

August 1 - October 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.

The information here follows CMMI's request to highlight only a few Healthier Washington elements within the specified progress report domains below. This summary offers highlights of the successes and lessons learned from this past quarter. To submit questions or feedback go to www.hca.wa.gov/about-hca/healthier-washington to contact the Healthier Washington team.

Success Story or Best Practice

The Practice Transformation Support Hub team promoted and curated a successful one-day conference with support from Qualis Health and its partners. It included tracks for primary care, behavioral health and value-based purchasing related to integrating physical and behavioral health. The event was at capacity, with more than half the slots reserved for providers and staff from clinical settings. Health Care Authority Chief Medical Officer Dan Lessler provided an engaging keynote that was referenced throughout the day. The event was repeated on October 26. Experts from the University of Washington Advancing Integrated Mental Health Solutions ([AIMS](#)) Center, the National Council on Behavioral Health and other engaged partners from managed care organizations and health insurers contributed to the sessions. Evaluations are currently under review and all initial reports have been full of praise.

Challenges Encountered & Strategy to Address

The Healthier Washington team faced a challenge in planning the activities and strategies for award year 4 due to the realities of a planned and comparatively smaller SIM budget than previous years. The process we undertook was deliberate and methodical, taking into consideration the commitments we made to our contractors and partners, as well as how to prioritize work that leads to health systems transformation sustainability. Through this process we also created an updated set of milestones, criteria for planning and decision-making, and called out key dependencies and interconnections. While there were difficult decisions, the process itself was rewarding, and the Healthier Washington Executive Governance Council was able to get to a thoughtful decision regarding the budget and work plan that keeps our strategies intact. After these decisions were made and communicated, we were able to move forward on our preparation of the Award Year 4 Operational Plan.

Governance

The HCA welcomed Mich'l Needham as chief policy officer, who will provide strategic oversight and vision for HCA's Policy Division. The role of Healthier Washington Coordinator remains with Laura Kate Zaichkin, HCA deputy chief policy officer.

The State Department of Social and Health Services (DSHS) welcomed Cheryl Strange as the new agency secretary. She has been getting up to speed as a member of Healthier Washington's Executive Governance Council.

Sue Birch, the executive director of the Colorado Department of Health Policy and Financing, [was appointed director](#) of the HCA in October. Sue starts at the HCA in January 2018.

Healthier Washington's new format for monthly reports continues to prove useful and in this quarter the team made several strides to automate production to make developing the report more efficient for staff as well as ensure distribution meets published timelines. Feedback on this report has been positive and it has been helpful in communicating our progress and status while also tracking success at meeting our goals.

Stakeholder Engagement

The [Health Innovation Leadership Network's](#) Communities and Equity Accelerator Committee held a key planning session with stakeholders that included providers, representatives of Accountable Communities of Health (ACH), and others. The committee is relaunching with a focus on small but tangible changes towards reducing harm and increasing equity within health system transformation. The goal of the committee is to support all Healthier Washington equity work, which includes workforce development, foundational community supports and services, data disaggregation and ACH support and resource development. The committee, made up of health equity leaders and advocates, will meet monthly.

We convened a final formal Clinical Engagement Accelerator Committee conference call to discuss its role ways for members to participate and provide input ad-hoc.

The tribal cohort for UW AIMS Center behavioral health integration learning series kicked off in September.

The [Healthier Washington Annual Symposium](#) and Purchaser Conference was a huge success. Efforts to bring together the various players across Washington State were fruitful and the accompanying purchaser conference was instructive to purchasers.

Communications team efforts have continued in full force, providing information, tools, and resources to our partners.

Population Health

The annual meeting of the Washington State Public Health Association included a presentation by Healthier Washington team members on the use of the [Plan for Improving Population Health Planning Guide](#) in association with the Diabetes Education and Action Plan that was delivered to the state Legislature. It was good to hear more (compared to last year) mention in presentations and general conversations about public health involvement in ACHs, public health in the role of chief health strategist, and increased understanding about the importance of practice transformation in the health care delivery system.

We hosted a Division of Behavioral Health and Recovery (DBHR) webinar on the State Targeted Response to the Opioid Crisis (Grant) for ACHs that was attended by 45 people.

Health Care Delivery System Transformation

Qualis Health published [an interim report](#) for the Practice Transformation Support Hub, which will be used to introduce providers to Hub services. These services include connecting providers to relevant resources to support whole-person care, and providing on-site guidance to accelerate practice transformation efforts. A Healthier Washington-led communications workgroup will review a distribution plan and then submit to Hub sponsors for final review.

A well-rounded group of experts was identified for our next patient decision aid review panel, which will look at end of life care.

Payment and/or Service Delivery Model(s)

Integration of physical and behavioral health

In October 2017, HCA received signed binding letters of intent from 24 counties, comprising five [regional service areas](#), committing to making the transition to an integrated managed care model for Medicaid beneficiaries in their regions effective January 1, 2019. These counties represent the most populous in the state and by January 2019, 29 of 37 counties will have transitioned to this model, including the regions that implemented in 2016 and 2017. The inclusion of these additional regions will give more than 1.5 million Medicaid beneficiaries access to whole-person care.

The Washington Council on Behavioral Health, the National Council on Behavioral Health, the Hub and HCA brought together 20 agencies selected from 58 applicants to participate in the value-based purchasing Academy Kick Off event. HCA Associate Medical Director Emily Transue opened the meeting with a rich conversation about the VBP roadmap and what behavioral health providers can expect. The learning academy was supported by expert faculty from the National Council on Behavioral Health.

Encounter-based to value-based

A rural alternative payment model was presented to the Washington Rural Health Collaborative. The model was well received.

Accountable Care Program

Members of the Paying for Value team supported HCA preparations for open enrollment to spread awareness of accountable care program health care network options with eligible public employees.

Leveraging Regulatory Authority

Work is moving forward to integrate physical and behavioral health. Final decisions and timelines were made to integrate the Division of Behavioral Health and Recovery, at the DSHS, into the HCA by summer 2018. We will welcome new staff and pave the way for administratively integrated service provision, another step toward delivering whole-person care.

While not a SIM investment, the HCA, along with partners at DSHS, continued to work on implementation of the Medicaid Transformation Demonstration. Notable milestones include:

- All nine ACHs completed Phase II Certification and met the requirements for full funds distribution

- Selection of the independent assessor, Myers and Stauffer
- Development of the ACH project plan review tool
- Continued measurement strategy development
- Opportunities for continued stakeholder and partner engagement in Demonstration development, including webinars, program-specific presentations across the state, and public comment periods on key Demonstration documents

Workforce Capacity

We have been working to integrate workforce planning and capacity building as a foundational element to our health systems transformation work. We have worked closely with the Practice Transformation Support Hub to ensure that workforce is a critical part of the support providers receive, so their teams can evolve to align with new ways of delivering and paying for care. Because understanding the landscape is another critical part of workforce planning, the Industry Sentinel Network has continued to release data reports throughout the summer on the gaps and surpluses between health workforce education and provider human resource needs. A report of findings to date can be found on the [Sentinel Network dashboard](#).

Health Information Technology

The Medicaid Rate Explorer—an AIM-built dashboard based on the model developed by Providence CORE—has been approved for publication by the agency’s enterprise data warehouse team.

Dozens of key stakeholders participated in the HIT Roadmap Operational Planning session in September. This session was instructive in educating the agencies on what the ACHs need to be successful – which in turn will enable the SIM HIT Operational Plan to target appropriate strategies.

The Healthier Washington Clinical Data Repository (CDR) “Link4Health” went live with several key statewide players submitting data. There are already more than 1 million clinical records in the CDR.

The AIM Data Dashboard release 5 went live in the third quarter.

Continuous Quality Improvement

State-led Evaluation:

The University of Washington (UW) Evaluation team is working on the Hub’s quarterly Rapid Cycle Improvement Report with a continued focus on the perception ACHs have of the Hub (as a key factor in sustaining the Hub services).

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

The team began a key informant interview process for two Healthier Washington payment models. Invitations were sent to participants recommended by Qualis Health and [Center for Community Health and Evaluation](#) (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 was a panel presentation including the state Department of Health (DOH), Qualis Health, UW PCI labs, and the UW Evaluation team.

CCHE/ACH Evaluation:

- Began planning and design for CCHE’s third annual survey of ACH members, which will gather data about ACH stakeholder perceptions of the ACHs’ development and value-add to their regions this past year.
- Attended all-ACH Fall Peer Learning session focusing on data strategy and planning to collect observational data about ACH development, cross-ACH idea sharing, and themes in ACH strengths and challenges.

Evaluation of alternative payment models:

- Began preparation for payment model evaluation. Includes description/data dictionary of updated data file (CY 2014, 2015, 2016) for UW’s evaluation of baseline data for the model. Refreshed data in the updated format will be delivered by September 29, 2017.
- Heavy preparation was started for quantitative evaluation of the integration of physical and behavioral health model. Continuing work on Behavioral Health claims and encounters identification and classification.

Additional information

We continued to achieve milestones in our Shared Decision Making work in the third quarter. We completed the review process for several new decision aids for joint replacement and spinal care, which led to certification of four decision aids on knee and hip osteoarthritis and knee and hip replacement surgery. We also held [a webinar on Shared Decision Making](#) for providers and other stakeholders, and began to prepare for a new round of certification on end-of-life care.