based on national indicators.
- Will HILN develop criteria for ACH selection of Demonstration projects? There is a project toolkit document that has been posted to our website which shows a menu of projects that ACHs can select from. July will bring project plan template and application for ACHs.

Bill Robertson, Co-Chair

- We all have a role to play in advancing value. Again, achieving a value-based system requires action from all of us, including action from public health, social health sectors, consumers and more. Bill noted that in all of our action we must consider how we are advancing equity in our system.
- Actions currently being taken to fulfill Healthier Washington's commitment to value:
 - Integration of physical and behavioral health; value-based purchasing, payment and delivery; advancement of a flexible and team-based workforce; and engagement of community were common themes. HILN members are actively engaged in specific Healthier Washington efforts, from supporting the Practice Transformation Support Hub and Accountable Communities of Health, to uptake of Healthier Washington payment models.
- All of your contributions are valuable and moving the needle to advance a healthier Washington.
- Michael Erikson, CEO of Neighborcare Health, spoke briefly about what his organization is doing to advance value.

Dorothy Teeter, Co-chair

- Dorothy opened up the floor to spend rest of meeting in open dialogue about what concrete and specific action or actions HILN members are planning to do in the next year to meet Healthier Washington's value based targets. The goal is that everyone on HILN walks away from the meeting with an action they're going to advance over the next year. This will help to form our comprehensive HILN action agenda.

Next steps

Dorothy Teeter, Co-Chair

- We now have an action agenda that will guide our work and move the needle over the next year. July meeting will allow us to report on progress and identify support we may need to accomplish our goals. Our commitments and progress on action this year builds to a Healthier Washington Symposium in October, where we will report on our action and ask others to join us in action to advance value in Washington state.

A Commitment to Value



SAVE THE DATE

When: October 18 & 19

Where: SeaTac

Day 1: Purchaser Conference—Opportunity for dialogue between providers & purchasers, and highlighting strategies to advance value-based purchasing.

Day 2: Healthier Washington Symposium—Shared learning and focus on how we can commit to value-based purchasing, payment and care delivery.

Registration information coming soon to hca.wa.gov/hw

#HWsymposium