

May 1 – July 31, 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

Federal partners from CMS, CMMI, CDC and ONC came for a site visit in May. Part of the event included a visit to Southwest Washington to speak with key implementers of the early adoption of fully integrated physical and behavioral health under managed care, including county leadership, managed care organization staff, and behavioral health providers. There was also a full-day discussion that included external partners involved in our health systems transformation work. It was a positive visit that reinforced Healthier Washington's strategies and provided momentum for enhanced focus and critical thinking. Feedback from multiple entities suggested a local visit should be a best practice for other states, to see what implementation can look like at the regional level.

Spending and milestones were on track in the second quarter, allowing SIM Year 4 to begin on time. Our projections show we will spend Award Year 2 carryover down to zero, and a projected carryover of Year 3 dollars of about 6 percent.

Based on feedback from last year, planning for SIM Award Year 4 started in June. This process began with a convening of the executive governance council and other interagency leadership to determine guiding principles, and create a broad-strokes timeline along with roles and responsibilities in July.

Challenges

Shifts in executive leadership occurred during the second quarter period. Health Care Authority Director Dorothy Teeter retired. PEB Director Lou McDermott served as acting director. Healthier Washington Coordinator Nathan Johnson announced his departure from the HCA in July. Laura Kate Zaichkin, Healthier Washington Deputy Coordinator, filled Nathan's place in the interim. This period also saw the retirement of Dr. Bob Crittenden, the Governor's special Assistant for Health Policy. Crittenden served on the Executive Governance Council. Crittenden was replaced on July 1 by Rick Weaver.

Governance

Changes in Healthier Washington leadership are detailed in the challenges section above.

The HCA announced it will replace its portfolio management tool with Clarizen.

After submission of the annual report for SIM Award Year 2, CMMI requested a number of targeted changes to the report (primarily to add specificity); a revised report was produced at the end of June.

Weekly reporting during the period expanded in several ways. Update reports were added for Medicaid Transformation, including Demonstration Initiatives 1 through 3, as well as tribal engagement and finance. An updated report for Workforce Development Planning was also added. A weekly Salesforce activity report was added to support coordination to our stakeholder and partner engagement, and an acronym glossary was added to help increase audience understanding.

Development of a monthly Healthier Washington report continued. There has been progress in efforts to automate production to be Lean and reduce the staff time necessary to develop the report while ensuring the ability to produce and distribute the report on time.

Stakeholder engagement

Model 2 – FQHC/RHC APM 4: Executed APM4 contracts with 16 FQHCs and 1 RHC for model implementation in July 2017; drafted data-share agreement for APM4 participants and coordinated with EDMA/data security on APM4 data needs; held a public hearing on APM4 Washington Administrative Code; sent out final DSA and began executing contracts to send data to participating FQHCs and RHCs.

Model 2 – CAH Payment and Delivery: Sent CAH Payment and Delivery briefing paper to CMMI to meet the 4/30 STC; held CAH meeting with WRHAP group/Washington State Hospital Association/HCA/DOH in Chelan to discuss model development.

Model 3 – Held a meeting with REI (Recreational Equipment Incorporated) and Washington Health Alliance to talk about the Community Checkup and to give overview of our Value-based Purchasing initiatives including the ACP and bundled payments; reached out to brokers to discuss co-convening events to share Accountable Care Program results with other purchasers.

Model 4 – Presented at the ONC Health Information Technology Convening about Model 4 and our multi-payer efforts; attended Regence quarterly leadership meeting and strategic planning meeting to convey our multi-payer alignment strategies.

Value-based Payment Roadmap – Presented at the Northwest Regional Primary Care Association conference on Healthier Washington and the Medicaid Demonstration.

Analytics, Interoperability & Measurement – Surveys of Accountable Communities of Health and other stakeholders continue regularly for needs and satisfaction levels.

Communications – Continued social media engagement in May with four Twitter posts and four Facebook posts regarding story promotion, quarterly webinar reminders, and the State of Reform podcast.

Population health

HCA and Department of Health worked with the Center for Community Health and Evaluation (CCHE) to continue the Plan for Improving Population Health deliverables for Award Year 3. Two deliverables were completed in this quarter, including a detailed work plan focused on diabetes, and a stakeholder engagement update and vetting of the aforementioned work plan. This work was completed in partnership with CMMI and CDC technical assistance partners.

Health Care Delivery System Transformation

A well-rounded group of experts was identified for the review of patient decision aids focused on addressing joint replacement and spine care.

The Practice Transformation Support Hub completed and submitted a final copy of the alignment plan between its work and that of the Pediatric Transforming Clinical Practices Initiative (TCPI) and other initiatives. This plan is hoped to have positive implications for coordination of practice transformation resources in our state.

Qualis Health (in coordination with DOH) began clarifying and documenting what services are appropriate to offer through the Accountable Communities of Health (ACHs) to support providers and to align with needs for the Demonstration, including regional assessments, identification of providers, information about practice transformation technical assistance available to providers in each ACH and inventories of community-based resources.

Qualis Health also firmed up the training and event calendar for the Hub for Award Year 3, setting four distinct webinar dates, two conferences, and a Tribal Cohort Learning Series.

Planning work progressed on several key events coming up in the fall: 1) The 2017 Healthier Washington Symposium (focused on value-based purchasing), 2) a purchaser summit, 3) a regional LAN meeting and 4) two regional trainings from the Hub that will address all three program goals.

The Washington Council on Behavioral Health proposed value-based payment technical assistance for behavioral health providers. They discussed policy guidelines to provide infrastructure investments to participating agencies to upgrade systems or electronic health records in preparation for value-based purchasing.

Hub coaches/connectors report 107 practices enrolled (including 51 primary care, 54 behavioral health agencies and two substance use disorder providers). Of the enrolled organizations, 33 are classified as rural and three are tribal clinics. Assessments have been completed on 71 of the 107 enrollees and action planning is under way with coaching visits to these organizations to come.

Payment and Service Delivery Models

Model 1: Apparently successful managed care bidders were selected for the North Central region (Molina, Coordinated Care and Amerigroup). Beacon Health Options was also selected the behavioral health administrative service organization. Conversations were also ongoing in facilitating the participation of more Mid-Adopter regions for full integration, including Pierce County and the North Sound regions.

Model 2 – FQHC/RHC APM 4: Executed APM4 contracts with 16 FQHCs and one RHC for model implementation in July 2017; sent first deliverables to APM4 cohort for implementation; sent out final DSA and began executing contracts to send data to participating FQHCs/RHCs; developed complete measures for APM4 participants.

Model 2 – CAH Payment and Delivery: Collaboration between DOH/DSHS/HCA/WSHA to discuss continued model development on desired outcomes; presented and discussed a globally budgeted model.

Drafted and sent out SOW for CAH modeling efforts, with the goal being to define financial implications for the state and to further refine the model.

Model 3: Prepared initial draft of active enrollment proposal with a recommendation to include plan selection attestation as a SmartHealth incentive and to explore technical and other considerations for a full active enrollment in a future year; reviewed options for changing premium of UMP Plus with Milliman (actuary) to drive greater ACP enrollment; wrote first draft of ACP briefings on technical assistance for 2019 geographic expansion and for exploring a contract amendment related to exclusivity in new counties; completed draft of active enrollment charter; completed a “purchaser toolkit” of information and resources for purchasers looking to move to value-based health insurance products for their employees.

Model 4: Transmitted test data (Medicaid claims extracts) to Clinigence; finalized DSAs for Medicaid and UMP data with NPN/Clinigence; finalized contract with Milliman.

Leveraging Regulatory Authority

The Washington State Legislature passed HB 1520, a bill that supports the Healthier Washington Payment Model 2 critical access hospital work. This bill gives HCA the regulatory authority to establish alternative payment methodologies for CAHs participating in the rural health access preservation pilot, providing the legislative foundation for payments through the model.

The Medicaid Transformation Demonstration project continues to ramp up efforts and implementation of the three distinct initiatives built to accelerate the foundational investment of SIM. The Medicaid Demonstration team is working to onboard critical contractors to complete the work, certify ACHs to begin an active role in community transformation through project implementation, and working with CMS to finalize several required protocols.

It was determined in the second quarter that Payment Model 2 does not need to pursue a State Plan Amendment in the implementation of APM4 work.

Workforce Capacity

A presentation on workforce planning requirements and resources was given at the June 28-29 convening of Accountable Communities of Health (ACHs). Partners from the Department of Health, State Health Workforce Council, Allied Health Center of Excellence, and Practice Transformation Support Hub participated.

A meeting with Workforce Development subject-matter experts from the University of Washington, Department of Health, and Health Workforce Council was held to review a proposal for the next round of Sentinel Network Data Collection.

Work was also done to review requests for data and measures to identify options that address specific needs of ACHs.

Health Information Technology

The Healthier Washington Clinical Data Repository “Link4Health” (CDR) went live with several key statewide players submitting data. There are already more than 170,000 clinical records in the CDR. The

team is refining plans for end-user training and provider support mechanisms for the clinical portal. Planning and best practice discussions for CDR next steps made progress in this quarter.

The Behavioral Health Data System (BHDS) went live on April 1. Issues are being assessed and resolved as they are identified by the Behavioral Health Organizations.

The AIM team delivered a proposal to repurpose the Behavioral Health EMR investments into four components: Design and cost estimation of testing exchange of substance use disorder data using Consent2Share via the CDR, technical review of options to collect TED/NOMS data, update to BH EMR environmental scan to identify gaps that inhibit participation in FIMC and Demonstration projects, and support for a public/private BH Health IT/HIE collaborative.

The behavioral health Provider Entry Portal (PEP) is operational and providers have begun registering through that site;

The Healthier Washington Data Dashboard Release 4 was launched in the first week of July. The release includes the asthma measure, plus a new trending analysis feature.

The contract for the Washington State All Payer Claims Database was executed with the Office of Financial Management in June. In this quarter, kick-off meetings and the delivery of a common measures strategy were completed. Other work on intake files, groupers, and provider attribution began.

Continuous Quality Improvement

State-led Evaluation: Revised the evaluation plan for payment models given new information on implementation status obtained or confirmed during meetings in the prior reporting period; prepared baseline descriptive tables to vet with Payment Model/Overall subteam, then full team, for sharing with HCA through the Award Year 3 second quarter report.

Presented Washington Practice Transformation Assessment results to Qualis Health coaches, encouraging them to have the practices they coach complete the assessment.

Began Key Informant interview process for PM1 & PM4. Invitations were sent to participants recommended by Qualis and CCHE; the focus of these interviews is the Connector role.

An abstract for the Practice Transformation Support Hub was submitted to the Washington State Public Health Association and accepted for presentation at the annual conference in October; the conference session will be a panel presentation including DOH, Qualis Health, UW PCI labs, and the UW Evaluation team.

CCHE/ACH Evaluation: The team continued to revise its evaluation logic model to include and clearly capture all the ACH work being done across the initiative, including the impact of the Demonstration on ACH activities and development. The logic model was presented to Healthier Washington executive leadership from HCA, DOH and DSHS at the end of June.

CCHE's final draft of the first quarter 2017 strategic learning report was distributed to key Healthier Washington stakeholders and sponsors.

Conducted several site visits to ACHs (such as Greater Columbia ACH, Olympic Community of Health, Southwest Washington), to observe meetings as part of CCHE's data collection strategy. CCHE will complete visits to all nine ACHs over the spring and summer to collect observational data.

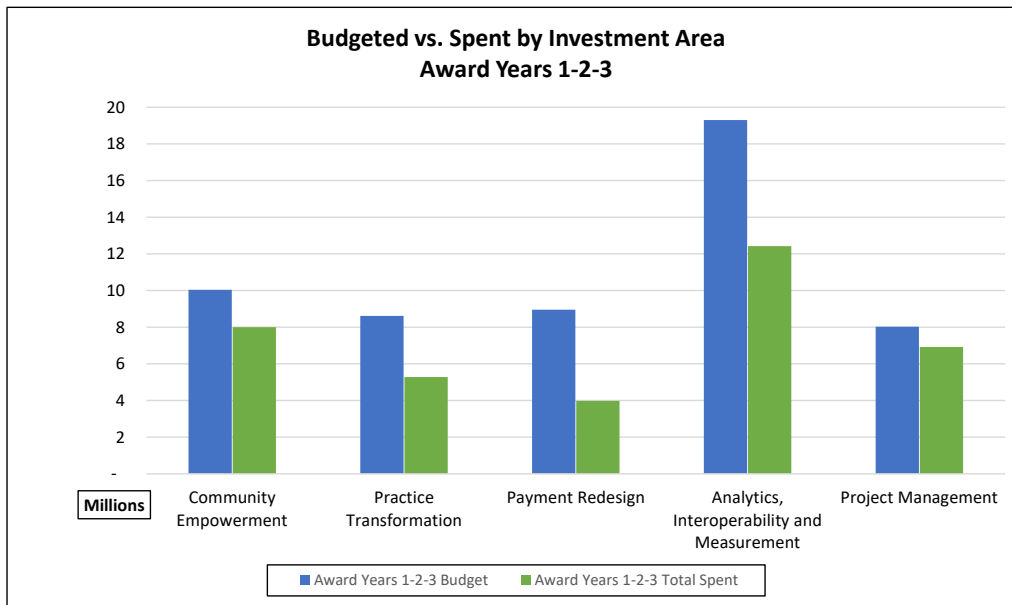
Evaluation of Models 1 & 2 (RDA): Continued work on Behavioral Health claims and encounters identification and classification, this effort should be complete at the time this report is published.



Award Years 1-2-3 Budget Status Report
 Expenditures for February 2015 - July 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	12,233,001	1,230,309	91%
Award Year 3	22,388,031	5,293,844	17,094,187	24%
	54,935,887	36,611,391	18,324,496	67%

	Award Years 1-2-3 Budget	Total Spent	Remaining Balance	Percent Spent
Community Empowerment	10,037,517	7,998,487	2,039,030	80%
Practice Transformation	8,613,946	5,284,961	3,328,985	61%
Payment Redesign	8,951,723	3,983,184	4,968,539	44%
Analytics, Interoperability and Measurement	19,302,381	12,424,688	6,877,693	64%
Project Management	8,030,320	6,920,071	1,110,249	86%
	54,935,887	36,611,391	18,324,496	67%



Notes:

Award Year 1 closed and fully expended by January 31, 2017. Final draw and closeout on April 30, 2017.
 Award Year 2 Carryover Request 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-July 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	\$ 7,998,488	\$ 2,039,029	80%	4.2
Practice Transformation	\$ 8,613,946	\$ 5,284,961	\$ 3,328,985	61%	5.0
Payment Redesign	\$ 8,951,723	\$ 3,983,183	\$ 4,968,540	44%	5.3
Analytics, Interoperability & Measurement	\$ 19,302,381	\$ 12,424,689	\$ 6,877,692	64%	13.1
Project Management	\$ 8,030,320	\$ 6,920,071	\$ 1,110,249	86%	11.3
TOTAL	\$ 54,935,887	\$ 36,611,391	\$ 18,324,496	67%	38.9

HCA	Budget AY1-2-3	Total Spent AY1-2-3	Balance AY1-2-3	Total % Spent	28.0 FTE's
Community Empowerment	\$ 9,380,216	\$ 7,616,857	\$ 1,763,359	81%	3.2
Practice Transformation	\$ 2,366,079	\$ 1,546,030	\$ 820,049	65%	1.0
Payment Redesign	\$ 8,902,841	\$ 3,954,773	\$ 4,948,068	44%	5.3
Analytics, Interoperability & Measurement	\$ 14,974,232	\$ 9,401,934	\$ 5,572,298	63%	7.1
Project Management	\$ 7,487,263	\$ 6,487,649	\$ 999,614	87%	10.3
TOTAL	\$ 43,110,631	\$ 29,007,243	\$ 14,103,388	67%	26.9

DOH	Budget AY1-2-3	Total Spent AY1-2-3	Balance AY1-2-3	Total % Spent	FTE's Spent
Community Empowerment	\$ 398,088	\$ 190,126	\$ 207,962	48%	0.0
Practice Transformation	\$ 6,192,522	\$ 3,683,587	\$ 2,508,935	59%	4.0
Payment Redesign	\$ 48,882	\$ 28,410	\$ 20,471	58%	
Analytics, Interoperability & Measurement	\$ 2,915,978	\$ 1,973,026	\$ 942,953	68%	1.0
Project Management	\$ 239,859	\$ 191,520	\$ 48,339	80%	0.5
TOTAL	\$ 9,795,329	\$ 6,066,669	\$ 3,728,660	80%	5.5

DSHS - BHA	Budget AY1-2-3	Total Spent AY1-2-3	Balance AY1-2-3	Total % Spent	5.2 FTE's
Community Empowerment	\$ 259,213	\$ 191,504	\$ 67,709	74%	1.0
Practice Transformation	\$ 55,345	\$ 55,345	\$ 0	100%	
Payment Redesign	\$ -	\$ -	\$ -		
Analytics, Interoperability & Measurement	\$ 485,815	\$ 293,881	\$ 191,933	60%	2.0
Project Management	\$ -	\$ 6,777	\$ (6,777)		
TOTAL	\$ 800,373	\$ 547,507	\$ 252,865	68%	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	\$ 755,847	\$ 170,509	82%	3.0
Project Management	\$ -	\$ -	\$ -		
TOTAL	\$ 926,356	\$ 755,847	\$ 170,509	82%	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	\$ 303,198	\$ 234,125	\$ 69,073	77%	0.5
TOTAL	\$ 303,198	\$ 234,125	\$ 69,073	77%	0.5

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