The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

The Healthier Washington initiative will transform health care in Washington State so that people experience better health during their lives, receive better care when they need it, and care is more affordable and accessible.

We are implementing a five-year Health Care Innovation Plan that has brought together hundreds of people from many communities to put the best solutions to work for the people of our state. This work will improve the quality of life for everyone regardless of their income, education or background.

**Better Health. Better Care. Lower Costs.**

**The plan recommends three core strategies**

1. **Improve how we pay for services**
   Presently, providers of health care services are paid every time they provide a service, even when the service doesn’t work. Healthier Washington calls for rewarding providers when they achieve better outcomes. By collecting information on effectiveness and cost and sharing providers and consumers can choose the best treatment options.

2. **Ensure health care focuses on the whole person**
   The current system creates barriers to addressing physical health, mental health, substance use, and basic living needs as early as possible and at the same time. Healthier Washington calls for methods of integrating care and connecting with community services to achieve the best possible result for individuals. It also adjusts how we pay for services to make care for the whole person possible.

3. **Build healthier communities through a collaborative regional approach**
   Virtually all health care is delivered at the local level. Driven by local partners, the state will support a regional approach that provides resources to communities. Working together, communities can bring about changes that will improve health for the people they serve.

**Benefits of a better system**

J.M. is in her mid-20s and lives in Southwest Washington. She has been diagnosed with multiple chronic medical conditions and complex behavioral health issues. Rather than seeing a primary care provider (PCP) J.M. was either in the hospital or emergency department 24 out of 31 days. She did not have the mental focus to coordinate the multiple layers of care required to manage her health needs.

In April 2016 the state implemented a fully-integrated managed care plan in Southwest Washington. A case manager was assigned to help J.M. Within two weeks, her case manager organized a multi-disciplinary care team that included staff from the emergency department/hospital J.M. went to most, a behavioral health case manager, a therapist and a community connector. Everyone had the same goal of providing more support to J.M. to reduce the likelihood of her using the hospital for non-emergent needs and to help her feel her best.

J.M. has been connected with a PCP who specializes in complex cases and she is keeping her appointments. She is also meeting with her mental health counselor routinely and attending a support group meeting.

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