Healthier Washington Medicaid Transformation

North Sound Accountable Community of Health

Semi-annual Report 3.0

Reporting period:

January 1 – June 30, 2019

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ACH contact information

Include in the semi-annual report the contact information for the primary ACH representative. The primary contact will be used for all correspondence relating to the ACH's semi-annual report. If secondary contacts should be included in communications, please also include their information.

ACH name:	North Sound ACH
Primary contact name **Phone number** **E-mail address**	Liz Baxter, MPH 360-386-5745 Liz@NorthSoundACH.org
Secondary contact name **Phone number** **E-mail address**	Nicole Willis, MPH 360-543-8860 Nicole@NorthSoundACH.org

Section 1. ACH organizational updates

Attestations

The ACH attests to complying with the items listed below during the reporting period. Upon request, the ACH shall have available for review by the IA and HCA all supporting data and/or back-up documentation related to the attestations provided.

Foundational ACH requirements	Yes	No
1. The ACH has an organizational structure that reflects the capability to make decisions and be accountable for financial, clinical, community, data, and program management and strategy development domains.	X	
2. The ACH has an Executive Director.	X	
3. The ACH has a decision-making body that represents all counties in its region and includes one or more voting partners from the following categories: • Primary care providers • Behavioral health providers • Health plans, hospitals or health systems • Local public health jurisdictions • Tribes/Indian Health Service (IHS) facilities/ Urban Indian Health Programs (UIHPs) in the region • Multiple community partners and community-based organizations that provide social and support services reflective of the social determinants of health for a variety of populations in its region.	X	
4. At least 50 percent of the ACH's decision-making body consists of non-clinic, non-payer participants.	X	
5. Meetings of the ACH's decision-making body are open to the public.	X	
6. Within the last 12 months, the ACH has completed an organizational self-assessment of internal controls and risks (using this template or a similar format) that addresses internal controls, including financial audits.[1]	X	
7. The ACH maintained ongoing compliance with the Model ACH Tribal Collaboration and Communication Policy.	X	
8. The ACH conducted communication, outreach and engagement activities to provide opportunities for community members to inform transformation activities and to receive updates on progress.	X	

[1] https://wahca.box.com/s/nfesjaldc5m1ye6a0bhiouu5xeme0h26

If unable to attest to one or more of the above items, provide a brief explanation of how and when the ACH will come into compliance with the requirements. Identify the specific attestation number when providing the response.

Attachments

9. Key staff position changes. If key staff changes occurred during the reporting period, include as an attachment a current organizational chart. Use ***bold italicized font*** to highlight changes to key staff positions during the reporting period.

Response:

North Sound ACH added Attachment A, Updated Organizational Chart, with staffing changes noted.

10. Budget/funds flow.

- Financial Executor Portal activity for the reporting period. The Financial Executor will provide to the Independent Assessor an ACH-specific report from the Financial Executor Portal, representing activity in the Portal during the reporting period. The Independent Assessor will append this document to the semi-annual report. Use Category reconciliation documentation will be included, if applicable. No action is required by the ACH for this item.
    - Optional: The ACH may provide any context that may add clarity regarding the portal activity reports (e.g., inaccurate provider type designations, payments made outside the portal, etc.).

Response:

The North Sound ACH has no additional clarifying comments to add to this question about the report from the Financial Executor portal but is happy to respond to any questions about the North Sound ACH activity as it is reported via the FE Portal report.

Documentation

The ACH should provide documentation that addresses the following:

11. Tribal Collaboration and Communication. Provide two examples that demonstrate how the ACH furthered the relationships with Tribes and Indian Health Care Providers (IHCPs) with whom the ACH shares the region.

Response:

North Sound ACH has continued to work and further relationships with the Tribes and Indian Health Care Providers with whom our ACH shares a region. Two examples that demonstrate the continued work include:

1) North Sound ACH board now has seven of the eight tribal seats filled. The Nooksack Indian Tribe appointed a delegate and an alternate on March 5, 2019, for the North

Sound ACH Board of Directors and its Tribal Alignment Committee. The Sauk-Suiattle Indian Tribe appointed a delegate on June 14, 2019 to the North Sound ACH Board of Directors.

2) North Sound ACH launched a Tribal and Equity Learning Series on May 22, with required participation by all implementation partners. All 49 implementation partners had staff in attendance, and the day's learning was begun by Children of the Setting Sun Productions, a partner who is consulting with the ACH around tribal sovereignty, tribal relationship building and learning.

12. Design Funds.

- Provide the ACH's total Design Fund expenditures to date and an outline of how those funds have been used, by Use Category or other ACH-specific identifiers.
- If the ACH has not expended the full amount of earned Design Funds, describe the planned use for these funds. ACHs may identify future expenditures by Use Category, or other ACH-specific identifiers.

Response:

North Sound ACH has not expended any dollars from the Design Fund during this reporting period, although the use category balances have been updated since the January 2019 Semi-annual Report, due to funds re-classified during 2018. Please see Attachment B, Design Funds Summary. The Board of Directors will consider use of the available Design Funds during its annual fund allocation decision making process.

13. Funds flow. If the ACH has made any substantive changes to its funds flow methodology and/or decision-making process since project plan submission, attach:

- The ACH's current fund flow methodology and structure, including the decision-making process for the distribution of funds. Please note substantive changes within the attachments or describe within this section.
- Decision-making process for incentives held in reserve (e.g., community funds, wellness funds, reserve funds) if applicable. Please note substantive changes within the attachments or describe within this section.

Response:

The North Sound ACH has not made any changes to its funds flow methodology and structure, or the decision-making process for distribution of funds during this reporting period. Any changes to use of funds held in reserve, including Reserves and the Community Resilience Fund, require Board resolution before any distribution can occur. The Board has not begun deliberation on those strategies as of yet.

14. Incentives to support integrated managed care. Regardless of integrated managed care implementation date, provide the following information regarding ACH incentives to support behavioral health providers transitioning to integrated managed care.

- Note: Include any earned Integration Incentives, Project Incentives or other funds that have been or will be used.

Response:

Use of incentives to assist Medicaid behavioral health providers		
Description of Use	Expenditures ($)	
	Actual	Projected
Consultant (XPIO) who worked with BHAs to identify resource needs for IMC readiness	$553,320	$553,320
BHO contract to support $ for BHAs with IMC readiness assessment and implementation	$5,936,049	$5,936,049

Section 2. Project implementation status update

Attachments

15. Implementation work plan

Implementation plans are "living documents" that outline key work steps and plans to be conducted within the time frame of the Medicaid Transformation. The ACH's implementation plan (work plan) is a key resource that allows HCA to understand how the ACH is moving forward and tracking progress. These plans provide HCA with the information required to monitor the ACH activities and project implementation timelines.

The ACH must submit an **updated implementation plan** reflecting *progress made during the reporting period*.[2]

- The updated implementation plan must clearly indicate progress made during the reporting period. The ACH may decide how to indicate progress, so long as it allows for the IA to review and understand implementation progress, specifically:
    - Work steps and their status.
        - At minimum, work steps should be updated as either in progress, completed, or not started. The ACH may provide a work step status legend that defines and indicates the different work step statuses defined by the ACH. Recommended work step status options include:
            - Completed, Deliverable Met: The work step deliverable has been completed. The ACH is able to provide supporting documentation regarding the completion of the deliverable upon request.
            - Fulfilled for Quarter, Remains in Progress: Actions were taken toward achieving the work step deliverable, but the deliverable has a target end date in the future. The ACH is able to provide supporting documentation regarding activities fulfilled in the quarter upon request.
            - Delayed, Remains in Progress: Work step deliverable is past due. Work step was scheduled to be complete, but the ACH is still working towards completion.
            - Not Started: Work step has not been started.
        - The ACH is to add a "Work Step Status" column to the work plan between the "Work Step" column and the "Timing" column. This column should reflect the status assigned to the work step.
        - The ACH is to assign a status for each work step provided in the implementation plan work plan. This applies to work steps that have yet to bet started.

[2] Note: ACHs are not to submit the narrative component of the October 2018 Implementation Plan.

- If the ACH has made minor changes for any work step from their originally submitted work plan, the ACH is to indicate this change through highlighting/asterisks for each applicable work step/milestone.
- If the ACH has made substantial changes to the work plan format used in the October 2018 submission, the IA may request an opportunity to discuss the format with the ACH to provide an orientation to the changes. All required elements of the work plan must be preserved.

Submit updated implementation work plan that reflects progress made during reporting period.

Response:

North Sound ACH has added Attachment C, Updated Implementation Plan.

As work progressed during the implementation year, the portfolio of Medicaid Transformation Project strategies and tactics in the North Sound region continued to be refined. The Implementation Plan (work plan) has been updated to align with the work that partnering providers are currently doing. Changes can be identified in the Implementation Plan as follows:

- Minor changes are highlighted light yellow within the work plan. Minor changes include: addition of one or two work steps, slight change in language, change in key deliverable/outcome, or change in ACH staff person assigned.
- Substantial changes are highlighted in blue. Description of and rationale for substantial changes are listed in the table below.

Substantial Changes:

- Reassigned milestones (required and ACH-created) from one initiative to another to align with North Sound ACH's strategies and tactics outlined in the Change Plan process.
    - i.e. All milestones pertaining to cultural competency that were in Care Coordination, Care Transformation, and Care Integration initiatives were reassigned to Capacity Building initiative ("Ensure each participating provider and/or organization is provided with, has access to, or has secured, the training and technical assistance resources necessary and to perform their role in the approach in a culturally competent manner. (Completion no later than DY 3, Q4.)").
- Removed work steps that are no longer relevant
    - i.e. Several work steps related to project 3A were removed because they are no longer within the scope of work for the ACH. These work steps were closely aligned with the North Sound BHO's Opioid Regional Plan. As the North Sound ACH Change Plan process developed, it was determined that these steps were BHO priorities rather than ACH priorities, so they were removed.

In addition to these changes, the Implementation Work Plan was updated to reflect progress made during the reporting period. The work step status and timing columns were updated to note their current status as either "Completed, Deliverable Met"; "Fulfilled for Quarter, Remains in Progress"; "Delayed, Remains in Progress"; or "Not Started".

16. Partnering provider roster

ACHs are to maintain a partnering provider roster as part of semi-annual reporting. The roster should reflect **all partnering providers** that are participating in project implementation efforts through the ACH under Medicaid Transformation.[3] ACHs are to indicate partnering providers that are taking action on the ground to implement tactics and/or making substantive changes or enhancements to care processes to further local, regional and state progress towards the following Project Toolkit objectives per the STCs:[4]

- *Health systems and community capacity building*
- *Financial sustainability through participation in value-based payment*
- *Bi-directional integration of physical and behavioral health*
- *Community-based whole person care*
- *Improve health equity and reduce health disparities*

The partnering provider roster is a standard component of semi-annual reporting, requiring ACHs to report any changes in partnering provider participation in Medicaid Transformation activities.

To earn the achievement value associated with this reporting component, ACHs are required to confirm and submit the list of **partnering provider sites** that are participating in Medicaid Transformation Project Toolkit activities in partnership with the ACH.

Submit partnering provider roster.

Response:

North Sound ACH has added Attachment D, Potential Site List (Partnering Provider Roster).

Documentation

The ACH should provide documentation that addresses the following:

17. Quality improvement strategy update

The ACH must submit quality improvement strategy updates on a semi-annual basis to keep HCA and the IA apprised of quality improvement activities and findings. ACHs may determine the format to convey this information.

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[3] Partnering providers are defined as any traditional and non-traditional Medicaid providers and organizations that have committed to participate in the ACH's projects. Traditional Medicaid providers are traditionally reimbursed by Medicaid; non-traditional Medicaid providers are not traditionally reimbursed by Medicaid.

[4] https://www.hca.wa.gov/assets/program/Medicaid-demonstration-terms-conditions.pdf

Semi-annual updates should demonstrate that the ACH has insights into the current implementation of transformation approaches, barriers identified by partnering providers, and the resources and technical assistance provided by the ACH to partnering providers to promote achievement of transformation outcomes and objectives.

Through these updates, ACHs are expected to report developments over the reporting period, such as:

- Modifications to the ACH's quality improvement strategy
- Summary of findings, adjustments, and lessons learned
- Support provided to partnering providers to make adjustments to transformation approaches
- Identified best practices on transformation approaches

Attach or insert quality improvement strategy update.

Response:

This Quality Improvement update covers the reporting period Jan-June 2019, and highlights developments reported by North Sound ACH partnering providers, and support provided to partners to make adjustments to initiative approaches as well as identifying best practices for implementation approaches.

The North Sound ACH utilizes a variety of reporting tools to gain insight into partner implementation to determine which approaches are successful and to identify areas where partners need support and technical assistance.

Using commitments made by partners in their Change Plan, North Sound ACH designed the reporting questions using a continuous quality improvement framework. The framework allows North Sound ACH staff to monitor partner progress and provide support when partners indicate a need, or indicate a delay in implementing transformation strategies.

Regional Quality Improvement Framework:

North Sound ACH will use Plan-Do-Study-Act cycles in our continuous quality improvement framework for the region. Using this model, the project team is able to track progress on the implementation strategies that partnering providers committed in their Change Plan and the scope of work.

Plan-Do-Study-Act (PDSA) cycles are used by the ACH to monitor partner progress and identify delays in implementing transformation approaches or needs for technical assistance. North Sound ACH identified the following activities in accordance with the regional quality improvement strategy related to implementation using the PDSA cycles described below:

- Plan: Partners planned and committed to transformation approaches as indicated by their scope of work (drawn from their commitments in their Change Plan.)

- Do: Partnering providers are in Year 1 of implementation for the Medicaid Transformation Project, and as such North Sound ACH has identified this year as the "Do" cycle of the PDSA model. North Sound ACH staff have begun studying and analyzing partner reporting to identify delays in implementation and technical assistance needs. Partners completed reporting for the January 1, 2019 to March 31, 2019 in April 2019 through the HealthcareCommunities.org portal.
- Study: All partners (100%) completed reporting through the partner portal for the first reporting period in April 2019. North Sound ACH staff conducted a qualitative analysis of partner reporting, and will begin site visits in July 2019, to understand what implementation strategies are working well, which partners are experiencing delays, and to clarify partner requests for technical assistance/training. (Partners were directed to select "delayed" while reporting on each implementation strategy in order to indicate to ACH staff that they needed technical assistance.)
- Act: Partner reporting provides necessary information for North Sound ACH staff to help address barriers and delays in implementing transformation strategies. After analysis of reporting submitted by partners in April 2019, North Sound ACH learned specific needs and requests for support specific to each individual partner. Partners indicated needs and delays while providing requests for assistance from North Sound ACH staff. North Sound ACH staff acted by responding to those needs with a variety of tools, resources, and support.

Support Provided to Partnering Providers to Make Adjustments to Transformation Approaches

Partners who identified a need for technical assistance or identified delays in implementing transformation strategies were provided with support from North Sound ACH to promote achievement of transformation outcomes and objectives.

Based on the framing of continuous quality improvement, the ACH used several methods to track progress within Medicaid transformation activities designed around the PDSA cycles. The tracking process is aligned with the "study" cycle in the PDSA model. In order to support partnering providers, North Sound ACH staff track partners implementation progress and then provide support. Providing support is an activity aligned with the "act" cycle in the PDSA model and will be outlined in the next section. The activities designed to "study" partner implementation progress include:

- Partner providers periodic reporting
    - The North Sound ACH project team conducts a qualitative analysis of reporting data to identify TA requests or delays indicated by partners in the reporting process.
- Assigned Project Managers document partner site visits using a qualitative data collection method including note taking and capturing stories.

- North Sound ACH tracks partner delays, successes, collaboration, similar strategies to track areas for improvement
- North Sound ACH tracks partner email requests for assistance using a central team@northsoundach.org email to communicate partner needs in a timely manner
- After ACH webinars evaluations are gathered using polling questions to improve content
- A third-party evaluator has been contracted to design an evaluation plan aligned with partner reporting guide and regional CQI framework

The ACH supports partnering providers' quality improvement processes by monitoring implementation tactics and strategies through periodic reporting required for all following support is provided to partners during the "act" cycle of the PDSA model, including:

- Review of reporting to identify delays and requests for technical assistance
- Conducting site visits to discuss delays and better understand reported barriers
- North Sound ACH addresses barriers reported by providing evidence-based resources and technical assistance including:
    - Briefs, resources, and toolkits on evidence-based models and best practices on the partner portal.
    - Coordinating events for partners that allow for cross-collaboration and networking opportunities
    - Hosting a weekly webinar learning series
    - Assigning project managers to guide partners through implementation

Summary of Findings, Adjustments, and Lessons Learned

For the first reporting period in spring 2019, North Sound ACH asked partners about their progress on the use of continuous quality improvement strategies to determine a baseline for measuring progress for future reporting periods.

North Sound ACH partners were required to complete reporting for the period January 1, 2019 to March 31, 2019 during the month of April 2019. Partners completed reporting through the HealthcareCommunities.org portal. All partners (100%) completed reporting for the reporting period.

Reporting of progress is a requirement for all North Sound ACH partners. North Sound ACH's monitoring includes a combination of partner reporting activities related to:

- Change Plan progress, process and implementation needs
- Regional progress related to addressing the opioid crisis, physical and behavioral health integration, and value-based payments through statewide surveys
- Site visits and assessments to support partner implementation, learning and collaboration.

Partners that committed to "Addressing the Opioid Crisis" strategies (North Sound ACH strategies 2.1, 2.2, 2.3, and 2.4) were also required to complete an additional survey for their organization. Partners that committed to Bi-Directional Integration strategies (North Sound ACH strategies 3.1 and 3.2) were required to complete one MeHAF SSA Survey for each site working on bi-directional integration.

North Sound ACH partners were required to complete additional tasks, including:

- Completion of the Partner Contact Survey in February and March 2019
- Registration for the HealthcareCommunities.org portal in April 2019
- Attendance at launch of the North Sound ACH Tribal and Equity Learning Series on May 22, 2019

Reporting in the partner portal was required in two formats: change status reporting on milestones and selection of tactics for each strategy committed to, and open-ended narrative responses by initiative. As outlined in the Partner Reporting Guide, and in alignment with the PDSA cycles, questions were scored based on completeness. Reporting was considered complete if all requested information was provided in sufficient detail for the North Sound ACH to monitor a partner's progress toward their committed scope of work.

In addition to monitoring the region's progress, information reported by partners will assist North Sound ACH in developing technical assistance resources, supporting partners' continuous quality improvement, and identifying needs and barriers as they arise.

One of the key findings from partner reporting for the first reporting period was that partners requested more opportunities for cross-sector collaboration and a way to learn about which partners are implementing similar transformation approaches. North Sound ACH responded to this request by creating a directory for partners illustrating which partners are committed to and working on strategies and implementation tactics. In addition to this directory, North Sound ACH will be hosting a partner retreat on August 7-8, 2019 which will provide dedicated time to support partner collaboration and coalition building. The agenda will feature activities that connect partners will provide a platform for partners to share successes and implementation stories. Partners who are working on the same strategies will be strategically joined together to build collaboration groups and focus on practical tools for sustaining those relationships.

Partners were also required to answer questions around quality improvement readiness and address current progress on implementing quality improvement tactics at the organizational level. Partners were asked to identify if quality improvement tactics were delayed, in-progress, or full implemented as well as identify needs for technical assistance. Partners requested training in continuous quality improvement and clarification around requirements of the ACH for partnering providers implementing quality improvement strategies. Partner progress in implementing quality improvement strategies varied across all providers. When asked questions around implementing quality improvement tactics, partners reported the following:

- Tactic: Assess and report the state of the organizations quality improvement capacity, including workforce trained, quality improvement tools and methodologies in use, quality improvement (QI) specific policies and procedures.
    - 69.7% reported that they were in-progress or have fully implemented this tactic.
- Tactic: Staff are trained in quality improvement methodologies.
    - 66.3% reported they were in-progress or fully implemented this tactic.
- Tactic: Utilize direct transformation coaching when appropriate and/or available
    - 57.8% indicated they were in-progress or had fully implemented this tactic.

To respond to varying stages of progress reported by partners, North Sound ACH is including a Quality Improvement training for partners during the partner retreat as well as a two-part webinar series scheduled in September to help partners address CQI for the next reporting period ending October 30, 2019.

All Accountable Communities of Health are required to collect certain information from partners to fulfill reporting obligations to the Washington State Health Care Authority (HCA). Twice yearly, the North Sound ACH will submit a Semi-Annual Report to the HCA that describes region-wide progress made by the ACH and partners in implementing Medicaid transformation strategies.

The North Sound ACH will implement a monitoring and continuous improvement plan using a model for improvement which embedded evaluation tools and continuous QI techniques such as logic models, key driver diagrams, Plan-Do-Study-Act (PDSA) cycles and run charts to track project success North Sound ACH: Semi-Annual Report Reporting Period and address any gaps or areas of improvement.

Scaling activities across the region will rely on partner readiness and capacity to implement new or expanded strategies. Because ACH partners will be starting at different levels of capacity for implementing transformative strategies, learning collaboratives and cohorts will be used to support peer-based and cross-sector information sharing where possible.

Narrative responses.

ACHs must provide ***concise*** responses to the following prompts:

18. General implementation update

- *Description of partnering provider progress in adoption of policies, procedures and/or protocols:* Implementation of transformation approaches require the development or adoption of new policies, procedures and/or protocols to define and document the steps required. Partnering providers may be in varying stages of completing this process, depending on selected transformation approach and the organization.
    - Provide a summary of partnering provider progress in the adoption or adaptation of policies, procedures and/or protocols to date. How do ACHs know that successful adoption occurred?

- Are there examples of partnering providers sharing policies, procedures and/or protocols? If so, describe.
- Describe any challenges faced by partnering providers in the adoption of policies, procedures and or protocols for selected transformation approaches. How did the ACH support partnering providers to overcome challenges to adoption?

- Describe the key challenges or risks identified in implementing selected transformation strategies, including potential impacts and mitigation strategies for specific transformation project areas or Domain I strategies. Include impacts across projects, as well as within a specific project area.

Response:

Each North Sound ACH implementation strategy requires partners to commit to developing guidelines, policies, procedures and protocols to support the strategy. North Sound ACH is providing a summary of partnering provider progress in the adoption or adaptation of policies, procedures and/or protocols to date.

Table 1 below is based on partnering provider self-report on their progress by strategy on developing guidelines, policies, procedures and protocols in the first reporting period (ending April 30, 2019). In total, 79.7% of partnering providers reported being in progress on developing guidelines, policies, procedures and protocols to support the strategies they have committed to; 14.5% have not yet started, 5.1% are fully implemented, and 0.7% are delayed.

Table 1: Summary of Partner Self Report on Progress on Guidelines, Policies, Procedures and Protocols

Strategy	Not Started	In Progress	Fully Implemented	Delayed
1.1: North Sound Community Hub	-	100.0%	-	-
1.2: Acute Care Transition	10.0%	90.0%	-	-
1.3: Transitional Care After Incarceration	26.7%	73.3%	-	-
1.4: ED Diversion	6.2%	81.4%	6.2%	6.2%
1.5: Cross-sector Care Coordination and Diversion Collaboratives	13.0%	82.6%	-	4.3%
2.1: Prevent Opioid Use and Misuse	9.1%	81.8%	9.1%	-

Table 1: Summary of Partner Self Report on Progress on Guidelines, Policies, Procedures and Protocols				
Strategy	Not Started	In Progress	Fully Implemented	Delayed
2.2: Link Individuals with OUD with treatment	15.0%	65.0%	15.0%	5.0%
2.3: Intervene in Opioid Overdoses to Prevent Death	16.0%	72.0%	12.0%	-
2.4: Community Recovery Services and Networks for Opioid Use Disorder	14.3%	76.2%	9.5%	-
2.5: Full Spectrum of Reproductive Health Services	33.3%	53.3%	13.3%	-
2.6: Pediatric Practices to Promote Child Health, Well-Child Visits and Childhood Immunizations	12.5%	81.3%	6.2%	-
2.7: Population Management in Oral Health Settings	33.3%	66.7%	-	-
2.8: Dental Health Aide Therapists (DHATs) in Tribal Clinics	-	100.0%	-	-
2.9: Mobile Dental Care in Community Settings	33.3%	66.7%	-	-
2.10: Clinical Transformation for Prevention and Management of Chronic Disease	17.6%	82.4%	-	-
2.11: Community Linkages for Chronic Disease Prevention and Management Programs	11.1%	88.9%	-	-
3.1: Integrate Behavioral Health Services in Primary Care Settings	16.7%	83.3%	-	

Table 1: Summary of Partner Self Report on Progress on Guidelines, Policies, Procedures and Protocols				
Strategy	Not Started	In Progress	Fully Implemented	Delayed
3.2: Integrate Physical Health Services in Behavioral Health Settings	12.5%	87.5%	-	-
3.3: Integrate Reproductive Health Services in Clinical and Community Settings	18.7%	75.0%	6.3%	-
3.4: Integrate Oral Health Care into Physical Health or Behavioral Health Settings	-	100.0%	-	-
Average:	14.5%	79.7%	5.1%	0.7%

How does North Sound ACH know that successful adoption occurred?

In addition to reporting on the status of policy development and implementation, the North Sound ACH asked partners to respond to this open-ended question regarding partner commitments to strategies in the Care Coordination, Care Transformation and Care Integration initiatives: *"Describe the policies, procedures, or protocols you have adopted for this initiative. Describe any challenges you've had in adopting them."*

Partners provided examples of how they are progressing in their work, and a few examples are shared here, taken from their responses to the open-ended question:

1. A community-based organization (CBO) partner said, "We are actively exploring the best tools to collect and maintain demographic and social determinants information; we have asked for assistance/guidance from [a local FQHC, the ACH and the national branch of our organization]". Further, this CBO has "...met with and coordinated a referral process from the following partners: a local FQHC, the local CHC, the local hospital, a local provider network, and a state university".
2. Multiple Fire and EMS partners identified the opportunity to collaborate with partnering providers on implementing policies. One Fire and EMS partner said they are "currently in the process of finalizing our policies, procedures and our protocols for the initiative. [To do so, they] meet with partners every two weeks and are currently working on finalizing budget(s) so that [they] can hire the support staff needed". Another Fire and EMS partner shared that they are currently "using the county's 911 protocols while working with partners and Medical Program Directors to develop region wide Community Paramedicine".

Partnering providers also reported challenges they face in the adoption of policies, procedures and/or protocols for selected transformation approaches, and ACH support.

Two common challenges became apparent upon the review of partner reporting: developing/formalizing data sharing agreements, and lack of knowledge or understanding about implementation models/evidence-based practices listed in the change plan. Details about these challenges, and how the ACH is supporting partners in addressing these challenges, are provided below.

1. Developing/formalizing data sharing agreements:
   To address these challenges for partners, the ACH has begun discussions with potential vendors of HIE and collaboration software platforms. The North Sound ACH had webinar presentations from Julota and Unite Us. Julota is community information platform that manages secure multidirectional sharing of sensitive information between software platforms for healthcare, EMS, law enforcement, behavioral health, and all other local nonprofit and for-profit organizations. Unite Us is a CIE system that addresses social determinants of health, working on a 211 platform to connect health and social service providers.
2. Lack of knowledge or understanding about implementation models/evidence-based practices:
   To address the desire for further information about Evidence Based Models, the North Sound ACH has launched a weekly webinar series that will include informational webinars on evidence-based practices hosted by content experts.

As a region that elected to move forward in all eight project areas, our decision to roll them into four initiatives brings some opportunities, along with challenges and risks.

The primary risk identified in completing Medicaid transformation work is not having enough partners committed to each strategy to make significant change in the region, coupled with the fact that we have such a long time lag between implementation and seeing what our early data looks like in terms of improvement. To mitigate this risk, we are working in multiple ways:

- We are completing a gap analysis of partner commitments, model sector requirements, population of focus commitments. Following the analysis, North Sound ACH will develop a strategy to recruit additional strategic partners to fill in those gaps.
- The ACH has incentivized partner reporting. Additionally, each partnering provider has been assigned a project manager to help answer questions that arise as they complete their implementation work and reporting.
- We have also engaged King County Public Health, which has access to the All Payer All Claims Database, so that we can get some early looks into claims data around our key metrics.

Two challenges that cross initiatives have been identified. As noted above, partners identified data sharing and working across EMRs and other HIE systems as a barrier to collaboration. To reduce this barrier, the North Sound ACH will be working to implement a data sharing program

like Julota or Unite Us across the region.

An additional challenge across projects is addressing issues in equity and trying to ensure that the change partners are creating does not reinforce existing structures of privilege and oppression. To address this challenge, the North Sound ACH has begun a required tribal and equity learning series for implementation partners, and will continue to share tribal and equity resources as they become available.

A project specific challenge exists within the Opioid strategies. The Regional Opioid Work Group was previously housed within the North South BHO. With the transition from the BHO to the BHASO, there is a potential for momentum to be lost in this work. To address this challenge, ACH staff have had multiple meetings with BHO staff to understand ways in which the ACH can keep this work moving forward. The North Sound ACH staff will also be working with the BHASO to develop a communication plan to effectively share news of this change with appropriate partners as it relates to opioid work in the region.

19. Regional integrated managed care implementation update

- **For 2019 adopters,** list the date in which the ACH region implemented, or will implement, integrated managed care.

Response

North Sound ACH region implemented integrated managed care on July 1, 2019.

Attestations.

The ACH attests to complying with the items listed below during the reporting period. Upon request, the ACH shall have available for review by the IA and HCA all supporting data and/or back-up documentation related to the attestations provided.

	Yes	No
20. The ACH supported Independent External Evaluator (IEE) activities to understand stakeholders' and partners' successes and challenges with Medicaid Transformation project implementation. ACH support or engagement may include, but is not limited to: • Identification of partnering provider candidates for key informant interviews. • ACH participation in key informant interviews. Note: Participation in interviews for the evaluation is voluntary. • Directing the IEE to public-facing documents (e.g., fact sheets for providers or community members) that help the IEE understand ACH transformation projects and related activities.	X	

Section 3. Pay-for-Reporting (P4R) metrics

Documentation.

21. P4R Metrics

P4R metrics provide detailed information to the IA, HCA and ACHs on partnering provider implementation progress at a clinic/site level.[5] Twice per year, ACHs will request partnering providers respond to a set of questions. ACHs will gather the responses and report them to the state. ACHs will receive credit for timely reporting on these indicators of project implementation progress.

Instructions:

- Submit line-level P4R metric responses collected from partnering provider sites. Include partnering provider organization name and site name for each respondent.
- Provide a count of partnering provider sites participating in Project 2A and 3A, and a count of P4R metric respondents, stratified by provider type (practice/clinic site and community based organization).

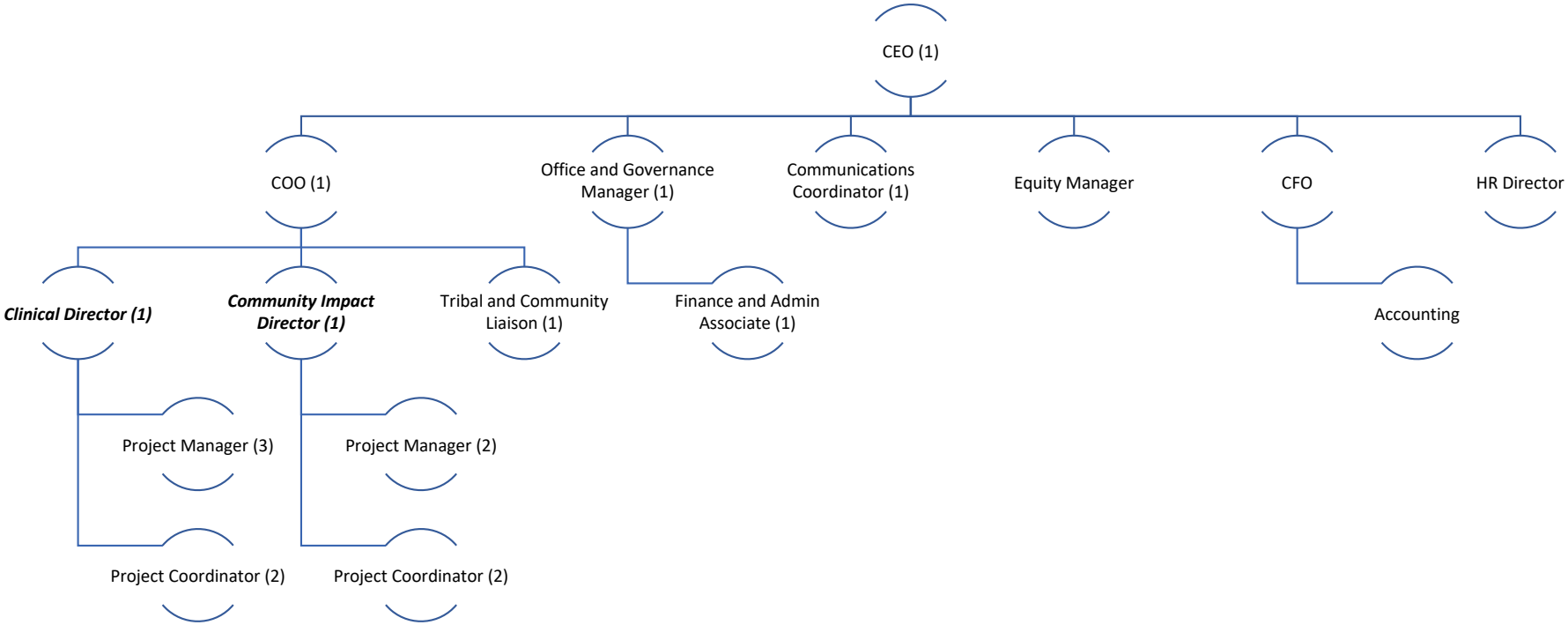
Submit P4R metric information.

Response:

North Sound ACH has added Attachment E, Pay for Reporting Metric information.

[5] For more information about ACH pay for reporting (P4R) metrics, see Measurement Guide Chapter 6 and Appendix K. Link: https://www.hca.wa.gov/assets/program/mtp-measurement-guide.pdf

SAR 3, Attachment A: 2019 Organizational Chart



Rev. June 2019
*SAR 3 notes

***Clinical Director and Community Impact Director are new positions. During this reporting period we filled Clinical Director, three project coordinator positions and two project manager positions. As of June 30, recruiting for a Community Impact Director and Tribal Liaison.**

Healthier WASHINGTON

North Sound Accountable Community of Health

ACH Earned Incentives and Expenditures

January 1, 2019 - June 30, 2019

Source: *Financial Executor Portal*

Prepared by: *Health Care Authority* [1]

Funds Earned by ACH During Reporting Period[2]		
2A: Bi-directional Integration of Physical and Behavioural Health through Care Transformation	$	5,286,620.00
2B: Community-Based Care Coordination	$	3,634,550.50
2C: Transitional Care	$	2,147,690.00
2D: Diversion Interventions	$	2,147,690.00
3A: Addressing the Opioid Use Public Health Crisis	$	660,828.00
3B: Reproductive and Maternal/Child Health	$	826,035.00
3C: Access to Oral Health Services	$	495,620.00
3D: Chronic Disease Prevention and Control	$	1,321,655.00
Integration Incentives	$	-
Value-Based Payment (VBP) Incentives	$	300,000.00
IHCP-Specific Projects	$	-
Bonus Pool/High Performance Pool	$	-
Total Funds Earned	**$**	**16,820,688.50**

Funds Distributed by ACH During Reporting Period, by Use Category[3]		
Administration	$	2,864,465.36
Community Health Fund	$	2,851,875.36
Health Systems and Community Capacity Building	$	3,440,588.99
Integration Incentives	$	-
Project Management	$	35,535.10
Provider Engagement, Participation and Implementation	$	6,496,110.00
Provider Performance and Quality Incentives	$	-
Reserve / Contingency Fund	$	570,375.07
Shared Domain 1 Incentives	$	2,739,983.00
Total	**$**	**18,998,932.88**

Funds Distributed by ACH During Reporting Period, by Provider Type[3]		
ACH	$	6,274,125.79
Non-Traditional Provider	$	1,986,984.70
Traditional Medicaid Provider	$	7,552,839.39
Tribal Provider (Tribe)	$	445,000.00
Tribal Provider (UIHP)	$	-
Shared Domain 1 Provider	$	2,739,983.00
Total Funds Distributed During Reporting Period	**$**	**18,998,932.88**

Total Funds Earned During Reporting Period	**$**	**16,820,688.50**
Total Funds Distributed During Reporting Period	**$**	**18,998,932.88**

[1] *Note: Data presented in this report comes from the Financial Executor Portal and was prepared by the Health Care Authority (HCA). Data was extracted and compiled on July 5, 2019 to accompany the second Semi-Annual Report submission for the reporting period January 1 to June 30, 2019.*

[2] For detailed information on projects and earned incentives please refer to the below links.

- The Medicaid Transformation Toolkit contains the final projects, evidence-based approaches/strategies for pay-for-performance metrics for the ACHs.
- The Measurement Guide describes how the ACH selected projects are measured and the requirements to earn incentives.

[3] Definitions for Use Categories and Provider Types

Healthier WASHINGTON

ACH : North Sound ACH
Contact Name/Email : Liz Baxter
Date of Request :

Transaction #	Date	Payment Amount	Provider Name	Original Use Category	Updated Use Category
1020	7/24/2018 14:01	$71,400.00	Southcentral Foundation	Health Systems and Community Capacity Building	Project Management
978	7/10/2018 14:00	$25,000.00	CSI Solutions LLC	Administration	Project Management

Brief description[1] (optional):

The Accountable Community of Health (ACH) understands that this workbook will be attached to the Semi Annual Report and serves as the record for use category modifications.
The ACH certifies that this information is complete and accurate.

YES	NO
X	

March 15, 2019

ACH Signature of Authority[2] **Date**

[1] *Note: HCA and the Financial Executor reserves the right to request additional information or documentation associated with this attestation or the associated modification request*

[2] *Accountable Community of Health Signature Authority is defined as the Accountable Communities of Health Executive Director (or equivalent).*

Submit completed forms to HCA's Medicaid Transformation inbox MedicaidTransformation@hca.wa.gov