

ACH semi-annual reporting period summary: July 1 – December 31, 2020

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**.

COVID-19 Pandemic

Due to the impact of the novel coronavirus (COVID-19), the health care system and the communities of Washington State saw continued burden throughout the remainder of 2020. The duration of the pervasive challenges of the pandemic declared on March 11, 2020 by the World Health Organization (WHO), and extent of morbidity, resulted in escalating anxiety and medical risks. Between the first reported case and the end of December 2020, there were 250,614 reported cases, with 15,194 hospitalizations and 3,776 deaths.¹ In the same timespan, the United States had over 56.3 million confirmed cases with over 328,000 deaths. There were over 79.2 million cases and over 1.7 million deaths reported across the world.²

While hospital bed capacity and surge capacity improved, communities continued to require strategies to address housing, food insecurity, and ongoing remote education. HCA, the ACHs, and partnering providers maintained pandemic response protocols, including modifications and flexibilities to the Medicaid Transformation waiver approved by the Centers for Medicare and Medicaid Services (CMS). These flexibilities allowed for modification of the semi-annual report to collect COVID-19 response information. The implementation plan update, quality improvement strategy update, and pay for reporting metrics became optional reporting requirements for this reporting period.

As the pandemic continued into the latter part of the year, additional challenges and pressure on systems and communities in Washington State surfaced. The first related to data and evidence making clear that black, indigenous and people of color (BIPOC) were at increased risk for negative COVID-related outcomes due to inequities in social determinants of health (SDOH).³ The second involved the largest protests in U.S. history against systemic racism.⁴

¹ Washington State Department of Health. <https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/DataDashboard>. [Accessed on March 12, 2021.]

² World Health Organization. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20201229-weekly-epi-update-con-20-cleared.pdf?sfvrsn=f92679b8_13&download=true https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200701-covid-19-sitrep-163.pdf?sfvrsn=c202f05b_2 [March 12, 2021.]

³ Centers for Disease Control. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity>. (Accessed March 15, 2021)

⁴ New York Times. <https://www.nytimes.com/article/george-floyd.html>; (Accessed March 15, 2021)

ACHs described how the Medicaid Transformation delivery system infrastructure enabled their region's COVID-19 response activities, and how they are addressing health inequities and social injustice. Additionally, they discussed risks that may continue to leave them vulnerable to sustaining resilient systems of care and population health in their community.

Highlights of the reporting period

- **ACHs and partnering providers have their MTP activities generally back on track.** ACHs have continued activities to mitigate COVID-19 impact and support partnering providers along with accelerated funding when needed. ACHs report that some partnering providers have revised the focus of their interventions (primarily as a result of increased need for behavioral health services) or delayed start dates of some activities due to the pandemic. Most reporting requirements and schedules have generally returned to pre-COVID conditions.
- **ACHs are taking action on health inequities and social justice as a result of recent events.** ACHs are continuing to look at how SDOH and inequality affect their regions and how they can help support outreach and hard-to-reach communities. BHT developed an Equity Lens Reduction Tool and released a Request for Proposal (RFP) aimed at supporting anti-racism efforts in their community which resulted in 19 new partnering providers. GCACH created tailored outreach campaigns to target their large Hispanic population most impacted by COVID-19. North Sound noted, “During this crisis, we couldn’t worry about getting a response perfect, as people were in immediate need of support. This is a lesson learned for responding to other crises like housing and racial injustice: the time to act is now.”⁵
- **The need for behavioral health services continues to escalate due to impacts of COVID-19, including social isolation.** ACHs are advocating for increased broadband service to support provision of behavioral services via telehealth. BHT’s Ferry County Collaborative changed focus to address the increased need for behavioral health services. This resulted in a modified plan to concentrate on suicide prevention for all residents. A presentation on behavioral health concerns at the GCACH Leadership Council led to further action for creating community resilience to combat the predictable pattern of psychological stressors.
- **ACHs are committed to sustaining improvements made during Medicaid transformation.** ACHs are at different phases in determining how to sustain Medicaid Transformation Projects (MTP), but all emphasize the need for collaboration and system-thinking. HealthierHere stakeholders have identified that the multi-sector convenings are among the ACHs greatest strengths. North Central ACH noted: “To support the path towards sustainability for clinical partners, NCACH has focused on quality improvement work, data collection, partnership/collaboration building, and population health management.”⁶

⁵ North Sound ACH SAR6 Report

⁶ North Central ACH SAR6 Report

- **ACHs are continuing to support providers in their move toward value-based care.** ACHs note that the largest barrier to implementation is the reluctance of Managed Care Organizations (MCO) to form value-based payment (VBP) arrangements with small, rural providers. CPAA also noted there is a lack of historical data on standardized metrics for behavioral health providers to support a value-based contract, and there is a need for sufficient patient volume by payor for small providers to take on clinical risk. CPAA offers open forums for partnering providers to discuss VBP, provide VBP educational materials, and encourages discussion between providers and MCOs.
- **ACHs shared lessons learned or “success stories” that emerged in response to the COVID-19 pandemic.** Examples include the development of a COVID-19 Care Coordination model by Elevate Health to assess and address SDOH needs. The model will be used with existing community care coordination programs to increase workforce capacity for COVID-19 response and better accommodate CARES Act funding structures and audit requirements. North Sound ACH acted as a regional source for personal protective equipment (PPE) to over hundreds of unique providers and organizations in the region. This occurred due to the relationship with the Health Care Authority (HCA) who linked ACHs to the state’s emergency command center, which had access to stores of supplies, but no mechanism to distribute across the state. In just one example, North Sound ACH provided Everett Gospel Mission with over 200,000 cloth and KN95 masks to distribute to those they serve in Snohomish County. Because of the PPE received, they were able to build 40 new shelter beds for those experiencing homelessness.

What to expect in the next reporting period

- Due to the continuance of the COVID-19 pandemic, HCA has extended provisions to allow for flexible health care service delivery and reporting options.
- ACHs will continue to address the impact of the pandemic alongside activities to scale and sustain Medicaid Transformation achievements. Reporting on such efforts could include board decision regarding priority ACH investments and projects, strategic planning results, community/partner engagement, and sustainability planning or coordination.

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, 2020)	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	34	50	34	34	34	50	66	50	34

Project incentives (reporting period July 1 – December 31, 2020)	BHT	CPAA	EH	GCACH	HH	NC	NS	OCH	SWACH
Earned AVs by project milestone/deliverable									
Description of scale & sustain Transformation activities	4	6	4	4	4	6	8	6	4
Description of continuous quality improvement methods to refine/revise Transformation activities	4	6	4	4	4	6	8	6	4
Demonstrate facilitation of ongoing supports for continuation and expansion	4	6	4	4	4	6	8	6	4
Demonstrate sustainability of Transformation 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
Engagement/Support of Independent External Evaluator (IEE) Activities	4	6	4	4	4	6	8	6	4
Report on quality improvement plan (Replaced by COVID-19 Response)	4	6	4	4	4	6	8	6	4
Completion of all P4R metrics (Project 2A, 3A only) (Replaced by COVID-19 Response)	2	2	2	2	2	2	2	2	2
Total earned AVs	34	50	34	34	34	50	66	50	34

Table 2

Earned incentives, by ACH

ACH	Earned AVs	Project Incentives
Better Health Together	34	\$4,670,391
Cascade Pacific Action Alliance	50	\$4,245,810
Elevate Health	34	\$5,094,972
Greater Columbia ACH	34	\$5,944,135
HealthierHere	34	\$9,340,783
North Central ACH	50	\$2,122,905
North Sound ACH	66	\$6,368,716
Olympic Community of Health	50	\$1,698,325
SWACH	34	\$2,972,067
Total		\$42,458,104