

Washington State Innovation Models 3rd Quarter Progress Report



August 31 – October 31, 2016

The Healthier Washington team submits quarterly reports to the Center for Medicare and Medicaid Innovation (CMMI) focusing on the progress made toward the program milestones and goals of the Healthier Washington initiative.

The information here follows CMMI's request to highlight only a few Healthier Washington elements within the specified progress report domains below. Within this summary, you will find highlights of the successes and lessons learned from this past quarter. To submit questions or feedback go to www.hca.wa.gov/hw to contact the Healthier Washington team.

Success Story or Best Practice

Washington State became the first state in the U.S. to certify patient decision aids. Staff participated in a review process to certify four patient decision aids for maternity care. We also supported development of a national process to certify patient decision aids. The National Quality Forum is building this process from Washington State's experience.

An enormously successful symposium was held in October and attended by more than 250 stakeholders.

Our spend-down estimates have us at 48 percent of the Grant Year 2 budget. We have a backlog of invoices and aspire to exceed 51 percent in the very near term.

Challenges

Shifting health systems to new payment models require consistent and authentic stakeholder engagement. The following challenges were encountered and addressed in the third quarter:

- **Payment Model 1** reporting issues for the collection of behavioral health data were identified as a statewide issue in the summer of 2016, after Southwest Washington made the transition to integrated care and financing and regional service networks transitioned to behavioral health organizations. HCA and DSHS have established workgroups to pursue short-term and long-term solutions.
- **Payment Model 2** experienced significant push back from our stakeholders on the federally qualified health center (FQHC) and rural health clinic (RHC) alternative payment method (APM) 4 proposal. Resistance stems largely from historical issues that must be resolved for APM 4 conversion. HCA has been working diligently to resolve these issues and communicate them in a clear fashion to external stakeholders. Additionally, we have been working closely with stakeholders through our working sessions. There is a clear commitment to move toward value-based methodologies, however, details of the model (requirements, implementation needs, reporting ability...) will ultimately drive FQHC and RHC willingness to participate.
- **Payment Model 4** continues to face a very tight timeframe to complete contract negotiations and implement the model by the end of January 2017. To address this issue and support a more efficient process, we are using project management and project coordination services from Cambria Solutions.

Governance

Most members of the [Health Innovation Leadership Network \(HILN\)](#) are approaching the end of their two-year term. HILN is preparing to evolve in membership and focus, to integrate a focus on the Medicaid Transformation demonstration into their acceleration work, and to focus for the next two years on spreading, performing and sustaining the aims of Healthier Washington.

The **Analytics Interoperability and Measurement (AIM) Steering Committee** made specific recommendations about AIM's investments for Award Year 3, as well as finalizing AIM's "spend down" plan for Award Years 1 and 2. Additionally, the Steering Committee facilitated conversations around our Health IT Plan, seeking to define a strategy moving forward for coordinating SIM, MMIS and HITECH investments.

Stakeholder Engagement

The third quarter was a highly active period for stakeholder engagement, including the Healthier Washington Symposium and a Behavioral Health Integration Conference. Other activities included:

- Several partnership opportunities: Providence Institute for a Healthier Community Health [Summit](#), Inland Northwest [State of Reform](#) and [Washington State Association of Public Health Officials](#).
- Monthly convenings by representatives from the Accountable Communities of Health (ACH) continued, allowing them to strategize on building capacity for growth and structured project work; members of the Healthier Washington AIM team attended the ACH convening in Spokane to support conversations on data and analytic needs; a data request template created by the [Center for Community Health and Evaluation](#) (CCH) was shared with ACH representatives: AIM analysts provided consultation and technical assistance on several ACH projects.
- Health Care Authority staff attended a number of regional meetings to build relationships and provide technical assistance to regions exploring becoming mid-adopters of the integration of physical and behavioral health reform model. A [report on Southwest Washington](#) published by HCA outlined experiences of the early warning approach during the first 90 days of the transition to integrated care.
- Payment Model 2 team members held a working session for FQHC and RHC APM 4 development. Payers have been engaged and have helped to inform APM 4. Model 2 also held a working session with critical access hospital (CAH) CEOs, board members and state partners. AIM analysts continued work with the Model 2 design team to understand current conditions and patterns of clinic use.
- The Performance Measures Coordinating Committee met in October to consider recommendations from the Pediatric Ad Hoc Measures Workgroup to add six pediatric measures to the Statewide Common Measure Set. The PMCC agreed to the addition of all six and the recommendations were opened for public comment.
- We had weekly phone calls with Northwest Physicians Network to discuss the progress of the urban demonstration of Payment Model 4 and coordinated with other Healthier Washington investment areas, such as the Hub, to better support providers interested in participating. We also held discussions with Summit Pacific Medical Center to lead the rural demonstration of Model 4.

Read more about this

[Accountable Communities of Health](#)
[Integrated Physical and Behavioral](#)

Population Health

The third quarter included the following activities aimed at population health improvement and activities to integrate population health with health care delivery systems for all populations:

- All nine ACHs moved to varying stages of project implementation based on earlier work to identify a regional population health focus area.
- Several surveys (e.g., statewide ACH member survey and technical assistance survey) were launched to inform learnings and potential adjustments in fourth quarter and beyond.
- The *Population Health Planning Guide* version 1.0 was released Sept 30, 2016. Internal and external stakeholders and partners were notified of the release and invited to provide feedback to inform version 1.2 to be released in December 2016.
- Participated in Washington State Public Health Association annual conference held October 2016, and promoted featured speaker Dr. Sanne Magnan, co-chair of National Academy of Medicine Population Health Improvement Roundtable as keynote speaker (sponsored by P4IPH/SIM). Workshops held throughout the three-day conference focused on health care/public health partnerships to improve population health.
- Participated in stakeholder events in Spokane and Seattle that also featured Dr. Magnan, provided technical assistance from national expert and garnered input from health care, public health and community partners who will be implementing population health improvement strategies in their communities and at the state level.
- Continued planning with Hub and University of Washington partners on moving *Planning Guide* website to Practice Transformation Hub portal.
- Supported engagement with our DSHS liaison to Aging & Long-term Services, Children's, Developmental Disabilities, Economic Services, and DVR.

Health Care Delivery System Transformation

The third quarter included the following activities to support health care delivery system and provider practice transformation:

Practice Transformation Support Hub

- General
 - Developed style guide to assist contractors in consistent and coordinated communications.
 - Developed Hub FAQ based on initial ACH questions.
 - Attended kick off training for the Pediatric Transforming Clinical Practice Initiative (TCPI); met with DOH TCPI staff to discuss alignment.
 - Hub director attended technical assistance summit in D.C. of the Centers for Medicare and Medicaid Learning and Action Network, returning with significant insight into integration of Healthier Washington elements to strengthen the offer of Hub technical assistance.
 - Working actively with Molina Healthcare, Community Health Plan of Washington, and Hub contractor Qualis Health to discuss Hub engagement in Southwest Washington.
 - Worked with Qualis to present on Hub engagement at an upcoming ACH convening.

- Hub director participated in Medicaid transformation demonstration toolkit workshop.
- Practice Coach/Facilitation/Training (PCFT) and Connector Contracts
 - Completed negotiations on statements of work with apparent successful bidder for PCFT and Connector contracts.
 - PCFT and Connector contracts executed on 9/26 with Qualis Health.
 - Held kick-off meeting between Qualis Health and the UW Web Portal Team.
 - Agreed with UW Evaluation Team and Qualis to use TruServ, a CRM style web-based tracking system developed for State Offices of Rural Health out of University of North Dakota as the system for tracking coaching and Connector activities and contacts with both enrolled and non-enrolled practices.
- Resource Portal
 - Kicked off work with UW-Primary Care Innovations Lab on web-based Resource Portal for Hub with joint meeting in Kent on August 23.
 - Convened Resource Portal's first working session to explore user needs for the planned website.
 - The portal team completed their discovery phase, and issued an RFP for an IT contractor to build the portal.
 - Worked on recruiting individuals in the provider and practice transformation communities to contribute to the portal team's participatory approach.
 - Worked on planning to fold Plan for Improving Population Health web resources into the portal in time for the version 1 launch.

Payment and/or Service Delivery Models

Several activities continued to support shifting from fee-for-service reimbursement to alternative payment models and value-based payments. This work included:

- HCA staff attending a number of regional meetings to build relationships and provide technical assistance to regions exploring becoming mid-adopters of payment and delivery integration of physical and behavioral health. HCA received binding letters of intent from the three counties that make up the North Central region, with an anticipated implementation date of January 2018. HCA has begun working with key partners in North Central on the program design and accompanying RFPs, as well as in establishing an advisory committee at the ACH for stakeholder input.
- The team supporting Alternative Payment Model 2 is working on a memorandum of understanding for FQHC and RHC review and targeted November for responses from stakeholders. Model 2 has also connected with the Washington State Hospital Association (WWSA) on CAH payment and delivery model elements.
- The Accountable Care Program (ACP) finalized plans to expand into four counties in 2017, the second year of Payment Model 3. In addition to the five-county Puget Sound region, the ACP will be available to state employees residing in Grays Harbor, Skagit, Spokane, and Yakima counties.
- Developing statements of work for both a rural and an urban demonstration of Model 4 and identified contractors to lead each. These efforts will drive multi-payer alignment and support providers' transition into alternative payment models. The payment model and AIM teams are working to identify data sources so that the Model 4 contractors can support providers in managing population health.
- Working with the Practice Transformation Hub to align value-based messaging.

Leveraging Regulatory Authority

The HCA and the Centers for Medicare and Medicaid Services reached an agreement in principle for a five-year Section 1115 Medicaid Transformation demonstration. This demonstration project will allow up to \$1.5 billion of federal investment to help drive Medicaid transformation -- accelerating Healthier Washington's goals of better health, better care, and lower costs. The demonstration will build upon several key components of the SIM grant, including integration of physical and behavioral health and payment model reform, and will feature Accountable Communities of Health in the development and support of Medicaid transformation initiatives.

Read more about this

[Medicaid Transformation web page](#)

Workforce Capacity

The Washington Sentinel Network released results from its first survey on health care employment, conducted this summer. The network also prepared to launch its second statewide survey, in order to further inform policymakers, employers, and educators of workforce trends.

ACHs across the state are increasingly aware of the opportunity to partner with Community Health Workers (CHWs), both as a way to engage communities and as a very real strategy to coordinate care and improve health. HCA expects CHWs to become more and more present within the ACH strategies to address regional needs, in addition to the ACH governance and engagement structure.

Care coordination is the focus of five projects selected by ACHs, but the target population for each ACH varies, from chronic disease patients or individuals at-risk of hospital readmissions, to those living in public or affordable housing. Four of these ACHs are using community health workers in their strategies: Better Health Together, Greater Columbia ACH, King County ACH, and Pierce ACH. Greater Columbia is also using a nursing (RN-BSN) care transition/coordinator role as part of their activities.

Health Information Technology

The third quarter included the following activities aimed at advancing health information technology adoption and implementation, as well as implementation of analytical tools to support health care service delivery and payment reform models:

- DSHS and HCA began work on a joint behavioral health data group to accelerate efforts that align the DSHS Behavioral Health Administration data with initiative's work under Analytics, Interoperability and Measurement (AIM).
- Received regular updates on progress of behavioral health data consolidation. HCA will participate in interagency governance group to help consolidation.
- Developed and tested second release of a Healthier Washington data dashboard, an interactive visualization of select measures relevant to our Accountable Communities of Health. Release 2 of the data dashboard will be in November.
- Issued an RFP for Master Data Management (MDM) solution to support AIM, selected Truven as vendor, finalized contract and started implementation. Initial release of MDM solution scheduled for January 2017.

- Issued RFP for a data model to support the design of an enterprise data warehouse for HCA and AIM. Selection of an apparent successful bidder for this investment is scheduled for December 2017.
- Planned procurement of Tableau Enterprise Server for the Department of Health.
- Continued enhancing our Behavioral Risk Factor Surveillance System (BRFSS) survey for Washington State, under direction of Department of Health.
- Worked with ACH's, to support their SIM projects with data and analytics support.

Continuous Quality Improvement

The [Center for Community Health and Evaluation](#) (CCH) issued a comprehensive report detailing the projects identified by ACHs. This report focused on both the process and ultimate outcomes regarding project selection, including initial lessons learned.

Additional Information

The state Department of Social and Health Services (DSHS) is making new and meaningful connections with ACHs in support of demonstration projects.