

February 1 – April 30, 2017

The Healthier Washington team submits quarterly reports to the Center for Medicare and Medicaid Innovation (CMMI) focusing on the progress made toward the program milestones and goals of the Healthier Washington initiative under the federal State Innovation Models grant.

The information here follows CMMI's request to highlight a few Healthier Washington elements within the specified progress report domains below. Within this summary, you will find highlights of the successes and lessons learned from this past quarter.

Success Story or Best Practice

The member survey data from Accountable Communities of Health (ACHs) has consistently received positive feedback as value-added. Some ACH staff leads have presented the survey data to stakeholders and decision-makers to prompt reflective conversations and start planning for ACH development and improvement. The [Center for Community Health and Evaluation](#) conducts the surveys under contract with Healthier Washington.



Dr. Sohail Mirza, chairman of orthopedic spine surgery at Dartmouth-Hitchcock Medical Center has agreed to participate with the Health Care Authority (HCA) on its upcoming review panel for certification of [patient decision aids](#) that address lumbar fusion. Mirza is a world-renowned leader in evidence-based orthopedic care. The HCA received eight patient decision aids for consideration in the recent certification period. Four address total hip replacement, three address total knee replacement and one addresses lumbar fusion.

Sixteen federally qualified health centers (FQHCs) and one rural health clinic (RHC) have signed memorandums of understanding to adopt [alternative payment methodology \(APM\) 4](#) starting July 1, 2017.

Release 3 of the [data dashboard](#) was delivered into production March 13 as scheduled. On March 20 the Analytics, Interoperability, and Measurement (AIM) team launched the external portal to the Data Dashboard and other helpful data and analytic resources.

The first data transmission for evaluation purposes began with sharing of [Accountable Care Program](#) data with the University of Washington. This is a huge breakthrough after several months of contract deliberations.

ACHs adopted a model tribal collaboration and communication policy. This policy was jointly established by the state and tribes with the support of the American Indian Health Commission and several tribal consultations. It provides ACHs with minimum expectations for communication, engagement and collaboration, including the formation of a tribal committee to identify potential tribal impacts.

A Medicaid enrollee data product was completed for the Office of the Insurance Commissioner to allow modeling insurance market variance with possible changes to the Affordable Care Act.

Challenges

Medicare data storage has proven difficult to advance. The Centers for Medicare and Medicaid Services (CMS) is conducting a privacy review.

Tribal engagement continued to be a challenge. While several partnerships have formed, ACHs and tribes need additional support, and the rapid pace of the state's transformation efforts continues to bring communication and engagement challenges. The work of the American Indian Health Commission will be important to help with board training and actual execution of the collaboration and engagement policy expectations.

Governance

The Healthier Washington team developed and implemented formal tracking of Award Year 3 work plans in a portfolio management tool. Dependencies and deliverables for AY3 were captured and will be tracked on a regular basis.

The first iteration of the Healthier Washington monthly report (with SIM data only) was presented to executive governance on March 15. This report is 1) goal based, 2) comprehensive, 3) includes issues and risks, and 4) is in one convenient package. Feedback on this initial report has been positive.

The [annual report for SIM Award Year 2](#) was submitted. It details accomplishments and challenges during this time. The first round of special terms and conditions for CMMI that were due at the end of the first quarter have been submitted.

The AIM team launched a project tracking and monitoring system for key initiatives that align with SIM funded work. The project tracker is well aligned with the Award Year 3 project work plans and shares task level information rolling up to broader deliverables.

Stakeholder engagement

The HCA received a binding letter of intent for a January 1, 2018 start date from Grant, Douglas and Chelan counties to become mid-adopters of fully integrated managed care. HCA participated in conversations about technical assistance to support North Central and to ensure they are fully supported going into their build and readiness phase.

The Performance Measures Coordinating Committee met in April. The committee chose to prioritize population health and care coordination/care transformation in Award Year 3.

The AIM team continued to engage with stakeholder groups and has been invited to participate in several committees and work groups, including the Clinical Quality Council, Pierce County Data and Learning Team, and the King County Performance Measure Group. AIM also continued outreach and responded to analysis requests from most of the ACHs.

[Health Innovation Leadership Network](#) members committed to concrete actions they will take in the next year to advance Healthier Washington's value-based purchasing goals. For example, King County committed to advancement of an accountable care model and many systems and providers committed to adoption of the Statewide Common Measure Set.

Several ACHs established provider engagement structures to increase clinical expertise and overall involvement. With the balanced ACH model, clinical engagement has been a gap in most ACHs. The

formation of provider panels is considered a promising practice as ACHs continue to increase provider engagement and the development of clinical expertise.

Cross-ACH collaboration opportunities continued to increase, supported by SIM-funded technical assistance. ACHs convened to share best practices related to SIM-funded projects (opioid response and community-based care coordination). These cross-ACH collaboration opportunities focused on ACH-directed coordination to discuss common challenges and develop shared messaging/strategies.

Population health

The [population health planning guide](#) was migrated to the Hub's Resource Portal website in this quarter. The Center for Community Health and Evaluation, the entity contracted to help coordinate our population health work, submitted two deliverables in this quarter. The first was a needs assessment leading to the selection of priority focus areas, encapsulated in a report. The report concluded that diabetes was the focus area with the most potential for population health outcome gains, and was therefore chosen as a subject area for strategies to integrate primary and secondary prevention into the health care delivery system. The second deliverable was an analysis of existing efforts of this type in Washington State.

Health Care Delivery System Transformation

Practice Transformation Support Hub launched the Resource Portal on February 8 and received positive feedback. The Hub team also worked with several statewide practice transformation networks (including Qualis, National Rural, UW, and PeaceHealth) to discuss aligning our efforts and sharing information about which of us is working in which practice – and the rules of engagement so that we do not duplicate services. We agreed on a conceptual alignment plan on April 13.

Our strategic partner, Qualis Health, worked on an alignment operations plan to map out the detailed steps for collaboration and ease the way for our providers.

The Hub enrolled 92 practices and completed 60 assessments.

Payment and/or Service Delivery Model(s)

- **Model 1:** HCA received a binding letter of intent from Grant, Douglas and Chelan counties to integrate financing for physical and behavioral health care by January 1, 2018.
- **Model 2: FQHC/RHC APM 4** – From the final APM4 MOU release, 16 FQHCs and one RHC signed contracts with HCA to implement the new model on July 1, 2017. This payment methodology will move over half of Washington's FQHCs and one RHC to value-based payment driving quality of care over volume.
- **Model 2: CAH Payment and Delivery** – Met with CAH team members on model development efforts to support the delivery of draft materials for the Q1 Model 2 STC. We continued to engage with partners on model development work, and look forward to continued discussions with CMMI.
- **Model 3** – Discussed geographic expansion opportunities with ACPs and had our contracted actuary model changes to premiums to make the ACP more attractive. Started the increasing enrollment marketing campaign with ACPs, which includes important data we pulled on member demographics

and top providers based on allowed expenditures. We also created an ACO calculator tool for the purchaser toolkit.

- **Model 4** – Q1 of AY3 focused on moving NPN's and Summit's data vendors through the WATech Security Design Review process, drafting DSAs and additional contract documents (e.g. BAAs), and determining the Medicaid and UMP data transmission processes.

Leveraging Regulatory Authority

Washington's Medicaid Transformation Project Demonstration accelerates the goals of the SIM project. During this quarter, members of the Medicaid Transformation Demonstration team have been participating in a series of public forums, one in each of the nine ACH regions.

Nominees are being recruited for the Medicaid Value-based Payment (MVP) Action Team, which will provide guidance to HCA in pursuing its VBP goals under the Demonstration.

Workforce Capacity

The AIM Team remained engaged on ACH needs related to Regional Health Needs Inventory (RHNI) – which includes a survey on workforce capacity. Two releases were planned for March 10 and March 31.

Attended State Board of Technical and Community Colleges (SBCTC) HEET funding workgroup to review and approve 2018 grants for health workforce training targeting career progression for current health care workers. Established relationships with experts from SBCTC, SEIU and Yakima Valley College's Director of Allied Health Center of Excellence Workforce Training/Development.

Attended Department of Health (DOH) Nursing Supply Data Advisory Group to provide input on source data and reporting from HCA and Healthier Washington/Medicaid Transformation Project perspective. Established contact with DOH Nursing Supply Data expert, Washington Center for Nursing Executive Director, and Health Workforce Council staff.

Health Information Technology

The Healthier Washington Dashboard Release 3 was delivered into production on March 13 as planned. A special Hub-funded assessment for North Central will assess DSHS Behavioral Health Administration technology needs. Results will be available in May.

Meetings were held with OFM and OHSU to further discuss measures reporting for the All Payer Claims Database (APCD), particularly those that are not [HEDIS measures](#) and do not have publicly available specifications. The purchase of APCD deliverables are on track for the third quarter of Award Year 3.

The AIM team co-facilitated a meeting supporting the rollout of Tableau dashboards for the [Washington Tracking Network](#). The investments in Tableau have been SIM funded and invaluable to our reporting needs.

Continuous Quality Improvement

State-led Evaluation: The UW Evaluation team gave a presentation for the Healthier Washington Quarterly webinar that outlined the evaluation process, goals, and methods. Our UW evaluators did a great job with their presentation. We notably achieved sign-off on WSIRB Confidentiality Agreement and received administrative approval of the IRB application.

ACH Evaluation: The [Center for Community Health and Evaluation](#) (CCHE) distributed additional data from the 2016 ACH member survey with ACH staff in all nine regions, along with suggestions for learning activities to help staff use survey results for ACH development and learning discussions. They helped ACHs prepare for presenting this data at Board and stakeholder meetings, upon request from some ACHs.

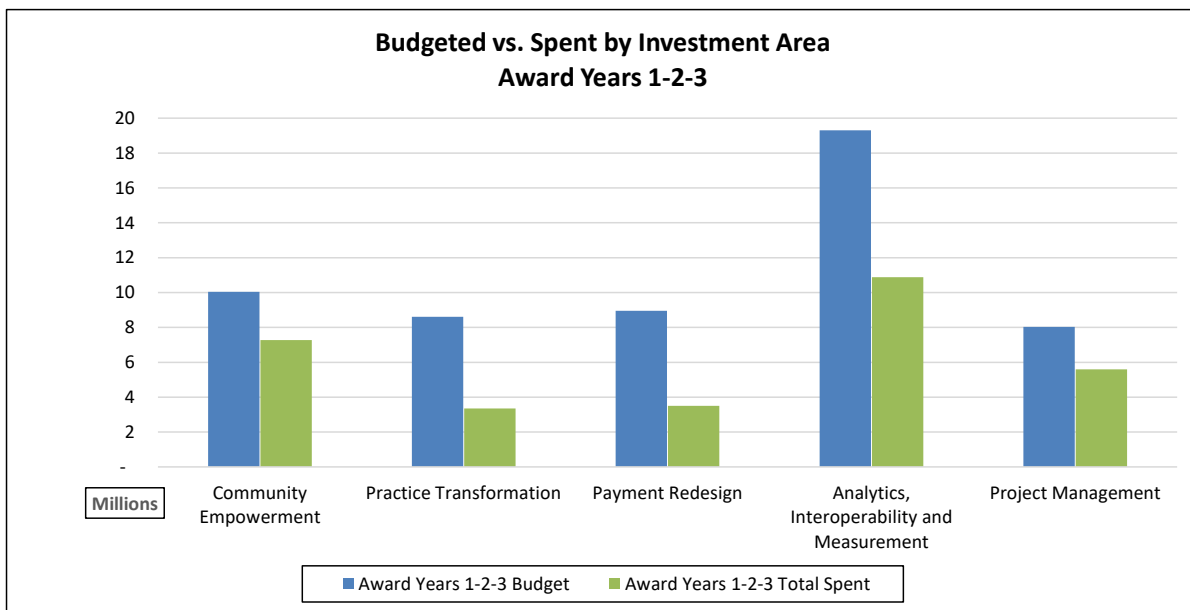
While not a SIM investment, our Healthier Washington Clinical Data Repository “Link4Health” (CDR) went live in this quarter and several key statewide players are submitting data (CCDAs).



Award Years 1-2-3 Budget Status Report
Expenditures for February 2015 - April 2017
Combined expenditures for all Partner Agencies (HCA, DOH, DSHS, OFM)
 From: Enterprise Agency Financial Reporting

	Budget	Total Spent	Balance	%
Award Year 1	19,084,546	19,084,546	0	100%
Award Year 2	13,463,310	10,516,263	2,947,047	78%
Award Year 3	22,388,031	1,008,269	21,379,762	5%
	54,935,887	30,609,078	24,326,809	56%

	Award Years 1-2-3 Budget	Total Spent	Remaining Balance	Percent Spent
Community Empowerment	10,037,517	7,273,461	2,764,056	72%
Practice Transformation	8,613,946	3,356,871	5,257,075	39%
Payment Redesign	8,951,723	3,503,184	5,448,539	39%
Analytics, Interoperability and Measurement	19,302,382	10,881,246	8,421,136	56%
Project Management	8,030,319	5,594,316	2,436,003	70%
	54,935,887	30,609,078	24,326,809	56%



Notes:

* Award Year 1 closed on April 30, 2017 fully spent.

** Award Year 2 Carryover Request has been approved. Authority to spend down remaining balances expires January 31, 2018.



Award Years 1-2-3 Combined - Budget Status Report
 Partner Agency Activity by Investment Area
 Expenditures for February 2015-April 2017
 Source: Enterprise Agency Financial Reporting

All Partner Agencies By Investment Area	Budget AY1-2-3	Total Spent AY1-2-3	Balance AY1-2-3	Total % Spent	FTE's Spent
Community Empowerment	\$ 10,037,517	\$ 7,273,461	\$ 2,764,056	72%	5.0
Practice Transformation	\$ 8,613,946	\$ 3,356,871	\$ 5,257,075	39%	5.0
Payment Redesign	\$ 8,951,723	\$ 3,503,184	\$ 5,448,539	39%	3.8
Analytics, Interoperability & Measurement	\$ 19,302,381	\$ 10,881,246	\$ 8,421,135	56%	13.4
Project Management	\$ 8,030,320	\$ 5,594,316	\$ 2,436,004	70%	11.3
TOTAL	\$ 54,935,887	\$ 30,609,078	\$ 24,326,809	56%	38.5

HCA	Budget AY1-2-3	Total Spent AY1-2-3	Balance AY1-2-3	Total % Spent	28.0 FTE's
Community Empowerment	\$ 9,350,516	\$ 6,973,958	\$ 2,376,559	75%	2.7
Practice Transformation	\$ 2,366,079	\$ 1,235,512	\$ 1,130,566	52%	1.0
Payment Redesign	\$ 8,902,841	\$ 3,477,951	\$ 5,424,890	39%	3.8
Analytics, Interoperability & Measurement	\$ 14,868,932	\$ 8,275,277	\$ 6,593,655	56%	7.4
Project Management	\$ 7,529,542	\$ 5,246,311	\$ 2,283,231	70%	9.9
TOTAL	\$ 43,017,910	\$ 25,209,008	\$ 17,808,902	59%	24.80

DOH	Budget AY1-2-3	Total Spent AY1-2-3	Balance AY1-2-3	Total % Spent	FTE's Spent
Community Empowerment	\$ 398,088	\$ 152,609	\$ 245,479	38%	1.3
Practice Transformation	\$ 6,192,522	\$ 2,066,014	\$ 4,126,508	33%	4.0
Payment Redesign	\$ 48,882	\$ 25,233	\$ 23,648	52%	
Analytics, Interoperability & Measurement	\$ 2,915,978	\$ 1,855,047	\$ 1,060,932	64%	1.0
Project Management	\$ 239,859	\$ 151,185	\$ 88,674	63%	0.5
TOTAL	\$ 9,795,329	\$ 4,250,089	\$ 5,545,240	63%	6.8

DSHS	Budget AY1-2-3	Total Spent AY1-2-3	Balance AY1-2-3	Total % Spent	5.2 FTE's
Community Empowerment	\$ 288,913	\$ 146,894	\$ 142,019	51%	1.0
Practice Transformation	\$ 55,345	\$ 55,345	\$ 0	100%	
Payment Redesign	\$ -	\$ -	\$ -		
Analytics, Interoperability & Measurement	\$ 591,114	\$ 227,243	\$ 363,871	38%	2.0
Project Management	\$ -	\$ 6,777	\$ (6,777)		
TOTAL	\$ 935,372	\$ 436,259	\$ 499,113	47%	3.0

DSHS - RDA	Budget AY1-2-3	Total Spent AY1-2-3	Balance AY1-2-3	Total % Spent	FTE's Spent
Community Empowerment	\$ -	\$ -	\$ -		
Practice Transformation	\$ -	\$ -	\$ -		
Payment Redesign	\$ -	\$ -	\$ -		
Analytics, Interoperability & Measurement	\$ 926,356	\$ 523,679	\$ 402,677	57%	3.0
Project Management	\$ -	\$ -	\$ -		
TOTAL	\$ 926,356	\$ 523,679	\$ 402,677	57%	3.0

OFM - GOV OFFICE	Budget AY1-2-3	Total Spent AY1-2-3	Balance AY1-2-3	Total % Spent	0.9 FTE's
Community Empowerment	\$ -	\$ -	\$ -		
Practice Transformation	\$ -	\$ -	\$ -		
Payment Redesign	\$ -	\$ -	\$ -		
Analytics, Interoperability & Measurement	\$ -	\$ -	\$ -		
Project Management	\$ 260,919	\$ 190,043	\$ 70,876	73%	0.9
TOTAL	\$ 260,919	\$ 190,043	\$ 70,876	73%	0.9

Notes:

Award Year 1 closed on April 30, 2017 fully spent.

Award Year 2 Carryover Request has been approved. Authority to spend down remaining balances expires January 31, 2018.