

Washington State Innovation Models Project Round 2 Model Test Awardee End of Year Report

Pre-Implementation Period:
February 1, 2015 to January 31, 2016
Submitted May 2, 2016



Healthier
WASHINGTON

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INTRODUCTION TO HEALTHIER WASHINGTON PROGRAM INVESTMENTS

During this planning year, our focus included:

Supporting Accountable Communities of Health (ACHs)

We know the best way to improve health is by focusing our efforts in the places where people live, work, and play. The nine regional ACHs are a key driver of health system transformation. They bring together public and private community partners to tackle shared regional health goals and harness the collective impact of clinical delivery, community services, social services, and public health.

Building payment reform test models

Washington is testing four payment reform models as part of our vision of achieving value-based purchasing. We aim to move 80 percent of state-financed health care and 50 percent of the commercial market from volume to value by 2019. Preparing the four test models has required intensive partnering and a willingness to move beyond “business as usual” when it comes to purchasing.

Shaping the Practice Transformation Support Hub

The Practice Transformation Support Hub will support primary and behavioral health providers as they integrate care, adopt value-based payment systems, and link with community-based services to strengthen whole-person care.

Creating a plan for improving population health

The Plan for Improving Population Health (P4IPH) moves our state’s Prevention Framework—which prioritizes prevention and management of chronic disease and behavioral health issues, while addressing root causes—from “what” to “how.” The plan will align population health efforts across state agencies, and provide the language for public and private partners to speak about and take action on population health.

Exploring ways to strengthen workforce capacity

Healthier Washington aims to ensure the right people are delivering the right health care services. This includes those outside traditional health care services.

Investing in data analytics and visualization

The Analytics, Interoperability and Measurement (AIM) portion of Healthier Washington will help our state build our capacity to translate, analyze, and visualize data from multiple sectors.

Establishing a strong, collaborative governance structure

No one entity or agency “owns” Healthier Washington. It is by design a collaborative effort that involves multiple partners at the state, regional and community levels. The Healthier Washington initiative includes a strong governance structure that facilitates collaborative engagement across state agencies and geographic areas.

Looking ahead

Moving into test year two, Washington’s transformation efforts will shift from planning and design into full-scale implementation. Moving from planning to action will no doubt provide challenges and learning opportunities. Most of all, it will build on our growing momentum toward our goal of a Healthier Washington.

OVERVIEW

As Washington completes Demonstration Year 1, we want to thank the Center for Medicare and Medicaid Innovation (CMMI) for the contributions the State Innovation Models (SIM) resources have made this past year. The CMMI investment in Washington through the SIM award accelerates the pace of health transformation in our state. The SIM grant fuels multipayer spread of transformation more quickly and effectively than if the SIM resources were not available to support these pioneering efforts.

This annual report is a summary of our planning year – a pre-implementation year. Throughout the period from February 1, 2015 through January 31, 2016, our team fulfilled its goal to further define and develop the building blocks of our SIM proposal. Here you will find evidence of the evolution of our Accountable Communities of Health, our clinical Practice Transformation Support efforts, and four innovative payment model demonstrations. We encountered and dealt with several challenges, which we will enumerate and discuss here, on our journey to beginning grant year 2 with a solid foundation of preparation.

In spring 2015, HCA submitted the Healthier Washington stakeholder engagement strategy, and on December 1, 2015, HCA submitted the Healthier Washington Operational Plan to CMMI. These submissions fulfill the state's pre-implementation year deliverables under the State Innovation Models grant and were warmly reviewed and accepted.

Though it was a planning year, some results and successes are available to demonstrate the strength of our planning and execution.

- Payment model 3, the Accountable Care Program for public employees and their families, launched January 1, 2016 with two clinically integrated network partners in five counties are clinically accountable for providing high-quality care to members.
- We designated nine Accountable Communities of Health statewide, indicating ACH maturity in developing foundations such as governance and engagement and readiness to move to action.
- The Washington State driver diagram was submitted as part of the Operational Plan. In it, our SIM tests were linked to primary drivers and with desired/planned outcomes. It was adjusted with support from CMMI to better align our strategies with our SIM objectives and position us to better achieve the Triple Aim.
- By request, Healthier Washington efforts, such as ACHs, practice transformation and the Plan for Improving Population Health development, were prominently featured at the Washington State Public Health Association conference.
- We firmly established a thriving governance structure – across agencies – to demonstrate the wide support for Healthier Washington in Washington.
- We secured the active participation and “acceleration efforts” of our [Health Innovation Leadership Network](#) – a group of health sector and community leaders who engage on a quarterly basis to advance SIM throughout the state and the industry.
- We built out a robust website for the program, with meaningful and clarifying content available on each of the SIM strategies. An “ambassador’s toolkit” was created for the HILN. Innovative communications tools were developed for the public.

- We achieved active participation and collaboration across state agencies (HCA, DOH, DSHS, etc.) in the development of ACHs, AIM, P4IPH, the Practice Transformation Hub, and Workforce Development.
- The state concluded the work of the House-Senate Adult Behavioral Health System Task Force whose [final report](#) was issued in December 2015. The work of this taskforce covered several areas central to delivering effective behavioral health services in the community including the following Healthier Washington topics:
 - Regional service areas
 - Performance measures
 - Tribal-centric behavioral health
 - Full Integration of behavioral health and physical health purchasing, and
 - State purchasing of mental health, chemical dependency and physical health services,

WASHINGTON SIM ACCOMPLISHMENTS, MILESTONES, AND MEASUREABLE OUTCOMES - PRE-IMPLEMENTATION PERIOD

COMMUNITY EMPOWERMENT AND ACCOUNTABILITY

ACCOUNTABLE COMMUNITIES OF HEALTH

- All nine Accountable Communities of Health (ACHs) were designated by January 31, 2016, meeting the milestone for the pre-implementation year. The 2015 [formative evaluation](#) report highlights initial successes of ACH development statewide.
- An ACH measurement framework and theory of change was developed and approved.
- ACH leaders attended a Collective Impact Summit, and identified strategies for communicating and applying learnings.
- The evaluation contractor met its goal to distribute an ACH participant survey to ACH members and collected feedback about the ACH initiative from almost 400 ACH participants and regional partners involved in community empowerment work statewide.
- ACHs used their regional health needs inventory to identify several regional health priorities, which will lead to their one implemented project. As specific strategies are refined and further implemented, the HCA in partnership with the evaluation and technical assistance teams, will be providing tools to enhance the clinical and community-clinical efforts.

PLAN FOR IMPROVING POPULATION HEALTH

- Department of Health (DOH) recruited, hired and oriented staff to lead development of Plan for Improving Population Health.
- DOH internal governance model established, including interagency advisory group with representation from DOH, HCA, DSHS. Defined timeline and expectations, including assessment and evaluation requirements.
- Conducted outreach to state and local partners, formed multi-sector External Stakeholder Advisory Group to provide input, including a representative from each ACH as well as from WSMA, WSHA, MCOs; also cross-cultural partners with expertise in population health.
- Reviewed Prevention Framework and assessed current related efforts and activities; conducted research on best practices for alignment and support of clinical, community-clinical linkage, and community-wide strategies to improve population health.

PRACTICE TRANSFORMATION

PRACTICE TRANSFORMATION SUPPORT HUB

- The Practice Transformation Support Hub facilitated more than 14 “listening sessions,” unique sessions with primary care and behavioral health providers, managed care organizations, ACHs and others to inform the development and focus of the Hub. The “listening sessions” informed

the development of the RFPs and contracts for 1) practice coaching, facilitation and training services, 2) the web-based resource portal, and 3) the regional health connector programs.

- The Hub team completed research reports and applied recommendations of the Practice Transformation Support Hub's technical assistance subcommittees (led by subject matter experts on payment reform, clinical-community linkages, and integrated physical and behavioral health).
- The Hub director identified a potential interagency partner to support the expedited design and implementation of Web-based Resource Portal.
- We began grant year two ready to draft and publish two RFPs and continue discussions on an interagency agreement for the Hub Web Portal.

SHARED DECISION MAKING

- HCA integrated requirements around use of certified patient decision aids into its Accountable Care Program contracts.
- HCA partnered with the Washington Health Alliance and the Agency for Healthcare Research and Quality (AHRQ) to develop an outreach strategy and identify potential participants from across the state for [AHRQ SHARE training](#).
- HCA entered into discussions with vendor Healthwise to provide technical assistance to two hospital sites within the ACPs to develop a roadmap to design and implement a pilot; vendor will also integrate the use of shared decision making and certified patient decision aids within the pilot sites' OB health environment, including interfacing within their EMR infrastructure.

WORKFORCE / COMMUNITY HEALTH WORKERS (CHWs)

- A Community Health Worker Task Force workgroup convened throughout the fall to focus on actionable recommendations around CHW roles, skills and attributes. The 55-member statewide Community Health Worker Task Force concluded its work at its final meeting December 2015 by making its recommendations to the executive sponsors HCA Director Dorothy Teeter and DOH Secretary John Wiesman. The report and recommendations were finalized in late January.
- The Washington Sentinel Network agreements were finalized and work is under way to develop the scope of questions and a survey approach to garner pertinent information on workforce trends to help inform Healthier Washington efforts.

PAYMENT REDESIGN

PAYMENT MODEL 1: EARLY ADOPTER OF MEDICAID INTEGRATION

- Conducted several tribal roundtables to discuss behavioral health organization (BHO) and fully integrated managed care transitions with tribal stakeholders.
- Community Health Plan of Washington and Molina were named as the apparently successful MCOs to provide fully integrated physical and behavioral health services in Southwest Washington, the state's [early adopter](#) region, by April 1, 2016.

- As part of the phased approach to fully integrated managed care by 2020, DSHS laid the ground work for integration of substance use disorder treatment into a managed care delivery system with mental health treatment services administered by BHOs in nine regions of Washington covering 37 counties. BHOs will be implemented on April 1, 2016.
- HCA, DSHS, and the MCOs (Community Health Plan of Washington and Molina) are participating in three workgroups with county officials, providers, and community stakeholders, focused on ensuring a smooth transition on April 1, specifically focused on access to care, care coordination, and development of an early warning system to detect implementation issues rapidly for the roughly 125,000 Medicaid enrollees residing in the Southwest Washington Regional Service Area. Beacon Health Options was selected to serve as the regional crisis system provider. Both MCOs have signed contracts with the State and readiness reviews will be conducted in early February. HCA, both MCOs and Beacon Health Options are on track for April 1, 2016 implementation.

PAYMENT MODEL 2: ENCOUNTER-BASED TO VALUE-BASED

- Numerous meetings with critical access hospital CEOs took place to discuss essential services under Payment Model 2 and create a shared vision of success.
- The Payment Model 2 team met with stakeholder groups for both critical access hospital (CAH) payment and delivery system redesign as well as federally qualified health center (FQHC) and rural health clinic (RHC) payment model development; we convened CAH CEOs, board members, and other stakeholders to discuss delivery system components for a potential new model.
- Helped to shape potential payment model approaches that are aligned with value-based purchasing. At this stage, actual model frameworks are still early in development and are being vetted within HCA and with stakeholders.

PAYMENT MODEL 3: ACCOUNTABLE CARE PROGRAM AND MULTI-PURCHASER

- More than 10,400 public employee benefits enrollees and their family members joined the new networks under the accountable care program (ACP). This is a significant milestone, and a great start for the first year of the program given focus groups found that most public employees were reluctant to switch to a plan with unknowns and would “wait and see” what coworkers experience the first year. [UMP Plus](#) plans went live Jan. 1 with a smooth launch.
- A 2017 expansion strategy to spread the model is moving forward with both networks and other potential partners. Multi-purchaser “spread and scale” work began in December. HCA met with five public purchasers and to educate them on the ACP, including sharing public versions of the ACP contracts and other value-based purchasing tools (e.g., common measure set) and held a strategy conversation with a broker. Governor Inslee spoke to purchaser leaders of large companies about the paying for value strategy in December.
- Both ACPs are required by contract to submit annual plans to improve quality within and across the ACP on nine specific topics identified by the Bree Collaborative (a multi-stakeholder consortium in Washington). Care coordination for high-risk members, obstetrics, and potentially avoidable hospital readmission quality improvement reports were received from both Accountable Care Programs (ACPs).

PAYMENT MODEL 4: GREATER WASHINGTON MULTI-PAYER

- The Model 4 multi-payer data aggregation solution request for applications received no bids. HCA held a meeting in December 2015 with key stakeholders, including a payer, to discuss the RFA process and identify adjustments for a future procurement that would be reasonable and of interest to potential bidders.
- Model 4 Team revised approach based on feedback, and continues to engage multiple payers on their interest in participating in the model.

ANALYTICS, INTEROPERABILITY AND MEASUREMENT (AIM)

The AIM investment area made great progress in the final quarter of the planning year. Highlights included:

- AIM established a specific program governance structure, integrated into Healthier Washington's overall structure, and documented in an approved AIM Program Charter. The charter describes two primary governing groups for AIM – our AIM Steering Committee, consisting of leadership from HW, HCA, DOH and DSHS and making decisions regarding scope, cost and budget for AIM; and an AIM Operations Team, tasked with overseeing day-to-day AIM operations, triaging risks and issues, and managing the work of the program.
- Received Gartner's final "HW AIM Business Intelligence/Shared Analytics Roadmap" deliverable, which translated the goals and objectives of the program into an actionable work plan to implement over the coming year. This information was used to finalize our baseline scope, budget and schedule.
- The AIM team continued to grow. New members of the team were hired at the Health Care Authority (Healthier Washington Privacy and Security Manager, AIM Program Manager, ETL Analyst), the Department of Health (Epidemiologist), and the Department of Social and Health Services (Project Manager and Business Analyst). Additionally, HCA received many applications for open positions (AIM director, open data scientist positions, data analysts, and IT focused positions), and is currently interviewing candidates for these positions.
- Started work with Providence CORE on Healthier Washington's Dashboard Reporting Tool (DRT). Work included finalizing their contract, baseline scope, schedule and budget. Healthier Washington leadership decided on what measurements the DRT would report on for its first release; the AIM team led the effort to send data to Providence CORE.

PERFORMANCE MEASURES

- The initial results of the [Statewide Common Measure Set](#) were released at the Washington Health Alliance meeting Dec. 8. The results highlight opportunities to collectively work toward improving the quality of health care in Washington.
- The Performance Measures Behavioral Health Measures Selection Workgroup's final meeting took place to determine final recommendations to present to the Performance Measures Coordinating Committee in January. Based on public comment and discussion, the workgroup

chose to stand by original recommendations to include mental health and alcohol/drug treatment penetration measures in the 2016 evolution of the set of common measures.

- The PMCC convened its quarterly meeting in January to vote on changes to Common Measure Set for 2016. After the recommendations were put forward for public comment in November, the committee voted to add three new measures that address behavioral health.
- The “[Savvy Health Care Shopper](#)” series of infographics was released in December to promote consumer awareness of how the results of the common measure set can be used to help consumers make decisions about where and how they access health care.

EVALUATION

- Our SIM program evaluation contractor, University of Washington School of Public Health, delivered a SIM driver diagram and SIM evaluation baseline data collection strategy.
- Our ACH evaluators, Center for Community Health and Evaluation, delivered an evaluation plan, year-end ACH survey results, and a 2015 [formative evaluation](#) report on the progress made during the year.
- The DSHS Research Data and Analysis team constructed, maintained and continues to enhance a Medicaid claims evaluation database, delivered a plan for the evaluation of Model 1 and assisted with analysis on critical access hospitals, part of Model 2.
- HCA became acquainted with RTI, federal evaluation contractor, and began discussions about data acquisition.

SUMMARY OF IMPLEMENTATION CHALLENGES, BARRIERS, OR DELAYS IN THE PREVIOUS TEST YEAR

TURNOVER AND STAFFING

There have been some turnover issues in leadership during the pre-implementation year:

- Patricia Lashway joined the Healthier Washington Executive Governance Council (as an interim agency secretary) upon the departure of DSHS Secretary Kevin Quigley.
- The HW DSHS “Connector” role transitioned several times during the pre-implementation year.
- The HW DOH “Connector” role transitioned once during the year.
- The AIM Director role remained unfilled all year; a risk mitigation plan was implemented to augment skills and knowledge required for the planning phase.

MODELS 2 AND 4

Two of our payment models are grappling with model design and stakeholder engagement. Both models have a worthy conceptual plan and continue to pursue momentum. Model 2 is approaching a solution from a stakeholder engagement and shared vision perspective. Model 4 is responding to earlier concerns with the state’s RFA proposal and attempting to articulate win-win strategies for obtaining a vendor to develop the proposed technical solution.

APCD

The All Payer Claims Database is funded by federal grants and not SIM, but is considered important in supporting transformation initiatives and SIM plans to purchase deliverables from the APCD. No organization responded to the public competitive procurement to be the Lead Organization to oversee the All Payer Claims Database development and implementation at the end of December 2015. The Office of Financial Management, the lead state agency for the APCD, is revising its approach and will issue a new procurement in spring 2016. HCA continues to assist and lend subject matter expertise (i.e., privacy and security, data analytics, data) to procurement planning effort as well as state rulemaking.

SUMMARY OF HOW THE COOPERATIVE AGREEMENT FUNDS WERE USED

HCA ended the pre-implementation year significantly underspent from its projections. We plan to pursue a carryover request to CMMI to carryover \$11,863,283 to grant year 2. Unspent funds were largely due to unfilled positions (vacancies).

Investment Area	Grant Year 1 Budget	Spent	Grant Year 1 Carryover
Community Empowerment and Accountability	2,769,598	2,551,665	217,933
Practice Transformation	1,830,774	428,397	1,402,377
Payment Redesign	2,116,825	784,451	1,332,374
Analytics, Interoperability and Measurement (AIM)	9,443,606	1,262,484	8,181,122
Project Management	2,923,743	2,194,266	729,477
TOTAL	19,084,564	7,221,263	11,863,283

Budget Category	Grant Year 1 Budget	Spent	Grant Year 1 Carryover
A. Personnel	2,858,745	1,557,984	1,300,761
B. Fringe Benefits	857,623	509,032	348,591
C. Travel	70,429	11,657	58,772
D. Equipment	200,000	0	200,000
E. Supplies	51,091	37,150	13,941
F. Consultant / Contracting	10,416,124	3,282,704	7,133,420
G. Construction	0	0	0
H. Other	4,547,060	1,801,079	2,745,981
TOTAL Direct	19,001,072	7,199,606	11,801,466
Indirect	83,474	21,657	61,817
TOTAL	19,084,564	7,221,263	11,863,283

THE WAY FORWARD: A VISION FOR ACCELERATION AND SUSTAINABILITY AT ALL LEVELS

SUSTAINABILITY STRATEGIES

Each Healthier Washington project has milestones dedicated to the sustainability of the work and outcomes beyond the life of the SIM grant. CMMI has made clear that a focused sustainability plan must be devised early to build toward later sustainability. The various Healthier Washington strategies will be engaged in grant year 2 to think ahead and develop sustainability strategies by the end of 2016. Value-based payment, alignment with national programs, and a focus on how to capture savings will be a focus of sustainability conversations and efforts.

HEALTH INNOVATION LEADERSHIP NETWORK

In the public and private sectors, the Health Innovation Leadership Network is a critical success factor in the spread, scale and sustainability of the Healthier Washington strategies. The five accelerator committees focused on clinical engagement, rural health innovation, collective responsibility, equity, and physical-behavioral integration, respectively, formed in December 2015 and completed kickoff meetings in December and January. Their charter is to develop strategies to ensure the success of the HW goals – including that of sustainability. We plan to engage the HILN extensively in 2016 to continue to dialogue with us about how to build in sustainability, engage with value based payment strategies, and assist providers, practices, and communities in moving forward together.

INCORPORATING CONSUMER FEEDBACK

Healthier Washington is a multi-faceted, multi-layer, and multi-directional effort that requires real-time incorporation of consumer feedback in order to be successful. We pledge to continue talking and listening, taking every opportunity to learn from implementations, and prioritizing bi-directional communication so we can stay open to everyone who lives in our state and is affected by our work. Without these valued voices, we can't achieve the meaningful change we are committed to.