



Midpoint assessment of Accountable Communities of Health

Request for public comment



Washington State
Health Care Authority

Agenda

- ▶ Discuss the Medicaid Transformation Project: Initiative 1
- ▶ Review the purpose of the midpoint assessment
- ▶ Review findings and recommendations
- ▶ Discuss opportunity to submit additional input and comments

Medicaid Transformation

- ▶ Agreement between Washington State and Centers for Medicare & Medicaid (CMS) for a five-year Medicaid transformation project.
- ▶ Medicaid Transformation project seeks to implement innovative projects, activities and services to improve health outcomes and use resources more wisely.
- ▶ Authorizes up to \$1.5 billion in federal investments.
- ▶ Three initiatives:



A regional approach

- ▶ **Accountable Communities of Health (ACHs)** play a critical role:
 - ▶ Coordinate and oversee regional projects aimed at improving care for Apple Health (Medicaid) beneficiaries.
 - ▶ Apply for and support distribution of incentive payments on behalf of partnering providers for achievement of defined milestones within the region.



Evidence-based strategies

Care delivery redesign	Prevention and health promotion
Project 2A: Bi-directional Integration of Physical and Behavioral Health Through Care Transformation (required)	Project 3A: Addressing the Opioid Use Public Health Crisis (required)
Project 2B: Community-based Care Coordination	Project 3B: Reproductive and Maternal and Child Health
Project 2C: Transitional Care	Project 3C: Access to Oral Health Services
Project 2D: Diversions Interventions	Project 3D: Chronic Disease Prevention and Control

Independent assessor: Myers and Stauffer

- ▶ As required by the special terms and conditions (STCs), the independent assessor (IA) is responsible for making recommendations to the state regarding ACH project plans, conducting a midpoint assessment, and completing ongoing reviews of ACH progress through semi-annual report reviews.
- ▶ Has no affiliation with the ACHs or their partnering providers.
- ▶ Is a nationally based certified public accounting and consulting firm that serves local, state, and federal public health care and social services agencies.
- ▶ Has more than 15 years of experience with Section 1115 waivers.
- ▶ Has been actively involved in Medicaid transformation programs since 2012.



DSRIP Team Experience

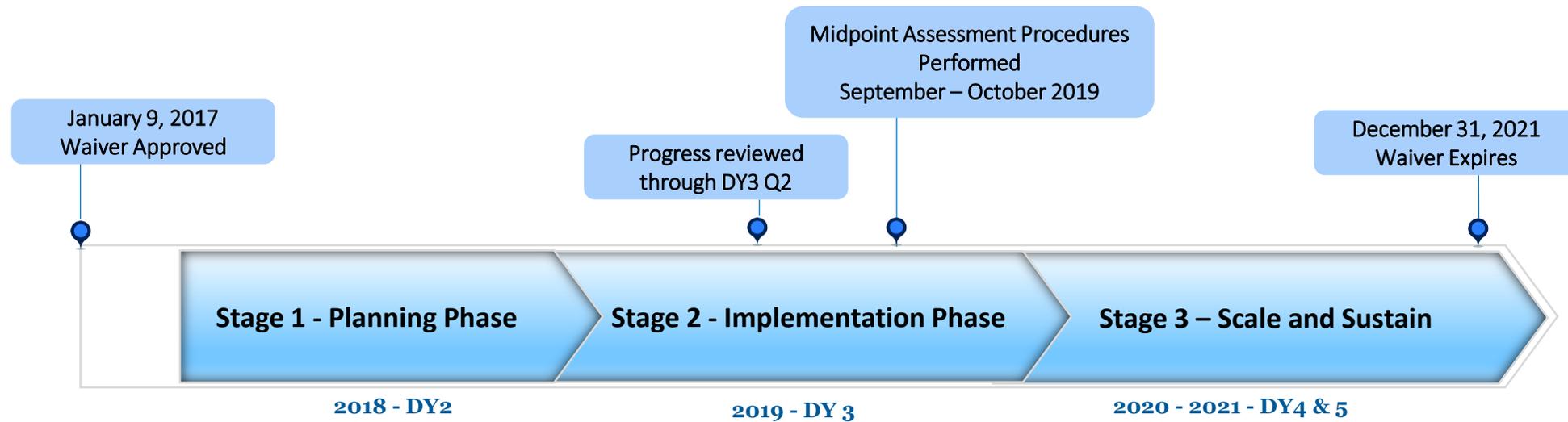
Examples of team experience with DSRIP programs include:

- Conducting independent assessments.
- Developing DSRIP project application processes.
- Creating application assessment tools and evaluation criteria.
- Providing project plan reviews and applicant feedback.
- Convening independent review panels.
- Executing extensive communication plans at all DSRIP projects stages.
- Supporting participating providers through learning collaborative forums and other trainings.
- Maintaining program websites.
- Analyzing data.

Midpoint assessment objective

- ▶ In accordance with the agreement with CMS, the midpoint assessment was conducted with the following objectives:
 - ▶ Demonstrate compliance with STCs of the waiver and approved protocols.
 - ▶ Assess project health to systematically identify recommendations for ACH or project improvement.

Timeline



Midpoint assessment overview



- ▶ Review elements:
 - ▶ ACH management and project plan execution
 - ▶ Local health initiative efforts
- ▶ Procedures:
 - ▶ Desk reviews, site visits, conference calls and focus groups.
 - ▶ Representatives included: ACH representatives, managed care organizations (MCOs), Tribal representatives, behavioral health, substance use disorder (SUD) providers, primary care and federally qualified health centers, community based organizations, public health, education and emergency services.

Findings

- ▶ All ACH projects were recommended for continuation.
- ▶ Additional monitoring is recommended for one ACH due to implementation plan delays.

Key findings

Advancing waiver goals.

- ▶ There is clear and convincing evidence of statewide progress related to health systems capacity building and care delivery redesign as expected for milestones between DY1 through DY3 Q2.
- ▶ More work in Stage 2 – Implementation is necessary for partners to move to Stage 3 – Scale and Sustain.

Fostering cross-sector relationships.

- ▶ ACHs have facilitated meaningful relationships across the care continuum.
- ▶ Linkages have facilitated:
 - ▶ Enhanced communication.
 - ▶ Understanding of community resources.

Key findings (continued)

“As a neutral convener role, no one was threatened by the ACH. They brought a model, passion, resources, and accountability to the process.”

—ACH partnering provider

Key findings (continued)

Care delivery redesign.

- ▶ Waiver alignment allowed organizations to:
 - ▶ Begin initiatives that had been planned, but not started.
 - ▶ Accelerate or enhance redesign efforts already underway.

Health equity.

- ▶ Progress was shown by ACHs and partners in addressing health equity both through funding and practice.
 - ▶ Development of a Community Health Fund.
 - ▶ Routine training and toolkit development.

Key findings (continued)

MTP accountability.

- ▶ Accountability principles established and implemented.
 - ▶ ACHs have replicated the operational framework, which promotes project management success at a regional level.
 - ▶ Agreements, process and outcome measures, work plans, and cycles of reporting has provided structure and reliable processes.

MTP administration.

- ▶ Broad support exists for Medicaid Transformation.
 - ▶ An intentional structure was developed for balanced decision-making between clinical and social partners.
 - ▶ Developed greater collaboration and sustained buy-in.

Key findings (continued)

Transformation sustainability.

- ▶ ACHs and partners wish to see a long-term transformation vision.
 - ▶ Potential to inform regional sustainability of investments and transformation.
 - ▶ Example: Project 2B: Community-Based Care Coordination

Recommendations

Project implementation.

- ▶ Project partner roster confirms active engagement within each region.
- ▶ Partners are at varied levels of project implementation.
- ▶ **Recommend that HCA** continue to monitor implementation efforts to determine whether the volume of partners continues or expands.

ACH governance.

- ▶ Partners offered positive feedback related to ACH organization and support.
- ▶ Initial uncertainty and concerns were addressed by ACHs through effective communication methods.
- ▶ **Recommend ACHs** to continually look for ways to streamline efforts and identify/replicate lessons learned and successes in other regions. Continued sharing of resources.

Recommendations (continued)

Training and technical assistance.

- ▶ Has positively impacted partners' knowledge base and culture.
- ▶ **Recommend ACHs** to continue joint learning forums and continue to work with partners to identify topics of greatest need for training, including performance measurement.

Statewide solutions.

- ▶ ACHs, partners, and MCOs raised concerns about continuing certain efforts at the regional level: health information exchange and workforce transformation.
- ▶ **Recommend that HCA** consider opportunities to expand work with ACHs, MCOs, and partners to address larger, more impactful solutions, such as the Medicaid Transformation Priorities Work Group.

Recommendations (continued)

Resource availability.

- ▶ Funding and staffing were brought up as challenges.
- ▶ **Recommend ACHs** to consider whether there are opportunities to address these challenges through reallocation of funds/reserves and continue to look for opportunities to coordinate.
- ▶ **Recommend that HCA** continue to monitor funding distribution and reserves, and participation to assure engagement continues.

Behavioral health/CBO perspective

- ▶ Regularly mentioned challenges related to workforce and resource limitations.
- ▶ Indicated that the cultural change necessary for primary care to integrate behavioral health and social services was advancing slowly.
- ▶ **Recommend ACHs** to continue to evaluate the degree to which primary care partners support and engage with behavioral health and CBO partners. Consider tailored approaches for technical assistance for these partners.

Recommendations (continued)

MCO partnership.

- ▶ Differing levels of engagement have been experienced.
- ▶ Reimbursement strategies may challenge sustainability for certain services. (e.g., telehealth).
- ▶ **Recommend that HCA, ACHs, MCOs** consider opportunities to address issues that limit engagement. Continue to identify opportunities to align MCO and Medicaid Transformation goals, including addressing reimbursement concerns.

Integrated managed care (IMC).

- ▶ IMC has been a challenge, particularly for SUD agencies, and agencies adding or updating electronic health record systems.
- ▶ **Recommend ACHs** to continue offering technical assistance and support where IMC transitions are occurring. Determine if additional incentive funds is necessary.
- ▶ **Recommend that HCA** continue assessing challenges in regions that have transitioned; evaluating provider complaints, network access, and claims payments.

Recommendations (continued)

Non-duplication of federal funds.

- ▶ Planning protocol requires that projects are not duplicative of activities already supported with other federal funds. Evidence was provided that some ACHs are addressing this issue in contract requirements or policy documents.
- ▶ **Recommend that ACHs'** documentation should be maintained when ACHs and partnering providers seek additional dollars to further a project's reach or scope.
- ▶ **Recommend that HCA** consider ongoing guidance or reporting requirements of ACHs to assure non-duplication.

Data sharing.

- ▶ There has been progress as well as challenge with sharing of patient information.
 - ▶ Referral pathways and tracking, patient registries, and agreements to share data for common patients have been established.
- ▶ **Recommend that HCA**, in addition to consideration of opportunities for leading efforts around a statewide health information exchange solution, consider working with ACHs and partners on issues related to 42 CFR Part 2.

Recommendations (continued)

Population Health Management.

- ▶ ACHs have supported partnering providers through collection and analysis of data, developing dashboard reporting, and providing preliminary information to providers.
- ▶ **Recommend that HCA** continue to work with the ACHs in assessing local capacity to support for population health management's foundational activities: data aggregation, data analysis, data-informed care delivery and data-enabled financial models.

Long-term sustainability.

- ▶ ACHs and providers are hopeful about long-term sustainability of transformation, but voiced uncertainty of sustainability because of a variety of factors.
- ▶ **Recommend that HCA** ensures collaboration across HCA, ACHs, MCOs, and local health and community providers discuss methods and opportunities to focus on continuously improving outcomes. As providers transition to value-based payment models, continue to offer training and technical assistance.

Public comment submission process

- ▶ Subject line: MPA Comment
- ▶ Email address: wadsrip@mslc.com
- ▶ Comments will be catalogued and summarized in the final MPA report.
- ▶ Submitter will receive a standard message confirming receipt.
- ▶ Comments may result in report modification, or may be forwarded to HCA staff to address.
- ▶ Public comment period ends: January 20, 2020.
- ▶ Final report will be released by the end of January.

Q&A