

Health Innovation Leadership Network Quarterly Meeting | July 24, 2015



Summary

The second quarterly meeting focused on collaboration, acceleration and visualizing the concrete objectives envisioned under Healthier Washington, all building upon requests from the first convening in April. The agenda also put a spotlight on health and housing with a presentation by Mercy Housing Northwest, the Bill and Melinda Gates Foundation, Washington Low Income Housing Alliance, and Washington State Hospital Association.

Quarterly update

The quarterly update from Healthier Washington Coordinator Nathan Johnson described the successes and priorities in the previous three months, and underscored opportunities for [Health Innovation Leadership Network \(HILN\) members](#) to add value, assist in building on successes, and mitigate risks to achieving the triple aim.

Items among the update included:

- Two regional collaboratives moved from pilot to full designation as Accountable Communities of Health.
- Listening sessions around the state are gathering input from people in clinical practice and those engaged in population health strategies to advise on how we should shape a Practice Transformation Support Hub.
- We convened a group of national and state partners to develop a process to certify patient decision aids. Washington is the first state to offer providers malpractice relief when certified shared decision aids are used.
- Two Accountable Care Program options have been named for public employee benefits beginning with the 2016 coverage year.
- We are on target to implement fully integrated managed care for Apple Health (Medicaid) beginning in April 2016 in southwest Washington.
- We released a draft application of a global Medicaid waiver to support payment and delivery reforms.

Nathan Johnson asked HILN members to use their leadership roles to:

- Engage in the crucial conversations about health sector transformation and empowering community partners to do the same.
- Flip the current culture to gain wider recognition that improving health outcomes relies on addressing multiple socioeconomic influences.
- Support a culture shift to person-centered approaches to care.
- Take risks in our organizations and communities.
- Invest time, resources and leadership.

Participants also screened two [videos](#) developed by the Healthier Washington team. Creating the videos fulfilled requests raised at the first HILN gathering to tell the story of the initiative through compelling narratives.

Spotlight on health and housing

The spotlight on health and housing presented examples of successful collaboration between housing and health resources. Some of the details shared included:

- People with serious mental illnesses die an average of 25 years earlier than the general population, and homelessness is among the avoidable factors contributing to their vulnerability.
- During state fiscal year 2012, more than 2,000 chronically homeless adult Apple Health beneficiaries in the top decile of annual health care costs had an average annual cost of \$33,459 per person.
- Permanent supportive housing is a specific affordable housing and service delivery model that is targeted toward people who are disabled and are experiencing, or are at risk of, chronic homelessness. This model is nationally recognized as an evidence-based practice and is an effective intervention for individuals who have a serious mental health disorder, substance use disorder, co-occurring illness, or multiple and complex physical health problems.

Accelerator committees

In addition to HILN's overarching role as accelerators of culture change and as Healthier Washington ambassadors, Healthier Washington proposed the development of HILN subcommittees, called "accelerator committees." The HILN accelerator committees will focus on specific and timely efforts that directly impact the achievement of Healthier Washington's aims.

HILN Accelerator Committees will:

- Accelerate the goals and objectives of Healthier Washington, as opposed to strictly advising on policy and operational components of the initiative.
- Build upon existing efforts and groups already in place.
- Be championed by HILN members, with membership including leadership from HILN and non-HILN organizations.
- Evolve, expand and disperse over time as Healthier Washington itself evolves in response to rapid-cycle learning and improvement.

The initial [proposed accelerator committees](#) are:

- Clinical Practice Transformation
- Communities and Equity
- Integrated Physical and Behavioral Health
- Rural Health Innovation
- Collective Responsibility

Next steps for proposed accelerator committees:

- Identify HILN accelerator committee champions (August)
- Identify HILN Healthier Washington staff support (August)
- Identify committee membership (September)

- Meet regularly to develop objectives, measures of success and action plans (beginning in the fall)
- Update HILN on each committee's progress and actions (beginning at the HILN October meeting)

Communication tools

HILN members received an Ambassadors Toolkit to support consistent communications about Healthier Washington. The materials can be used in a variety of settings and embedded into presentations:

- Healthier Washington talking points
- Healthier Washington one-page flyer
- Healthier Washington infographic
- Healthier Washington initiative summaries
- Paying for Value fact sheet
- Practice Transformation fact sheet
- Accountable Communities of Health fact sheet
- Accountable Communities of Health region map
- PowerPoint with general informational slides
- Video file (a 3- to 5-minute video on why change is needed)

The next quarterly HILN meeting is 9 a.m. to noon Oct. 16, 2015 at Cambia Grove.