Produced by Myers and Stauffer on behalf of the Washington Health Care Authority

ACH semi-annual reporting period summary: July 1 – December 31, 2019

As part of the Washington State Medicaid Transformation, Accountable Communities of Health (ACHs) **report** updates on transformation activities. Reported information includes project implementation and progress on milestones defined in the **Project Toolkit**. This document provides ACH highlights from the reporting period, including milestones achieved, incentives earned, and a look ahead to upcoming activities.

For more information, visit the Washington State Medicaid Transformation **webpage**.

Highlights of the reporting period

- **Partnering providers are sharing success stories that highlight positive outcomes and community impact made possible by DSRIP investments.** Examples include Better Health Together's launch of a behavioral health program for Planned Parenthood of Greater Washington & Northern Idaho (PPGWNI), Cascade Pacific Action Alliance's implementation of an opioid treatment medication program at a county jail resulting in reduced barriers to care for inmates, increased collaboration with potential partners to learn about best practices and share information, and a partner with Greater Columbia ACH has purchased a new van that can accommodate patients who use vehicle chairs, wheel chairs and gurneys to increase availability of reliable transportation for patients to access care.

- **Referrals to community-based organizations to address social determinants of health have increased.** Six ACHs selected Project 2B: Community-Based Care Coordination to increase opportunities for supporting individuals to connect with needed medical and social service supports. Across the six ACHs, 28 care coordinating agencies (CCAs) initiated 7492 new referrals during the performance period. Five are using the care coordination system to collect and monitor performance data.

- **Continued training and technical assistance resources are provided.** As a milestone required by the toolkit, ACHs demonstrated that they continue to offer trainings to partnering providers across all projects in areas such as methods to follow required guidelines and strategies for care teams to perform their roles in a culturally competent manner. Group training topics have included stigma around opioid use disorder (OUD), medication assisted treatment (MAT), LGBTQ health equity, and trauma-informed care. ACHs are also actively working with tribal leaders in their regions to address tribal health equity concerns.

- **Quality improvement (QI) strategies are being utilized to support community development.** ACHs are employing principles of continuous quality improvement to 1) identify barriers in implementation activities and determine where resources and technical assistance are needed, 2) gain insights into partnering provider progress and 3) detect emerging best practices to share across their community. For example, HealthierHere noted that assigning staff to centrally manage registries and population health information has improved workflows and freed clinical staff time to focus on patient care. The Care Continuum Workgroup for Elevate Health discovered that Emergency Medical Services (EMS) would be best understood, tracked, and captured if more data points were available to analyze.

- **Behavioral health workforce challenges continue.** ACHs continue to note the lack of available behavioral health workers, particularly recovery support specialists, peer counselors, MAT prescribers, and community health workers. Efforts by ACHs to address the challenges include increasing capacity through additional funding to incentivize partnerships between behavioral health and other care settings and offering trainings to peers impacted by OUD and providers offering overdose prevention tools. Greater Columbia ACH (GCACH) also noted development of a Behavioral Health Internship and Training Fund to specifically increase behavioral workforce capacity in its region.

- **Regional transitions to integrated managed care (IMC) continue.** ACHs continue to work with HCA, managed care organizations (MCOs), and providers to identify and resolve ongoing challenges with implementation of IMC. Issues noted include preparing electronic health records (EHRs) to support new MCO requirements and reimbursement, pre-authorization requirements for Residential Treatment Facilities, and the complexities of substance use disorder (SUD) client record protection for bi-directional whole-person care. Funding has allowed partners to strengthen technical infrastructure in a short amount of time; however, ACHs note that legislative changes are still necessary to address specific integration goals.

- **Partnering providers are implementing strategies to move toward value-based care.** Each ACH provided examples detailing how they are supporting providers through value-based payment (VBP) implementation. North Central ACH (NCACH) is working with the Center for Alcohol and Drug Treatment on building staff capacity to monitor specific monthly measures as QI strategies are implemented, and to develop the critical skills needed around quality measures. HealthierHere created the VBP Academy which has an intensive 10-month curriculum that guides behavioral health organizations through practice transformation with practice coaching on population health, risk stratification, QI, and Plan Do, Study, Act (PDSA) cycles.

What to expect in the next reporting period

- Due to the COVID-19 pandemic, HCA has instituted provisions to allow for flexible health care service delivery and reporting options during this pandemic. HCA requested waiver approval from the Centers for Medicare & Medicaid Services (CMS) to

allow for such flexibility. Modifications to the next reporting template have been temporarily placed on hold in anticipation of new reporting flexibility. At a minimum, this flexibility will allow ACHs to report on necessary delays and the positive population health impact resulting from ACHs' response to the pandemic.

ACH milestone achievement and earned incentives

Table 1

Achievement Values (AVs) associated with project incentives, by ACH

Project incentives (reporting period July 1 – December 31, 2019)	BHT	CPAA	EH	GCACH	HH	NC	NS	OCH	SWACH
Number of Projects in ACH Portfolio	4	6	4	4	4	6	8	6	4
Total AVs Available	24	34	24	23	23	34	44	33	24
Earned AVs by project milestone/deliverable									
Description of training and implementation activities	4	6	4	4	4	6	8	6	4
Completion of semi-annual report	4	6	4	4	4	6	8	6	4
Completion/maintenance of partnering provider roster	4	6	4	4	4	6	8	6	4
Description of each Pathway scheduled for initial implementation and expansion / partnering provider role & responsibilities to support Pathways implementation (Project 2B only)	1	1	1	-	-	1	1	-	1
Engagement/Support of IEE Activities	4	6	4	4	4	6	8	6	4
Report on quality improvement plan	4	6	4	4	4	6	8	6	4
Address gaps in access & availability of providers offering recovery support services	1	1	1	1	1	1	1	1	1
Completion of all P4R metrics (Project 2A, 3A only)	2	2	2	2	2	2	2	2	2
Total earned AVs	24	34	24	23	23	34	44	33	24

Table 2

VBP Achievement Values (AVs) associated with project incentives, by ACH

Project incentives (reporting period July 1 – December 31, 2019)	BHT	CPAA	EH	GCACH	HH	NC	NS	OCH	SWACH
Total AVs Available	3	3	3	3	3	3	3	3	3
Earned AVs by project milestone/deliverable									
Identification of providers struggling to implement practice transformation and move toward value-based care	1	1	1	1	1	1	1	1	1
Support providers to implement strategies to move toward value-based care	1	1	1	1	1	1	1	1	1
Continue to support regional VBP attainment assessments by encouraging and/or incentivizing completion of the state-issued Paying for Value Provider Survey	1	1	1	1	1	1	1	1	1
Total earned AVs	3	3	3	3	3	3	3	3	3

Table 3

Earned incentives, by ACH

ACH	Project Incentives		Total Incentives
	(DSHP)	(IGT)	
Better Health Together (BHT)	$0	$4,502,757	$4,502,757
Cascade Pacific Action Alliance (CPAA)	$0	$4,093,414	$4,093,414
Elevate Health (EH)	$0	$4,912,097	$4,912,097
Greater Columbia ACH (GCACH)	$0	$5,730,780	$5,730,780
HealthierHere (HH)	$0	$9,005,513	$9,005,513
North Central ACH (NCACH)	$0	$2,046,707	$2,046,707
North Sound ACH (NSACH)	$0	$6,140,122	$6,140,122
Olympic Community of Health (OCH)	$0	$1,637,366	$1,637,366
SWACH	$0	$2,865,390	$2,865,390
Total	**$0**	**$40,934,146**	**$40,934,146**