Washington State Innovation Models
4th Quarter Progress Report

Healthier WASHINGTON

November 1, 2017 – January 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

The North Central region, comprising Chelan, Douglas, and Grant counties, became the first "mid-adopter" of integrated physical and behavioral health care in January 2018. Based on our lessons learned, challenges, and successes from our early adopter experience in April 2016, we were able to have the foundational processes in place to ensure a smooth transition. This milestone represents another victory in moving toward all regions of the state taking on integrated managed care for Medicaid clients by 2020, getting us closer to delivering whole-person care.

Much of the fourth quarter of Award Year 3 was spent finalizing the Award Year 4 Operational Plan, a multi-sector effort that took heavy lifting from the entire team. The final plan was accepted in late January with no re-writes required by federal operating authorities. We are confident the operational plan will guide us through the final year of state innovation models (SIM) grant, with a robust focus on sustainability.

Challenges Encountered & Strategy to Address

The Washington Multi-payer model (Payment Model 4) encountered an operational challenge when one of the networks involved in the pilot chose to discontinue the relationship with its data vendor during the fourth quarter. Because HCA sends data through the data vendor to the provider networks, and because the data is complex and sensitive and requires unique agreements and configurations to be in place, this posed a significant hurdle to the timeline. The team is waiting for a decision on the new vendor (expected in March 2018), and is getting ready for updated data share agreements that will reflect this change. While this has been an immediate challenge for us, the reason for this vendor switch is in part to prepare for sustainability beyond SIM, as the new vendor will be better suited to maintain capacity in the longer term. We welcome these types of challenges in the last year of our SIM work in Washington State, and as you will read later in this report, both networks involved in this pilot submitted end-of-year deliverables on time.

Governance

HCA Director Sue Birch started her role as the new executive leader of Healthier Washington, sitting on our Healthier Washington Executive Governance Council with DSHS Secretary Cheryl Strange and DOH Secretary John Wiesman.

We worked hard in third quarter to reconcile all of the SIM AY3 work plans, and began to build out the SIM AY4 work plans in our project management tool.

The HCA's Chief Information Officer Adam Aaseby vacated his position. Aaseby participated at the Healthier Washington Consulted Leadership Team level and was instrumental in the early vision for the AIM work, standing in as AIM's director before the position was filled by Kirsta Glenn. Glenn also departed HCA during this period. Karen Jensen, our data and privacy security manager, stepped in as interim AIM director. HCA's Chief Enterprise Architect Rich Campbell, the agency's former chief information officer, has returned to the role.

Stakeholder Engagement

Healthier Washington team members have worked hard to engage stakeholders around our renewed vision for a Rural Multi-payer payment model. Working sessions and a webinar were prepared for all interested stakeholders.

Team members also spent considerable time working with the five "mid-adopter" regions that had submitted binding letters of intent to adopt integrated managed care. The team has partnered closely and been responsive to all five regions through calls, on-site meetings and knowledge transfers, and other ad-hoc outreach and support as needed.

The close relationships with Accountable Communities of Health (ACH) continued to further engagement in the SIM work and Medicaid Transformation. A convening of ACHs in late January focused on forming small workgroups for increased collaboration on key topic areas, including care coordination, provider contracting, value-based purchasing, and health information exchange.

Team members delivered a presentation at the national conference of the Patient-Centered Outcomes Research Institute on what Washington State is doing to promote Shared Decision Making and certification of Patient Decision Aids.

Population Health

HCA Director Sue Birch spoke to the sustainability and evolution of health systems transformation at multiple forums, including the ACH convening. The Healthier Washington team is mapping necessary data and measures (e.g., well child measurement now leading to graduation rate measurement in several years) to illustrate the intersections between traditional health care delivery systems and social health sectors in achieving wellbeing in Washington State.

In the fourth quarter, work was completed on 'Community Chief Health Strategist' development work, which is focused on a strategic approach to bridging gaps between local public health and service delivery within ACH regions. In the second half of 2017, three local health departments (Clark, Snohomish, and Walla Walla), located in three different ACHs (including one covering nine rural counties) were awarded SIM funds to support their participation in their ACHs and further define and develop the role of Chief Health Strategist in the ACH environment. Their contributions focused broadly on serving in leadership roles, compiling and translating population-level data, bringing in partners, and building communications across multi-county ACH regions. For their final deliverables, the group documented best practices, opportunities, and challenges for participation in their ACHs. The engagement has maintained a focus on social determinants of health, broad population health, and

prevention, as well as contributing specific content expertise (opioids, chronic disease, adverse childhood experiences) to ACHs as they continue to develop.

Health Care Delivery System Transformation

Practice Transformation Support Hub:
The Hub successfully engaged providers in all ACHs and exceeded the recruitment target of 150 practices for enrollment in intensive coaching services.

The Hub offered learning cohort opportunities around behavioral health integration and value-based payment readiness. The UW AIMS center held a successful learning series for a cohort of tribal clinics. The Washington Council on Behavioral Health partnership between the Hub and the National Council on Behavioral Health's Value Based Payment Academy for behavioral health agencies also accomplished highly productive learnings.

The Hub team at Qualis Health created products that included a survey tool and roadmap for HIT decision-making for behavioral health providers and an implementation guide for behavioral health providers integrating EDIE/Premanage into their clinical workflows. These products were posted to the Hub Resource Portal.

The Hub Resource Portal enhanced its functionality and its search engine, launching version 2.0 during this quarter, adding the My Portal feature and a mapping function.

Shared Decision Making:
A review of 28 patient decision aids for end-of-life care was completed, marking the state's third round of decision aid review.

Payment and/or Service Delivery Model(s)

Integration of physical and behavioral health
The North Central region, comprising Chelan, Douglas, and Grant counties, went live as our first "Mid-Adopter" of integrated physical and behavioral health care in January 2018. See the "success story" section for additional context.

We continued to work with our other mid-adopters, who will be going live in 2019. These include Spokane, North Sound, King, Greater Columbia, and Pierce regions.

Encounter-based to value-based (payment model 2)
APM4: We reconciled APM4 participants and finalized financial baselines. We also successfully established performance measurement baselines for APM4 participants. This sets us up to adjust rates in the future, and our APM4 participants have the data they need to make individual determinations on performance improvement.

Accountable Care Program (payment model 3)
Our open enrollment period in November was incredibly successful, and we experienced increased enrollment in the Accountable Care Plan by 42%. We now have over 25,000 enrollees in the Accountable Care Program.

Washington Multi-payer (payment model 4)
We received anticipated deliverables from both networks for the award year. These deliverables included a quality measures report, a semi-annual progress report, an annual work plan, and an update on commitments from payers to participate.

Leveraging Regulatory Authority

Work continued with the Centers for Medicare and Medicaid Services (CMS) to discuss the Model 2 Rural Multi-payer work, and continue to build a structure for CMS participation. We will continue these conversations and are committed to finding a viable path forward.

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

- All nine ACHs submitted their Project Plan portfolios
- Independent assessment of Project Plans commenced
- Implementation and enrollment of beneficiaries into Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)
- MAC and TSOA provider network development
- Foundational Community Supports services launched

Workforce Capacity

Findings were posted on the Sentinel Network website dashboard, reviewed with stakeholders and presented to the Health Workforce Council on November 17, 2017. Findings are being summarized in other workforce reports, including the Washington State Behavioral Health Workforce Assessment.

Sentinel Network team members participated in many meetings with key state partners to discuss options for supporting the Sentinel Network beyond its 1/31/18 contract end. Team members also prepared documents and budgets reflecting costs and activities of Sentinel Network continuation. Final negotiations are under way that may extend that funding with non-federal sources.

Examples of meetings/discussions:
11/17/17: Presentation of Sentinel Network accomplishments and discussion of continuation strategies with Washington's Health Workforce Council.
11/28/17: Discussion of replicating Sentinel Network in Connecticut, and possible funding of Washington team to provide technical assistance.
12/1/17: Presentation of findings of state's health workforce needs to the Washington Healthcare Forum (Healthcare Industry Executives Group), including discussion of value of the Sentinel Network and benefits of program continuation.
12/18/17: Continued discussion with Connecticut about providing technical assistance to their implementation of a Sentinel Network.
12/6/17: Participate in meeting of health workforce planning experts with HCA to discuss ways to meet ACH "Domain 1" requirements for health workforce planning.
1/2/18: Discussions with planning committee members of Northwest Rural Health Conference about conference tracks on workforce planning, with emphasis on supporting ACH needs, including continuation of the Sentinel Network program.

Health Information Technology (HIT)

In the fourth quarter the 2018 Health IT Operational Plan was submitted to CMS and CMMI. The HIT Operational Plan identifies 92 tasks in multiple areas including: data, data analytics, data governance, health IT/health information exchange (including ACH training needs), financing, master person identifier, provider directory, and evaluation. These deliverables support multiple work streams, including SIM and Medicaid Transformation.

The Healthier Washington Clinical Data Repository (CDR) continued to build critical mass, with additional providers submitting CCDA files. This includes both large and small providers from across the state, including key health systems. There are more than 2 million clinical records in the system and almost 400,000 Medicaid managed care beneficiaries have had CCDA files submitted on their behalf.

The quarterly report from the Washington State Office of Financial Management (OFM) on the All-Payer Claims Database was received. All deliverables were marked complete except for one, the Washington HealthCare Compare website launch, which was at 95 percent complete due to a desire for careful review and reconciliation of the results before launch. The review and reconciliation process gives health provider organizations an opportunity to review their patient measure results and submit reconciliation requests to the WA-APCD for results that are not consistent with the health provider organization's own data. Health provider organizations complete the review and reconciliation process using a web-based portal before the measure results are published.

The Provider Data Dashboard, based on the model developed by Providence CORE, is being approved for publication by the agency's enterprise data warehouse team.

AIM Data Dashboard release 6 launched in the fourth quarter.

Continuous Quality Improvement

State-led evaluation:

The University of Washington team concentrated on analyzing Round 1 key informant interviews, preparing abstracts and posters for Academy Health Conferences, working with Research and Data Analysis (RDA) division of DSHS to better understand the PM2 data we have, and working with Milliman, Inc. and HCA's Analytics Interoperability and Measurement team to ensure we get the PM3 data we need.

CCHE/ACH evaluation:

CCHE administered an annual survey to participants of each of the ACHs to understand how participants perceive the development and functioning of ACHs. This year, the survey was sent to more than 2,000 people across the state, with more than 800 responding. Findings are used with ACHs and Healthier Washington to support strategic learning.

CCHE observed ACH board/committee meetings and ACH convenings. Observation data provides in-depth understanding of where Healthier Washington could better support the ACHs and of potential bright spots to highlight.

Evaluation of Models 1 & 2 (RDA):

RDA presented preliminary first-year quantitative evaluation results for integration of physical and behavioral health to HCA/DSHS leadership and the Governor's office.

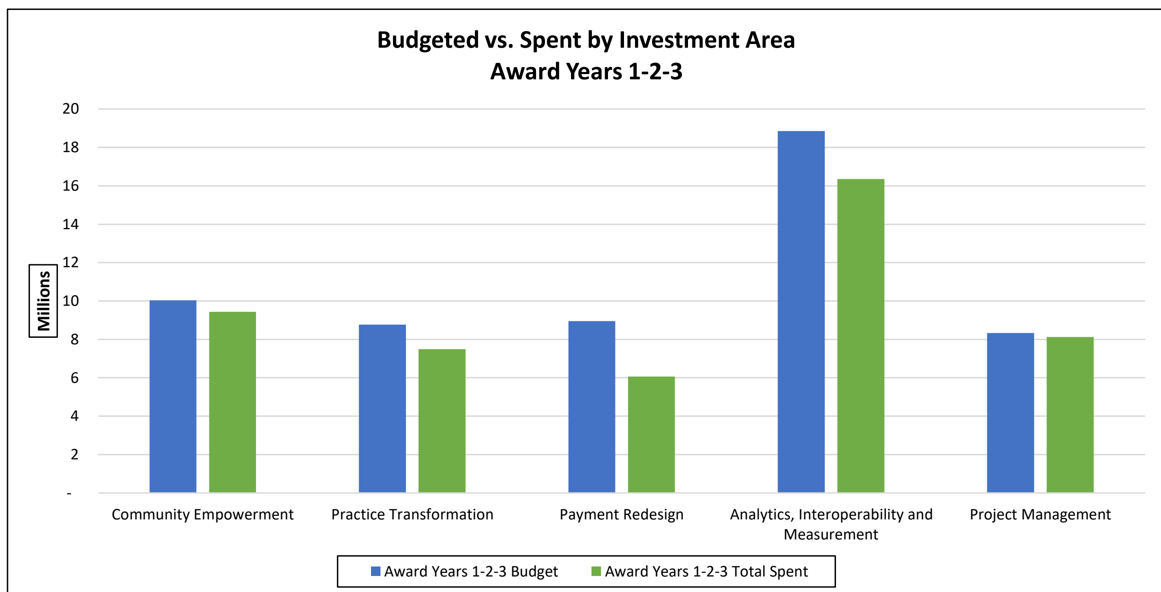
Additional information

The Washington Health Alliance released its annual Community Checkup Report for the Common Measure Set.

Award Years 1-2-3 Budget Status Report
Expenditures for February 2015 - January 2018
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	12,922,718	540,592	96%
Award Year 3	22,388,031	15,460,420	6,927,611	69%
Award Year 4 - starts February 1, 2018				
	54,935,887	**47,467,684**	**7,468,203**	**86%**

	Award Years 1-2-3 Budget	Total Spent	Remaining Balance	Percent Spent
Community Empowerment	10,037,516	9,438,824	598,692	94%
Practice Transformation	8,763,946	7,489,988	1,273,958	85%
Payment Redesign	8,951,723	6,058,661	2,893,062	68%
Analytics, Interoperability and Measurement	18,852,382	16,351,108	2,501,274	87%
Project Management	8,330,320	8,129,103	201,217	98%
	54,935,887	**47,467,684**	**7,468,203**	**86%**



Notes:
Award Year 1 closed and activities ended on January 31, 2017. Final draw and closeout was on April 30, 2017.
Award Year 2 Carryover activities ended on January 31, 2018. Closeout occurs on April 30, 2018.
Award Year 3 ended January 31, 2018. Carryover request for use of remaining funds will be submitted in April 2018.
Award Year 4 awarded, and starts on February 1, 2018.

Award Years 1-2-3 Combined - Budget Status Report
Partner Agency Activity by Investment Area
Expenditures for February 2015-January 2018
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	$ 10,037,516	$ 9,470,914	$ 566,602	94%	3.6
Practice Transformation	$ 8,763,946	$ 7,489,885	$ 1,274,061	85%	4.0
Payment Redesign	$ 8,951,723	$ 6,042,354	$ 2,909,369	67%	5.0
Analytics, Interoperability & Measurement	$ 18,852,382	$ 16,351,221	$ 2,501,161	87%	14.1
Project Management	$ 8,330,320	$ 8,113,310	$ 217,010	97%	10.5
TOTAL	**$ 54,935,887**	**$ 47,467,684**	**$ 7,468,203**	**86%**	**37.2**

HCA	Budget AY1-2-3	Total Spent AY1-2-3	Balance AY1-2-3	Total % Spent	FTE's Spent
Community Empowerment	$ 9,498,980	$ 8,986,808	$ 512,172	95%	2.6
Practice Transformation	$ 1,749,116	$ 1,826,436	$ (77,320)	104%	1.0
Payment Redesign	$ 8,920,167	$ 6,013,944	$ 2,906,223	67%	5.0
Analytics, Interoperability & Measurement	$ 14,585,274	$ 12,784,296	$ 1,800,978	88%	7.1
Project Management	$ 7,732,393	$ 7,604,761	$ 127,632	98%	9.5
TOTAL	**$ 42,485,931**	**$ 37,216,245**	**$ 5,269,685**	**88%**	**25.2**

DOH	Budget AY1-2-3	Total Spent AY1-2-3	Balance AY1-2-3	Total % Spent	FTE's Spent
Community Empowerment	$ 275,984	$ 262,007	$ 13,977	95%	0.0
Practice Transformation	$ 6,957,522	$ 5,608,104	$ 1,349,418	81%	3.0
Payment Redesign	$ 28,882	$ 28,410	$ 471	98%	
Analytics, Interoperability & Measurement	$ 2,869,548	$ 2,271,753	$ 597,795	79%	2.0
Project Management	$ 283,393	$ 256,613	$ 26,779	91%	0.5
TOTAL	**$ 10,415,329**	**$ 8,426,888**	**$ 1,988,440**	**91%**	**5.5**

DSHS - BHA	Budget AY1-2-3	Total Spent AY1-2-3	Balance AY1-2-3	Total % Spent	FTE's Spent
Community Empowerment	$ 262,552	$ 222,098	$ 40,454	85%	1.0
Practice Transformation	$ 57,308	$ 55,345	$ 1,963	97%	
Payment Redesign	$ 2,674	$ -	$ 2,674		
Analytics, Interoperability & Measurement	$ 471,203	$ 404,843	$ 66,360	86%	2.0
Project Management	$ 11,336	$ 6,777	$ 4,559		
TOTAL	**$ 805,073**	**$ 689,063**	**$ 116,010**	**86%**	**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	$ 890,329	$ 36,028	96%	3.0
Project Management	$ -	$ -	$ -		
TOTAL	**$ 926,356**	**$ 890,329**	**$ 36,028**	**96%**	**3.0**

OFM - GOV OFFICE	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	$ -	$ -	$ -		
Project Management	$ 303,198	$ 245,159	$ 58,039	81%	0.5
TOTAL	**$ 303,198**	**$ 245,159**	**$ 58,039**	**81%**	**0.5**

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