

August 1, 2018 to October 31, 2018

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, contact the Healthier Washington team at healthierwa@hca.wa.gov.

Success story or best practice

We delivered our final draft SIM sustainability report to CMMI on August 30, 2018. This deliverable provides an assessment of sustainability for Washington's SIM program, with detailed analyses of each program and project, as well as our sustainability framework for Healthier Washington as a whole. The deliverable describes the work that has been completed so far on different parts of the initiative, and how we are approaching sustainability of these efforts. We presented the deliverable at a meeting with interagency SIM staff and key external stakeholders from many parts of the health and wellness system. We spoke with this group about how to continue the work post-SIM together, and also discussed key roles and strategies for the different players. Washington is in the process of revising this deliverable, and will submit a final version to CMMI by December 15, 2018, as well as posting the report publicly online.

Challenges encountered & strategies to address

The North Sound region, one of our "mid-adopter" regions to integrate physical and behavioral health in managed care, was scheduled to transition on January 1, 2019. In late October, Washington decided to delay the implementation of Integrated Managed Care in this region until July 1, 2019. We have asked the behavioral health organization (BHO) and the managed care organizations (MCOs) to remain in place under their current Apple Health contract structure until implementation occurs. This decision was made based on results from the readiness review process. North Sound had selected to implement the "transition year" approach and it proved more difficult than anticipated to design and execute. By delaying implementation and removing the transition year option, the region will be able to focus on core Behavioral Health Administrative Services Organization (BH-ASO) functions. This will lead to a smoother transition for clients in the region. These events show the importance of the readiness review process in ensuring the least disruptive transition for people and their families. North Sound will still have ample time to transition before the "on-time" adopter regions integrate in 2020.

Governance

We experienced two major transitions in our SIM program this quarter. Laura Kate Zaichkin, HCA Deputy Chief Policy Officer and SIM Project Director, and Janet Cornell, SIM Grants Management Specialist and Authorized Organizational Representative, left the team. Bonnie Wennerstrom has taken over as both SIM Project Director and Authorized Organizational Representative through the remainder of the SIM grant.

Additionally, our Community Transformation Manager and lead of the Accountable Community of Health (ACH) initiative, Chase Napier, has accepted a new position as Medicaid Transformation Manager. Because Chase has vast institutional knowledge of ACHs and because ACHs are central to Medicaid Transformation, Chase will continue to provide support for the SIM-focused ACH work through the end of the SIM grant.

Stakeholder engagement

We held a “Reflections of a Healthier Washington” meeting to talk about the nature of the work post-SIM. The meeting was facilitated by the Center for Health Care Strategies. State agency staff and external partners talked about continued roles, next steps, and future work.

We are continuing to do extensive stakeholder engagement with mid-adopter regions and continuing to participate in their regional meetings and workgroups. We also host regular meetings with the MCOs and BHOs (soon to be BH-ASOs) to address integrated managed care issues, concerns, and questions. We have been actively engaging with stakeholders in the 2020 regions as well, attending regional meetings, giving presentations about integrated managed care, and including the BHOs in those regions in our regular BHO check-in calls.

Population health

The advancement of health equity is a primary goal of both SIM and Medicaid Transformation in Washington. ACH efforts have evolved to include community engagement efforts that lead to true community participation, including mechanisms to incorporate broader community voices into decision-making and priority-setting processes. Examples of practical ACH activities include:

- Community voice councils to bridge communities and ACH workgroups and decision-making, including resources, supports, and aligned representation at various levels to ensure continuity.
- Board and partner health equity training, in some cases as a requirement for participation.
- Health equity measurement, including work with national leaders like the Haas Institute for a Fair and Inclusive Society, to identify appropriate strategies for measurement.
- Exploring training and tools for participatory budgeting practices to allow community engagement in funding decisions.
- Strategies to address social determinants and ensure continuity of care around the whole person. This includes Pathways Community Based Care Coordination efforts, Community Information Exchange efforts, and various clinical-community linkages to reduce barriers and address disparities.

Health care delivery system transformation

- The Practice Transformation Support Hub continued coaching 133 practices across the state to include an every-six-month assessment and making progress on each enrolled practice’s action plan.
- The Hub continued face-to-face quarterly meetings with each ACH to align communications to providers, plan to transition coached practices to other sources of support, and to keep ACHs informed of the Hub’s plans to sunset by January 31, 2019.

- The Hub offered trainings in VBP readiness for behavioral health agencies, delivered an intensive staff training at a critical access hospital, and continued to post training materials to the Hub Resource Portal.
- The Portal added an interactive map, connectivity to a database of community-clinical linkage resources, and added a team and training function to enhance its growing functionality.
- The Hub convened the Practice Transformation Consortium to monitor the alignment plan along with invited guests from ACHs, MCOs and some provider associations active in practice transformation.

Payment and/or service delivery models

Integration of physical and behavioral health

- We conducted readiness reviews to verify that, in each 2019 mid-adopter region, MCOs and BH-ASOs are ready for January 1, 2019 go-live.
- We conducted educational activities to prepare MCOs and BHOs for integrated care, including “knowledge transfers,” webinars, and guidance documents to educate MCOs on behavioral health programs and services.
- We worked with the mid-adopter regions to develop communications plans and developed client, provider, and community communications to inform community members of the change to IMC.
- We worked with the mid-adopter regions in developing their regional Early Warning Systems.
- We monitored provider readiness activities going on in the 2019 regions and provided guidance and support.

Encounter-based to value-based (payment model 2)

- We executed on timely delivery of financial reconciliation and quality performance reporting.
- APM4 operationally progressed during Q3, however, further review is necessary to ensure sustainability of the model. HCA successfully completed the financial and quality reconciliation process. Based on the results of financial reconciliation, HCA will be working with stakeholders to address budget neutrality concerns. This engagement activity will be performed in December 2018, with a goal of early strategy agreement during January 2019.

Accountable Care Program (payment model 3)

Our primary focus for the Accountable Care Program (ACP) has been contract renegotiations. Both networks are in active dialogue with HCA to renegotiate ACP contracts beginning January 1, 2020. The expected contract sign date is in mid-November. Key differences include changing the benchmark from a current year trend benchmark to a previous year trend benchmark.

Washington Multi-payer (payment model 4)

- We reinitiated data transmission with Northwest Physicians Network after conducting a security review of their new in-house data aggregation solution.

- We signed contract amendments with Northwest Physicians Network and Summit Pacific requiring each contractor to develop sustainability plans for Model 4 beyond SIM.

Rural Multi-payer Model

- We released a draft Rural Multi-payer Model proposal for rural provider and payer consideration.
- We hosted several working sessions and one-on-one conversations with stakeholders.
- We developed financial analyses of potential savings opportunities under the proposed model.

Leveraging regulatory authority

While not a SIM investment, work continued on our Medicaid Transformation project (1115 waiver). Notable achievements this quarter included:

- Distribution of more than \$58 million of incentives by ACHs to partnering providers.
- State rules for Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) programs became permanent effective April 27, 2018.
- Continued increase in contracted Foundational Community Supports providers and service delivery locations.

Workforce capacity

For workforce development, including appropriate and effective use of Community Health Workers, the Medicaid Transformation project has become the key driver for state action on this topic.

- Two ACH executive directors are representing ACHs and workforce development goals on the statewide Health Workforce Council. They made an initial presentation on ACH roles, goals, and planning for workforce development activities.
- We are supporting connections between ACHs and nursing program deans and directors (community college and university programs) to discuss opportunities for community-based student clinical placements and projects supporting ACH participating providers and Medicaid Transformation activities.

Health information technology (HIT)

- The Healthier Washington Dashboard has been updated to include ACH pay-for-performance metrics under HCA's Medicaid Transformation project. This update is a significant extension and continuation of initial SIM investments at providing data to local communities to empower local planning and decision making. The updated Dashboard includes additional significant improvements and enhancements and is the culmination of over a year's work in preparation and planning for this milestone release.
- Analytics, Research and Measurement (ARM) published its ARM Dashboard with 2017 data on emergency department and inpatient provider information in support of ongoing development of ACHs data needs under SIM and beyond.
- We completed and shared performance year 1 quality measure results with participating providers under Model 2 APM4.
- We transmitted Payment Model 2 APM4 data set to University of Washington for state SIM quantitative evaluation of one of the value-based payment models under the SIM grant.

- We received prior approval of funds from CMMI to move forward with a contract with DSHS/RDA to support Medicare data needs for the Rural Multi Payer model. Approval of an amendment to the HCA application to add DSHS/RDA as a collaborator is pending.

Continuous quality improvement

The University of Washington completed coding and analysis of all 2017 and 2018 key informant interviews. They obtained final datasets for PM2, PM3, Hub, and state-level evaluations, and began running descriptive statistics and regressions. In addition, they submitted three manuscripts for publication and prepared slide decks for three presentations at the upcoming American Public Health Association (APHA) conference. (Note drafts of all of these items have been previously shared with both HCA and CMS).

The Center for Community Health and Evaluation (CCHE) completed interviews with ACH executive directors and staff; conducted final ACH site visits; and fielded their last annual ACH Participant Survey. In addition, they led a strategic learning session with Healthier Washington leadership to help them figure out how to best support ACHs. CCHE also presented their Essential Elements for Successful Collaboration Framework to several key stakeholder groups for input and validation.

The Washington State Department of Social and Health Services (DSHS) Research and Data Analysis (RDA) Division is working to finalize the quantitative evaluation results for Payment Model 1. For Payment Model 2, RDA delivered an updated set of data files to the University of Washington in October. In addition, efforts continue to secure permissions for HCA to share Medicare data with RDA for PM2 rural initiative modeling.