Medicaid Transformation and Accountable Communities of Health

Overview of the Medicaid Transformation Project (MTP)

HCA is working to change Washington State's Apple Health (Medicaid) health and wellness system by:

- Improving the quality of care.
- Reducing barriers to care.
- Connecting clinical care and social services.

What is the purpose of MTP?

Our goal is to ensure people enrolled in Apple Health have access to better health and better care at a lower cost. We achieve this goal through four different initiatives of MTP. The largest initiative is implemented in statewide through nine regional Accountable Communities of Health (ACHs).

How is Washington State funding MTP?

Centers for Medicare & Medicaid Services approved, and the Washington State Legislature authorized, a Section 1115 Medicaid demonstration waiver. Through December 2021, Washington State will receive up to $1.5 billion in federal funds to develop projects, activities, and services that enhance the quality of care of people enrolled in Apple Health.

The Delivery System Reform Incentives Payment and Medicaid Quality Improvement Payment are federal programs where ACHs, managed care organizations, Tribal partners, and participating public hospitals earn incentive payments by implementing projects that support care transformation for Apple Health enrollees.

Accountable Communities of Health (ACHs)

What's an ACH?

An ACH is an independent, regional organization that works with community partners on specific health care and social determinants of health projects. ACHs all do certain things like bring together health and wellness system partners in their regions, assess their area for health gaps and priorities, work to combat the opioid crisis, and support integrated managed care activities.

Below are some efforts occurring across Washington State. ACHs are working on:

- Preventing opioid dependency, expanding access to opioid use disorder treatments, and preventing opioid overdose in rural Washington.
    - Peer recovery staff available in clinics.
    - Chronic pain patients effectively treated for opioid use disorder.
    - Clinical partners implementing prescribing guidelines.
    - Emergency medical services reducing fatalities related to overdose with medication kits.
- Supporting patients with chronic illnesses.
    - Decreasing emergency department utilization by promoting self-management techniques for those with multiple chronic illnesses.
    - Addressing food insecurity and transportation needs of patients in need of clinical services.
    - Screening of deficiency in social determinants of health and establishing appointments or providing referrals to community based organizations.

In addition to these efforts, ACHs are working on projects that align with their region's needs and priorities. Below are some examples of how that work is playing out at the regional level.

- **Better Health Together (ACH)** is increasing their access to care for people with Type 2 diabetes by linking and improving their clinical care and social supports, and identifying risks earlier; and leveraging Health Information Technology infrastructure to support behavioral health providers in the move toward integrated managed care.
- **Cascade Pacific Action Alliance (ACH)** helped secure start-up funds for the Olympia Bupe Clinic to provide medication for opioid use disorder (MOUD). Since opening its doors in January 2019, the clinic has seen 433 patients with 2,006 visits. Between January and May of 2019, 75 percent of patients visited more than once, and 49 percent visited four or more times.
- **Elevate Health ACH** contracted with "Bridge of Hope," a partnership created by HopeSparks and Pediatrics Northwest. Bridge of Hope increases early access to behavioral health care services for pediatric patients with mild to moderate behavioral health needs and connects them with pediatric primary care; and coordinates work with five local fire districts to support community paramedicine work.
- **Greater Columbia ACH** worked with dental clinics to screen dental patients for behavioral health and social needs. As a result, these organizations helped people find behavioral health and primary care services, or assistance through a community health worker.
- **HealthierHere (ACH)** transitioned Medicaid clients from jails back to the community, helped those with serious mental illness or substance use disorder after discharge from inpatient care, and supported the transition of older clients and people with disabilities as they moved from the hospital to other care settings.
- **North Central ACH** helps people with non-emergent conditions to receive care from a more appropriate setting than an emergency room. An existing workforce of paramedics was trained to provide primary and preventive care to underserved populations.
- **North Sound ACH** is working to build partnerships and collaboration among clinical and community organizations, focused on advancing clinical integration, robust connections among care coordination entities, and a region-wide commitment to Tribal and equity learning.
- **Olympic Community of Health (ACH)** funded and created a regional opioid response plan with community partners and Tribes. This plan focuses on prevention and improved access to care. The plan is part of the Three-County Coordinated Opioid Response Project, which has a multi-sector steering committee working to increase MOUD providers and programs, and reduce overdose deaths.
- **SWACH** implemented, with Klickitat Valley Health, specific opioid-related strategies. These strategies focus on improving opioid prescribing, increasing drug take-back, increasing the number of MOUD providers, and supporting the expansion of peer services.

Where do I go for more information about ACH activities?

Read the Self Sufficiency of Accountable Communities of Health report.