

## **Health Innovation Leadership Network**

### **Quarterly Meeting | January 30, 2017**

### **Summary**

The fourth quarterly meeting for 2016 reflected on accomplishments from the last two years, as well as reviewed their role as accelerators of health systems transformation. Members also agreed on HILN priorities and action for the next year.

### **Opening remarks**

*Rick Cooper, Health Innovation Leadership Network Co-Chair*

- Rick Cooper commented on recent changes with national policy. Uncertainty around what “repeal and replace” will mean for financing and organization within the State, and something we need to think about. Worried that there is a potential to lose collaboration and patient-centered focus.
- Members and guests were able to go around the room during introductions and reflect on learnings they experienced over the last couple years and applications of those learnings in their specific marketplaces or organizations.

*Nathan Johnson, Healthier Washington Coordinator*

- Today we received official notification of funding for Year 3 of the grant totaling 23 million dollars under the cooperative agreement with CMS. This year’s grant includes terms and conditions by which they’ll be measuring our collective success over this year’s time.
- Medicaid transformation is as much about Medicaid as it is about the broader health system.
- It is a very exciting time for health systems transformation. We have significant program updates and reflections over the last two years include, but are not limited to:
  - Formal agreement on terms and conditions between the state and federal government agreement for purposes of the five year Medicaid transformation demonstration.
  - Three of four payment methods have been implemented. Successful open enrollment period of UMP Plus, which expanded by 25%. Financial integration of Medicaid is an important next step. The next region that will be implementing the physical and behavioral health integration model will take place in 2018.
  - We’ve continued to empower communities through the Accountable Communities of Health—they reflect that these efforts are not state-down work, its community-up work. Next year will be a critical stating period for projects under the Medicaid transformation demonstration.

## **Spotlight On: Healthier Washington Accelerator Committee Recommendations**

### **Clinical Engagement Accelerator Committee**

*Paul Hayes, Committee Co-champion & Ginny Weir, Committee Staff*

- In 2016 the committee developed and dispersed a survey among committee members to identify current practices at their respective organization to identify overlap, gaps, and areas of opportunity. The results were used to identify key areas where the committee felt they could provide direct/indirect support to engage providers in practice transformation activities. Those areas are: behavioral and physical integration, value-based purchasing, and clinical community linkages.
- The committee is in the process of drafting materials for use by communities, statewide partners, committee members and the HILN to demonstrate the barriers practices may be facing that may cause challenges to implementing new payment models or integration of care.
- In 2017, it is recommended that the committee continue to meet, as they can fill a key role of helping providers engage with practice transformation activities through the Practice Transformation Support Hub and ACHs. The committee recognizes the need to coordinate with Hub activities, as well as other practice transformation activities co-occurring in order to avoid provider “transformation fatigue.” The committee feels they can provide assistance/resources to providers to help them make sense of how all of these initiatives align and what the value add is for them.

### **Communities & Equity Accelerator Committee**

*Antony Chiang, Committee Co-champion & Winifried Danke, Committee Co-champion*

- The Healthier Washington Communities and Equity Accelerator Committee promotes the concept of health equity through work done by community members. The Accelerator Committee identified four focus areas: voices included in decision making, equity lens, data disaggregation, and workforce.
- Asked the following questions and opened up the floors for answers:
  - How does the value of equity move out of a single workgroup to a foundational value for organizations who influence health? How does the value of equity permeate community?
  - With all the work happening currently and the taxation of organizational resources, how do we make equity a priority for investment of resources?

### **Rural Health Innovation Accelerator Committee**

*Nicole Bell, Committee Co-champion & Andre Fresco, Committee Co-champion*

- The committee began their focus on value-based purchasing strategies, but after a deeper analysis, realized that their focus needed to be on the broader system change and equity—health is determined by zip code. Nicole read a narrative about two similar, fictional characters that the committee created: Michael from a rural setting, and Michael from an urban setting. The story revealed the disparities that exist based on zip code.
- Over the course of 2016, the Rural Health Innovation Accelerator Committee had strong engagement from cross-cutting private-sector innovators and entrepreneurs, providers

and public-sector contributors. The goal of the group is to inform our colleagues and policy makers of the current reality of rural health and present the opportunity for rural health investment and innovation.

- Recognizing the barriers to engaging in rural health issues and to support this problem statement, the committee has elected to develop a playbook that can be used to guide engagement of policy leaders, entrepreneurs and innovators, providers and other colleagues. The playbook will be a clear articulation of the reality rural health barriers and issues, give the committee's vision for rural health delivery, outline how to engage in rural health innovation and transformation, and offer up a set of several policy recommendations that would help to accelerate a shift from the current paradigm.

### **Collective Responsibility Accelerator Committee**

*Kathleen Paul, Committee Co-champion & David Wertheimer, Committee Co-champion*

- In 2016, the committee helped shape messaging, identified key partners across multiple sectors in the promotion and sustainability of Healthier Washington, and served as champions of the concept of collective responsibility.
- To ensure effective clinical-community linkages, members identified 4 levers: role definition, having a common language, data that follows the individual, and financial systems that create the right incentives.
- Moving forward, the committee advocates for ensuring more intentional linkages between the health care delivery system and social determinants of health. A system that supports the health of populations engages all sectors in achieving health for people and their families. While the health care system has an important role in supporting health outcomes, so does the education system, business, the housing system, social institutions and community support.

### **Spread, Perform, Sustain: HILN's Evolving Acceleration Role**

*Rick Cooper*

- We have to start with the end in mind and have a roadmap. Collaboration between public and private sectors is crucial. All healthcare is local on the neighborhood level. We are the leaders in our own communities and we must connect how care is organized and delivered and then regionally and then at the state level.
- We have a manpower shortage. It starts with, but is not limited to primary care.
- Healthcare is too expensive. We need to look at the learnings from other countries who have reduced care costs.

*Nathan Johnson*

- The group thanked Rick Cooper for serving as co-chair on the Network and offered him an award for his dedication and leadership. This was Rick's last meeting as Co-chair.
- Nathan posed question to network: what would make the committees worth the investment?