

**Washington State Innovation Models
4th Quarter Progress Report**

November 1, 2018–January 31, 2019

The Healthier Washington team submits quarterly reports to the Center for Medicare & Medicaid Innovation (CMMI), focusing on the progress made toward the program milestones and goals of Healthier Washington.

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

Success story or best practice

During the last week of our SIM initiative, we received final evaluation reports from our three evaluation partners: the University of Washington (UW), the Center for Community Health and Evaluation (CCHE), and the Research and Data Analysis (RDA) Division of the Washington State Department of Social and Health Services. These evaluation partners have been working hard to understand the impact of SIM as a whole—as well as specific components of SIM—since the beginning of the grant in 2015.

While analyses were conducted to maximize objectivity, it was always a partnership between state officials and evaluation partners, and high-level learnings were shared and discussed many times along the way. Overall, the analyses tell us that we have done good work via SIM in Washington, and that there is a lot more work to do. We will be publishing the final evaluation reports on our website in March 2019.

Challenges encountered and strategy to address

As SIM wound down, we faced a communications challenge about how to communicate that a large project was ending, and that Medicaid Transformation—and health system transformation as a larger state-led effort—would continue. The need for a communications strategy became apparent a few weeks before the end of SIM, and we reacted by creating strategies to communicate the nature of this transition to health system partners and Washington residents.

These strategies included a communications plan for the end of SIM and the continuation of Healthier Washington, a 'feedback network blast' to our stakeholders, a webinar, and other important milestones to share findings and hear from the community. We wanted to assure our

state that while SIM funding was ending, Healthier Washington would continue. We implemented the communications plan in late January, and it will continue through early 2019.

Governance

In December, we hired a new Deputy Policy Director at the Health Care Authority. Michael Arnis, formerly of the HCA Employee and Retiree Benefits (ERB) division, took over the role formerly held by Laura Kate Zaichkin in January. Michael previously worked on the Healthier Washington Accountable Care Program, also called UMP Plus.

Per Washington State Governor directive #11-17, a Health Subcabinet was formed in 2018, containing cabinet-level staff from the four large health agencies in Washington: the Health Care Authority (HCA), the Department of Children Youth and Families (DCYF), the Department of Health (DOH), and the Department of Social and Health Services (DSHS). The group of four agency secretaries/directors currently meets weekly by themselves and as-needed with the Governor and his staff to move forward on shared state health priorities. Moving forward, these four will continue to provide high-level guidance for Healthier Washington, much like our previous Executive Governance Council.

We were able to retain all of our remaining SIM staff after the grant period ended, which is critical to our vision of continued health system transformation. Many of these positions will continue to be funded by the Medicaid Transformation Project to support Medicaid Transformation, and others will transition into the state health agency divisions responsible for the operationalization of their work. For example, integrated managed care staff moved into HCA's Medicaid Operations division, and measurement staff moved into HCA's Clinical Quality and Care Transformation division.

Stakeholder engagement

As a focus for this quarterly report, we would like to highlight the stakeholder engagement activities of our Rural Multi-payer model effort. At the end of the third quarter and into the fourth of the SIM grant, HCA released a draft proposal and hospital scenario modeling of the model. During the fourth quarter, HCA held numerous working sessions with payers (commercial and managed care), rural hospital providers, associations, and community advocates to present and gather feedback on the proposed model.

In one forum, leaders from the payer community participated in a series of working sessions to discuss implications and inform future versions of the model. Separately, HCA connected directly with rural hospitals in a rural tour and in working sessions to gather input and insights. HCA reached out to 52 hospitals and directly engaged with 12 different payers, 40 rural hospitals, and four associations and collaborative organizations.

Population health

As outlined in the Plan for Improving Population Health (P4IPH), several ACHs continue to pursue community based care coordination approaches. This includes the Pathways Hub model (Project 2b within the Medicaid Transformation Project toolkit) though the concept of community care coordination extends beyond the Pathways Hub.

Several ACHs are not implementing Pathways but are working toward a similar concept for Community Information Exchange that informs care coordination and reduced duplication. A common theme among all ACHs is the need for clearer resource identification, regional analytics to identify priority populations or interventions, coordination to achieve non-duplication, and information exchange across both traditional and non-traditional health system partners.

Even if an ACH is implementing Pathways, there may still be a broader need for Community Information Exchange and care coordination. Pathways is one program among many with complimentary supports and target populations. These efforts will continue beyond the SIM period to work toward regionally led population health infrastructure.

Health care delivery system transformation

- The Hub concluded its coaching work with 133 practices across the state and completed the assessments due every six months during the coaching engagement.
- The Hub aggregated all assessment data from its coached practices, with the earliest enrolled practices having completed the assessments on four occasions. Data showed positive progress on foundational elements of transformation and integration. These elements include empanelment, leadership engagement, and the presence of an effective quality improvement strategy.
- The Hub closed out the SIM/TCPI alignment plan, an indication of progress in aligning state practice transformation resources and coordinating outreach and communication to providers.
- The Hub completed its last set of meetings in Q4 with ACH leadership to ensure a smooth transition of coached practices to ACH support for transformation.
- The Portal expanded the number of initiatives, making use of the team collaboration function. New users include two ACHs and a rural health practice transformation initiative focused on palliative care. The Portal is now hosting additional public health resources as well. Through interaction with users, the functions have been updated and refined to meet the needs of partners engaged in the transformation of Washington's health and wellness system.

Payment and/or service delivery model(s)

Payment Model 1:

- We conducted educational activities to prepare managed care organizations (MCOs) and behavioral health organizations (BHOs) for integrated care, including “knowledge transfers”, webinars and guidance documents to educate MCOs on behavioral health programs and services, and similar education materials for behavioral health providers on working with MCOs.
- We worked with the mid-adopter regions implementing in 2019 to develop client, provider, and community communications regarding the change to integrated managed care, and sent those communications out to stakeholders and beneficiaries.
- On January 1, 2019, we implemented the Integrated Managed Care program in four new regions, and developed a revised timeline for implementing a fifth region on July 1, 2019 (which was originally scheduled to go-live January 1, 2019, but was delayed because of readiness review findings).
- Since January 2, 2019, we have been hosting regular check-in calls and monthly early-warning webinars with each mid-adopter region after Jan 1, 2019, to monitor how things are going and resolve immediate issues.

Payment Model 2:

APM4:

- We completed financial reconciliation and quality reporting for participating federally qualified health centers.
- We initiated work with stakeholders on a long-term sustainability pathway for APM4.

Rural Multi-Payer model:

- We developed and released draft scenario tool for providers.
- We drafted a concept paper for CMMI review.
- We drafted and delivered legislation for model governance.
- We conducted an initial savings analysis of potentially avoidable utilization.

Payment Model 3:

- UW Medicine Accountable Care Network added Island Hospital to their network.
- We surpassed 27,000 enrollees in UMP Plus across both networks.
- By January 31, HCA was near to finalizing re-negotiations with each network for 2020.

Payment Model 4:

- We received final reports from Northwest Physicians Network (NPN) and Summit Pacific Medical Center.
- NPN and Summit participated in UW's SIM evaluation to discuss Payment Model 4 implementation, including challenges and lessons learned.
- We received sustainability plans from NPN and Summit detailing their proposed post-SIM plans for 2019.

Leveraging regulatory authority

While not a SIM investment, work continued on our Medicaid Transformation Project (1115 waiver). Notable achievements since the last reporting period include:

- ACH achievement of key project implementation milestones.
- A successful learning collaborative event that brought more than 300 people together from Washington's health and wellness systems to talk about best practices and lessons learned.
- Completion of the barrier-busting event for the Long Term Services and Supports (LTSS) program, which resulted in multiple process improvement initiatives.
- Foundational Community Supports (FCS) continuous quality improvement activities launched through statewide learning collaborative/fidelity review process.
- Progress toward and achievement of key implementation milestones for the substance use disorder (SUD) IMD amendment attached to our 1115 waiver.

Workforce capacity

The Community Health Worker Task Force reconvened in December 2018 in response to a legislative proviso directing the Department of Health to develop Community Health Worker education and training guidelines for Washington State that build on the work of the past Task Force.

- The Task Force is using an inclusive, equitable, culturally appropriate process to describe the CHW's work in multiple sectors, including those:
 - That focus on individual patient care.
 - Concerned with population health.
 - Focused on community development.
- The Task Force will develop actionable recommendations on:
 - Essential components of what should be taught in a core training.
 - How various styles should be incorporated into CHW training and education.

- Key organizational investments to train, integrate, and retain CHWs (such as organizational infrastructure, CHW coaching, and administrative support).
- Washington’s Health Workforce Sentinel Network was initiated through the Healthier Washington Project. The Sentinel Network is currently an initiative of the Health Workforce Council and is conducted collaboratively by the Washington Workforce Training and Education Board and the University of Washington’s Center for Health Workforce Studies with ongoing support from the Governor’s office.
 - The Sentinel Network issued [new data reporting and findings](#) in July and November 2018.
 - Data reporting is summarized in online graphic displays and briefing papers. These resources describe data highlights by specific occupation and facility type. There were five data collection points between July 2016 and September 2018.

Health Information Technology

The Analytics Research and Measurement (ARM) team conducted and completed the following activities and milestones:

- Completed comparison and reconciliation of 2017 data from federally qualified health centers. The report shared with the Value-based Purchasing program also included: 2017 clinic assignment volumes (per HCA Medical Director request) and benchmark data for measurement year 2015 from quality compass.
- Coordinated the timely delivery of Q3-18 SIM Metric reports.
- PM2/APM4 performance year 1 quality measure results for participating providers were shared with UW in support of their evaluation of their initiative.
- Developed HCA's first analytic product using the APCD Research Enclave. The product was a Power Point "poster" sent to Washington State Office of Financial Management (OFM) for inclusion in their upcoming legislative showcase.
- Provided requested documentation from the UW evaluators for the state-level SIM RE-AIM evaluation.
- Worked with RTI, our Federal SIM evaluation partner, on finalizing data for both focus groups and quantitative analyses for RTI's post-SIM ongoing work.

Continuous quality improvement

- Our three state-level evaluation partners, the University of Washington, the Center for Community Health and Evaluation (CCHE) and the Research and Data Analysis (RDA) Division at the Department of Social and Health Services completed their final analyses for evaluation of the SIM grant. These analyses were compiled into written reports,

which were created in partnership with subject matter experts working on Healthier Washington initiatives at the Health Care Authority and the Department of Health. These final reports were submitted to HCA on January 31, 2019, and fulfill the state-level evaluation obligation under SIM.

- Presentations on high-level findings were presented by UW and CCHE to CMMI and federal technical assistance partners on SIM program calls throughout January 2019.
- Some examples of evidence from these analyses include, but are not limited to:
 - SIM laid critical infrastructure for the continuation of health system transformation in Washington State.
 - Integrated managed care implementation in the 'early adopter' region of Southwest Washington showed improvements in access to care, screening rates, and inpatient utilization rates.
 - Some payment models showed an increase in the quality of care experienced by beneficiaries.